## Comparison for VChoice Voluntary Health Insurance Plan, CARING Family Medical Insurance Plan and TheChoice Medical Insurance Plan

**FWD General Insurance Company Limited** 

Product	VChoice Voluntary Health Insurance Plan VHIS Plan Certification Number: S00012-01-000-02	CARING Family Medical Insurance Plan	TheChoice Medical Insurance Plan
Eligibility			
Issue age ( Attained Age)	15 days - 80	15 days - 64	15 days to 69
Benefit Term	Guaranteed yearly renewable to age 100	Guaranteed yearly renewable to age 100	Guaranteed yearly renewable to age 100
Premium Payment Mode	Annually / Monthly	Annually / Monthly	Annually / Monthly
Currency	HKD	HKD	HKD
Hospital Benefit Items	Cover Limit (HKD)		
Plan Level	Standard Plan	Ward (HS700R)	Standard
Type of Room	No restriction	Ward	Ward
Area of Cover	Worldwide	Worldwide	Asia
Room & Board	\$750 (Maximum 180 days per Policy Year)	\$700 (Maximum 180 days per Disability)	Full Cover
Attending Doctor's Visit	\$750 (Maximum 180 days per Policy Year)	\$700 (Maximum 180 days per Disability)	Full Cover
Miscellaneous Charges	\$14,000 ( per Policy Year)	\$15,000 (per Disability)	Full Cover
Specialist Fee	\$4,300 (per Policy Year)	\$5,500 (per Disability)	Full Cover
Intensive Care	\$3,500 (Maximum 25 days per Policy Year)	\$5,000 (Maximum 20 days per Disability)	Full Cover
Surgeon's Fee	(Per surgery)	(Per Disability)	Full Cover
Anaesthetist's Fee	35% of Surgeon's fee payable (The percentage here applies to the Surgeon's fee actually payable or the benefit limit for the Surgeon's fee according to the surgical categorisation, whichever is the lower.)	(Per Disability)  •Complex \$25,200  • Major \$8,400  • Intermediate \$4,200  • Minor \$1,680	Full Cover
Operating theatre charges	35% of Surgeon's fee payable (The percentage here applies to the Surgeon's fee actually payable or the benefit limit for the Surgeon's fee according to the surgical categorisation, whichever is the lower.)	(Per Disability) •Complex \$25,200 • Major \$8,400 • Intermediate \$4,200 • Minor \$1,680	Full Cover
Prescribed Diagnostic Imaging Tests	\$20,000 per Policy Year subject to 30%Coinsurance (with or without hospital confinement)	Cover under Miscellaneous Charges (with hospital confinement only)	Full Cover (with hospital confinement only)

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Prescribed Non-Surgical Cancer Treatments	\$80,000 per Policy Year	Cover under Miscellaneous Charges	Full Cover
Pre- and post-Confinement / Day Case Procedure outpatient care	\$580 per visit, up to \$3,000 per Policy Year  • 1 prior outpatient visit or Emergency consultation per Confinement / Day Case Procedure  • 3 follow-up outpatient visits per Confinement / Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)	Cover Post-Hospitalisation Treatment only \$1,200 per Disability(within 31 days after discharge from hospitalization and maximum 1 visit per day)	- \$800 per day (within 31 days immediately before confinement or Clinical Surgery and maximum 1 visit per day) \$800 per day (within 60 days immediately after confinement or Clinical Surgery and maximum 1 visit per day)
Post-Hospitalization Home Nursing	NIL	NIL	\$800 per day (Maximum 31 days per policy year within 31 days after discharge following surgery or admission to ICU)
Psychiatric Treatments	\$30,000 per Policy Year	NIL	NIL
Organ & Bone Marrow Transplantation	NIL	Cover under Miscellaneous Charges	Full Cover
Companion Bed	NIL	\$200(Maximum 60 days per Disability)	Full Cover
Private Nursing Care's Fee	NIL	Home Nursing \$200 (Maximum 60 days per Disability)	Full Cover (Maximum 30 days per year and Maximum 180 days per lifetime)
Kidney Dialysis	NIL	Cover under Miscellaneous Hospital Services	Full Cover
Addition Limit for Organ and Bone Marrow Transplantation, Chemotherapy and Radiotherapy and Kidney Dialysis	NIL	NIL	\$500,000 (Annual limit)
HIV / AIDS Treatment (Waiting Period 5 years)	NIL	NIL	\$400,000 once per life time
Pregnancy Complications	NIL	NIL	Full Cover (Waiting Period 1 year)
Daily Hospital Cash for Confinement in General Ward of Public Hospital in HK	NIL	\$250 (Maximum 60 days per Disability)	\$500 (Maximum 30 days per policy year)
Emergency Dental Treatment	NIL	\$2,000 (per Disability, within 31 days after the accident)	Full cover due to accident
Overall Annual Limit / Per disability Limit	\$420,000 (Annual Limit)	\$515,900 (Per Disability limit)	\$2,000,000 (Annual limit)
Lifetime Limit	NIL	NIL	\$10,000,000
Annual Deductible	NIL	NIL	\$0/ \$25,000/ \$50,000/\$80,000 (Per client's choice)

Product	VChoice Voluntary Health Insurance Plan VHIS Plan Certification Number: 500012-01-000-02	CARING Family Medical Insurance Plan	TheChoice Medical Insurance Plan
Others	Cover Limit (HKD)		
Accidental Death Benefit	No	\$20,000	No
24-Hour Worldwide Assistance Services	Yes	Yes	Yes
Free Annual Basic Health Check Up	No	Yes	No
Optional Supplementary Major Medical Benefit	No	Yes	N/A
Optional Outpatient benefits	No	Yes	Yes
Optional Dental Benefits	No	Yes	Yes
Congenital Conditions	Cover (Conditions have manifested or been diagnosed after the Insured Person attained the Age of eight (8) years.	Not cover	Not cover
Unknown Pre-existing conditions	Cover (with waiting period) - 1st year: No coverage - 2nd year: 25% reimbursement - 3rd year: 50% reimbursement - 4th year onward: 100% reimbursement	Not cover	Not cover
Guaranteed Convertibility to Reduce Deductibles at specific ages	N/A	N/A	Within 31 days before or after the policy anniversary at age 50/55/60/65 (once by lifetime)
21-day Cooling-off Period	Yes	No	No
Multiple Policyholders	Yes	No	No
Tax Deduction	Yes	No	No

## Remarks:

This comparison gives only a brief description on the product features and is for reference only. The above product information does not contain the full terms of the policy and the full terms can be found in the policy document.