

MyMillion Medical Plan 全自主百萬醫療計劃

Now you can get yourself fully covered[^]
without going over budget



When it comes to something as important as medical care for you, you want it to be complete but not excessive.

Which can be hard if you're stuck whether one should only be covered by group medical insurance plan and you may see some of the individual medical insurance plans in the market are found as having itemised limit.

For you, private wards, worldwide coverage at expensive premiums are not what you need. You rather prefer a less privileged plan that fully covers¹ a wide range of hospitalisation and surgical expenses in the Standard Ward Room² and non-Emergency Treatment in Asia³ subject to the Annual Limit and Annual Deductible (if any).

¹ Full coverage/cover/fully cover means no itemised benefit sublimit, the actual amount of Eligible Expenses charged after deducting the Balance of Annual Deductible (if any) and is subject to the Annual Limit. Full cover applies to selected benefit items only, while other benefit items are not fully covered and are subject to respective benefit item's limits. Please refer to Benefit Schedule and policy provisions for details. For Psychiatric Treatments covered by this Plan, full cover is not applicable and sublimit applies. The Plan's coverage is limited to Reasonable and Customary charges or expenses incurred as a result of services which are Medically Necessary. Please refer to the "Important Words" section for the definitions of "Medically Necessary" and "Reasonable and Customary".

More protection shouldn't be a financial burden

At FWD, we understand that you want medical protection that you can rely on without wasting on unnecessary luxuries.

MyMillion Medical Plan (the “Plan”) allows you to enjoy full coverage¹ for a range of hospitalisation and surgical benefit items, with no lifetime limit, an Annual Limit of HK\$4 million and a range of Annual Deductible options to suit your budget and needs.

In the unfortunate event of contracting serious or long term illnesses, you must be longing for more financial support to pay for the treatment cost. There are also First-dollar Coverage – Annual Deductible Waived for Designated Crises⁴ and Additional Benefit for Prescribed Non-surgical Cancer Treatments⁵, Kidney Dialysis and Organ or Bone Marrow Transplantation, to render extra support when you are specially in need.

The Plan will reimburse your expenses on a range of basic hospitalisation and surgical items and covered treatments subject to an Annual Limit, Annual Deductible (if applicable) and other limits as specified in the policy provisions. You can enjoy the great sense of security by the guaranteed renewability⁶ without lifetime limit, and supported by the coverage on treatments after Confinement or Day Case Procedure to speed up your recovery.

To strengthen the medical protection against possibly costly and long-term treatments, FWD provides you with the first-in-Hong Kong⁷ Additional Benefit for Prescribed Non-surgical Cancer Treatments⁵, Kidney Dialysis and Organ or Bone Marrow Transplantation, and waives the Annual Deductible (if any) under First-dollar Coverage – Annual Deductible Waived for Designated Crises⁴ if the Insured is diagnosed with one of the 16 designated crises.

Apart from providing you with financial support, the Plan also comes up with a series of health assistance services which are provided by third parties such that you can be well informed about the options and ways of accessing the best-suited treatments.



Full cover¹ for hospitalisation and surgical expenses in private Hospital in Asia³ without lifetime limit

Understanding everyone wishes to focus on receiving treatments with no hassle when falling sick. Subject to the Annual Limit and Annual Deductible (if any), the Plan fully covers¹ on Eligible Expenses incurred for a range of items during hospitalisation (except Psychiatric Treatments⁸) and surgery performed in Standard Ward Room² of private Hospitals in Asia³; and Emergency Treatments without geographic limitation, as shown in benefit items I and II in the Benefit Schedule.



Extra protection against specific diseases or treatment

Some treatments are costly and may take a long time. With this in mind, FWD is the first insurance company in Hong Kong⁷ to launch the following features which aim to provide you with additional support when you are in extra needs:

- First-dollar Coverage - Annual Deductible Waived for Designated Crises⁴ including Specified Cancer, Heart Attack and Stroke;
- Rental cost of kidney dialysis machine for use on the Insured at home; and
- Additional Benefit for Prescribed Non-surgical Cancer Treatments⁵, Kidney Dialysis and Organ or Bone Marrow Transplantation is always here to render extra support when Annual Limit is reached.



Covering unknown Pre-existing Conditions starting from the 31st day after Policy Date

Starting from the 31st day of the Policy Date, the Plan fully covers¹ any illness or Congenital Condition which was unknown on or before the Policy Date. So, you would worry less about lacking coverage of any Pre-existing Condition that you don't even notice.



Various choices of Annual Deductible amounts suiting different needs

There are 3 options of Annual Deductible ranging from HKD10,000 to HKD60,000 for your selection. There is no requirement of whether you're covered by any insurance at the time of application, you may be having no or little existing medical coverage, or just looking for another medical policy that can strengthen your existing coverage, there must be a plan choice satisfying your needs.



Guaranteed Convertibility to Reduce or Remove Annual Deductible at Specified Age

Your needs and preference may change at different life stages. You may choose to reduce or remove the Annual Deductible when the Insured attains the age of 50, 55, 60, 65, 70, 75 or 80 without providing further proof of health condition of the Insured once per lifetime, provided that the policy has been in force for 2 consecutive Policy Years.



Cash benefits to give you extra support

The Plan provides the following cash benefits in addition to reimbursing the Eligible Expenses, if:

- the Insured undergoes a Day Case Procedure;
- the Insured is Confined in a general ward of public Hospital in Hong Kong;
- you have been reimbursed by another insurance company⁹; and
- the Insured has been Confined in Intensive Care Unit for at least 3 consecutive days in Hong Kong.



Protection for your precious newborns

Once the policy has been in force for 2 consecutive Policy Years, each of your newborns can enjoy the coverage of a designated medical plan for 1 year at no extra cost. Each newborn is eligible to this benefit once but there is no limitation on the number of newborns who may enjoy this benefit.



Series of health assistance services provided by third parties

FWD Care

FWD cares about your treatment and recovery journey by providing you with services in addition to financial support:

One stop health solution¹⁰

- PREMIER THE ONEcierge¹⁰ for support services with cashless facility and tailor-made treatment with a one-stop approach in Pan-Asia (including Hong Kong, Mainland China, Taiwan, Singapore and Japan) exclusively to meet your needs;
- Second Medical Opinion Service¹¹ provided by some of the highest-ranked US medical institutions; and
- International SOS 24-hour Worldwide Assistance Services¹¹ ensuring that help is always just a call away.

Cancer Management Program¹⁰

[First-in-market⁺] FWD x HKSH Medical Group ("HKSH") — Cross-border Cancer Management Program, which consists of the following services:

- Free second medical opinion service with a face-to-face consultation with a doctor from HKSH Cancer Centre, who will review medical reports and provide you with a personalised treatment strategy (for services available in Hong Kong only);
- Cancer Concierge Service with a case nurse assigned by HKSH, coordinating the treatment plan for you throughout the journey; and
- Cross-border cancer Doctor-to-Doctor Tele-Opinion between HKSH and designated Hospitals in mainland China (e.g. link up with Shenzhen New Frontier United Family Hospital, Guangzhou United Family Hospital, other private Hospitals and Grade 3A Hospitals in mainland China with International VIP Access), offering you professional cross-border medical advice on the best possible cancer treatment tailored to your medical condition and needs.

Mainland China-focused services¹⁰

- International VIP Access accelerating your access to medical services by offering priority booking service at over 300 Grade 3A hospitals in mainland China;
- Exclusive medical companion services for the designated hospitals with International VIP Access in mainland China to assist you in hospital admission registration; and
- Cashless facility for hospitalization at all Grade 3A hospitals in mainland China.

⁺ Per a comparison made by FWD on 2 February 2026 among the medical plans of key insurers available in Hong Kong, FWD x HKSH Medical Group Cross-border Cancer Management Program is first-in-market.

The above product information does not contain terms and conditions, is for reference only and is indicative of the key features of the product. For the full and exact terms, conditions, benefits and exclusions of the product, please refer to the policy provisions. In the event of any ambiguity or inconsistency between the terms of this leaflet and the policy provisions, the policy provisions shall prevail. In case you want to read the terms and benefits before making an application, you can obtain a copy from FWD. The policy provisions of the product are governed by the laws of Hong Kong.



The Plan's coverage is limited to Reasonable and Customary charges or expenses incurred as a result of services which are Medically Necessary. For the definition of "Medically Necessary" and "Reasonable and Customary", please refer to the "Important Words" section below.

Important to know

The following examples are only for illustrative purpose to illustrate how the Annual Deductible affects the benefit payment. The expenses and benefit amounts quoted are hypothetical. Assuming that a) all premiums are paid in full when due, b) there is no indebtedness under the policy and c) the definitions and claims requirements of the benefits are fulfilled.

Example

Mr and Mrs Mak are newlyweds. They are at Age 25 and non-smokers. They have never been diagnosed of any disease and don't have any symptom at the time of application. To start medical protection early and at good health condition, they purchase MyMillion Medical Plan – Superior (Annual Deductible HK\$ 60,000) for themselves and both policies are issued on 1 Feb 2023.

Unfortunately, the couple are Confined in Hospital and have to receive surgeries upon Physician's written recommendation. They choose to stay in private Hospital in Hong Kong for better treatments and because of limited budget, they decide to stay in Standard Ward Room².



- 1** Mr Mak is injured in an Accident on 15 February 2026, therefore, he has to undergo a surgery - anterior cruciate ligament reconstruction and is Confined in Hospital during 15-28 February 2026.



Eligible Expenses (HKD): \$180,000

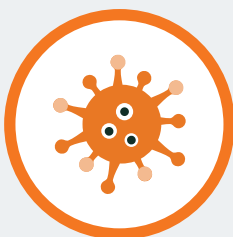
Balance of Annual Deductible (HKD): \$60,000

Benefit amount payable (HKD): \$180,000 - \$60,000 = \$120,000
(Reimbursable amount after deducting Balance of Annual Deductible)

Payable under:

- Room and Board
- Physician's Hospital Visit and Specialist's Fee¹²
- Miscellaneous Medical Charges¹²
- Surgical Benefits

- 2** Mrs Mak finds a lump at her breast in March of same year and is soon diagnosed of breast cancer, she is then Confined in Hospital to receive mastectomy and subsequently sustains chemotherapy in clinic during 1 April to 10 September 2026.



Eligible Expenses (HKD): \$600,000

Balance of Annual Deductible (HKD): \$0

(As Mrs Mak is diagnosed of Specified Cancer, the Annual Deductible is reduced to zero under First-dollar Coverage – Annual Deductible Waived for Designated Crises⁴)

Benefit amount payable (HKD): \$600,000 - \$0 = \$600,000
(Reimbursable amount after deducting Balance of Annual Deductible)

Payable under:

- Room and Board
- Physician's Hospital Visit and Specialist's Fee¹²
- Miscellaneous Medical Charges¹²
- Surgical Benefits
- Prescribed Non-surgical Cancer Treatments⁵

Plan Summary

Plan type	Basic Plan
Issue Age	1 (15 days) – 81
Premium structure	- Based on Insured's Age at policy issuance - Renewal premiums are non-guaranteed and will be determined annually and accordingly to the Insured's Age upon renewal⁶
Premium payment term	To Age 101
Benefit term	Guaranteed yearly renewable ⁶ to Age 101
Premium payment mode	Monthly / Annually
Currency	HKD
Territorial scope of cover	Except for benefit items I(h), VII and VIII: - Asia³ for non-Emergency Treatment - Worldwide for Emergency Treatment
Entitled ward class	Standard Ward Room ²
Annual Deductible options (applicable to items I to III)	HKD 10,000 / HKD 30,000 / HKD 60,000
First-dollar Coverage – Annual Deductible Waived for Designated Crises ⁴	- The Balance of Annual Deductible (if any and if applicable) will be reduced to zero for the Medical Services if the Insured: - is reasonably aware of any of the designated crises after the first 90 days from the Policy Date; and - upon the recommendation of the attending Physician in writing, receives any Medical Services as a result of the designated crises for which benefits are payable under benefit items I to III as shown in the Benefit Schedule below. - Not applicable if Annual Deductible has been removed by exercising Guaranteed Convertibility to Reduce or Remove Annual Deductibles at Specified Age
Guaranteed Convertibility to Reduce or Remove Annual Deductibles at Specified Age	Once per lifetime of the Insured, you can choose to reduce or remove the Annual Deductible (if any and if applicable) at Insured's attained age 50, 55, 60, 65, 70, 75 or 80 without re-underwriting if the policy has been in force for 2 consecutive Policy Years from the Policy Date

Benefit Schedule

Benefit item	Benefit limit
	Superior Plan
Annual Limit (applicable to items I to III)	HKD 4,000,000 per Policy Year
I. Hospitalisation benefits	
(a) Room and Board	Full cover ¹
(b) Intensive Care Unit Charges ¹³	Full cover ¹
(c) Physician's Hospital Visit and Specialist's Fee ¹²	Full cover ¹
(d) Miscellaneous Medical Charges ¹²	Full cover ¹
(e) Hospital Companion Bed ¹²	Full cover ¹ (subject to 1 Family Member of Insured per day)
(f) Private Nursing Care's Fee ¹²	Full cover ¹ (maximum 30 days per Policy Year, subject to 1 Qualified Nurse per day)
(g) Prescribed Diagnostic Imaging Tests ¹⁴	Full cover ¹
(h) Psychiatric Treatments ⁸	HKD 40,000 per Policy Year Only applicable to Confinement in Hong Kong as recommended by a Specialist
II. Surgical benefits	
Surgical Benefits	Full cover ¹ (In-Patient and out-patient, including Surgeon's fee, operating theatre fee and Anaesthetist's fee)
III. Other benefits	
(a) Pre-Confinement / Day Case Procedure Out-Patient Care ¹⁵	Full cover ¹ Maximum 3 prior out-patient visits or Emergency consultations per Confinement / Day Case Procedure, subject to 1 visit per day
(b) Post-Confinement / Day Case Procedure Out-Patient Care ¹⁵	Full cover ¹ Maximum 20 follow-up out-patient visits per Confinement / Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure, subject to 1 visit per day)
(c) Post-Confinement Home Nursing ¹⁶	Full cover ¹ Maximum 30 days per Policy Year (within 30 days after discharge from Hospital following surgery or admission to Intensive Care Unit, subject to 1 Qualified Nurse per day)
(d) Emergency Out-Patient Accident Treatment Charges	Full cover ¹ (within 72 hours of the Accident)
(e) Emergency Dental Treatment	Full cover ¹ (within 3 months of the Accident)
(f) Prescribed Non-surgical Cancer Treatments ⁵	Full cover ¹ (including radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy)
(g) Kidney Dialysis	Full cover ¹ (including the rental cost of a kidney dialysis machine for use on the Insured at home)
(h) Pregnancy Complications ¹⁷	Full cover ¹

Benefit Schedule

Benefit item	Benefit limit
	Superior Plan
III. Other benefits	
(i) Post-Confinement / Day Case Procedure Chinese Medicine Treatment ¹⁵	HKD 500 per visit
	Maximum 10 follow-up out-patient visits per Confinement / Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure, subject to 1 visit per day)
(j) Post-Confinement / Day Case Procedure Physiotherapist or Chiropractic Consultation ¹⁵	HKD 500 per visit
	Maximum 10 follow-up out-patient visits per Confinement / Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure, subject to 1 visit per day)
IV. Additional Benefit for Prescribed Non-surgical Cancer Treatments⁵, Kidney Dialysis and Organ or Bone Marrow Transplantation	Eligible Expenses incurred in excess of the amounts payable under: a) benefit item (f) of III. Other benefits for Prescribed Non-surgical Cancer Treatments ⁵ ; b) benefit items (d) of I. Hospitalisation benefits and (g) of III. Other benefits for Kidney Dialysis; or c) benefit items (a) - (g) of I. Hospitalisation benefits and II. Surgical benefits for organ or bone marrow transplantation.
	Maximum benefit limit per Policy Year
	HKD 2,000,000
V. Cash Benefit for Day Case Procedure	i) Designated Day Case Procedures[#] performed at a Designated Healthcare Services Provider[#] or in mainland China: HKD 1,600 per Day Case Procedure ii) For any Day Case Procedure other than designated Day Case Procedures[#] performed at a Designated Healthcare Services Provider[#] or in mainland China; or any Day Case Procedures performed at a non-Designated Healthcare Services Provider outside mainland China: HKD 800 per Day Case Procedure For each day, payable once for a maximum of 1 Day Case Procedure in accordance with item (i) or (ii) listed above

[#] The list of designated Day Case Procedure and Designated Healthcare Services Providers (hereafter "List") is published on FWD's website (www.fwd.com.hk/en/support/medical-support). The List may be added, deleted, amended or replaced from time to time at FWD's sole discretion without prior notification. Any change shall be deemed as effective as of the effective date as stated in the List. The Policy Owner and/or Insured is recommended to refer to FWD's website for the latest List before receiving the designated Day Case Procedure(s). For details, please refer to the Policy provisions.

Benefit Schedule

Benefit item	
VI. Cash Benefit for Top-up Subsidy⁹	HKD 800 per day of Confinement (Maximum 60 days per Policy Year)
VII. Cash Benefit for Confinement in General Ward of Public Hospital in Hong Kong	HKD 800 per day of Confinement (Maximum 60 days per Policy Year)
VIII. Cash Benefit for Confinement in Intensive Care Unit in Hong Kong	- Annual Deductible HKD0*/HKD10,000/HKD30,000 : HKD8,000 per Confinement - Annual Deductible HKD60,000: HKD1,600 per Confinement Provided that: - the Insured is Confined in a Hospital in Hong Kong during which he/she is admitted to Intensive Care Unit for at least 3 consecutive days and the Eligible Expenses incurred during such Confinement period are payable; and - this benefit is payable once only during the whole Confinement period.
IX. Compassionate Death Benefit	HKD 15,000
X. Accidental Death Benefit (in addition to Compassionate Death Benefit)	HKD 15,000
XI. Special Benefit for Infant	- While the policy is in force, if the Insured or Insured's spouse gives birth to a child after the policy has been in force for 2 consecutive Policy Years from the Policy Date, the newborn baby can enjoy the designated medical plan's coverage for 1 year without further evidence of insurability and at no additional charge. - Each child is eligible for this benefit once only but there is no restriction on the number of newborns who can enjoy the benefit.
XII. PREMIER THE ONEcierge¹⁰	Service Program
XIII. International SOS 24-hour Worldwide Assistance Services¹¹	Service Program
XIV. Second Medical Opinion Service¹¹	Service Program

* Only applicable if Annual Deductible is removed by exercising Guaranteed Convertibility to Reduce or Remove Annual Deductibles at Specified Age.

Remarks

- 1 Full coverage/ cover/ fully cover means no itemised benefit sublimit, the actual amount of Eligible Expenses charged after deducting the Balance of Annual Deductible (if any) and is subject to the Annual Limit. Full cover applies to selected benefit items only, while other benefit items are not fully covered and are subject to respective benefit item's limits. Please refer to Benefit Schedule and policy provisions for details. For Psychiatric Treatments covered by this Plan, full cover is not applicable and sublimit applies. The Plan's coverage is limited to Reasonable and Customary charges or expenses incurred as a result of services which are Medically Necessary. Please refer to the "Important Words" section for the definitions of "Medically Necessary" and "Reasonable and Customary".
- 2 Standard Ward Room refers to a room type in a Hospital that is of a quality below a Standard Semi-Private Room. Standard Semi-Private Room refers to a single or double occupancy room in a Hospital, with a shared bath or shower room. Standard Private Room refers to a standard single occupancy room with an adjoining bathroom for the Insured's use during his or her Confinement, but does not include any Hospital room that has its own kitchen, dining or sitting room.

If on any day of Confinement, the Insured is voluntarily Confined in a ward class of Hospital accommodation higher than Standard Ward Room, the ward class adjustment factor set out below will be applied to the Eligible Expenses incurred on that day.

Entitled Ward Class	Actual Ward Class	Ward Class Adjustment Factor
Standard Ward Room	Standard Ward Room	100%
	Standard Semi-Private Room	50%
	Standard Private Room	25%
	Above Standard Private Room	12.5%

The ward class adjustment factor will not be applied under the following circumstances:

- (i). unavailability of accommodation at the specified ward class due to ward or room shortage for Emergency Treatment;
 - (ii). isolation reasons that require a specific class of accommodation; or
 - (iii). other reasons not involving personal preference of you and the Insured.
- 3 Asia refers to Afghanistan, Australia, Bangladesh, Bhutan, Brunei, Cambodia, Mainland China, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, North Korea, Pakistan, the Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan and Vietnam.
 - 4 While the Policy is in force, if the Insured suffers the following designated crises (as defined herein below and Appendix 2 in policy provision) and is upon the recommendation of the attending Physician, Surgeon and Specialist in writing, receives any Medical Services as a direct result of the designated crises, in calculation of benefits payable under sections I to III under Benefit Schedule, the payment of the Balance of Annual Deductible (if any and if applicable) will be reduced to zero. We will pay the Eligible Expenses charged on such Medical Services for designated crises before the entire Annual Deductible is met. Designated crises will include:
 - i) Cardiac Impairment Caused By Cardiomyopathy;
 - ii) Cardiac Impairment Due To Primary Pulmonary Arterial Hypertension;
 - iii) Chronic Liver Disease;
 - iv) Coronary Artery Bypass Operation;
 - v) End Stage Lung Disease;
 - vi) Fulminant Hepatitis;
 - vii) Heart Attack (Acute Myocardial Infarction);
 - viii) Kidney Failure;
 - ix) Major Organ Transplantation;
 - x) Open Heart Valve Surgery;
 - xi) Parkinson's Disease;
 - xii) Severe Rheumatoid Arthritis;
 - xiii) Specified Cancer;
 - xiv) Stroke;
 - xv) Surgery to Aorta; and
 - xvi) Terminal Illness.

Important to know

Remarks

This benefit will not be applicable to the Medical Services arising from any designated crisis that You or Insured is aware of, or will be reasonably aware of within the first 90 days from the Policy Date. You or the Insured will be reasonably aware of a designated crisis where:

- i) the designated crisis has been diagnosed;
- ii) the designated crisis has manifested clear and distinct signs or symptoms; or
- iii) medical advice or treatment has been sought, recommended or received for the designated crisis.

This benefit is not applicable if you have chosen to remove the Annual Deductible by exercising Guaranteed Convertibility to Reduce or Remove Annual Deductibles at Specified Age.

- 5 Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
- 6 FWD will guarantee the renewal at each Policy Anniversary up to the Policy Anniversary immediately following the Insured's 100th birthday. The automatic renewal is only applicable if the policy premiums are paid when due without the requirement of evidence of insurability. FWD has the right to review and adjust the policy's premium each Policy Anniversary. FWD determines the premium rates for each renewal based on factors including but not limited to the Age of the Insured at the time of renewal, claims experience, medical inflation and policy persistency, provided any premium review will be applied to all other policies of the same kind and these premium rates are not guaranteed.
- 7 Per a comparison made by FWD on 1 Oct 2022 among the medical reimbursement plan of key insurers available in Hong Kong, FWD is the first insurance company in Hong Kong to launch:
 - i) First-dollar Coverage – Annual Deductible Waived for Designated Crises;
 - ii) Additional Benefit for Prescribed Non-surgical Cancer Treatments, Kidney Dialysis and Organ or Bone Marrow Transplantation;
 - iii) Covering the rental cost of a kidney dialysis machine for use on the Insured at home as recommended in writing by the Insured's attending Physician. It's fully covered under item (g) in section III, i.e. Kidney Dialysis under Benefit Schedule, subject to Annual Limit and Annual Deductible (if any and applicable).
- 8 FWD will pay this benefit in lieu of items (a) to (d) and (f) to (g) in section I. Hospitalisation benefits, section II. Surgical benefits and items (a) and (b) in section III Other benefits under Benefit Schedule. For the avoidance of doubt, where a Confinement is not solely for the purpose of psychiatric treatments, this benefit will only be payable for the Eligible Expenses charged on the Medical Services related to psychiatric treatments. Where the Eligible Expenses involve both psychiatric and non-psychiatric treatments and apportionment of the expenses is not available, the expenses in entirety will be payable under this benefit if the Confinement is initially for the purpose of psychiatric treatments. If the Confinement initially is not for the purpose of psychiatric treatment, the expenses in entirety will be payable for items (a) to (d) and (f) to (g) in section I. Hospitalisation benefits, section II. Surgical benefits and items (a) and (b) in section III Other benefits under Benefit Schedule.
- 9 For the Insured covered by any other hospital and surgical reimbursement plans issued by a licensed insurance company other than FWD, regardless of whether it is an individual or group policy, if the Eligible Expenses incurred for any Confinement of the Insured are payable under the Policy after any reimbursement has been paid by such other licensed insurance companies, this benefit will be payable for each day of Confined period in Hospital, subject to the limits as specified in the Benefit Schedule.
- 10 PREMIER THE ONEcierge is currently provided by HealthMutual Group Limited ("HMG") and its healthcare network team, it is not a part of the policy or benefit item under the policy provisions of the Plan and it is not guaranteed renewable. FWD reserves the right to terminate or vary PREMIER THE ONEcierge in its sole discretion without further notice. FWD will not be responsible for any act, negligence or failure to act on the part of HMG and its healthcare network team. For details, please refer to the attached flyer.
- 11 The services are currently provided by International SOS and are not guaranteed renewable. All relevant fees and charges (if any) of these services must be paid by you. FWD will not be responsible for any act, negligence or failure to act on the part of International SOS and/or any of its affiliates. Details of the services may be revised from time to time without prior notice from FWD. For details, please refer to the attached flyer.
- 12 The benefit will only be payable if benefit item (a) or (b) in section I Hospitalisation benefits under Benefit Schedule has been paid.
- 13 If this benefit is paid, benefit item (a) in section I Hospitalisation benefits under Benefit Schedule will not be paid.
- 14 Prescribed Diagnostic Imaging Tests refers to computed tomography ("CT" scan), magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan), PET-CT combined and PET-MRI combined. FWD will pay for the Eligible Expenses charged on Prescribed Diagnostic Imaging Test performed during Confinement or in a setting for providing Medical Services to a Day Patient recommended in writing by the attending Physician for the investigation or treatment of a Disability.
- 15 The benefit will only be payable if one of the benefit items (a) or (b) in section I Hospitalisation benefits or section II Surgical benefits under Benefit Schedule has been paid.
- 16 The benefit will only be payable if one of the benefit item (b) in section I Hospitalisation benefits or section II Surgical benefits under Benefit Schedule has been paid.

Remarks

17. FWD will pay the Eligible Expenses incurred for the benefit items (a) to (d) and (g) in section I. Hospitalisation benefits and section II Surgical benefits under Benefit Schedule where a surgical procedure is performed by a Surgeon during Confinement or in a setting for providing Medical Services to a Day Patient as a result of the following pregnancy related complications arising during antepartum stages of pregnancy or childbirth – (i) ectopic pregnancy; (ii) molar pregnancy; (iii) disseminated intravascular coagulopathy; (iv) pre-eclampsia; (v) miscarriage; (vi) threatened abortion; (vii) medically prescribed induced abortion; (viii) foetal death; (ix) postpartum hemorrhage requiring hysterectomy; (x) eclampsia; (xi) amniotic fluid embolism; or (xii) pulmonary embolism of pregnancy. This benefit will only be payable provided that the date of diagnosis of such pregnancy complication is at least 1 year after the Policy Date.

Key Product Risks

Credit Risk

This Plan is an insurance policy issued by FWD. The application of this insurance product and all benefits payable under your policy are subject to the credit risk of FWD. You will bear the default risk in the event that FWD is unable to satisfy its financial obligations under this insurance contract.

Exchange Rate and Currency Risk

The application of this insurance product with the policy currency denominated in a foreign currency is subject to that foreign currency's exchange rate and currency risk. The foreign currency may be subject to the relevant regulatory bodies' control (for example, exchange restrictions). If your home currency is different from the policy currency, please note that any exchange rate fluctuation between your home currency and the policy currency of this insurance product will have a direct impact on the amount of premium required and the value of benefit(s) to be received. For instance, if the policy currency of the insurance product depreciates substantially against your home currency, there is a negative impact on the benefits you receive from this Plan. If the policy currency of the insurance product appreciates substantially against your home currency, your burden of the premium payment is increased.

Inflation Risk

The cost of living in the future may be higher than now due to the effects of inflation. Therefore, the benefits under this Plan may not be sufficient for the increasing protection needs in the future even if FWD fulfills all of its contractual obligations.

Premium Adjustment

The premium is non-guaranteed and will be determined annually based on the Age of the Insured at the time of renewal. The premium may increase significantly due to factors including but not limited to Age of the Insured at the time of renewal, claims experience, medical inflation and policy persistency, provided any premium review will be applied to all other policies of the same kind and these premium rates are not guaranteed.

Premium Term and Non-Payment of Premium

The premium payment term of the Plan is up to the Age 101 of the Insured.

FWD allows a grace period of 30 days after the premium due date for payment of each premium. The policy shall continue to be in effect during the grace period but no benefits shall be payable unless the premium is paid. If a premium is still unpaid at the expiration of the grace period, the policy will be terminated from the date the first unpaid premium was due. Please note that once the policy is terminated on this basis, you will lose all of your benefits.

Termination Conditions

The policy will be automatically end on the earliest of the followings:

1. The Insured dies;
2. The Expiry Date of the policy;
3. You cancel the policy. FWD will determine the cancellation date based on FWD's rules and regulations at that time;
4. If the change of place of residence or occupation means that the residence or occupation is not insurable according to FWD's underwriting rules, FWD may terminate the policy or refuse to pay benefits under relevant policy after the change;
5. If a claim is false, fraudulent, intentionally exaggerated or if any person has used fraudulent means to attempt to claim a benefit, premium paid and insurance levy will not be refunded and any benefit paid because of such means will be recovered; or
6. The premium grace period expires and FWD has not received the premium payment.

Key Product Risks

Exclusions

Under the policy, FWD will not pay any benefits in relation to or arising from the following expenses:

1. war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, riot, strike, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, terrorist act, naval, military or air-force services, any operation or combat duty with any armed force of any country, territory, or organization, nuclear reactions, nuclear radiation, nuclear contamination, biological contamination or chemical contamination;
2. the willful participation of the Insured in any criminal offence or illegal acts;
3. AIDS or any complications associated with a HIV infection, unless the First Symptoms appear of a relevant Illness due to AIDS or any complications associated with HIV infection occur 2 years or more after the Policy Date. HIV Infection refers to an infection where blood or other relevant test(s) indicate, in FWD's opinion, either the presence of any Human Immunodeficiency Virus, antigens or antibodies to such virus;
4. Non-Emergency Treatment outside Asia; and
5. Pre-existing Condition(s), or any Eligible Expenses incurred for Pre-existing Condition(s) that You and/or Insured was not aware and would not reasonably have been aware on or before the 30th day of the Policy Date.

Suicide

If the Insured commits suicide (whether sane or insane at that time) within 13 calendar months from the Policy Date, FWD's liability under the policy will be limited to the refund of premiums paid (without interest) less any outstanding insurance levy and any benefit which has been paid under the policy.

Important Notes

Cancellation Right within Cooling-off Period

If you are not fully satisfied with this policy, you have the right to change your mind.

FWD trusts that this policy will satisfy your financial needs. However, if you are not completely satisfied, you have the right to cancel and obtain a full refund of the insurance premium paid by you and insurance levy paid by you without interest by giving FWD written notice. Such notice must be signed by you and received directly by the office of FWD within 21 calendar days immediately following either the day of delivery of the policy or a Cooling-off Notice to you or your nominated representative, whichever is the earlier. The notice is the one sent to you or your nominated representative (separate from the policy) notifying you of your right to cancel within the stated 21 calendar day period. No refund can be made if a claim payment under the policy has been made prior to your request for cancellation. Should you have any further queries, you may (1) call FWD's Service Hotline on 3123 3123; (2) visit FWD Insurance Solutions Centres; or (3) email to cs.hk@fwd.com and FWD will be happy to explain your cancellation rights further.

Cancellation Right after Cooling-off Period

To cancel the policy, the Policy Owner needs to send FWD a completed cancellation form or by any other means acceptable by FWD.

Renewal

FWD will automatically renew the policy at each Policy Anniversary until the Expiry Date. This automatic renewal is only applicable if the policy premiums are paid when due without the requirement of evidence of insurability.

FWD reserves the right to revise, amend or modify the policy, including the premium, at each Policy Anniversary, and FWD will notify you in writing at least 30 calendar days before the Policy Anniversary after which the revisions will take effect.

Important Notes

Refund from Other Sources

If you can obtain a refund of any expenses from any other sources, FWD will only pay for any excess costs of these expenses up to the limit set out in the Policy Schedule or any Endorsement.

You must tell FWD if you or the Insured can obtain a refund of all or part of expenses from any other sources. The reimbursement from those other sources will count towards the Balance of Annual Deductible (if any and if applicable) provided that required documents including but not limited to the original receipts are submitted to FWD. If FWD has paid a benefit which is recoverable from another source, you must refund this amount to FWD.

Notice of Claim

You must inform FWD in written as soon as possible, and no later than 6-month of the Insured's discharge from Hospital, the date of completion of Day Case Procedure, the date the Medical Service is performed and completed, or the date of death of the Insured, for which a claim will be made on the policy. FWD has the right to reject any written claims submitted after this 6-month notice period.

Obligation to Provide Information

FWD and FWD's affiliates are obliged to comply with legal and/or regulatory requirements in various jurisdictions as promulgated and amended from time to time, such as the United States Foreign Account Tax Compliance Act, and the automatic exchange of information regime ("AEOI") followed by the Inland Revenue Department (the "Applicable Requirements"). These obligations include providing information of clients and related parties (including personal information) to relevant local and international authorities and/or to verify the identity of the clients and related parties. In addition, FWD's obligations under the AEOI are to:

- i. identify accounts as non-excluded "financial accounts" (NEFAs);
- ii. identify the jurisdiction(s) in which NEFA-holding individuals and NEFA-holding entities reside for tax purposes;
- iii. determine the status of NEFA-holding entities as "passive non-financial entities (NFEs)" and identify the jurisdiction(s) in which their controlling persons reside for tax purposes;
- iv. collect information on NEFAs ("Required Information") which is required by the authorities; and
- v. furnish Required Information to the Inland Revenue Department.

The Policy Owner must comply with requests made by FWD to comply with the above Applicable Requirements.

Incorrect Disclosure or Non-disclosure

Your policy is based on the information you and the Insured gave FWD during the application process. It is important that you and the Insured were truthful and accurate with all of the information, including but not limited to Age and gender you provided, as this information helped FWD to decide if you and they were eligible for the policy, and what you need to pay.

You or the Insured are/is required to disclose all material facts in response to FWD's underwriting questions. Material facts are the facts, information or circumstances, in particular medically-related facts, e.g. medical history, smoking status, etc., that would influence the judgment of FWD in setting the premium, or in determining whether to insure the risk. If you or the Insured are/is uncertain as to whether or not a certain piece of information is material, please take a cautious approach and disclose it to FWD.

You should let FWD know immediately if the information you or the Insured gave FWD was inaccurate, misleading or exaggerated. If you or the Insured did not provide accurate and truthful information, or you or they gave misleading or exaggerated information, your benefits or premium under your policy may be affected, and in some cases FWD may cancel your policy.

You should also let FWD know if the Insured's place of residence or occupation changes and FWD will re-underwriting in respect of such changes based on the then underwriting rules and the re-underwriting result may be more advantageous or adverse to you and the Insured.

Important Words

Accident and Accidental

refers to a sudden, unexpected and unintentional external event which causes an Injury to the Insured, and occurs while he or she is insured by the policy. An Accident does not include an Illness, degenerative process or any other naturally occurring condition.

Age

refers to the age next birthday of the Insured of the policy, unless otherwise specified.

Annual Deductible

refers to a fixed amount of Eligible Expenses in a Policy Year that the Policy Owner must pay before FWD will reimburse the remaining Eligible Expenses.

Annual Limit

refers to the maximum amount of benefits FWD pays to you in a Policy Year irrespective of whether any limits of any benefit items stated in the Policy Schedule or any Endorsement have been reached. The Annual Limit is counted afresh in a new Policy Year.

Balance of Annual Deductible

refers to the remaining amount of Annual Deductible to be borne by you or the Insured within the relevant Policy Year under the policy.

Confinement or Confined

refers to an admission of the Insured to a Hospital that is recommended by a Physician for Medical Service and as an In-Patient as a result of a Medically Necessary condition. Confinement will be evidenced by a daily room charge invoiced by the Hospital and the Insured must stay in the Hospital continuously for the entire period of Confinement.

Congenital Condition(s)

refers to (a) any medical, physical or mental abnormalities existed at the time of or before birth, whether or not being manifested, diagnosed or known at birth; or (b) any neo-natal abnormalities developed within 6 months of birth.

Day Case Procedure

refers to a Medically Necessary surgical procedure for investigation or treatment listed in the Appendix 1 of the policy provision to the Insured performed in a medical clinic, or day case procedure centre or Hospital with facilities for recovery as a Day Patient.

Designated Healthcare Services Provider

refers to a healthcare services provider that has entered into valid written agreements with FWD, with a healthcare network (including but not limited to medical clinic, day case procedure centre or Hospital with a setting for providing Medical Services to an out-patient) which provides Medical Services to the Insured.

Disability

refers to an Illness or Injury, including Disabilities arising from the same cause, and any complications arising from that Illness or Injury.

Eligible Expenses

refers to the Reasonable and Customary charges for Medically Necessary treatment or services for a Disability.

Expiry Date

refers to the Policy Anniversary immediately following the Insured's 100th birthday.

Important Words

Medically Necessary

refers to a medical recommendation by a Physician, Surgeon or Specialist as part of his or her diagnosis and/or treatment of an Illness or Injury. The medical recommendation must meet each of the following criteria:

1. the Insured's medical condition will be adversely affected if the medical recommendation is not followed;
2. The recommendation is widely accepted within the medical profession in Hong Kong or the country of treatment as being effective, appropriate and essential to diagnose, relieve or cure the Insured's Illness or Injury based on recognised western medical standards of the specialty involved;
3. The recommended medical management and/or treatment is not experimental in nature; and
4. The recommended diagnosis and/or treatment is not preventative, investigational or screening in nature, is not opted or selected by the Insured alone, nor is it for the personal convenience or comfort of the Insured or any medical service provider. This precludes:
 - general check-up unrelated to an Illness or Injury;
 - preventative screening or check-up looking for the presence of an Illness or Injury where there are no symptoms or history of that Illness or Injury;
 - vaccinations for the prevention of an Illness or Injury;
 - convalescence, custodial or rest care unrelated to an Illness or Injury;
 - cosmetic surgery for aesthetic purposes, including gender identity treatment or procedures of any kind (even if not for aesthetic purposes);
 - dental treatment, eye tests and/or optical treatment and surgery, unless this treatment is directly related to an Illness or Injury covered by the policy.

Policy Date

refers to the date when coverage under the policy begins as shown in the Policy Schedule (document attached to the policy which shows important information about the policy, including the policy number, premium payable and the policy benefits) or the date that FWD reinstates the coverage of the policy, whichever is later.

Pre-existing Conditions

refers to any Illness, Injury, physical, mental or medical condition or physiological degradation, including Congenital Condition of the Insured, that has existed prior to the Policy Date. An ordinary prudent person will be reasonably aware of a Pre-existing Condition, where:

1. it has been diagnosed;
2. it has manifested clear and distinct signs or symptoms; or
3. medical advice or treatment has been sought, recommended or received.

Reasonable and Customary

refers to a fee or expense which:

1. is actually charged for Medically Necessary treatment, supplies or Medical Services;
2. does not exceed the usual or reasonable average level of charges for similar treatment, supplies or Medical Services in the location where the expense is incurred;
3. does not include charges that would not have been made if no insurance existed.

FWD may adjust benefit(s) payable under the policy for fees or expenses that FWD judges not to be Reasonable and Customary after comparing with fee schedules used by the government, relevant authorities or recognised medical association in the location where the fee or expense is incurred.

Declarations

1. This Plan is underwritten by FWD. FWD is solely responsible for all features, policy approval, coverage and benefit payment under this Plan. FWD recommends you carefully consider whether this Plan is suitable for you in view of your financial needs and that you fully understand the risk involved in this Plan before submitting your application. You should not apply for or purchase this Plan unless you fully understand it and you agree it is suitable for you. Please read through the related risks before making any application of this Plan.
2. This Plan is issued by FWD. FWD accepts full responsibility for the accuracy of the information contained in this product material. This product material is intended to be distributed in the Hong Kong Special Administrative Region ("Hong Kong") only and shall not be construed as an offer to sell, a solicitation to buy or the provision of any insurance products of FWD outside Hong Kong. All selling and Application procedures of this Plan must be conducted and completed in Hong Kong.
3. This Plan is an insurance product. The premium paid is not a bank savings deposit or time deposit. This Plan is not protected under the Deposit Protection Scheme in Hong Kong.
4. This Plan is an individual indemnity hospital insurance plan without any savings element. The period of cover of the Plan is 1 year and this Plan is guaranteed renewable up to the Age 101 of Insured. The costs of insurance and the related costs of the policy are included in the premium paid under this Plan despite the product brochure/leaflet and/or the illustration documents of this product having no schedule/section of fees and charges or no additional charge noted other than the premium.
5. The premium, whether paid for a Policy Year or by instalment as agreed by FWD, shall be paid in advance when due before any benefits shall be paid.
6. All underwriting and claims decisions are made by FWD. FWD relies upon the information provided by the applicant and the Insured in the insurance application to decide to accept or decline the application with a full refund of any premium paid and any insurance levy paid without interest. FWD reserves the right to accept/reject any insurance application and can decline your insurance application without giving any reason.

For more information

Please call our Service Hotline or
simply check out our website.

fwd.com.hk



Service Hotline
3123 3123



Learn more about
MyMillion Medical Plan

全自主百萬醫療計劃 - 特等計劃 MyMillion Medical Plan - Superior Plan

保費表 (港元)(男性及女性)(中國內地人士除外)

Premium Schedule (HKD) (Male and Female) (excluding Mainland Chinese)

每年自付費 (港元) Annual Deductible (HKD)		0*		10,000		30,000		60,000	
實際年齡 Attained age	下次生日 年齡 Age at next birthday	月繳 Monthly	年繳 Annual	月繳 Monthly	年繳 Annual	月繳 Monthly	年繳 Annual	月繳 Monthly	年繳 Annual
0	1	-	-	404.82	4,498	256.05	2,845	186.03	2,067
1	2	-	-	404.82	4,498	256.05	2,845	186.03	2,067
2	3	-	-	404.82	4,498	256.05	2,845	186.03	2,067
3	4	-	-	404.82	4,498	256.05	2,845	186.03	2,067
4	5	-	-	404.82	4,498	256.05	2,845	186.03	2,067
5	6	-	-	360.09	4,001	219.96	2,444	166.05	1,845
6	7	-	-	360.09	4,001	219.96	2,444	154.17	1,713
7	8	-	-	360.09	4,001	219.96	2,444	159.21	1,769
8	9	-	-	360.09	4,001	219.96	2,444	165.24	1,836
9	10	-	-	360.09	4,001	219.96	2,444	169.11	1,879
10	11	-	-	360.09	4,001	219.96	2,444	169.11	1,879
11	12	-	-	360.09	4,001	219.96	2,444	169.11	1,879
12	13	-	-	360.09	4,001	219.96	2,444	169.11	1,879
13	14	-	-	360.09	4,001	219.87	2,443	169.11	1,879
14	15	-	-	358.83	3,987	214.92	2,388	169.11	1,879
15	16	-	-	350.46	3,894	209.97	2,333	169.11	1,879
16	17	-	-	333.81	3,709	200.25	2,225	164.52	1,828
17	18	-	-	315.90	3,510	189.36	2,104	159.12	1,768
18	19	-	-	296.28	3,292	177.48	1,972	152.91	1,699
19	20	-	-	285.84	3,176	171.00	1,900	151.47	1,683
20	21	-	-	272.43	3,027	163.08	1,812	149.13	1,657
21	22	-	-	275.67	3,063	165.78	1,842	150.39	1,671
22	23	-	-	287.55	3,195	177.66	1,974	157.95	1,755
23	24	-	-	294.84	3,276	181.53	2,017	161.82	1,798
24	25	-	-	308.61	3,429	195.03	2,167	166.14	1,846
25	26	-	-	316.17	3,513	199.35	2,215	170.19	1,891
26	27	-	-	326.34	3,626	207.09	2,301	174.51	1,939
27	28	-	-	340.83	3,787	220.41	2,449	178.83	1,987
28	29	-	-	350.64	3,896	226.62	2,518	180.27	2,003
29	30	-	-	360.00	4,000	231.57	2,573	182.34	2,026
30	31	-	-	368.82	4,098	237.96	2,644	187.47	2,083
31	32	-	-	375.75	4,175	240.39	2,671	193.59	2,151
32	33	-	-	386.64	4,296	247.41	2,749	196.11	2,179
33	34	-	-	396.81	4,409	252.81	2,809	198.09	2,201
34	35	-	-	406.35	4,515	256.86	2,854	198.09	2,201
35	36	-	-	417.87	4,643	265.14	2,946	204.39	2,271
36	37	-	-	429.03	4,767	273.06	3,034	210.51	2,339

全自主百萬醫療計劃 - 特等計劃 MyMillion Medical Plan - Superior Plan

保費表 (港元)(男性及女性)(中國內地人士除外)

Premium Schedule (HKD) (Male and Female) (excluding Mainland Chinese)

每年自付費 (港元) Annual Deductible (HKD)		0*		10,000		30,000		60,000	
實際年齡 Attained age	下次生日 年齡 Age at next birthday	月繳 Monthly	年繳 Annual	月繳 Monthly	年繳 Annual	月繳 Monthly	年繳 Annual	月繳 Monthly	年繳 Annual
37	38	-	-	436.32	4,848	273.06	3,034	210.51	2,339
38	39	-	-	445.86	4,954	277.20	3,080	213.84	2,376
39	40	-	-	453.33	5,037	277.56	3,084	214.92	2,388
40	41	-	-	466.92	5,188	288.90	3,210	229.68	2,552
41	42	-	-	485.91	5,399	303.30	3,370	246.06	2,734
42	43	-	-	502.74	5,586	309.96	3,444	254.79	2,831
43	44	-	-	526.14	5,846	326.79	3,631	269.55	2,995
44	45	-	-	545.85	6,065	334.35	3,715	274.32	3,048
45	46	-	-	575.46	6,394	361.17	4,013	300.24	3,336
46	47	-	-	603.45	6,705	381.69	4,241	314.91	3,499
47	48	-	-	631.80	7,020	403.56	4,484	336.42	3,738
48	49	-	-	657.09	7,301	417.87	4,643	351.00	3,900
49	50	-	-	684.72	7,608	434.97	4,833	366.30	4,070
50	51	947.70	10,530	709.47	7,883	448.20	4,980	385.11	4,279
51	52	1,002.06	11,134	789.48	8,772	497.07	5,523	407.88	4,532
52	53	1,059.75	11,775	873.00	9,700	545.58	6,062	431.19	4,791
53	54	1,121.13	12,457	975.24	10,836	613.71	6,819	455.49	5,061
54	55	1,185.30	13,170	1,076.31	11,959	675.00	7,500	480.33	5,337
55	56	1,304.01	14,489	1,178.10	13,090	727.20	8,080	526.14	5,846
56	57	1,367.46	15,194	1,294.47	14,383	765.18	8,502	551.61	6,129
57	58	1,434.51	15,939	1,371.78	15,242	812.70	9,030	578.88	6,432
58	59	1,505.07	16,723	1,447.02	16,078	864.72	9,608	602.37	6,693
59	60	1,578.51	17,539	1,548.09	17,201	916.74	10,186	624.33	6,937
60	61	1,656.27	18,403	1,637.10	18,190	971.82	10,798	658.53	7,317
61	62	1,817.73	20,197	1,722.15	19,135	1,037.16	11,524	728.19	8,091
62	63	1,990.62	22,118	1,856.61	20,629	1,106.91	12,299	803.07	8,923
63	64	2,176.20	24,180	2,045.43	22,727	1,212.12	13,468	878.22	9,758
64	65	2,375.91	26,399	2,282.49	25,361	1,339.83	14,887	956.25	10,625
65	66	2,588.67	28,763	2,491.11	27,679	1,448.01	16,089	1,000.89	11,121
66	67	2,844.99	31,611	2,654.64	29,496	1,579.86	17,554	1,072.89	11,921
67	68	3,120.03	34,667	2,779.20	30,880	1,616.31	17,959	1,138.41	12,649
68	69	3,414.87	37,943	2,844.36	31,604	1,669.05	18,545	1,219.95	13,555
69	70	3,731.13	41,457	2,936.70	32,630	1,735.47	19,283	1,302.39	14,471
70	71	4,070.16	45,224	3,022.83	33,587	1,798.38	19,982	1,388.70	15,430
71	72	4,268.88	47,432	3,342.33	37,137	1,974.24	21,936	1,471.95	16,355
72	73	4,478.49	49,761	3,531.33	39,237	2,086.92	23,188	1,563.75	17,375
73	74	4,697.91	52,199	3,702.42	41,138	2,195.46	24,394	1,649.70	18,330

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實際年齡 Attained age	下次生日 年齡 Age at next birthday	月繳 Monthly	年繳 Annual	月繳 Monthly	年繳 Annual	月繳 Monthly	年繳 Annual	月繳 Monthly	年繳 Annual
74	75	4,928.04	54,756	3,870.72	43,008	2,297.16	25,524	1,736.82	19,298
75	76	5,169.15	57,435	3,950.82	43,898	2,365.02	26,278	1,830.06	20,334
76	77	5,423.31	60,259	4,181.13	46,457	2,480.58	27,562	1,895.67	21,063
77	78	5,688.27	63,203	4,467.60	49,640	2,646.09	29,401	1,990.71	22,119
78	79	5,967.36	66,304	4,577.67	50,863	2,697.84	29,976	2,029.59	22,551
79	80	6,259.50	69,550	4,778.01	53,089	2,853.27	31,703	2,146.50	23,850
80	81	6,566.85	72,965	4,868.28	54,092	2,933.01	32,589	2,273.40	25,260
81^	82^	7,107.66	78,974	5,071.32	56,348	3,007.53	33,417	2,333.97	25,933
82^	83^	7,539.93	83,777	5,227.20	58,080	3,102.84	34,476	2,420.91	26,899
83^	84^	7,739.73	85,997	5,316.48	59,072	3,161.70	35,130	2,514.51	27,939
84^	85^	7,862.40	87,360	5,412.69	60,141	3,252.51	36,139	2,599.56	28,884
85^	86^	8,003.43	88,927	5,496.48	61,072	3,370.41	37,449	2,693.79	29,931
86^	87^	8,150.40	90,560	5,610.42	62,338	3,444.84	38,276	2,753.28	30,592
87^	88^	8,279.10	91,990	5,720.85	63,565	3,531.42	39,238	2,822.49	31,361
88^	89^	8,407.71	93,419	5,806.17	64,513	3,584.88	39,832	2,865.24	31,836
89^	90^	8,542.62	94,918	5,921.64	65,796	3,682.17	40,913	2,942.91	32,699
90^	91^	8,677.53	96,417	6,021.72	66,908	3,737.43	41,527	2,989.53	33,217
91^	92^	8,818.29	97,981	6,132.24	68,136	3,848.31	42,759	3,249.45	36,105
92^	93^	8,946.99	99,411	6,239.97	69,333	3,902.40	43,360	3,310.11	36,779
93^	94^	9,081.90	100,910	6,343.11	70,479	3,969.54	44,106	3,382.65	37,585
94^	95^	9,228.96	102,544	6,469.20	71,880	4,024.08	44,712	3,463.29	38,481
95^	96^	9,363.78	104,042	6,567.39	72,971	4,071.15	45,235	3,528.54	39,206
96^	97^	9,504.63	105,607	6,674.58	74,162	4,158.45	46,205	3,629.61	40,329
97^	98^	9,675.36	107,504	6,770.34	75,226	4,223.43	46,927	3,737.52	41,528
98^	99^	9,845.64	109,396	6,891.93	76,577	4,276.35	47,515	3,810.15	42,335
99^	100^	10,252.26	113,914	7,063.47	78,483	4,340.52	48,228	3,893.49	43,261

^ 只適用於續保。

^ For **Renewal** only.

* 只適用於當行使於指定年齡減少或免除每年自付費之保證可轉換權以免除每年自付費。

* Only applicable if Annual Deductible is removed by exercising Guaranteed Convertibility to Reduce or Remove Annual Deductibles at Specified Age.

此保費表並未包括由保險業監管局徵收的保費徵費。

This premium table does not include levy which is collected by the Insurance Authority.

富衛將於本保單每一個保單週年日自動續保，直至期滿日為止。自動續保僅在本保單保費在到期時獲繳付及毋須提供可受保證明，方才適用。

保費為非保證並將每年按照被保人於續保時之年齡而訂定。保費或會因應各種因素而大幅增加，當中包括但不限於被保人於續保時之年齡、索償經驗、醫療通脹及保單續保率釐定保費率，惟任何保費覆核須同時施行於所有其他同類保單。

FWD will automatically renew the policy at each Policy Anniversary until the Expiry Date. This automatic renewal is only applicable if the policy premiums are paid when due without the requirement of evidence of insurability.

The premium is non-guaranteed and will be determined annually based on the Age of the Insured at the time of renewal. The premium may increase significantly due to factors including but not limited to Age of the Insured at the time of renewal, claims experience, medical inflation and policy persistency, provided any premium review will be applied to all other policies of the same kind and these premium rates are not guaranteed.

本保費表的上次更新日期為 2026 年 2 月 2 日。

The last update date of the above premium tables is 2 February 2026.

Ready to help

FWD Professional Health Assistance Services



PREMIER THE ONEcierge One Team Health Management

One Plan One Team One Stop Pan-Asia Health Solution

Everyone would like to be with a reliable partner to focus on their recovery and enjoy life even when facing any health problems. FWD Life Insurance Company (Bermuda) Limited (incorporated in Bermuda with limited liability) ("FWD"), as your trusted partner, not only provides you with comprehensive medical protection coverage, but also customises dedicated health services especially for your needs. **PREMIER THE ONEcierge One Team Health Management** (the "Service")¹ offers you priority and tailor-made treatment with a one-stop approach in the territories of the Pan-Asia Region (including Hong Kong, Macau, mainland China, Taiwan, Singapore and Japan) (the "Pan-Asia Region") from our professional health management team, helping you when you need help most. You can relax with ease knowing that all aspects of your wellness have been taken care of.

Professional & Experienced

Medical Specialist Team as your Partner

A professional medical service provider is undoubtedly your best assurance to receiving prompt and suitable medical advice and treatment. The Service provides you with a leading network of specialists so you can receive the most suitable treatment from the best-suited doctor and top-tiered network hospitals² in the Pan-Asia Region.

The Service also provides you with extensive professional medical advice, through the Inpatient Medical Advice Service³, so you can feel comfortable with the medical assessment and treatment. With our professional team of experts as your guardian angel, you will be hassle free even when facing any illness or disease.

Superior Hospitalization

Arrangement where you prefer

The Service always puts your interest first. Should you require hospitalization as diagnosed by your consulting doctor of the Service⁴ (if applicable), the team of specialists will arrange you to admit to hospital and receive treatment promptly. Besides, the Service arranges medical treatment for you in the Pan-Asia Region and provides you with personalized travel-related assistance⁵ in flights, accommodation, ground transfers and visa application. The medical team arranges what is needed in advance so you can rest assured that you will receive treatment on the road to recovery.

Efficient and Seamless Claims Resolution

and Cashless Facility⁶ for hospitalization in the Pan-Asia Region including all Grade 3A hospitals in mainland China

The team of specialists of the Service will assist you to apply for an efficient and seamless claims resolution arrangement with FWD prior to hospital admission. Upon the successful arrangement of the whole process of this resolution, FWD will then provide you with a Cashless Facility⁶ and pay the fees and charges on your behalf, subject to benefit limit, medical necessity and reasonable and customary charges limitations. Payment and claim requests for such fees and charges can be dispensed with and you can focus on recovery and managing your cash reserve more effectively!

International VIP Access and Medical Companion Service in mainland China

The Service will arrange to escort the Insured to the designated mainland China hospitals in our network (including over 300 Grade 3A hospitals in mainland China). The Insured will be accompanied during booking and hospital admission registration, to accelerate the Insured's access to medical services.

Note:

- Please seek doctor's individual advice on appropriateness of any medical service to be provided. HealthMutual Group Limited ("HMG") and its healthcare team and Parkway Hospitals Singapore ("Parkway") are all individual healthcare personnel instead of employees or representatives of FWD. FWD shall not be responsible for any act, negligence or omission of medical service or treatment on the part of them. FWD would not provide any medical advice and you should consult your own medical advisors for professional advice.
- You are required to consent to FWD, HMG and its healthcare network team and Parkway recording, sharing, using and archiving your personal data in pursuance of the Service being offered to you as well as for their training and quality assurance purposes. Failure to provide the relevant personal data may result in the said service providers being unable to provide the relevant services to you.

The information above is for reference only and none of the above is binding upon FWD, HMG or Parkway.

Remarks:

1. The Service, provided by HMG and its healthcare network team and Parkway, is not a part of the Policy or benefit item under the Policy provisions and only applicable to MyMillion Medical Plan. FWD reserves the right to terminate or vary the Service in its sole discretion without further notice. FWD shall not be responsible for any act, negligence or failure to act on the part of HMG and its healthcare network team and Parkway. The Service is only applicable in the Pan-Asia Region.
2. Hospital for this Service means a variety of network hospitals in the Pan-Asia Region providing treatment under the Service. Please contact FWD's Service Hotline at (852) 3123 3123 to get more information about the list of hospitals in the Pan-Asia Region.
3. Inpatient Medical Advice Service is provided by HMG and its healthcare network team and this service offers inpatient medical advice for the Insured of MyMillion Medical Plan. Should the Insured be diagnosed with serious diseases and obtain a hospital admission letter, HMG will make an assessment based on the Insured's medical reports as appropriate, including explanations of the medical report, alternative medical treatment and associated estimated medical expenses in the Pan-Asia Region. A final decision on the medical treatment arrangement shall be made solely by the Insured. Please note that Inpatient Medical Advice shall not be considered as medical consultation. If the Insured would like to have medical consultation, all relevant costs will be borne by the Insured. FWD reserves the right to terminate or vary this service in its sole discretion without further notice.
4. The list of doctors of the Service may be revised from time to time without prior notice.
5. The Insured is responsible for all relevant fees and charges required of the travel and accommodation-related items. Travel-related assistance is only applicable to Taiwan, Singapore and Japan.
6. Terms and conditions apply to the Cashless Facility that can be accessed at <https://www.fwd.com.hk/en/support/cashless-facility/>. Cashless Facility is an administrative arrangement to pay the covered expenditures when the Insured is under confinement, but not a benefit item under Policy provisions or a guaranteed successful arrangement ("Cashless Facility"). FWD reserves the right to terminate or vary the service in its sole discretion without further notice. FWD would pay the medical cost to the relevant hospital on behalf of the Insured after successful arrangement of Cashless Facility. If there is Annual Deductible balance (if any) of MyMillion Medical Plan (the "Eligible Plan"), Policy Owners are required to pay such balance when admitted to the hospital. If the medical cost paid by FWD is higher than the maximum amount of benefit, FWD would seek reimbursement from Policy Owners for such amount.

The service is provided by HMG and its healthcare network team and Parkway and it is not guaranteed renewable. FWD shall not be responsible for any act or failure to act on the part of HMG and its healthcare network team and Parkway and the professionals referred by HMG and Parkway.

This benefit/service does not form part of the Policy provisions of MyMillion Medical Plan.

Cancer Management Program

By expert of cancer case management

FWD is the first insurer[^] in the local market to collaborate with HKSH Medical Group ("HKSH") to launch the pioneer Cancer Management Program which consists of the following services:

1. Free second medical opinion service with a face-to-face consultation with a doctor from HKSH Cancer Centre, who will review medical reports and provide you with a personalized treatment strategy (for services available in Hong Kong only);
2. Cancer Concierge Service with a case nurse assigned by HKSH, coordinating the treatment plan for you throughout the journey; and
3. Cross-border cancer Doctor-to-Doctor Tele-Opinion between HKSH and designated hospitals in mainland China (e.g. link up with Shenzhen New Frontier United Family Hospital, Guangzhou United Family Hospital, other private hospitals and Grade 3A hospitals in mainland China with International VIP Access) through designated third-party service provider*, offering you professional cross-border medical advice on the best possible cancer treatment tailored to your medical condition and needs.

[^] Per a comparison made on 2 February 2026 among the key insurers in Hong Kong, FWD is the first insurer to collaborate with HKSH to launch the Cancer Management Program.

* Currently by HMG.

Note:

- Before receiving any medical services, please seek doctor's independent advice to ensure your physical condition is suitable for receiving the relevant medical services. Doctors of HMG and its healthcare team, HKSH and designated hospitals in mainland China are all independent healthcare professionals instead of employees or representatives of FWD. FWD shall not be responsible for any act, negligence or omission of medical services or treatments on the part of them. FWD would not provide any medical advice and you should consult your own medical advisors for professional advice.
- You are required to consent to FWD, HMG and its healthcare network team, HKSH and designated hospitals in mainland China for recording, sharing, using and archiving your personal data in pursuance of the services being offered to you. This personal data will also be used for training and quality assurance purposes. Failure to provide the relevant personal data may result in the said service providers being unable to provide the relevant services to you.

Remarks:

The service, provided by HMG and its healthcare network team, HKSH and designated hospitals in mainland China, is not a part of the Policy or benefit item under the Policy provisions and only applicable to MyMillion Medical Plan. The service is not guaranteed renewable. FWD reserves the right to terminate or vary the service in its sole discretion without further notice. HKSH reserves the final decision not to provide the service in special situations in its absolute discretion. FWD shall not be responsible for any act, negligence or failure to act on the part of HMG and its healthcare network team, HKSH and designated hospitals in mainland China.

From now on, let the Service be your partner in safeguarding your health!

PREMIER THE ONEcierge
One Team Health Management Hotline#:
Hong Kong: (852) 8120 9066
Toll-free number for mainland China: 400 9303078
24-hour full support

* The hotline is operated by HMG. Please note that the hotline is for non-emergency reservation of doctor consultation instead of for emergencies.

For any enquiries about Policy information and the list of designated hospitals of International VIP Access and Medical Companion Service in mainland China, please contact your advisors or FWD's Service Hotline at (852) 3123 3123.

FWD reserves the right to amend, suspend or terminate the PREMIER THE ONEcierge One Team Health Management and to amend the relevant terms and conditions at any time without prior notice.

This benefit/service does not form part of the Policy provisions of MyMillion Medical Plan.



Second Medical Opinion Service

As part of FWD's promise of care, you are given the access to some of the highest ranked medical institutions in the US through International SOS once your claim is approved and such claim is relevant to designated diseases. For the list of designated diseases, please call the International SOS at (852) 3122 2900 for details.

What is Second Medical Opinion Service?

The objective of the Second Medical Opinion Service is to meet the public's increasing demands for the best possible medical treatment bearing in mind the continual development of leading-edge treatments for diseases. This is why we offer the Second Medical Opinion Service to our valuable Insured via International SOS.

Under this distinguished service, Insured have access to a panel of specialists at leading medical institutions in the US to obtain alternative advice on his/her medical condition and confirmation of the diagnosis in the event that Insured have been diagnosed as suffering from designated disease made by Insured's attending physician, plus any other relevant medical advice.

Panel of Second Medical Opinion Specialists

The panel provides you to access to some of the highest ranked medical institutions in the US, together with more than 15,000 specialists who practice there, including:

- Harvard Medical School
- Johns Hopkins Hospital, Baltimore
- Massachusetts General Hospital
- Brigham and Women's Hospital, Boston
- Dana-Faber Cancer Institute
- Cedars-Sinai Medical Center, Los Angeles

The list of medical institutions may be revised from time to time without prior notice.

How to seek Second Medical Opinion Service?

When you have been diagnosed with a major disease, you are required to follow the instruction below to obtain the Second Medical Opinion Service.

1. Call International SOS at (852) 3122 2900 and request for the Second Medical Opinion Service.
2. Within 24 hours International SOS will confirm membership and whether medical condition is eligible for the service.
3. If your medical condition is eligible for the service, the Second Medical Opinion will be provided to you by phone.

How to seek for an additional Second Medical Opinion Report

1. Receive "Information Request Form" from International SOS via fax or email.
2. International SOS will assess the case and reply to you if your case is eligible for the report. You need to complete the Information Request Form and send to International SOS together with the relevant medical documents for the Second Medical Opinion Report*. (via courier or registered mail at your own cost)
3. The panel of Second Medical Opinion will send acknowledgement to International SOS after receipt. If additional medical information is required, the panel of Second Medical Opinion will inform International SOS who in turn contact you.
4. After evaluation, written Second Medical Opinion report and advice will be faxed/mailed to International SOS within 3-5 US working days depending on complexity of the report.
5. Upon receipt of the Second Medical Opinion report, International SOS will send it to you and your treating physicians, as required.

If requested, International SOS will arrange transportation, accommodation and admission to the identified treating facility and with a medical escort, if medically necessary. **ALL RELATED COSTS to International SOS WILL BE BORNE BY YOU.**

* Second Medical Opinion Report is US\$850. (The cost may be reviewed from time to time)

The information above is for reference only and none of the above is binding upon FWD or International SOS. The service is currently provided by International SOS and it is not guaranteed renewable. FWD shall not be responsible for any act of failure to act on the part of International SOS and the professionals referred by International SOS. FWD reserves the right to amend, suspend or terminate the Second Medical Opinion Service and to amend the relevant terms and conditions at any time without prior notice.

Note:

1. FWD, the medical panel, International SOS and/or any of its affiliates, record, share, use and archive your personal data in pursuance of the services being offered to you as well as for their training and quality assurance purposes. The failure to provide the relevant personal data may result in the said service providers being unable to provide the relevant services to you.
2. The Second Medical Opinion Service and report (if applicable) are provided by panel of second medical opinion specialists of International SOS who are not employees and/or agents of FWD. The opinion and report (if applicable) are general in nature to meet your healthcare needs and should not be used as a substitute for medical services. It is for you and your physician or consulting hospital to decide the appropriate medical course of action to be pursued. FWD shall not be responsible or liable to you for anything in relation to such opinion and report (if applicable) given by panel of second medical opinion specialists of International SOS. FWD would not provide any medical advice and you should consult your own medical advisors for professional advice.
3. International SOS, and/or its affiliates and the panel providing the Second Medical Opinion and Report (if applicable) do not have any authority or responsibility to determine the benefits/amounts payable, its eligibility claim procedures etc.

This benefit/service does not form part of the Policy provisions of MyMillion Medical Plan.



International SOS 24-hour Worldwide Assistance Services

General Benefits and Terms

The following SOS benefits are available to FWD's Insured under the Policy when travelling outside the home country or usual country of residence for periods not exceeding 90 consecutive days per trip.

The International SOS 24-hour Worldwide Assistance Services is provided as a benefit by International SOS ("Intl.SOS"). Intl.SOS is not an agent of FWD and FWD shall not accept any liability for the services provided by Intl.SOS, or their availability. The contract between Intl.SOS and you are separate and independent to the Policy.

Medical Assistance:

1 Telephone Medical Advice

Intl.SOS will arrange for the provision of medical advice to you over the telephone.

2 Arrangement and Payment of Emergency Medical Evacuation

Intl.SOS will arrange and pay for the air and/or surface transportation and communication for moving you to the nearest hospital where appropriate medical care is available.

3 Arrangement and Payment of Emergency Medical Repatriation

Intl.SOS will arrange and pay for the return of you to the home country or usual country of residence following an emergency medical evacuation for subsequent in-hospital treatment in a place outside the home country or usual country of residence.

4 Arrangement and Payment of Repatriation of Mortal Remains

Intl.SOS will arrange for transporting your mortal remains from the place of death to the home country or usual country of residence and pay for all expenses reasonably and unavoidably incurred in such transportation so arranged by Intl.SOS or alternatively pay the cost of burial at the place of death as approved by Intl.SOS.

5 Arrangement of Hospital Admission and Guarantee of Hospital Admission Deposit

If the medical condition of you is of such gravity as to require hospitalization, Intl.SOS will assist such Insured in the hospital admission. In case of hospital admission duly approved by Intl.SOS and you are without means of payment of the required hospital admission deposit, Intl.SOS will on behalf of your guarantee or provide such payment up to US\$5,000. The provision of such guarantee by Intl.SOS is subject to Intl.SOS first securing payment from you through your credit card or from the funds from your family. Intl.SOS shall not be responsible for any third-party expenses which shall be solely your responsibility.

6 Delivery of Essential Medicine

Intl.SOS will arrange to deliver you the essential medicine, drugs and medical supplies that are necessary for your care and/or treatment but which are not available at your location. The delivery of such medicine, drugs and medical supplies will be subject to the laws and regulations applicable locally. Intl.SOS will not pay for the costs of such medicine, drugs or medical supplies and any delivery costs thereof.

7 Arrangement and Payment of Compassionate Visit and Hotel Accommodation (US\$1,000 subject to a sub-limit US\$250 per day)

Intl.SOS will arrange and pay for one economy class return airfare and hotel accommodations for a relative or a friend of you to join who, when travelling alone, are hospitalised outside the home country or usual country of residence for a period in excess of seven (7) consecutive days, subject to Intl.SOS' prior approval and only when judged necessary by Intl.SOS on medical and compassionate grounds.

8 Arrangement and Payment of Return of Minor Children

Intl.SOS will arrange and pay for the economy class one-way airfare for the return of minor children [aged 18 years old and below, unmarried] to the home country or usual country of residence if they are left unattended as a result of the accompanying Insured's illness, accident or emergency medical evacuation. Escort will be provided, when necessary.

9 Arrangement and Payment of Convalescence Expenses (US\$1,000 subject to a sub-limit US\$250 per day)

Intl.SOS will arrange and pay for the additional hotel accommodation expenses necessarily and unavoidably incurred by you related to an incident requiring emergency medical evacuation, emergency medical repatriation or hospitalization. Intl.SOS' prior approval, subject to its determination on medical grounds, is required in respect of such payment.

10 Arrangement and Payment of Unexpected Return to the Home Country or Usual Country of Residence

In the event of the death of your close relative in your home country or usual country of residence while you are travelling overseas (save for in the case of migration) and necessitating an unexpected return to your home country or usual country of residence, Intl.SOS will arrange and pay for one economy class return airfare for the return of you to your home country or usual country of residence.

11 Arrangement and Payment of Return of Insured to Original Work Site

Following your emergency medical evacuation or emergency medical repatriation and within one (1) month period, Intl.SOS will, upon your request, arrange and pay for a one-way economy class airfare to return you to the original work location.

Travel Assistance:

1 Inoculation and Visa Requirement Information

Intl.SOS shall provide information concerning visa and inoculation requirements for foreign countries, as those requirements are specified from time to time in the most current edition of World Health Organization Publication "Vaccination Certificates Requirements and Health Advice for International Travel" (for inoculations) and the "ABC Guide to International Travel Information" (for visas). This information will be provided to you at any time, whether or not you are travelling or an emergency has occurred.

2 Lost Luggage Assistance

Intl.SOS will assist you who has lost his/her luggage while travelling outside the home country or usual country of residence by referring you to the appropriate authorities involved.

3 Lost Passport Assistance

Intl.SOS will assist you who has lost his/her passport while travelling outside the home country or usual country of residence by referring you to the appropriate authorities involved.

4 Legal Referral

Intl.SOS will provide you with the name, address, telephone numbers, if requested by you and if available, office hours for referred lawyers and legal practitioners. Intl.SOS will not give any legal advice to you.

5 Emergency Travel Service Assistance

Intl.SOS shall assist you in making reservations for air ticket or hotel accommodation on an emergency basis when travelling overseas.

Intl.SOS, at its sole discretion, may provide assistance to Insured on a fee-for-service basis for those cases which do not fall within the service scope, subject to Intl.SOS receiving additional financial guarantees or indemnification from FWD and/or its Insured(s) prior to rendering such services on a fee-for-service basis.

The information above is for reference only and none of the above is binding upon FWD or Intl. SOS.

The service is currently provided by Intl. SOS and the medical advice is provided by medical service providers which are not employee and/or agent of FWD. The service is not guaranteed renewable. FWD shall not be responsible or liable to you or the Policy Owner for anything in relation to such service given by International SOS and the medical service providers referred by Intl. SOS. FWD reserves the right to amend, suspend or terminate the Intl. SOS 24-hour Worldwide Assistance Services and to amend the relevant terms and conditions at any time without prior notice.

This benefit/service does not form part of the Policy provisions of MyMillion Medical Plan.

This service flyer is issued by FWD and is intended to be distributed in Hong Kong only and shall not be construed as an offer to sell, a solicitation to buy or the provision of any insurance products or services of FWD outside Hong Kong. All selling and application procedures of the insurance plans and services must be conducted and completed in Hong Kong.

This service flyer should be read along with the illustration documents and/or other relevant marketing materials of MyMillion Medical Plan. Any promotional offer(s) or material(s) should be read in conjunction with the relevant product brochure and the terms and conditions of the insurance products. Customers should not purchase the relevant insurance product(s) solely on the basis of any promotional offer(s) or material(s). The above does not contain the full terms and conditions of the relevant insurance plan. For full terms and conditions, details and risk disclosures of the relevant insurance plan, please refer to relevant product brochure and policy documents. Before applying for any insurance products, customers should confirm the product(s) is/are suitable for their insurance needs and objectives.

Chinese Essence
Medicine
Chinese Medicine
Consultation 15%
Discount Coupon



Apply for MyMillion Medical Plan during Promotion Period

To enjoy **1 time Chinese medicine consultation** and **7 days granule**
at **15% off, i.e. HK\$ 667** (original price: HK\$ 785)
at **Chinese Essence Medicine** if you had been
infected with COVID-19 and subsequently recovered

Promotion Period : 15 May 2024 to 27 March 2026

(Policies must be issued on or before 27 April 2026)

Terms and conditions of the offer :

1. The promotion period of the offer is from 15 May 2024 to 27 March 2026 (both dates inclusive) ("Promotion Period").
2. This offer is not part of the policy provisions of any policies issued by FWD Life Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability) ("FWD").
3. To enjoy the offer, the application of the MyMillion Medical Plan should be completed and the required premium and insurance levy must be paid to FWD during the Promotion Period and the policy must be issued on or before 27 April 2026 ("Eligible Policy"). This offer will be disseminated in form of Discount Coupon ("Coupon") which will be uploaded to the FWD Hong Kong e-Services account of the applicant for each Eligible Policy.
4. Please seek your doctor's independent advice on the appropriateness of any medical service to be received.
5. All of the relevant fees and charges for receiving the Chinese medicine consultation or medications shall be borne by you and paid to Chinese Essence Medicine directly.
6. This offer can only be used by the Policy Owner and Insured.
7. The Coupon is valid for 180 calendar days from Policy Date.
8. The Coupon cannot be redeemed for cash or exchanged for other products and will not be re-issued if lost or damaged.
9. The Coupon can only be used once and should be presented upon the Chinese medicine consultation in the designated medical centre.
10. There will be no notice given in the event that medical centres change addresses, phone numbers and opening hours.
11. The Coupon is NOT transferable.
12. CEMG Management Limited ("CEMG") is the service provider of the Chinese medicine consultation and such service has to be undergone at designated venues, Chinese Essence Medicine. CEMG is an independent third party and is not agent, employee or representative of FWD. FWD is not the service provider of the Chinese Medicine consultation and shall not have any obligation or liability whatsoever in relation to the consultation and the prescribed medicine provided by CEMG, and shall not be responsible for any act or failure to act on the part of CEMG. The terms of use and validity of the coupon will be as determined by the service provider. Any dispute should be made to the service provider directly.
13. FWD, CEMG and Chinese Essence Medicine reserve the right to make any amendment of the terms and conditions, including discontinuing the coupon at any time without notice. All decisions made by FWD, CEMG and Chinese Essence Medicine shall be final and binding.

For enquiries, please contact Customer Service Hotline at 3123 3123.

Any promotional offer(s) or material(s) should be read in conjunction with the relevant product brochure. Customers should not apply for the relevant insurance product(s) solely on the basis of any promotional offer(s) or material(s). The above does not contain the full terms and conditions of the relevant insurance plan. For full terms and conditions, details and risk disclosures of the relevant insurance plan, please refer to relevant product brochure and policy documents.

Celebrate living
fwd.com.hk

FWD
insurance