FWD insurance

Celebrate living®
fwd.com.hk

vFamily Medical Plan
醫家保醫療計劃

is a Flexi Plan certified by the Hong Kong Special Administrative Region Government (the "Government") under the Voluntary Health Insurance Scheme ("VHIS") (Certification Number: F00072)

The key building block of a healthy future for you and your family

FWD Life Insurance Company (Bermuda) Limited
(Incorporated in Bermuda with limited liability) ("FWD") is the VHIS Provider

vFamily Medical Plan

More than anything else, looking after your loved ones includes taking care of their health. Indeed, you would no doubt want to extend the coverage to them for peace of mind. For the ones who matter most to you, nothing less will do.

vFamily Medical Plan ("the Plan"), certified by the Government, is designed to provide comprehensive yet straightforward coverage, with simplicity in mind. The Plan provides you with full coverage[1] for a wide range of hospitalisation and surgical expenses worldwide[2], with no itemised benefit limits. Its scope of coverage even extends to unknown Pre-existing Conditions, including Congenital Conditions. In addition, with the concept of "per Disability[3] per Policy Year" claims mechanism, the aggregate limit per Disability[3] per Policy Year of HKD550,000 will be counted afresh for each Disability[3] and in each Policy Year, allowing the coverage and benefit limits to be reset on a more frequent basis.

To prepare the support for your child in the future, the Plan allows you to apply for the Family Booster for Child Option[4] (Optional Benefit), which includes several innovative benefits and rights — child booster benefit, child development benefit and the option to apply for a designated medical plan for your child at specified ages without providing health evidence. We are committed to ensuring your child will get the strongest possible support from us.

The Plan can be more affordable than you'd expect. By taking advantage of no claims premium discount as wellness incentives for staying healthy, and extra discounts for multiple purchases and living a healthy lifestyle with your family, you can enjoy savings of up to 30%.

At FWD, giving you and your family the best possible health protection is our top priority.

Key Features of vFamily Medical Plan

Worldwide[2] full coverage[1] for a wide range of hospitalisation and surgical expenses

Innovative reimbursement basis with limits reset per Disability[3] per Policy Year

Guaranteed Renewable[5] comprehensive protection up to Age 100 (attained age) of the Insured Person

Covers unknown Pre-existing Conditions starting from the 31st day of the first Policy Year

Broadening the safety net

Innovative cash benefits to give you extra support

Rehabilitation benefits

Tax savings[6]

Innovative Family Care Features

Extensive protection during pregnancy

The Plan provides full cover[1] on pregnancy complications[7] and financial assistance in the event of Confinement in Intensive Care Unit in Hong Kong and death due to pregnancy complications[8,9].

Extra rewards for staying healthy with your family

On top of an individual no claims premium discount of up to 15% offered under the Plan, you may also enjoy extra no claims premium discount of up to 15% for making multiple purchases for and staying healthy with your family members. You and your family can enjoy savings of up to 30%.

Family Booster for Child Option[4] (Optional Benefit)

Family Booster for Child Option[4] is an optional benefit selected by you, your child will be entitled to thoughtful medical coverage under the Family Booster for Child Option[4].

Add-On Features

Reimbursement for engaging in wellness activities[10,11]

FWD Care

Third-party professional health assistance services for the support you need[10,12]

Worldwide[2] full coverage[1] for a wide range of hospitalisation and surgical expenses

The Plan provides full coverage[1] on a wide range of hospitalisation and surgical expenses anywhere in the world[2]. Without Annual Benefit Limit and Lifetime Benefit Limit, Eligible Expenses and/or other expenses which are reasonable and customary incurred can be reimbursed up to HKD550,000 per Disability[3] per Policy Year.

Innovative reimbursement basis with limits reset per Disability[3] per Policy Year

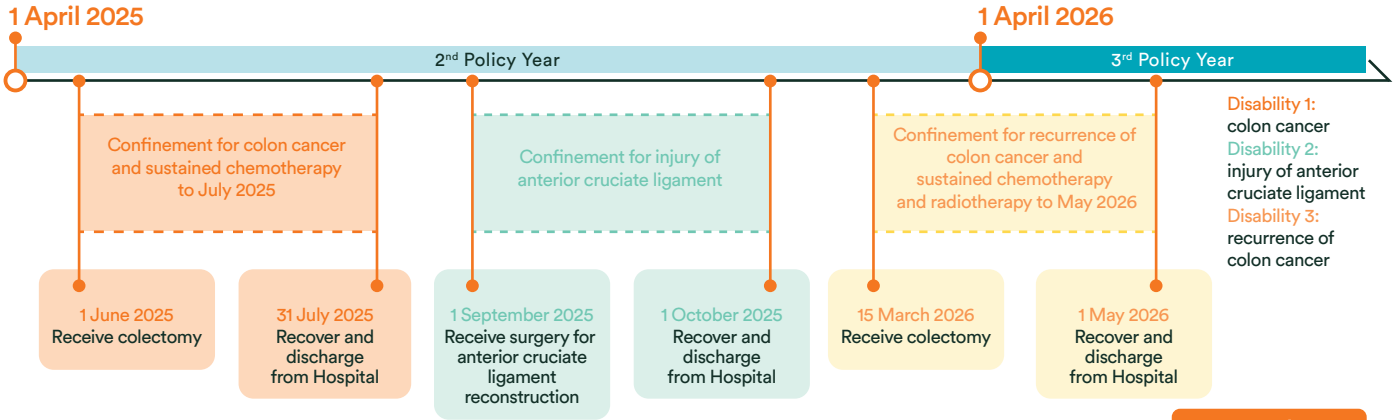
By combining "per Disability[3]" and "per Policy Year" reimbursement basis, an innovative concept of "per Disability[3] per Policy Year" claims mechanism is introduced in the Plan, enabling you to utilise your coverage by having the limits of individual benefit items and the aggregate limit per Disability[3] per Policy Year counted afresh for each Disability[3] and in each Policy Year. In case of receiving prolonged treatments across Policy Years for the same Disability[3], or requiring treatments for multiple Disabilities[3] within the same Policy Year, you will not have to be troubled by losing coverage due to the quickly exhausted limits in a Policy Year or for a particular Disability[3].

Example

Mr. Chan has been covered by vFamily Medical Plan, with no Case-based Exclusion imposed at Application, since 1 April 2024. Starting from June 2025 (2nd Policy Year), his health began to deteriorate, entailing the necessity of multiple Confinements for treatment of different Disabilities. He occupied the Standard Ward Room during each period he was Confined.

(The following example is hypothetical and to illustrate the reimbursement basis of "per Disability per Policy Year" only which is not the actual medical expense and actual reimbursement amount. If there are any changes in the values, no separate announcement will be made.)

Insured Person's details: Mr. Chan is an aged 30 (attained age) male non-smoker, Hong Kong resident, without known or unknown Pre-existing Conditions at the time of Application. He does not have other insurance coverage, and premium and levy are fully paid when due.



					Total
Total Eligible Expense (HKD)	750,000	170,000	1,800,000#		2,720,000
Maximum claimable amount (HKD)	Policy Year 2: 1,100,000*	Policy Year 2: 550,000	Policy Year 2: 1,100,000*^	Policy Year 3: 1,100,000*	3,850,000
Total Reimbursed Amount (HKD)	750,000	170,000	1,800,000		2,720,000

* This maximum claimable amount comprises two parts, including the aggregate limit per Disability per Policy Year of HKD550,000 and an additional benefit for Prescribed Non-surgical Cancer Treatments, kidney dialysis and organ or bone marrow transplantation of HKD550,000 per Disability per Policy Year.

Assume that HKD900,000 of Eligible Expenses are incurred in each of the 2nd and 3rd Policy Years, making up a total of HKD1,800,000 across the 2 Policy Years for Disability 3.

^ Even though Eligible Expenses in relation to Disabilities 1 and 3 were both caused by colon cancer and incurred within the same Policy Year, the maximum benefit limit per Disability per Policy Year for Prescribed Non-surgical Cancer Treatments, kidney dialysis and organ or bone marrow transplantation and the aggregate limit per Disability per Policy Year were counted anew, as Confinement for Disability 3 occurred over 90 days after the discharge date of Confinement for Disability 1.

Guaranteed Renewable[5] comprehensive protection up to Age 100 (attained age) of the Insured Person

The Plan is guaranteed Renewable[5] until the Insured Person reaches the Age of 100 (attained age), so you can look forward to a lifetime of uninterrupted, all-round medical protection.

Covers unknown Pre-existing Conditions starting from the 31st day of the first Policy Year

Any illness, Disease or Congenital Condition that was an unknown Pre-existing Condition at the time of Application will be fully covered by the Plan starting from the 31st day of the first Policy Year. Furthermore, the scope of protection is extended to cover Congenital Condition(s) having manifested or been diagnosed at any Age the Insured Person attains, so that you are well guarded even when you suffer from unknown Pre-existing Conditions.

Broadening the safety net

Unlike medical plans that may exclude or limit coverage of many medical services that need to be provided on a long-term basis and at considerable cost, the Plan provides full coverage[1] on a wide range of medical expenses, including Prescribed Non-surgical Cancer Treatments[13], kidney dialysis[14] (including the rental cost of a kidney dialysis machine for use at home) and organ or bone marrow transplantation. On top of the aggregate limit per Disability[3] per Policy Year of up to HKD550,000, you are entitled to an additional benefit for these three kinds of treatments of up to HKD550,000 per Disability[3] per Policy Year, which further eases your burden throughout your treatment journey.

Innovative cash benefits to give you extra support

The Plan also offers various cash benefits which can provide you with extra support. You will be provided with an additional cash benefit under the following circumstance(s) if relevant Eligible Expenses are payable:

(i) the surgery conducted is a Day Case Procedure. [First-in-VHIS-market+] Cash benefit will be doubled up if the Insured Person receives designated Day Case Procedures at a Designated Healthcare Services Provider[15],

(ii) you have already been reimbursed by another insurance company[16],

(iii) [First-in-VHIS-market+] you need to undergo a surgical procedure which is categorized as major or complex according to the Schedule of Surgical Procedures or as reasonably determined by us if the surgical procedure is not included in the Schedule of Surgical Procedures, or

(iv) [First-in-VHIS-market+] you have been Confined in Intensive Care Unit for at least 3 consecutive days in Hong Kong.

Rehabilitation benefits

We understand your recovery journey requires just as much support as your treatment. The Plan also covers rehabilitation treatment[14] and post-Confinement home nursing[14], so your financial burden will be lightened and you can focus on recovery.

Tax savings[6]

The Plan has been formulated to meet all Government regulatory standards to protect your benefits, allowing you to enjoy tax deduction. Tax deduction is subject to the latest rules and regulations of the Inland Revenue Department of Hong Kong Special Administrative Region.

For details of tax deduction, please refer to the "Tax deduction" section under Important Notes.

Extra protection and rewards for you and your family

Extensive protection during pregnancy

Unexpected events can happen, and the medical expenses incurred could be a significant financial burden. The Plan provides peace of mind protection, with full coverage[1] for the Eligible Expenses incurred for pregnancy complications[7]. Furthermore, **[First-in-VHIS-market+]** the amount of the respective cash benefits for Confinement in Intensive Care Unit in Hong Kong of HKD6,000 and death benefit of HKD20,000 will be doubled up if the benefit(s) is/are payable due to pregnancy complications[8,9].

Extra rewards for staying healthy with your family with no claims premium discount available up to 30%

Individual no claims premium discount*

If you haven't made any claim for the Plan for 2 or more consecutive Policy Years immediately prior to Renewal[5], the Plan will offer you a discount of up to 15% on your next Renewal[5] premium regardless of your Age to encourage you to stay healthy. No claims premium discounts apply as follows:

No claims period immediately prior to the Policy's Renewal[5]	No claims premium discount (Discount rate on Renewal[5] premium)
2 consecutive Policy Years	10%
3 consecutive Policy Years	10%
4 consecutive Policy Years	10%
5 or more consecutive Policy Years	15%

Extra no claims premium discount*

For the policies you hold as Policy Holder with your loved ones as Insured Persons, this Plan offers an extra no claims premium discount on Renewal[5] premiums if you and your loved ones haven't made any claim for 2 or more consecutive Policy Years immediately prior to Renewal[5]. The more Insured Persons who stay healthy, the greater the discount you can enjoy.

Number of in-force vFamily Medical Plan policies issued to the Policy Holder which are also eligible for the above individual no claims premium discount on any Renewal[5] Date	Extra no claims premium discount under all eligible policies (Discount rate on Renewal[5] premium)
2 or 3	3.5%
4	7.5%
5 or above	15%

* Individual and extra no claims premium discounts are not applicable to the premium of Family Booster for Child Option[4].

Family Booster for Child Option[4] (Optional Benefit)

To build a healthy future for your current and/or future children with a thoughtful and innovative protection solution, you can select the Family Booster for Child Option[4] (Optional Benefit) at the time of application for the Plan. There is no restriction on the number of Covered Children. The following benefits and/or rights are available under the Family Booster for Child Option[4]:

Child booster benefit

Everyone wants to protect their child as much as they can and your next generation is just as important to us. After the Family Booster for Child Option[4] has been in force for at least 2 consecutive Policy Years, your child will be entitled to worldwide medical coverage without any health underwriting, which enables him/her to receive timely treatment when having the first confirmed diagnosis of a covered crisis or special disease for juvenile. The lifetime benefit limit is up to HKD800,000 per Covered Child.

Child development benefit

Prevention is always better than cure. If the Family Booster for Child Option[4] has been in force for 5 consecutive Policy Years, the relevant expenses of Child Development Activity(ies) will be reimbursable up to HKD1,000 once every five consecutive Policy Years.

Option to apply for designated medical insurance plan at specified ages of the Covered Child

After the Family Booster for Child Option[4] has been in force for at least 2 consecutive Policy Years, you have the right to apply for a designated medical insurance plan for each Covered Child once when he/she reaches specified ages, without providing health evidence. You can rest assured that varying needs of your child at different life stages will be well catered for.

For details of Family Booster for Child Option, please refer to the flyer of Family Booster for Child Option (Optional Benefit).

Add-On Feature

Reimbursement for engaging in wellness activities[10,11]

Prevention is always better than cure, so why not adopt a healthier lifestyle? The Plan offers you the wellness joy benefit[11] for reimbursing the expenses on Wellness Activity(ies) including travel, fitness / wellness course or health check-up up to HKD1,000 once every five consecutive Policy Years to give you an extra incentive to stay healthy. This benefit is payable if the Policy has been in force for 5 consecutive Policy Years from the Policy Effective Date and the Insured Person undertakes any of the Wellness Activity(ies) in the next Policy Year following the 5-year period.

Add-On Feature

FWD Care

Third-party professional health assistance services for the support you need[10,12]

As our customer, your wellbeing is our top priority. Whenever you need information or assistance, you can count on our partnered professional health assistance services to back you up all the way:

- CANcierge for support services with cashless facility tailor-made exclusively to meet your needs
- Second Medical Opinion Service provided by some of the highest-ranked US medical institutions
- International SOS 24-hour Worldwide Assistance Service ensuring that help is always just a call away

+ Per a comparison made by FWD on 4 March 2024 among the VHIS medical plans of key insurers available in Hong Kong, cash benefit for designated Day Case Procedure which is performed at a Designated Healthcare Services Provider, cash benefit for major and complex surgeries, cash benefit for Confinement in Intensive Care Unit in Hong Kong, cash benefit for Confinement in Intensive Care Unit in Hong Kong due to pregnancy complications and death benefit due to pregnancy complications are first-in-VHIS-market.

The product information in this brochure does not contain and is subject to the terms and benefits of the Policy. For the full terms, conditions, benefits and exclusions, please refer to the Policy provisions.

The Plan is a standalone medical insurance product. You can purchase this product without bundling with other insurance products.

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.

vFamily Medical Plan – General Information

Plan Type	Standalone plan
Issue Age	Age 0 (from 15 days) – 80 (attained age)
Benefit Term	Guaranteed yearly Renewable[5] to Age 100 (attained age)
Premium Structure	• Based on Insured Person's attained age at issue and gender • Renewal[5] premiums are non-guaranteed and will be determined annually according to the Insured Person's attained age at the time of Renewal[5]
Premium payment term	To Age 100 (attained age)
Premium payment mode	Monthly / Annually
Currency	HKD
Certification number	F00072-01-000-01

vFamily Medical Plan – Benefit Schedule[17,18,19]

Benefit item	Benefit limit
Geographical limitation[2]	Except for psychiatric treatments[20], cash benefit for Confinement in Intensive Care Unit in Hong Kong and cash benefit for Confinement in Intensive Care Unit in Hong Kong due to pregnancy complications[9], all benefits shall be applicable worldwide
Aggregate limit per Disability[3] per Policy Year for benefit items (a) – (l) of I. Basic benefits, (A) – (H) of II. Enhanced benefits and 4 of III. Other benefits	HKD550,000
Annual Benefit Limit for benefit items (a) – (l) of I. Basic benefits, (A) – (I) of II. Enhanced benefits and 4 - 9 of III. Other benefits	Nil
Lifetime Benefit Limit for benefit items (a) – (l) of I. Basic benefits, (A) – (I) of II. Enhanced benefits and 4 - 9 of III. Other benefits	Nil
Entitled ward class	Standard Ward Room[21]

vFamily Medical Plan – Benefit Schedule[17,18,19]

Benefit item	Benefit limit
I. Basic benefits	
(a) Room and board	Full cover[1]
(b) Miscellaneous charges	Full cover[1]
(c) Attending doctor's visit fee	Full cover[1]
(d) Specialist's fee[14]	Full cover[1]
(e) Intensive care	Full cover[1]
(f) Surgeon's fee	Full cover[1] regardless of the surgical category
(g) Anaesthetist's fee	Full cover[1]
(h) Operating theatre charges	Full cover[1]
(i) Prescribed Diagnostic Imaging Tests[14,22]	Full cover[1]
(j) Prescribed Non-surgical Cancer Treatments[13]	Full cover[1]
(k) Pre- and post-Confinement/ Day Case Procedure outpatient care[14]	Full cover[1] • 3 prior outpatient visits or Emergency consultations per Confinement / Day Case Procedure • 20 follow-up outpatient visits per Confinement / Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure), and maximum HKD600 per visit for physiotherapy or chiropractic treatment
(l) Psychiatric treatments[20]	Full cover[1]
II. Enhanced benefits	
(A) Emergency outpatient accidental treatment	Full cover[1]
(B) Outpatient kidney dialysis[14]	Full cover[1]
(C) Rehabilitation treatment[14]	HKD10,000 per Disability[3] per Policy Year
(D) Private nurse's fee[14]	Full cover[1] Maximum 30 days per Disability[3] per Policy Year, subject to services provided by 1 Registered Nurse per day
(E) Post-Confinement home nursing[14]	Full cover[1] Maximum 30 days per Disability[3] per Policy Year, subject to services provided by 1 Registered Nurse per day
(F) Companion bed	Full cover[1]
(G) Post-Confinement / Day Case Procedure Chinese medicine treatment	HKD600 per visit Maximum 10 follow-up outpatient visits per Confinement / Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure), but is subject to 1 follow-up outpatient visit per day

vFamily Medical Plan – Benefit Schedule[17,18,19]

Benefit item	Benefit limit
(H) Pregnancy complications[7]	Full cover[1]
(I) Additional benefit for Prescribed Non-surgical Cancer Treatments[13], kidney dialysis[14] and organ or bone marrow transplantation[23]	Eligible Expenses incurred in excess of the amounts payable under– (a) benefit item (j) of I. Basic benefits for Prescribed Non-surgical Cancer Treatments[13]; (b) benefit item (b) of I. Basic benefits for kidney dialysis[14] incurred during Confinement; (c) benefit item (B) of II. Enhanced benefits for outpatient kidney dialysis[14]; or (d) benefit items (a) - (i) of I. Basic benefits for organ or bone marrow transplantation Maximum benefit limit per Disability[3] per Policy Year: HKD550,000 per Disability[3] per Policy Year
III. Other benefits	
1. Death benefit	HKD20,000
2. Accidental death benefit	HKD20,000
3. Death benefit due to pregnancy complications[8]	HKD20,000
4. Emergency outpatient dental treatment[24]	Full cover[1]
5. Cash benefit for Day Case Procedure	(i) Designated Day Case Procedures performed at a Designated Healthcare Services Provider[15]: HKD1,000 per procedure (ii) For any Day Case Procedure(s) other than designated Day Case Procedure(s) which is/are performed at a Designated Healthcare Services Provider or any Day Case Procedure(s) which is/are performed at a non-Designated Healthcare Services Provider: HKD500 per procedure Payable once per day for a maximum of 1 Day Case Procedure in accordance with benefit item 5(i) or 5(ii) of III. Other benefits as specified above
6. Cash benefit for top-up subsidy[16]	HKD500 per day of Confinement Maximum 60 days per Disability[3] per Policy Year
7. Cash benefit for major and complex surgeries	Per surgery, subject to the categorisation of such surgery under the Schedule of Surgical Procedures – HKD3,000 per major surgery HKD6,000 per complex surgery Maximum 1 major or complex surgery per day and the Eligible Expenses incurred during such Confinement period are payable in accordance with the Terms and Benefits
8. Cash benefit for Confinement in Intensive Care Unit in Hong Kong	HKD6,000 per Confinement Provided that: • The Insured Person 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 in accordance with the Terms and Benefits; and • This benefit is payable once only during the whole Confinement period.

vFamily Medical Plan – Benefit Schedule[17,18,19]

Benefit item	Benefit limit
9. Cash benefit for Confinement in Intensive Care Unit in Hong Kong due to pregnancy complications[9]	HKD6,000 per Confinement Provided that: • The Insured Person is Confined in a Hospital in Hong Kong during which she is admitted to Intensive Care Unit for at least 3 consecutive days, and such Intensive Care Unit admission is solely and directly caused by pregnancy related complications for which Eligible Expenses incurred during such Confinement period are payable in accordance with benefit item (H) of II. Enhanced benefits; and • This benefit is payable once only during the whole Confinement period and in addition to benefit item 8 of III. Other benefits.
IV. Premium Discount	
No claims premium discount	Individual: If you do not make any claims in 2 or more consecutive Policy Years immediately before Renewal[5], you will be eligible for the no claims premium discount. Please refer to the following table for discount on the Renewal[5] premium. No claims period immediately prior to the Policy's Renewal[5] / No claims premium discount (Discount rate on Renewal[5] premium) 2 consecutive Policy Years – 10% 3 consecutive Policy Years – 10% 4 consecutive Policy Years – 10% 5 consecutive Policy Years and thereafter – 15% Extra (for all eligible policies you hold as Policy Holder for your family): If no claim has been paid or payable for at least 2 consecutive Policy Years under your and your family members' policies immediately before Renewal[5], all eligible policies will be entitled to • an additional 3.5% discount for 2 to 3 in-force eligible policies; • an additional 7.5% discount for 4 in-force eligible policies; or • an additional 15% discount for 5 or above in-force eligible policies on the Renewal[5] premium. Individual and extra no claims premium discounts are not applicable to the premium of Family Booster for Child Option[4].

vFamily Medical Plan – Benefit Schedule[17,18,19]

<table>
<tr><th>Benefit item</th><th>Benefit limit</th></tr>
<tr><td colspan="2">V. Add-On Features (not part of the Certified Plan)</td></tr>
<tr><td>Wellness joy benefit (reimbursement of expenses for travelling, fitness / wellness course or health check-up)[10,11]</td><td>HKD1,000
Once for every 5 consecutive Policy Years</td></tr>
<tr><td>FWD Care</td><td>
<table>
<tr><td>CANcierge[10,12]</td><td>Applicable</td></tr>
<tr><td>Second Medical Opinion Service[10,12]</td><td>Applicable</td></tr>
<tr><td>International SOS 24-hour Worldwide Assistance Services[10,12]</td><td>Applicable</td></tr>
</table>
</td></tr>
</table>

The above product information is indicative of the key features of vFamily Medical Plan and is for reference only. It does not contain and is subject to the terms and benefits of the Policy. For the full terms, conditions, benefits and exclusions, please refer to the Policy provisions.

For details of Family Booster for Child Option, please refer to the flyer of Family Booster for Child Option (Optional Benefit).

Remarks

1. Full cover / Full coverage shall mean no itemised benefit sublimit, the actual amount of Eligible Expenses and other expenses charged is subject to the aggregate limit per Disability per Policy Year. Full cover / Full coverage 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 Terms and Benefits for details.
2. Eligible Expenses incurred for psychiatric treatments, cash benefit for Confinement in Intensive Care Unit in Hong Kong and cash benefit for Confinement in Intensive Care Unit in Hong Kong due to pregnancy complications shall only be payable for Confinement in Hong Kong. Please refer to Section 3(I) of Part 6 of the Terms and Benefits and Sections 8 and 9 of the Supplement – Other benefits under the Policy provisions for details.
3. a. The applicable benefit limit and/or aggregate limit per Disability per Policy Year shall be counted anew for each Confinement or Day Case Procedure for the same Disability provided that the Confinement or Day Case Procedure does not occur within 90 consecutive days following the Last Date (as defined in the Supplement – Calculation and limitation of benefits under the Policy provisions) of the previous Confinement or Day Case Procedure concerning the same Disability.

   b. Where the Insured Person is Confined or receives any Day Case Procedures involving more than 1 Disability, all Disabilities involved in the same Confinement or Day Case Procedure would be subject to 1 applicable benefit limit and/or aggregate limit per Disability per Policy Year.

   For details, please refer to Section 1 of Part 1 of the Supplement – Calculation and limitation of benefits under the Policy provisions.
4. Family Booster for Child Option is an optional benefit selected by the Policy Holder at the time of application and is not part of the VHIS Certified Plan – vFamily Medical Plan (Certification Number: F00072).

   Any benefit amount(s) paid under the Family Booster for Child Option shall not be counted towards any benefit limit(s) as applicable under vFamily Medical Plan and shall not affect the coverage available to the Insured Person and/or the eligibility of no claims premium discount under vFamily Medical Plan. The premiums you paid (if any) for the Family Booster for Child Option are not eligible for claiming tax deduction and individual and extra no claims premium discounts. For details of Family Booster for Child Option, please refer to the flyer of Family Booster for Child Option (Optional Benefit).
5. FWD shall guarantee the Renewal at each policy anniversary up to the Age of 100 (attained age) of the Insured Person. As long as FWD maintains the registration as a VHIS provider, FWD guarantees that the Terms and Benefits will not be less favourable than the latest version of the Standard Plan Terms and Benefits published by the Government at the time of Renewal.

   FWD reserves the right to revise the Terms and Benefits, subject to the prior approval and re-certification by the Government, upon Renewal by giving a 30 days advance notice.
6. If you are a Hong Kong taxpayer, you may be eligible for tax deduction of up to HKD8,000 per Insured Person per year of assessment for premium you paid for yourself and your specified relatives. The Family Booster for Child Option (Optional Benefit) is not part of the VHIS Certified Plan and the premium paid (if any) shall not be entitled to tax deduction. Tax deduction is subject to the latest rules and regulation of Inland Revenue Department of Hong Kong Special Administrative Region. Please refer to the website of the Inland Revenue Department ("IRD") of Hong Kong Special Administrative Region (www.ird.gov.hk/eng/) and VHIS (www.vhis.gov.hk/en/) or contact the IRD directly for any tax related enquiries. FWD and the intermediaries do not provide tax advice. You should always consult with a professional tax advisor if you have any doubts.
7. This benefit shall be payable for the Eligible Expenses incurred for the benefit items described in benefit items under (a) to (i) of I. Basic benefits in the 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 – (a) ectopic pregnancy; (b) molar pregnancy; (c) disseminated intravascular coagulopathy; (d) pre-eclampsia; (e) miscarriage; (f) threatened abortion; (g) medically prescribed induced abortion; (h) foetal death; (i) postpartum hemorrhage requiring hysterectomy; (j) eclampsia; (k) amniotic fluid embolism; or (l) pulmonary embolism of pregnancy. This benefit shall only be payable provided that the date of diagnosis of such pregnancy complication is at least twelve (12) months after the Policy Effective Date.
8. This benefit shall be payable if the death of the Insured Person is solely and directly caused by a pregnancy related complication for which the Eligible Expenses incurred are payable in accordance with Section (H) of Part 1 of the Supplement – Enhanced benefits under the Policy provisions.
9. This benefit shall be payable if the Insured Person is Confined in a Hospital in Hong Kong during which she is admitted to an Intensive Care Unit for at least three (3) consecutive days, and such Intensive Care Unit admission is solely and directly caused by a pregnancy related complication for which the Eligible Expenses incurred during such Confinement period are payable in accordance with Section (H) of Part 1 of the Supplement – Enhanced benefits under the Policy provisions.
10. This benefit / service is optional and does not form part of the Terms and Benefits of the VHIS Certified Plan – vFamily Medical Plan (Certification Number: F00072). You have the right to opt-out this benefit / service. Please inform FWD in writing if you do not want to receive this free additional benefit / service.

11. If this Policy has been in force for 5 consecutive Policy Years from the Policy Effective Date; and if the Insured Person undertakes any of the following Wellness Activity(ies) in the next Policy Year following the 5-year period:
    (a) travel;
    (b) fitness or wellness course; or
    (c) health check-up,

    FWD shall, upon receiving satisfactory evidence of participation, reimburse the actual expenses for such Wellness Activity(ies), up to a maximum limit of HKD1,000. This benefit shall be payable once every 5 consecutive Policy Years only, and any unused benefit will be forfeited and cannot be carried forward or refunded by cash.

12. CANcierge, Second Medical Opinion Services and International SOS 24-hour Worldwide Assistance Services are provided by third party service provider(s) which are not guaranteed renewable. FWD shall not be responsible for any act, negligence or omission of medical advice, opinion, service or treatment on the part of them. FWD reserves the right to amend, suspend or terminate the service without further notice. For details of the services, please refer to the leaflet of FWD Professional Health Assistance Services.

13. Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.

14. FWD shall have the right to ask for proof of recommendation e.g. written referral or testifying statement on the claim form by the attending doctor or Registered Medical Practitioner.

15. Designated Healthcare Services Provider shall mean 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 a Day Patient) which provides designated Medical Services to the Insured Person.

    The list of designated Day Case Procedures and Designated Healthcare Services Providers (hereafter "List") is published on FWD's website (www.fwd.com.hk/en/). 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 Holder and/or Insured Person is recommended to refer to FWD's website for the latest List before receiving the designated Day Case Procedures.

    For details, please refer to Section 5 of the Supplement – Other benefits under the Policy provisions.

16. For the Insured Person covered by any other Hospital reimbursement plans offered 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 Person are payable under this Policy after any reimbursement has been paid by such other licensed insurance companies, this benefit shall be payable for each day of Confined period in Hospital, subject to the limits as specified in the Benefit Schedule.

17. Unless otherwise specified, the Eligible Expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above. Eligible Expenses and/or expenses incurred shall be subject to the restriction in the choice of ward class as specified in Section 2 of Part 1 of the Supplement – Calculation and limitation of benefits under the Policy provisions.

18. The benefit coverage, benefit amount and benefit limits, territorial scope of cover, choice of healthcare services provider, choice of ward class, Deductible (if any), Coinsurance (if any), the waiting period for unknown Pre-existing Conditions and the calculation of no claims premium discounts of this Plan will remain unchanged even if the Policy Year lasts for less than 12 months.

19. Except for the cash benefit for designated Day Case Procedure which is performed at a Designated Healthcare Services Provider as stated in Section 5 of the Supplement – Other benefits under the Policy provisions, all benefits described in these Terms and Benefits are not subject to any restriction in the choice of healthcare services providers, including but not limited to Registered Medical Practitioner and Hospital.

    The benefit described in the cash benefit for designated Day Case Procedure which is performed at a Designated Healthcare Services Provider as stated in Section 5 of the Supplement – Other benefits under the Policy provisions is subject to the restriction in the choice of healthcare services providers as stated in Section 5 of the Supplement – Other benefits and the Benefit Schedule under the Policy provisions. Such restriction shall not apply to the terms and benefits within the scope of the Standard Plan Terms and Benefits. For the avoidance of doubt, the applicable Standard Plan Terms and Benefits shall be the version as is referred to under Sections 1(a), (b) or (c) of Part 4 of the Terms and Benefits under the Policy provisions.

20. This benefit shall be payable for the Eligible Expenses charged on the psychiatric treatments during Confinement in Hong Kong as recommended by a Specialist. The benefit shall be payable in lieu of other benefit items under (a) to (k) of I. Basic benefits in the Benefit Schedule. Where the Eligible Expenses involve both psychiatric and non-psychiatric treatments and apportionment of the expenses is not available, the expenses in entirety shall 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 treatments, the expenses in entirety shall be payable under (a) to (k) of I. Basic benefits in the Benefit Schedule.

21. The benefits described in the Terms and Benefits under the Policy provisions are subject to the restriction in the choice of ward class as stated in the Benefit Schedule and Section 2 of Part 1 of the Supplement – Calculation and limitation of benefits under the Policy provisions.

    The above restriction shall not apply to the terms and benefits within the scope of the Standard Plan Terms and Benefits under the Policy provisions. For the avoidance of doubt, the applicable Standard Plan Terms and Benefits shall be the version as is referred to under Sections 1(a), (b) or (c) of Part 4 of the Terms and Benefits under the Policy provisions.

22. Tests covered here only include computed tomography ("CT" scan), magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan), PET-CT combined and PET-MRI combined.

23. For details, please refer to Section (I) of Part 1 of the Supplement – Enhanced benefits under the Policy provisions.

24. This benefit is payable for the Reasonable and Customary charges of Emergency Treatment of the Insured Person's sound natural teeth solely as a direct result of an Injury, if such treatment is provided within 3 months of the Accident causing such Injury by a registered dentist in a legally registered dental clinic. FWD shall not pay any benefits for any restorative or remedial work (for the purpose other than Emergency Treatment), prostheses, the use of any precious metals or any kind of orthodontics, or other dental surgery performed in a legally registered dental clinic unless the dental surgery is medically necessary. For the purpose of this benefit, medically necessary shall mean the medical service, procedure or supply which are necessary and is (a) consistent with the diagnosis and customary dental treatment; (b) recommended by a Registered Medical Practitioner, Surgeon or registered dentist for such emergency dental treatment and must be widely accepted professionally in Hong Kong or the relevant jurisdictions outside Hong Kong where the medical service is provided to the Insured Person, as effective, appropriate and essential based upon recognised standards of the health care specialty involved; and (c) not furnished primarily for the personal comfort or convenience of the Insured Person or any medical service provider. Experimental, screening and preventive services or supplies shall not be considered as medically necessary for the purpose of this benefit.

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 Standard Premium is non-guaranteed and will be determined annually based on the attained age of the Insured Person at the time of Renewal. The Standard Premium may increase significantly due to factors including but not limited to Age, medical inflation, and claims experience and policy persistency in the same Portfolio.

Premium Term and Non-Payment of Premium

The premium payment term of the Plan is up to the Age of 100 years (attained age) of the Insured Person.
FWD allows a grace period of 30 days after the premium due date for payment of each premium. This 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 Plan is terminated on this basis, you will lose all of your benefits.

Termination Conditions

The Policy shall be automatically terminated on the earliest of the followings:

(a) where the Policy is terminated due to non-payment of premiums after the grace period as specified in Section 13 of Part 2 or Section 3 of Part 3 of the Terms and Benefits of the Policy provisions; or

(b) the day immediately following the death of the Insured Person; or

(c) FWD has ceased to have the requisite authorisation under the Insurance Ordinance to write or continue to write the Policy.

Immediately following the termination of this Policy, insurance coverage under the Policy shall cease to be in force. No premium paid for the current Policy Year and previous Policy Years shall be refunded, unless specified otherwise.

Where the Policy is terminated pursuant to (a), the effective date of termination shall be the date that the unpaid premium is first due.

Where the Policy is terminated pursuant to (b) or (c), FWD shall refund the relevant premium paid for the current Policy Year on a pro rata basis.

Moreover, the Policy shall also be terminated if you decide to cancel the Policy or not to renew the Policy in accordance with Section 3 of Part 2 or Section 1 of Part 4 of the Terms and Benefits of the Policy provisions, as the case may be, by giving the requisite written notice to FWD. If the Policy is terminated for cancellation after cooling-off period, the effective date of termination shall be the date as stated in the cancellation notice given by you. However, such date shall not be within or earlier than the 30-day notice period. If the Policy is not renewed, the effective date of termination shall be the renewal date immediately following the expiry of the Policy Year during which the Policy remains valid.

For more details, please refer to Section 15 of Part 2 of the Terms and Benefits of the Policy provisions.

General Exclusions

Under the Terms and Benefits of the Policy provisions, FWD shall not pay any benefits in relation to or arising from the following expenses.

1. Expenses incurred for treatments, procedures, medications, tests or services which are not Medically Necessary.
2. Expenses incurred for the whole or part of the Confinement solely for the purpose of diagnostic procedures or allied health services, including but not limited to physiotherapy, occupational therapy and speech therapy, unless such procedure or service is recommended by a Registered Medical Practitioner for Medically Necessary investigation or treatment of a Disability which cannot be effectively performed in a setting for providing Medical Services to a Day Patient.
3. Expenses arising from Human Immunodeficiency Virus ("HIV") and its related Disability, which is contracted or occurs before the Policy Effective Date. Irrespective of whether it is known or unknown to the Policy Holder or the Insured Person at the time of submission of Application, including any updates of and changes to such requisite information (if so requested by FWD under Section 8 of Part 1 of the Terms and Benefits of the Policy provisions) such Disability shall be generally excluded from any coverage of the Terms and Benefits of the Policy provisions if it exists before the Policy Effective Date. If evidence of proof as to the time at which such Disability is first contracted or occurs is not available, manifestation of such Disability within the first 2 years after the Policy Effective Date shall be presumed to be contracted or occur before the Policy Effective Date, while manifestation after such 2 years shall be presumed to be contracted or occur after the Policy Effective Date.

   However, the exclusion under this Section 3 shall not apply where HIV and its related Disability is caused by sexual assault, medical assistance, organ transplant, blood transfusions or blood donation, or infection at birth, and in such cases the other terms of these Terms and Benefits shall apply.
4. Expenses incurred for Medical Services as a result of Disability arising from or consequential upon the dependence, overdose or influence of drugs, alcohol, narcotics or similar drugs or agents, self-inflicted injuries or attempted suicide, illegal activity, or venereal and sexually transmitted disease or its sequelae (except for HIV and its related Disability, where this Section 3 applies).
5. Any charges in respect of services for:
   (a) beautification or cosmetic purposes, unless necessitated by Injury caused by an Accident and the Insured Person receives the Medical Services within 90 days of the Accident; or
   (b) correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens, including but not limited to eye refractive therapy, LASIK and any related tests, procedures and services.
6. Expenses incurred for prophylactic treatment or preventive care, including but not limited to general check-ups, routine tests, screening procedures for asymptomatic conditions, screening or surveillance procedures based on the health history of the Insured Person and/or his family members, Hair Mineral Analysis (HMA), immunisation or health supplements. For the avoidance of doubt, this Section 6 does not apply to:
   (a) treatments, monitoring, investigation or procedures with the purpose of avoiding complications arising from any other Medical Services provided;
   (b) removal of pre-malignant conditions; and
   (c) treatment for prevention of recurrence or complication of a previous Disability.
7. Expenses incurred for dental treatment and oral and maxillofacial procedures performed by a dentist except for Emergency Treatment and surgery during Confinement arising from an Accident. Follow-up dental treatment or oral surgery after discharge from Hospital shall not be covered.
8. Except as otherwise provided in Section (H) of Part 1 of the Supplement – Enhanced benefits under the Policy provisions, expenses incurred for Medical Services and counselling services relating to maternity conditions and its complications, including but not limited to diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage; birth control or reversal of birth control; sterilisation or sex reassignment of either sex; infertility including in-vitro fertilisation or any other artificial method of inducing pregnancy; or sexual dysfunction including but not limited to impotence, erectile dysfunction or pre-mature ejaculation, regardless of cause.
9. Expenses incurred for the purchase of durable medical equipment or appliances including but not limited to wheelchairs, beds and furniture, airway pressure machines and masks, portable oxygen and oxygen therapy devices, dialysis machines, exercise equipment, spectacles, hearing aids, special braces, walking aids, over-the-counter drugs, air purifiers or conditioners and heat appliances for home use. For the avoidance of doubt, this exclusion shall not apply to rental of medical equipment or appliances during Confinement or on the day of the Day Case Procedure.
10. Expenses incurred for traditional Chinese medicine treatment, including but not limited to herbal treatment, bone-setting, acupuncture, acupressure and tui na, and other forms of alternative treatment including but not limited to hypnotism, qigong, massage therapy, aromatherapy, naturopathy, hydropathy, homeotherapy and other similar treatments.
11. Expenses incurred for experimental or unproven medical technology or procedure in accordance with the common standard, or not approved by the recognised authority, in the locality where the treatment, procedure, test or service is received.

12. Eligible Expenses which have been reimbursed under any law, or medical program or insurance Policy provided by any government, company or other third party.
13. Expenses incurred for treatment for Disability arising from war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power.

The above list is not exhaustive and is for reference only. Please refer to the policy provision for the complete exclusions including but not limited to exclusions for emergency outpatient dental treatment and accidental death benefit.

Important Notes

Tax deduction

Please note that the VHIS status of the Plan does not necessarily mean you are eligible for tax deduction available for VHIS premiums paid. The Plan's VHIS status is based on the features of the product as well as certification by the Government and not the facts of your own situation. You must also meet all the eligibility requirements set out under the Inland Revenue Ordinance and any guidance issued by the Inland Revenue Department ("IRD") of Hong Kong Special Administrative Region before you can claim these tax deductions. Please refer to the website of the IRD (www.ird.gov.hk/eng/) or contact the IRD directly for any tax related enquiries.

Any general tax information provided is for your reference only, and you should not make any tax-related decisions based on such information alone. You should always consult with a professional tax advisor if you have any doubts. Please note that the tax law, regulations or interpretations are subject to change and may affect related tax benefits including the eligibility criteria for tax deduction. FWD does not take any responsibility to inform you about any changes in the laws and regulations or interpretations, and how they may affect you. Further information on tax concessions applicable to VHIS may be found in VHIS's website at www.vhis.gov.hk/en/

Please note that these tax deduction benefits may not be applicable to you if you are a retiree who is not subject to salaries tax or tax under personal assessment.

Your Right under 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 needs. However, if you are not completely satisfied then you should (a) return the Policy, and (b) provide us with written notice signed by you, requesting cancellation. The Policy will then be cancelled and the premium paid and levy will be refunded.

Your request to cancel the Policy must be signed by you and received directly by FWD Life Insurance Company (Bermuda) Limited at 11/F., FWD Tower, 979 King's Road, Quarry Bay, Hong Kong within 21 days immediately following the day of Delivery of the Policy or the cooling-off notice to you or your nominated representative (whichever is the earlier). The cooling-off notice is the notice sent to you or your nominated representative (separate from the Policy) notifying you of your right to cancel within the stated 21-day period.

No refund can be made if a benefit payment has been made, is to be made or impending.

Should you have any further queries, you may (1) call FWD 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 the cooling-off period, you can request cancellation of these Terms and Benefits by giving 30 days prior written notice to FWD, provided that there has been no benefit payment under these Terms and Benefits during the relevant Policy Year.

Other insurance coverage

If you have taken out other insurance coverage besides the Plan, you shall have the right to claim under any such other insurance coverage or the Plan. However, if you or the Insured Person has already recovered all or part of the expenses from any such other insurance coverage, FWD shall only be liable for such amount of Eligible Expense, if any, which is not compensated by any such other insurance coverage.

Notice to Claim

Medical claims

All claims incurred shall be submitted to FWD within 90 days after the date on which the Insured Person is discharged from the Hospital, or the date on which the relevant Medical Service is performed and completed. For this purpose,

(a) all original receipts and/or original itemised bills together with the diagnosis, type of treatment, procedure, test or service provided shall have been submitted to FWD; and

(b) all relevant information, certificates, reports, evidence, referral letter and other data or materials as reasonably required by FWD shall have been furnished to FWD for processing of such claim.

You shall notify FWD if claims cannot be submitted within the above timeframe, otherwise FWD shall have the right to reject claims submitted after the above timeframe. All certificates, information and evidence that are reasonably required by FWD and which can be reasonably provided by you shall be furnished at the expenses of you.

Death / accidental death claims

Death / accidental death benefit is payable to beneficiary upon Insured Person's death if the claimant submits the completed Death Claim Form, the Death Claim - Attending Physician's Report completed by the last attending doctor (only applicable for death occurred within the first 3 Policy Years), due proof of the death and any other documents as reasonably required by FWD (including all relevant certificates, reports, evidence and other data or materials).

All such documents which can be reasonably provided by you shall be furnished at the expenses of you.

Declaration relating to the Foreign Account Tax Compliance Act and Automatic Exchange of Financial Account Information

FWD is obliged to comply with the following 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 financial account 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, our 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 various authorities; and

v. furnish Required Information to the Inland Revenue Department.

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

Important Words

Accident
shall mean a sudden and unforeseen event occurring entirely beyond the control of the Insured Person and caused by violent, external and visible means.

Confinement or Confined
shall mean an admission of the Insured Person to a Hospital that is recommended by a Registered Medical Practitioner for Medical Service and as an Inpatient as a result of a Medically Necessary condition.
Confinement shall be evidenced by a daily room charge invoiced by the Hospital and the Insured Person must stay in the Hospital continuously for the entire period of Confinement.

Congenital Condition(s)
shall mean (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
shall mean a Medically Necessary surgical procedure for investigation or treatment to the Insured Person performed in a medical clinic, or day case procedure centre or Hospital with facilities for recovery as a Day Patient.

Disability
shall mean a Sickness or Disease or Injury, including any and all complications arising therefrom.

Eligible Expenses
shall mean expenses incurred for Medical Services rendered with respect to a Disability.

Medically Necessary
Medically Necessary shall mean the need to have medical service for the purpose of investigating or treating the relevant Disability in accordance with the generally accepted standards of medical practice and such medical service must –

(a) require the expertise of, or be referred by, a Registered Medical Practitioner;
(b) be consistent with the diagnosis and necessary for the investigation and treatment of the Disability;
(c) be rendered in accordance with standards of good and prudent medical practice, and not be rendered primarily for the convenience or the comfort of the Insured Person, his family, caretaker or the attending Registered Medical Practitioner;
(d) be rendered in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice for the medical services; and
(e) be furnished at the most appropriate level which, in the prudent professional judgment of the attending Registered Medical Practitioner, can be safely and effectively provided to the Insured Person.

For the purpose of these Terms and Benefits, without prejudice to the generality of the foregoing, circumstances where a Confinement is considered Medically Necessary include, but not limited to –

(i) the Insured Person is having an Emergency that requires urgent treatment in Hospital;
(ii) surgical procedures are performed under general anaesthesia;
(iii) equipment for surgical procedure is available in Hospital and procedure cannot be done on a Day Patient basis;
(iv) there is significantly severe co-morbidity of the Insured Person;
(v) taking into account the individual circumstances of the Insured Person, the attending Registered Medical Practitioner has exercised his prudent professional judgment and is of the view that for the safety of the Insured Person, the medical service should be conducted in Hospital;
(vi) in the prudent professional judgment of the attending Registered Medical Practitioner, the length of Confinement of the Insured Person is appropriate for the medical service concerned; and/or
(vii) in the case of diagnostic procedures or allied health services prescribed by a Registered Medical Practitioner, such Registered Medical Practitioner has exercised his prudent professional judgment and is of the view that for the safety of the Insured Person, such procedures or services should be conducted in Hospital.

For the purpose of exercising his prudent professional judgment in (v) to (vii) above, the attending Registered Medical Practitioner shall have regard to whether the Confinement –

(aa) is in accordance with standards of good and prudent medical practice in the locality for the medical service rendered, and, in the prudent professional judgment of the attending Registered Medical Practitioner, not rendered primarily for the convenience or the comfort of the Insured Person, his family, caretaker or the attending Registered Medical Practitioner; and
(bb) is in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice in the locality for the medical service rendered.

Pre-existing Condition(s)

shall mean, in respect of the Insured Person, any Sickness, Disease, Injury, physical, mental or medical condition or physiological degradation, including Congenital Condition, that has existed prior to the Policy Issuance Date or the Policy Effective Date, whichever is the earlier. An ordinary prudent person shall be reasonably aware of a Pre-existing Condition, where –
(a) it has been diagnosed;
(b) it has manifested clear and distinct signs or symptoms; or
(c) medical advice or treatment has been sought, recommended or received.

Reasonable and Customary

FWD shall only cover charges or expenses which FWD believes are Reasonable and Customary. Reasonable and Customary shall mean, in relation to a charge for Medical Service, such level which does not exceed the general range of charges being charged by the relevant service providers in the locality where the charge is incurred for similar treatment, services or supplies for people with similar conditions, e.g. of the same sex and similar Age, for a similar Disability, as FWD reasonably determine in utmost good faith.
The Reasonable and Customary charges will never in any circumstance exceed the actual charges incurred. FWD may exercise the right to determine whether the charges for treatment, medical services and supplies are regarded as Reasonable and Customary with reference to treatment or service fee statistics and surveys in the insurance or medical industry; internal or industry claim statistics; gazette published by the Government; and/or other pertinent source of reference in the locality where the treatments, services or supplies are provided.
FWD may exercise the right to adjust any benefit payable in relation to any charges which are not Reasonable and Customary.

Standard Semi-private Room

shall mean a room categorised as a semi-private room by a Hospital in Hong Kong. For Hospitals without the corresponding ward class categorisation or any Hospitals outside Hong Kong, a Standard Semi-private Room shall mean (i) a single or two-bedded room; or (ii) a room with maximum double occupancy, and with a shared bath / shower room in a Hospital. In any case mentioned above, a Standard Semi-private Room shall exclude any room of upper class with its own kitchen, dining or sitting room(s).

Standard Ward Room

shall mean a room categorised as a ward class lower than a Standard Semi-private Room including the room categorised as a general ward or standard room by a Hospital in Hong Kong. For Hospitals without the corresponding ward class categorisation or any Hospitals outside Hong Kong, a Standard Ward Room shall mean a room in a Hospital with more than two (2) patient beds (not including companion bed).

Declarations

- FWD reserves the right to revise, modify or adjust the Terms and Benefits under the Policy subject to the prior approval and re-certification by the Government. FWD also reserves the right to adjust the Standard Premium at each Policy Renewal on an overall Portfolio basis. In addition, FWD can revise, modify or adjust the terms and conditions for the add-on services subject to its prevailing rules and regulations from time to time at its sole discretion.
- 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.
- 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.
- 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.
- 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 of 100 (attained age) of Insured Person. 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.
- 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.
- All underwriting and claims decisions are made by FWD. FWD relies upon the information provided by the applicant and the Insured Person 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 by giving notification and explanation of Application result.

  You or the Insured Person 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 Person 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.

  In case incorrect disclosure or non-disclosure of any material facts constitutes misstatement of personal information, misrepresentation or fraud, FWD shall have the right to adjust the premium, for the past, current or future Policy Years on the basis of the correct information or declare the Policy void as from the Policy Effective Date. In case the Policy is declared void, FWD reserves the right to demand refund of the benefits previously paid for the current Policy Year and the previous Policy Years in which this Policy was in force, subject to a reasonable administration charge payable to FWD, and even not to refund the premium received. For details, please refer to Sections 13 and 14 of Part 2 of the Terms and Benefits under the Policy provisions.
- Effective from 1 January 2018, all Policy Holder are required to pay a levy on each premium payment made for both new and in-force Hong Kong policies to the Insurance Authority. For further information on levy, please visit our website at www.fwd.com.hk/en/insurance-levy or contact FWD Service Hotline 3123 3123.

This product material is for reference only and is indicative of the key features of this Plan. For the exact terms, conditions, benefits and exclusions of this Plan, please refer to the Terms and Benefits, Benefit Schedule and other Policy documents. In the event of any ambiguity or inconsistency between the terms of this leaflet and the Terms and Benefits, the Terms and Benefits shall prevail. In case you want to read the Terms and Benefits before making an Application, you can obtain a copy from FWD. The Terms and Benefits of this Plan are governed by the laws of Hong Kong.

Address of FWD office: 18/F., FWD Tower, 979 King's Road, Quarry Bay, Hong Kong

FWD insurance

Celebrate living®
fwd.com.hk

For more information

Please contact your financial advisor, call our Service Hotline or simply check out our website.

fwd.com.hk

Service Hotline
3123 3123

Learn more about vFamily Medical Plan and comparison between the benefit items of our VHIS plans

FWD insurance

Celebrate living®
fwd.com.hk

Family Booster for Child Option
(Optional Benefit)
子女之家添守護選項
（自選保障）

Your child's health is our top priority

FWD Life Insurance Company (Bermuda) Limited
(Incorporated in Bermuda with limited liability) ("FWD")

You are not the only one who cares about your child. We care as much as you do, and thus we endeavour to provide your child with thoughtful medical coverage. By applying for the Family Booster for Child Option[1,2] (Optional Benefit), each of your current and/or future children will be entitled to the following benefits and/or rights upon approval of nomination. The coverage for each Covered Child will remain effective until he/she reaches age 19 (attained age) and there is no restriction on the number of Covered Children.

Family Booster for Child Option[1,2] (Optional Benefit)

Child booster benefit[3]

After the Family Booster for Child Option[1,2] has been in force for at least 2 consecutive Policy Years, each of your Covered Child will be provided with worldwide medical coverage without any health underwriting. If the Covered Child has a First Confirmed Diagnosis of any of the 62 designated crises and 13 designated special diseases for juvenile covered under the Family Booster for Child Option[1,2], the relevant Eligible Expenses and/or expenses incurred can be reimbursed, up to a lifetime benefit limit of HKD800,000 per Covered Child.

Child development benefit[4]

If the Family Booster for Child Option[1,2] has been in force for 5 consecutive Policy Years from the Family Booster for Child Option Effective Date, and the Covered Child undertakes any of the Child Development Activity(ies) including child development assessment, training therapy or health check-up, the relevant expenses will be reimbursable up to HKD1,000 once every five consecutive Policy Years.

Option to apply for designated medical insurance plan at specified ages of the Covered Child[5]

When the Family Booster for Child Option[1,2] has been in force for at least 2 consecutive Policy Years, you will be entitled to the right to apply for a designated medical insurance plan for each Covered Child once when he/she reaches the age of 5,10,15 or 18 (attained age), without providing health evidence.

Family Booster for Child Option[1,2] - General Information

Issue Age	• For Family Booster for Child Option[1,2]: Age 18– 55 (attained age) of the insured person of vFamily Medical Plan • For coverage for each Covered Child under the Family Booster for Child Option[1,2]: Age 0 – 18 (attained age) of the Covered Child
Benefit Term	• For Family Booster for Child Option[1,2]: Yearly Renewable to age 100 (attained age) of the insured person of vFamily Medical Plan or the termination of vFamily Medical Plan (whichever is earlier) • For coverage for each Covered Child under the Family Booster for Child Option[1,2]: Until age 19 (attained age) of the Covered Child or the termination of vFamily Medical Plan (whichever is earlier)
Premium Structure	• Based on the attained age at issue and gender of the insured person of vFamily Medical Plan • Renewal premiums are non-guaranteed and will be determined annually according to the attained age of the insured person of vFamily Medical Plan at the time of Renewal
Premium payment term	To age 100 (attained age) of the insured person of vFamily Medical Plan or the termination of vFamily Medical Plan (whichever is earlier)
Premium payment mode	Monthly / Annually
Currency	HKD

Child Booster Benefit[3] - Benefit Schedule[6]

Geographical limitation	All benefits shall be applicable worldwide
Lifetime Benefit Limit for Each Covered Child for benefit items (a) - (m) under child booster benefit	HKD800,000 per Covered Child for child booster benefit of Family Booster for Child Option[1,2] under all policies issued by FWD
Entitled ward class	Standard Ward Room
Benefit items	Benefit limit
(a) Room and board	Full cover[7]
(b) Miscellaneous charges	Full cover[7]
(c) Attending doctor's visit fee	Full cover[7]
(d) Specialist's fee[8]	Full cover[7]
(e) Intensive care	Full cover[7]
(f) Surgeon's fee	Full cover[7]
(g) Anaesthetist's fee	Full cover[7]
(h) Operating theatre charges	Full cover[7]
(i) Prescribed Diagnostic Imaging Tests[8,9]	Full cover[7]
(j) Prescribed Non-surgical Cancer Treatments[10]	Full cover[7]
(k) Emergency outpatient accidental treatment	Full cover[7]
(l) Outpatient kidney dialysis[8]	Full cover[7]
(m) Companion bed	Full cover[7]

List of crises and special diseases for juvenile covered under the child booster benefit of Family Booster for Child Option[1,2]

Crises

1. Group 1: Cancer
   - 1.1. Specified Cancer
2. Group 2: Illnesses related to Organ Failure
   - 2.1. Aplastic Anaemia
   - 2.2. Chronic Liver Disease
   - 2.3. Chronic Lung Disease
   - 2.4. End Stage Lung Disease
   - 2.5. Fulminant Hepatitis
   - 2.6. HIV Due to Blood Transfusion
   - 2.7. Major Organ Transplantation (lung, pancreas, liver, bone marrow)
   - 2.8. Medullary Cystic Disease
   - 2.9. Occupationally Acquired HIV
   - 2.10. Severe Pulmonary Fibrosis
   - 2.11. Severe Systemic Lupus Erythematosus (S.L.E.) with Lupus Nephritis
   - 2.12. Surgical Removal of One Lung
3. Group 3: Illnesses related to Circulatory System
   - 3.1. Cardiac Impairment Caused By Cardiomyopathy
   - 3.2. Cardiac Impairment Due To Primary Pulmonary Arterial Hypertension
   - 3.3. Coronary Artery Bypass Operation
   - 3.4. Eisenmenger's Syndrome
   - 3.5. Heart Attack (Acute Myocardial Infarction)
   - 3.6. Infective Endocarditis
   - 3.7. Kidney Failure
   - 3.8. Major Organ Transplantation (kidney, heart)
   - 3.9. Open Heart Valve Surgery
   - 3.10. Other Serious Coronary Artery Disease
   - 3.11. Stroke
   - 3.12. Surgery to Aorta
4. Group 4: Illnesses related to Nervous System
   - 4.1. Alzheimer's Disease
   - 4.2. Apallic Syndrome
   - 4.3. Bacterial Meningitis
   - 4.4. Benign Brain Tumour
   - 4.5. Blindness
   - 4.6. Creutzfeld-Jacob Disease
   - 4.7. Encephalitis
   - 4.8. Loss of Hearing
   - 4.9. Major Head Trauma
   - 4.10. Motor Neurone Disease
   - 4.11. Multiple Sclerosis
   - 4.12. Muscular Dystrophy
   - 4.13. Paralysis
   - 4.14. Parkinson's Disease
   - 4.15. Poliomyelitis
   - 4.16. Progressive Bulbar Palsy
   - 4.17. Progressive Muscular Atrophy
   - 4.18. Progressive Supranuclear Palsy
   - 4.19. Severe Myasthenia Gravis
5. Group 5: Other Illnesses
   - 5.1. Amputation of Feet due to Complication from Diabetes Mellitus
   - 5.2. Chronic Adrenal Insufficiency
   - 5.3. Chronic Relapsing Pancreatitis
   - 5.4. Coma
   - 5.5. Crohn's Disease
   - 5.6. Ebola
   - 5.7. Elephantiasis
   - 5.8. Loss of Independent Existence
   - 5.9. Loss of Limbs
   - 5.10. Loss of Speech
   - 5.11. Major Burns
   - 5.12. Necrotizing Fasciitis
   - 5.13. Pheochromocytoma
   - 5.14. Severe Osteoporosis
   - 5.15. Severe Rheumatoid Arthritis
   - 5.16. Systemic Sclerosis
   - 5.17. Terminal Illness
   - 5.18. Ulcerative Colitis

Special Diseases for Juvenile

1. Dengue Haemorrhagic Fever
2. Juvenile Huntington Disease
3. Kawasaki Disease
4. Marble Bone Disease (Osteogenesis)
5. Osteogenesis Imperfecta
6. Rheumatic Fever with Valvular Impairment
7. Scar due to Accident
8. Severe Asthma
9. Severe Haemophilia
10. Still's Disease
11. Type 1 Diabetes Mellitus
12. Type I Juvenile Spinal Amyotrophy
13. Type II Juvenile Spinal Amyotrophy

The product information in this flyer does not contain and is subject to the terms and benefits of Family Booster for Child Option. For the full terms, conditions, benefits, exclusions and definitions of the covered crises and special diseases for juvenile, please refer to the Terms and Benefits of Family Booster for Child Option attached to the policy provisions of vFamily Medical Plan.

Family Booster for Child Option is an optional benefit attached to vFamily Medical Plan. You can select this optional benefit at the time of application for vFamily Medical Plan.

The coverage of Family Booster for Child Option 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.

Remarks

1. Family Booster for Child Option is an optional benefit selected by the Policyholder at the time of application for vFamily Medical Plan and is not part of the VHIS certified plan – vFamily Medical Plan (Certification Number: F00072-01-000-01) ("Basic Policy"). The premiums you paid (if any) for the Family Booster for Child Option are not eligible for claiming tax deduction and individual and extra no claims premium discounts available under the Basic Policy.
2. While the Basic Policy and the Family Booster for Child Option are in force, the Policyholder may declare in the FWD Life Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability) ("FWD")'s prescribed form the child of the insured person of the Basic Policy within 180 days from (i) the policy effective date of the Basic Policy or (ii) the birth date of the child of the insured person of the Basic Policy, whichever is the later. Once FWD receives the prescribed form, birth certificate of the child of the insured person of the Basic Policy issued by the relevant competent authority of a lawful jurisdiction and any other documents as reasonably required by FWD from the Policyholder to FWD's satisfaction, FWD will notify the Policyholder in writing of the entitlement to the coverage for the Covered Child under the Family Booster for Child Option. The coverage for each Covered Child under the Family Booster for Child Option will be effective until the Covered Child reaches age 19 (attained age). For more details, please refer to the Terms and Conditions of Family Booster for Child Option attached to the policy provisions of the Basic Policy.
3. If the Covered Child has the First Confirmed Diagnosis of a covered crisis or special disease for juvenile ("Designated Disability") after 2 consecutive Policy Years from the Family Booster for Child Option Effective Date ("Waiting Period of Child Booster Benefit"), FWD will pay the Eligible Expenses arising from such Designated Disability on a reimbursement basis of the actual amounts incurred in accordance with Part 6(A) of the Terms and Conditions of Family Booster for Child Option attached to the policy provisions of the Basic Policy. Child booster benefit will not be payable if the Designated Disability is diagnosed or treated within or prior to the Waiting Period of Child Booster Benefit.

   For the avoidance of doubt, when a Covered Child under this Family Booster for Child Option is nominated after the Family Booster for Child Option Effective Date, the waiting period of any Designated Disability in respect of such Covered Child shall be counted from the Family Booster for Child Option Effective Date.

   Notwithstanding anything to the contrary herein, if FWD approves the Policyholder's nomination for the Covered Child under the Family Booster for Child Option, the Waiting Period of Child Booster Benefit shall not apply if the Covered Child suffers from a Designated Disability which is solely and directly caused by an Accident, independent of any other cause.

   The benefit amount(s) paid shall not be counted towards any benefit limit(s) as applicable under the terms and benefits of the Basic Policy and shall not affect the coverage available to the insured person of the Basic Policy and/or the eligibility of no claims premium discount of the Basic Policy.

   Such terms and conditions are determined by FWD from time to time at its sole discretion, including but not limited to the FWD's prevailing rules and regulations at the time of application. For more details, please refer to Part 6(A) of the Terms and Conditions of Family Booster for Child Option attached to the policy provisions of the Basic Policy.
4. If the Family Booster for Child Option has been in force for 5 consecutive Policy Years from the Family Booster for Child Option Effective Date, this benefit will be payable once every 5 consecutive Policy Years and up to age 19 (attained age) of the Covered Child if the Covered Child undertakes any of the Child Development Activities in the next Policy Year following the five-year period. Any unused benefit will be forfeited and cannot be carried forward or refunded by cash.

   "Child Development Activities" shall mean any one of the following activities:
   (a) child development assessment;
   (b) training therapy; or
   (c) health check-up.

   For more details, please refer to Part 6(B) of the Terms and Conditions of Family Booster for Child Option attached to the policy provisions of the Basic Policy.
5. This option is only applicable if the Family Booster for Child Option has been in force for at least 2 consecutive Policy Years from the Family Booster for Child Option Effective Date. The Policyholder can exercise a one-off right to apply for a designated medical insurance plan for each Covered Child without providing health evidence. The request has to be made within 31 days prior to the Renewal Date on or immediately following the date that the Covered Child attains the age of 5,10,15 or 18.

   Any Designated Disability for which Eligible Expenses have been paid or will be payable under the child booster benefit as stated in Part 6(A) of the Terms and Conditions of Family Booster for Child Option attached to the policy provisions of the Basic Policy shall be covered under the designated medical insurance plan. For the avoidance of doubt, FWD shall not cover any sickness, disease or injury of a Covered Child under the designated medical insurance plan which is applied for by exercising the one-off right if it occurs within or prior to the Waiting Period of Child Booster Benefit. Such terms and conditions are determined by FWD from time to time at its sole discretion, including but not limited to the FWD's prevailing rules and regulations at the time of application.

   For more details, please refer to Part 6(C) of the Terms and Conditions of Family Booster for Child Option attached to the policy provisions of the Basic Policy.
6. Unless otherwise specified, the Eligible Expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above. Eligible Expenses and/or expenses incurred shall be subject to the restriction in the choice of ward class as specified in Section 1(d) of Part 6(A) of the Terms and Conditions of Family Booster for Child Option attached to the policy provisions of the Basic Policy.
7. Full cover shall mean no itemised benefit sublimit, the actual amount of Eligible Expenses and other expenses charged is subject to the Lifetime Benefit Limit for Each Covered Child.
8. FWD shall have the right to ask for proof of recommendation e.g. written referral or testifying statement on the claim form by the attending doctor or Registered Medical Practitioner.
9. Tests covered here only include computed tomography ("CT" scan), magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan), PET-CT combined and PET-MRI combined.
10. Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.

Key Product Risks

Credit Risk

This Family Booster for Child Option attached to the Basic Policy is issued by FWD. The application of this Family Booster for Child Option and all benefits payable under this Family Booster for Child Option 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 Family Booster for Child Option with the 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 currency of Family Booster for Child Option, please note that any exchange rate fluctuation between your home currency and the currency of Family Booster for Child Option will have a direct impact on the amount of premium required and the value of benefit(s) to be received. For instance, if the currency of Family Booster for Child Option depreciates substantially against your home currency, there is a negative impact on the benefits you receive from this Family Booster for Child Option. If the currency of Family Booster for Child Option 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 Family Booster for Child Option 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 of this Family Booster for Child Option is non-guaranteed and will be determined annually based on the attained age of the insured person of the Basic Policy at the time of Renewal. The premium of this Family Booster for Child Option may increase significantly due to factors including but not limited to age of insured person of the Basic Policy, medical inflation, and claims experience and policy persistency in the same portfolio.

Premium Term and Non-Payment of Premium

The premium payment term of this Family Booster for Child Option is up to the age of 100 years (attained age) of the insured person of the Basic Policy. FWD allows a grace period of 30 days after the premium due date for payment of each premium. This Family Booster for Child Option shall continue to be in effect during the grace period but no benefits shall be payable unless the premium of the Basic Policy, this Family Booster for Child Option and other rider(s) that is(are) attached to the Basic Policy (if any) are paid in full. If the premiums are still unpaid at the expiration of the grace period, the Basic Policy, this Family Booster for Child Option and other rider(s) that is(are) attached to the Basic Policy (if any) shall be terminated from the date the first unpaid premium was due. Please note that once the Basic Policy, this Family Booster for Child Option and other rider(s) that is(are) attached to the Basic Policy (if any) are terminated on this basis, you will lose all of your benefits.

Termination Conditions

This Family Booster for Child Option shall be automatically terminated in its entirety on the earliest of the followings:

(a) where the Family Booster for Child Option is terminated due to the failure to pay premiums of the Basic Policy, this Family Booster for Child Option and other rider(s) that is(are) attached to the Basic Policy (if any) in full after the grace period as specified in Section 3 of Part 3 of the Terms and Conditions of Family Booster for Child Option attached to the policy provisions of the Basic Policy;

(b) the termination of the Basic Policy pursuant to sections 15(b) and (c) of part 2 of the terms and benefits of the policy provisions of the Basic Policy; or

(c) FWD has ceased to have the requisite authorisation under the Insurance Ordinance to write or continue to write the Basic Policy and/or this Family Booster for Child Option.

Notwithstanding the termination conditions of this Family Booster for Child Option as specified in (a) to (c), the coverage for each Covered Child under this Family Booster for Child Option shall be automatically terminated on the earliest of the followings –

(d) the day on which the Covered Child has reached the attained age of nineteen (19) years; or

(e) the day immediately following the death of the Covered Child.

Where the coverage for a Covered Child under this Family Booster for Child Option is terminated under (d) or (e), the coverage for other Covered Child(ren) (if applicable) shall remain effective as long as this Family Booster for Child Option remains in force.

While the coverage for a Covered Child under this Family Booster for Child Option is in effect, partial termination of the coverage for the Covered Child shall take place in accordance with the conditions set out below –

(f) The coverage of child booster benefit as described in Part 6(A) of the Terms and Conditions of Family Booster for Child Option attached to the policy provisions of the Basic Policy shall be terminated when the aggregate claims amount paid in accordance with the child booster benefit under these Terms and Benefits of Family Booster for Child Option reaches the Lifetime Benefit Limit for Each Covered Child as set out in the Benefit Schedule for Child Booster Benefit; or

(g) The option to apply for designated medical insurance plan at specified ages of the Covered Child as specified in Part 6(C) of the Terms and Conditions of Family Booster for Child Option attached to the policy provisions of the Basic Policy shall cease to be effective for such Covered Child once exercised by the Policyholder.

If partial termination of the coverage for a Covered Child under this Family Booster for Child Option takes place, other benefits described in Part 6 of the Terms and Conditions of Family Booster for Child Option attached to the policy provisions of the Basic Policy shall remain in effect, unless the coverage for the Covered Child under this Family Booster for Child Option is terminated under (a) to (e). For the avoidance of doubt, partial termination of the coverage for a Covered Child shall not affect the benefits described in Part 6 of the Terms and Conditions of Family Booster for Child Option attached to the policy provisions of the Basic Policy of other Covered Child(ren) (if applicable) under this Family Booster for Child Option.

Key Product Risks

Termination Conditions (Cont'd)

Immediately following the termination of this Family Booster for Child Option; or the termination or partial termination of the coverage for a Covered Child under this Family Booster for Child Option, the corresponding coverage shall cease to be in force. No premium paid for the current Policy Year and previous Policy Years shall be refunded, unless specified otherwise.

Where this Family Booster for Child Option is terminated pursuant to (a) above, the effective date of termination shall be the date that the unpaid premium is first due.

This Family Booster for Child Option shall also be terminated if the Policyholder decides to cancel this Family Booster for Child Option in accordance with Section 3 of Part 2 or Section 1 of Part 4 of the Terms and Conditions of Family Booster for Child Option attached to the policy provisions of the Basic Policy by giving the requisite written notice to FWD. If this Family Booster for Child Option is terminated under Section 3 of Part 2 of the Terms and Conditions of Family Booster for Child Option attached to the policy provisions of the Basic Policy, the effective date of termination shall be the date as stated in the cancellation notice sent to the Policyholder by FWD. If this Family Booster for Child Option is not renewed under Section 1 of Part 4 of the Terms and Conditions of Family Booster for Child Option attached to the policy provisions of the Basic Policy, the effective date of termination shall be the renewal date immediately following the expiry of the Policy Year during which this Family Booster for Child Option remains valid.

For more details, please refer to Section 15 of Part 2 of the Terms and Conditions of Family Booster for Child Option attached to the policy provisions of the Basic Policy.

General Exclusions

FWD shall not pay any benefits under Section 3 of Part 6(A) of the Terms and Conditions of Family Booster for Child Option attached to the policy provisions of the Basic Policy in relation to or arising from the following expenses.

1. Expenses incurred for treatments, procedures, medications, tests or services which are not Medically Necessary, unless otherwise specified.
2. Expenses incurred for the whole or part of the Confinement solely for the purpose of diagnostic procedures or allied health services, including but not limited to physiotherapy, occupational therapy and speech therapy, unless such procedure or service is recommended by a Registered Medical Practitioner for Medically Necessary investigation or treatment of a Designated Disability which cannot be effectively performed in a setting for providing Medical Services to a Day Patient.
3. Expenses arising from Human Immunodeficiency Virus ("HIV") and its related Sickness or Disease.

   However, the exclusion under this entire Section 3 shall not apply where (i) HIV and its related Sickness or Disease is caused by sexual assault, medical assistance, organ transplant, blood transfusions or blood donation, or infection at birth or (ii) the Covered Child suffers from HIV Due to Blood Transfusion or Occupationally Acquired HIV as defined in Part 9 of the Terms and Conditions of Family Booster for Child Option attached to the policy provisions of the Basic Policy, and in such cases the other terms of the Terms and Conditions of Family Booster for Child Option attached to the policy provisions of the Basic Policy shall apply.
4. Expenses incurred for Medical Services as a result of Designated Disability arising from or consequential upon the dependence, overdose or influence of drugs, alcohol, narcotics or similar drugs or agents, self-inflicted injuries or attempted suicide, illegal activity, or venereal and sexually transmitted disease or its sequelae (except for HIV and its related Sickness or Disease, where this Section 3 applies).
5. Any charges in respect of services for –
   (a) beautification or cosmetic purposes, unless necessitated by Injury caused by an Accident and the Covered Child receives the Medical Services within ninety (90) days of the Accident; or
   (b) correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens, including but not limited to eye refractive therapy, LASIK and any related tests, procedures and services.
6. Expenses incurred for prophylactic treatment or preventive care, including but not limited to general check-ups, routine tests, screening procedures for asymptomatic conditions, screening or surveillance procedures based on the health history of the Covered Child and/or his family members, Hair Mineral Analysis (HMA), immunisation or health supplements. For the avoidance of doubt, this Section 6 does not apply to –
   (a) treatments, monitoring, investigation or procedures with the purpose of avoiding complications arising from any other Medical Services provided;
   (b) removal of pre-malignant conditions; and
   (c) treatment for prevention of recurrence or complication of a previous Designated Disability.
7. Expenses incurred for dental treatment and oral and maxillofacial procedures performed by a dentist except for Emergency Treatment and surgery during Confinement arising from an Accident. Follow-up dental treatment or oral surgery after discharge from Hospital shall not be covered.
8. Expenses incurred for Medical Services and counselling services relating to maternity conditions and its complications, including but not limited to diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage; birth control or reversal of birth control; sterilisation or sex reassignment of either sex; infertility including in-vitro fertilisation or any other artificial method of inducing pregnancy; or sexual dysfunction including but not limited to impotence, erectile dysfunction or pre-mature ejaculation, regardless of cause.

General Exclusions

9. Expenses incurred for the purchase of durable medical equipment or appliances including but not limited to wheelchairs, beds and furniture, airway pressure machines and masks, portable oxygen and oxygen therapy devices, dialysis machines, exercise equipment, spectacles, hearing aids, special braces, walking aids, over-the-counter drugs, air purifiers or conditioners and heat appliances for home use. For the avoidance of doubt, this exclusion shall not apply to rental of medical equipment or appliances during Confinement or on the day of the Day Case Procedure.
10. Expenses incurred for traditional Chinese medicine treatment, including but not limited to herbal treatment, bone-setting, acupuncture, acupressure and tui na, and other forms of alternative treatment including but not limited to hypnotism, qigong, massage therapy, aromatherapy, naturopathy, hydropathy, homeotherapy and other similar treatments.
11. Expenses incurred for experimental or unproven medical technology or procedure in accordance with the common standard, or not approved by the recognised authority, in the locality where the treatment, procedure, test or service is received.
12. Expenses incurred for Medical Services provided as a result of a Designated Disability which has been diagnosed or treated within or prior to the Waiting Period of Child Booster Benefit as stated in Section 4 of Part 6(A) of the Terms and Conditions of Family Booster for Child Option attached to the policy provisions of the Basic Policy. For the avoidance of doubt, this exclusion shall not apply to expenses incurred for Medical Services provided as a result of a Designated Disability caused by Accident and having been diagnosed with or treated within such Waiting Period of Child Booster Benefit.
13. Eligible Expenses which have been reimbursed under any law, or medical program or insurance policy provided by any government, company or other third party.
14. Expenses incurred for treatment for Designated Disability arising from war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power.

The above list is not exhaustive and is for reference only. Please refer to the Terms and Conditions of Family Booster for Child Option attached to the policy provisions of the Basic Policy for the complete exclusions.

Important Notes

Cancellation within cooling-off period of Basic Policy

Cancellation with refund of solely the premium paid for the Family Booster for Child Option is not allowed even within the cooling-off period of Basic Policy. You may exercise the right of cancellation of the Basic Policy, where the Family Booster for Child Option attached is cancelled at the same time, with full refund of paid premium and insurance levy without interest (including the premium and insurance levy paid for the Family Booster for Child Option) during the cooling-off period of Basic Policy, subject to the terms and conditions as set out in section 2 of part 2 of the terms and benefits of the policy provisions of the Basic Policy.

Should you have any further queries, you may (1) call FWD 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

You can request cancellation of this Family Booster for Child Option or the coverage for a Covered Child under this Family Booster for Child Option by giving thirty (30) days prior written notice to FWD and the cancellation right under this section shall apply while this Family Booster for Child Option or the coverage for the Covered Child under this Family Booster for Child Option is in effect (as the case may be).

Other insurance coverage

If you have taken out other insurance coverage besides this Family Booster for Child Option for the Covered Child, you shall have the right to claim under any such other insurance coverage or this Family Booster for Child Option. However, if you or your Covered Child has/have already recovered all or part of the expenses from any such other insurance coverage, FWD shall only be liable for such amount of Eligible Expense, if any, which is not compensated by any such other insurance coverage.

Notice to Claim

Medical claims

All claims incurred shall be submitted to FWD within ninety (90) days after the date on which the Covered Child is discharged from the Hospital, or the date on which the relevant Medical Service is performed and completed. For this purpose,

(a) all original receipts and/or original itemised bills together with the diagnosis, type of treatment, procedure, test or service provided shall have been submitted to FWD; and

(b) all relevant information, certificates, reports, evidence, referral letter and other data or materials as reasonably required by FWD shall have been furnished to FWD for processing of such claim.

You shall notify FWD if claims cannot be submitted within the above timeframe, otherwise FWD shall have the right to reject claims submitted after the above timeframe. All certificates, information and evidence that are reasonably required by FWD and which can be reasonably provided by you shall be furnished at the expenses of you.

Important Notes

Declaration relating to the Foreign Account Tax Compliance Act and Automatic Exchange of Financial Account Information

FWD is obliged to comply with the following 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 financial account 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, our 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 various authorities; and
v. furnish Required Information to the Inland Revenue Department.

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

Important Words

Accident

shall mean a sudden and unforeseen event occurring entirely beyond the control of the Policyholder and/or Covered Child and caused by violent, external and visible means.

Basic Policy

shall mean the policy of insurance underwritten by FWD to which this Family Booster for Child Option is attached to.

Confinement or Confined

shall mean an admission of the Covered Child to a Hospital that is recommended by a Registered Medical Practitioner for Medical Service and as an Inpatient as a result of a Medically Necessary condition.

Confinement shall be evidenced by a daily room charge invoiced by the Hospital and the Covered Child must stay in the Hospital continuously for the entire period of Confinement.

Covered Child

shall mean any person whose risks are covered by these Terms and Benefits of Family Booster for Child Option, and named as the "Covered Child" in the Entitlement of Family Booster for Child Option Benefit Endorsement issued upon FWD's approval of the nomination of each Covered Child under this Family Booster for Child Option.

Day Case Procedure

shall mean a Medically Necessary surgical procedure for investigation or treatment to the Covered Child performed in a medical clinic, or day case procedure centre or Hospital with facilities for recovery as a Day Patient.

Eligible Expenses

shall mean expenses incurred for Medical Services rendered with respect to a Designated Disability.

Entitlement of Family Booster for Child Option Benefit Endorsement

Shall mean the endorsement issued and attached to the Basic Policy upon the FWD's approval of the nomination of each Covered Child under this Family Booster for Child Option, which sets out, among others, the name and the relevant particulars of the Covered Child, the effective date of the coverage for the Covered Child under this Family Booster for Child Option and other relevant details in respect of these Terms and Benefits of Family Booster for Child Option.

Family Booster for Child Option Effective Date

shall mean the commencement date of these Terms and Benefits of Family Booster for Child Option which is the same date as the policy effective date of the Basic Policy.

First Confirmed Diagnosis

shall mean the first time that a diagnosis of any Designated Disability is made by a Registered Medical Practitioner and confirmed by histopathological and/or cytopathological patterns and/or radiological tests, blood tests and/or other laboratory tests results. Date of diagnosis of a Designated Disability suffered by the Covered Child will be the day when tissue specimen, culture, blood specimen or any other laboratory investigation upon which the diagnosis is determined is first taken from the Covered Child. For Specified Cancer, a diagnosis based on history, physical and radiological findings only will not meet the standards of diagnosis required by child booster benefit of this Family Booster for Child Option.

Important Words

Medically Necessary

shall mean the need to have medical service for the purpose of investigating or treating the relevant Designated Disability in accordance with the generally accepted standards of medical practice and such medical service must –

(a) require the expertise of, or be referred by, a Registered Medical Practitioner;

(b) be consistent with the diagnosis and necessary for the investigation and treatment of the Designated Disability;

(c) be rendered in accordance with standards of good and prudent medical practice, and not be rendered primarily for the convenience or the comfort of the Covered Child, his family, caretaker or the attending Registered Medical Practitioner;

(d) be rendered in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice for the medical services; and

(e) be furnished at the most appropriate level which, in the prudent professional judgment of the attending Registered Medical Practitioner, can be safely and effectively provided to the Covered Child.

For the purpose of these Terms and Benefits of Family Booster for Child Option, without prejudice to the generality of the foregoing, circumstances where a Confinement is considered Medically Necessary include, but not limited to -

(i) the Covered Child is having an Emergency that requires urgent treatment in Hospital;

(ii) surgical procedures are performed under general anaesthesia;

(iii) equipment for surgical procedure is available in Hospital and procedure cannot be done on a Day Patient basis;

(iv) there is significantly severe co-morbidity of the Covered Child;

(v) taking into account the individual circumstances of the Covered Child, the attending Registered Medical Practitioner has exercised his prudent professional judgment and is of the view that for the safety of the Covered Child, the medical service should be conducted in Hospital;

(vi) in the prudent professional judgment of the attending Registered Medical Practitioner, the length of Confinement of the Covered Child is appropriate for the medical service concerned; and/or

(vii) in the case of diagnostic procedures or allied health services prescribed by a Registered Medical Practitioner, such Registered Medical Practitioner has exercised his prudent professional judgment and is of the view that for the safety of the Covered Child, such procedures or services should be conducted in Hospital.

For the purpose of exercising his prudent professional judgment in (v) to (vii) above, the attending Registered Medical Practitioner shall have regard to whether the Confinement –

(aa) is in accordance with standards of good and prudent medical practice in the locality for the medical service rendered, and, in the prudent professional judgment of the attending Registered Medical Practitioner, not rendered primarily for the convenience or the comfort of the Covered Child, his family, caretaker or the attending Registered Medical Practitioner; and

(bb) is in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice in the locality for the medical service rendered.

Reasonable and Customary

shall mean, in relation to a charge for Medical Service, such level which does not exceed the general range of charges being charged by the relevant service providers in the locality where the charge is incurred for similar treatment, services or supplies to individuals with similar conditions, e.g. of the same sex and similar age, for a similar Designated Disability, as reasonably determined by FWD in utmost good faith. The Reasonable and Customary charges shall not in any event exceed the actual charges incurred.

In determining whether a charge is Reasonable and Customary, FWD shall make reference to the followings (if applicable) –

(a) treatment or service fee statistics and surveys in the insurance or medical industry;

(b) internal or industry claim statistics;

(c) gazette published by the Government; and/or

(d) other pertinent source of reference in the locality where the treatments, services or supplies are provided.

Standard Semi-private Room

shall mean a room categorised as a semi-private room by a Hospital in Hong Kong. For Hospitals without the corresponding ward class categorisation or any Hospitals outside Hong Kong, a Standard Semi-private Room shall mean (i) a single or two-bedded room; or (ii) a room with maximum double occupancy, and with a shared bath / shower room in a Hospital. In any case mentioned above, a Standard Semi-private Room shall exclude any room of upper class with its own kitchen, dining or sitting room(s).

Standard Ward Room

shall mean a room categorised as a ward class lower than a Standard Semi-private Room including the room categorised as a general ward or standard room by a Hospital in Hong Kong. For Hospitals without the corresponding ward class categorisation or any Hospitals outside Hong Kong, a Standard Ward Room shall mean a room in a Hospital with more than two (2) patient beds (not including companion bed).

Declarations

- FWD reserves the right to revise, modify or adjust the terms and benefits of this Family Booster for Child Option. FWD also reserves the right to adjust the premium of this Family Booster for Child Option for each Renewal based on factors including but not limited to the attained age of the insured person of the Basic Policy at the time of Renewal, claims experience, medical inflation and policy persistency.
- This Family Booster for Child Option is underwritten by FWD. FWD is solely responsible for all features, approval, coverage and benefit payment under this Family Booster for Child Option. FWD recommends you carefully consider whether this Family Booster for Child Option is suitable for you in view of your financial needs and that you fully understand the risk involved in this Family Booster for Child Option before submitting your application. You should not apply for or purchase this Family Booster for Child Option 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 Family Booster for Child Option.
- This Family Booster for Child Option 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 Family Booster for Child Option must be conducted and completed in Hong Kong.
- This Family Booster for Child Option is an insurance product. The premium paid is not a bank savings deposit or time deposit. This Family Booster for Child Option is not protected under the Deposit Protection Scheme in Hong Kong.
- This Family Booster for Child Option is an Individual Indemnity Hospital Insurance Plan without any savings element. The period of cover of this Family Booster for Child Option is 1 year and this Family Booster for Child Option is yearly Renewable up to the age of 100 (attained age) of insured person of the Basic Policy. The costs of insurance and the related costs of this Family Booster for Child Option are included in the premium paid for this Family Booster for Child Option despite the flyer of Family Booster for Child Option (Optional Benefit) and/or the illustration documents of the Basic Policy and this Family Booster for Child Option having no schedule/section of fees and charges or no additional charge noted other than the premium.
- 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.
- All underwriting and claims decisions are made by FWD. FWD relies upon the information provided by the Policyholder 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 by giving notification and explanation of application result.

  The Policyholder is required to make full disclosure in the Application for this Family Booster for Child Option, and when nominating a Covered Child under this Family Booster for Child Option. Without prejudice to FWD's right to declare the coverage for a Covered Child under this Family Booster for Child Option void in the case of misstatement of personal information, misrepresentation or fraud, if the information of the Covered Child that may affect FWD's approval decision is misstated in the Application for this Family Booster for Child Option or in any subsequent information or document submitted to FWD, FWD may terminate the coverage for a Covered Child under this Family Booster for Child Option from the date as determined by FWD; or declare the coverage for a Covered Child under this Family Booster for Child Option void as from the Family Booster for Child Option Effective Date. In such circumstances, FWD shall have the right to demand refund of any benefits previously paid under this Family Booster for Child Option and charge reasonable administration fee as determined by FWD from time to time without prior notice.

  For details, please refer to Sections 13 and 14 of Part 2 of the Terms and Conditions of Family Booster for Child Option attached to the policy provisions of the Basic Policy .
- Effective from 1 January 2018, all Policyholders are required to pay a levy on each premium payment made for both new and in-force Hong Kong policies to the Insurance Authority. For further information on levy, please visit our website at www.fwd.com.hk/en/insurance-levy or contact FWD Service Hotline 3123 3123.

This product material is for reference only and is indicative of the key features of this Family Booster for Child Option. For the exact terms, conditions, benefits and exclusions of this Family Booster for Child Option, please refer to the Terms and Benefits of Family Booster for Child Option attached to the policy provisions of the Basic Policy. In the event of any ambiguity or inconsistency between the terms of this flyer and the Terms and Benefits of Family Booster for Child Option, the Terms and Benefits of Family Booster for Child Option shall prevail. In case you want to read the Terms and Benefits of Family Booster for Child Option before making an application, you can obtain a copy from FWD. The Terms and Benefits of Family Booster for Child Option are governed by the laws of Hong Kong.

Address of FWD office: 18/F., FWD Tower, 979 King's Road, Quarry Bay, Hong Kong

PMH218AE2601

FWD insurance

醫家保醫療計劃（獨立保單）
vFamily Medical Plan (Standalone Plan)

(2024 年 3 月 4 日起生效 Effective from 4 March, 2024)

標準保費表（港元）
Standard Premium Schedule (HKD)

實際年齡 Attained Age	下次生日年齡 Age at next birthday	年供 Annual		月供 Monthly	
		男性 Male	女性 Female	男性 Male	女性 Female
0	1	5,524	3,841	497.16	345.69
1	2	5,524	3,841	497.16	345.69
2	3	5,524	3,841	497.16	345.69
3	4	5,524	3,841	497.16	345.69
4	5	4,728	4,394	425.52	395.46
5	6	4,728	4,394	425.52	395.46
6	7	4,728	4,394	425.52	395.46
7	8	4,728	4,394	425.52	395.46
8	9	4,728	4,394	425.52	395.46
9	10	4,728	4,394	425.52	395.46
10	11	4,728	4,394	425.52	395.46
11	12	4,728	4,394	425.52	395.46
12	13	4,728	4,394	425.52	395.46
13	14	4,728	4,394	425.52	395.46
14	15	4,728	4,394	425.52	395.46
15	16	4,728	4,394	425.52	395.46
16	17	4,728	4,394	425.52	395.46
17	18	4,728	4,394	425.52	395.46
18	19	4,647	4,420	418.23	397.80
19	20	3,718	4,446	334.62	400.14
20	21	3,754	4,473	337.86	402.57
21	22	3,696	4,500	332.64	405.00
22	23	3,611	4,520	324.99	406.80
23	24	3,644	4,659	327.96	419.31
24	25	3,682	4,855	331.38	436.95
25	26	3,853	5,184	346.77	466.56
26	27	4,082	5,459	367.38	491.31
27	28	4,304	5,751	387.36	517.59
28	29	4,538	6,015	408.42	541.35
29	30	4,751	6,302	427.59	567.18
30	31	4,917	6,464	442.53	581.76
31	32	5,054	6,655	454.86	598.95
32	33	5,210	6,868	468.90	618.12
33	34	5,337	7,068	480.33	636.12
34	35	5,491	7,243	494.19	651.87

FWD insurance

醫家保醫療計劃（獨立保單）
vFamily Medical Plan (Standalone Plan)

(2024 年 3 月 4 日起生效 Effective from 4 March, 2024)

標準保費表（港元）
Standard Premium Schedule (HKD)

實際年齡 Attained Age	下次生日年齡 Age at next birthday	年供 Annual		月供 Monthly	
		男性 Male	女性 Female	男性 Male	女性 Female
35	36	5,568	7,283	501.12	655.47
36	37	5,603	7,338	504.27	660.42
37	38	5,605	7,377	504.45	663.93
38	39	5,607	7,431	504.63	668.79
39	40	5,609	7,487	504.81	673.83
40	41	5,689	7,542	512.01	678.78
41	42	5,920	7,598	532.80	683.82
42	43	6,171	7,939	555.39	714.51
43	44	6,379	8,174	574.11	735.66
44	45	6,667	8,480	600.03	763.20
45	46	6,995	8,805	629.55	792.45
46	47	7,332	9,120	659.88	820.80
47	48	7,846	9,505	706.14	855.45
48	49	8,258	9,755	743.22	877.95
49	50	8,686	9,986	781.74	898.74
50	51	8,802	10,232	792.18	920.88
51	52	8,882	10,479	799.38	943.11
52	53	9,447	10,857	850.23	977.13
53	54	9,922	11,195	892.98	1,007.55
54	55	10,408	11,528	936.72	1,037.52
55	56	11,090	12,078	998.10	1,087.02
56	57	11,793	12,613	1,061.37	1,135.17
57	58	12,677	13,349	1,140.93	1,201.41
58	59	13,377	13,903	1,203.93	1,251.27
59	60	14,062	14,476	1,265.58	1,302.84
60	61	15,246	15,345	1,372.14	1,381.05
61	62	16,263	16,412	1,463.67	1,477.08
62	63	17,547	17,411	1,579.23	1,566.99
63	64	18,734	18,498	1,686.06	1,664.82
64	65	19,942	19,585	1,794.78	1,762.65
65	66	21,449	20,747	1,930.41	1,867.23
66	67	22,953	21,963	2,065.77	1,976.67
67	68	24,758	23,164	2,228.22	2,084.76
68	69	26,322	24,386	2,368.98	2,194.74
69	70	27,888	25,599	2,509.92	2,303.91

FWD insurance

醫家保醫療計劃（獨立保單）
vFamily Medical Plan (Standalone Plan)

(2024 年 3 月 4 日起生效 Effective from 4 March, 2024)

標準保費表（港元）
Standard Premium Schedule (HKD)

實際年齡 Attained Age	下次生日年齡 Age at next birthday	年供 Annual		月供 Monthly	
		男性 Male	女性 Female	男性 Male	女性 Female
70	71	30,737	26,759	2,766.33	2,408.31
71	72	32,747	28,327	2,947.23	2,549.43
72	73	34,980	29,332	3,148.20	2,639.88
73	74	36,340	30,286	3,270.60	2,725.74
74	75	37,297	31,058	3,356.73	2,795.22
75	76	38,607	32,413	3,474.63	2,917.17
76	77	40,023	33,679	3,602.07	3,031.11
77	78	42,216	34,656	3,799.44	3,119.04
78	79	43,676	35,932	3,930.84	3,233.88
79	80	45,121	37,243	4,060.89	3,351.87
80	81	49,893	41,188	4,490.37	3,706.92
81^	82^	51,552	42,532	4,639.68	3,827.88
82^	83^	54,404	43,904	4,896.36	3,951.36
83^	84^	55,970	44,752	5,037.30	4,027.68
84^	85^	57,732	45,999	5,195.88	4,139.91
85^	86^	59,775	47,537	5,379.75	4,278.33
86^	87^	61,779	49,073	5,560.11	4,416.57
87^	88^	65,034	50,755	5,853.06	4,567.95
88^	89^	66,816	51,816	6,013.44	4,663.44
89^	90^	68,804	53,365	6,192.36	4,802.85
90^	91^	73,462	57,132	6,611.58	5,141.88
91^	92^	75,855	59,052	6,826.95	5,314.68
92^	93^	79,958	60,914	7,196.22	5,482.26
93^	94^	82,087	62,239	7,387.83	5,601.51
94^	95^	84,565	64,062	7,610.85	5,765.58
95^	96^	86,691	65,722	7,802.19	5,914.98
96^	97^	88,738	67,446	7,986.42	6,070.14
97^	98^	92,622	69,255	8,335.98	6,232.95
98^	99^	94,459	70,217	8,501.31	6,319.53
99^	100^	96,571	71,825	8,691.39	6,464.25

^ 只適用於*續保*。
^ For Renewal only.

此標準保費表並未包括由保險業監管局徵收的保費徵費。
This Standard Premium Schedule does not include levy which is collected by the Insurance Authority.

FWD insurance

子女之家添守護選項（自選保障）
Family Booster for Child Option (Optional Benefit)

(2024 年 3 月 4 日起生效 Effective from 4 March, 2024)

標準保費表（港元）
Standard Premium Schedule (HKD)

醫家保醫療計劃之受保人實際年齡 Attained age of the insured person of vFamily Medical Plan	醫家保醫療計劃之受保人下次生日年齡 Age at next birthday of the insured person of vFamily Medical Plan	年供 Annual		月供 Monthly	
		男性 Male	女性 Female	男性 Male	女性 Female
不適用於年齡為 0- 17 歲（實際年齡）的醫家保醫療計劃之受保人 Not applicable to age 0-17 (attained age) of the insured person of vFamily Medical Plan					
18	19	751	751	67.59	67.59
19	20	765	765	68.85	68.85
20	21	771	771	69.39	69.39
21	22	767	767	69.03	69.03
22	23	759	759	68.31	68.31
23	24	774	774	69.66	69.66
24	25	836	836	75.24	75.24
25	26	884	884	79.56	79.56
26	27	933	933	83.97	83.97
27	28	984	984	88.56	88.56
28	29	1,033	1,033	92.97	92.97
29	30	1,082	1,082	97.38	97.38
30	31	1,115	1,115	100.35	100.35
31	32	1,147	1,147	103.23	103.23
32	33	1,183	1,183	106.47	106.47
33	34	1,215	1,215	109.35	109.35
34	35	1,247	1,247	112.23	112.23
35	36	1,259	1,259	113.31	113.31
36	37	1,268	1,268	114.12	114.12
37	38	1,272	1,272	114.48	114.48
38	39	1,276	1,276	114.84	114.84
39	40	1,281	1,281	115.29	115.29
40	41	1,295	1,295	116.55	116.55
41	42	1,327	1,327	119.43	119.43
42	43	1,384	1,384	124.56	124.56
43	44	1,428	1,428	128.52	128.52
44	45	1,454	1,454	130.86	130.86
45	46	1,518	1,518	136.62	136.62

FWD insurance

子女之家添守護選項（自選保障）
Family Booster for Child Option (Optional Benefit)

(2024 年 3 月 4 日起生效 Effective from 4 March, 2024)

標準保費表（港元）
Standard Premium Schedule (HKD)

醫家保醫療計劃之受保人實際年齡 Attained age of the insured person of vFamily Medical Plan	醫家保醫療計劃之受保人下次生日年齡 Age at next birthday of the insured person of vFamily Medical Plan	年供 Annual		月供 Monthly	
		男性 Male	女性 Female	男性 Male	女性 Female
46	47	1,556	1,556	140.04	140.04
47	48	1,595	1,595	143.55	143.55
48	49	1,633	1,633	146.97	146.97
49	50	1,672	1,672	150.48	150.48
50	51	1,710	1,710	153.90	153.90
51	52	1,749	1,749	157.41	157.41
52	53	1,788	1,788	160.92	160.92
53	54	1,826	1,826	164.34	164.34
54	55	1,865	1,865	167.85	167.85
55	56	1,797	1,797	161.73	161.73
56^	57^	1,728	1,728	155.52	155.52
57^	58^	1,660	1,660	149.40	149.40
58^	59^	1,592	1,592	143.28	143.28
59^	60^	1,524	1,524	137.16	137.16
60^	61^	1,456	1,456	131.04	131.04
61^	62^	1,388	1,388	124.92	124.92
62^	63^	1,320	1,320	118.80	118.80
63^	64^	1,252	1,252	112.68	112.68
64^	65^	1,184	1,184	106.56	106.56
65^	66^	1,116	1,116	100.44	100.44
66^	67^	1,048	1,048	94.32	94.32
67^	68^	980	980	88.20	88.20
68^	69^	970	970	87.30	87.30
69^	70^	960	960	86.40	86.40
70^	71^	950	950	85.50	85.50
71^	72^	940	940	84.60	84.60
72^	73^	930	930	83.70	83.70
73^	74^	920	920	82.80	82.80
74^	75^	900	900	81.00	81.00
75^	76^	880	880	79.20	79.20

子女之家添守護選項（自選保障）
Family Booster for Child Option (Optional Benefit)

(2024 年 3 月 4 日起生效 Effective from 4 March, 2024)

標準保費表（港元）
Standard Premium Schedule (HKD)

醫家保醫療計劃之受保人實際年齡 Attained age of the insured person of vFamily Medical Plan	醫家保醫療計劃之受保人下次生日年齡 Age at next birthday of the insured person of vFamily Medical Plan	年供 Annual		月供 Monthly	
		男性 Male	女性 Female	男性 Male	女性 Female
76^	77^	860	860	77.40	77.40
77^	78^	840	840	75.60	75.60
78^	79^	820	820	73.80	73.80
79^	80^	800	800	72.00	72.00
80^	81^	780	780	70.20	70.20
81^	82^	760	760	68.40	68.40
82^	83^	740	740	66.60	66.60
83^	84^	720	720	64.80	64.80
84^	85^	700	700	63.00	63.00
85^	86^	680	680	61.20	61.20
86^	87^	660	660	59.40	59.40
87^	88^	640	640	57.60	57.60
88^	89^	620	620	55.80	55.80
89^	90^	600	600	54.00	54.00
90^	91^	580	580	52.20	52.20
91^	92^	560	560	50.40	50.40
92^	93^	540	540	48.60	48.60
93^	94^	520	520	46.80	46.80
94^	95^	500	500	45.00	45.00
95^	96^	480	480	43.20	43.20
96^	97^	460	460	41.40	41.40
97^	98^	440	440	39.60	39.60
98^	99^	420	420	37.80	37.80
99^	100^	400	400	36.00	36.00

^ 只適用於續保。
^ For Renewal only.

子女之家添守護選項為保單權益人於投保醫家保醫療計劃時選擇的自選保障，並不屬於自願醫保認可產品 - 醫家保醫療計劃的一部分（認可產品編號：F00072-01-000-01）。您為子女之家添守護選項已繳付的保費（如有）並不符合申領稅務扣減及享有個人及額外無索償保費折扣的資格。
Family Booster for Child Option is an optional benefit selected by the Policyholder at the time of application for vFamily Medical Plan and is not part of the VHIS certified plan – vFamily Medical Plan (Certification Number: F00072-01-000-01) . The premiums you paid (if any) for the Family Booster for Child Option are not eligible for claiming tax deduction and individual and extra no claims premium discounts available under vFamily Medical Plan.

此標準保費表並未包括由保險業監管局徵收的保費徵費。
This Standard Premium Schedule does not include levy which is collected by the Insurance Authority.