



Privileged Medical Care

for the Privileged Ones

TheOne Medical Solution / TheOne Medical Solution Rider

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TheOne Medical Solution

Health is the most precious treasure in life which deserves the greatest defence. Your current peaceful, enjoyable life can be disturbed by unexpected illnesses. Despite the ever-increasing medical costs, we all want to ensure we can enjoy high quality medical services at different life stages without impact to our quality of life. TheOne Medical Solution and TheOne Medical Solution Rider (collectively called: the "Plan") offers you comprehensive medical coverage that gives you a peace of mind.

Comprehensive protection throughout life

To ensure you have an all-round protection during your life's journey, the Plan provides a Lifetime Limit of up to HK\$100 million¹, including a range of hospitalization and surgical benefits, as well as providing First-dollar Coverage – Deductible Waived for Designated Critical Illness². What's more, it provides reimbursement for your regular health screen³. Hospitalization and surgical benefits include daily hospital accommodation in a Standard Private Room⁴, surgery fees, physician's visit and specialist's fees, etc.

9 different plan options to fit your specific needs

The Plan provides 3 different types of plans that cover 3 different geographic areas. Furthermore, 3 Annual Deductible⁵ options (HK\$0, HK\$40,000 and HK\$80,000) could be chosen to tailor your most ideal life protection. For example, Premier Plan with HK\$0 deductible could provide a worldwide full medical coverage to you. If you have employer-sponsored medical coverage and are looking for additional medical coverage in Asia, our Standard Plan with Annual Deductible⁵ of HK\$40,000 or HK\$80,000 may satisfy your needs.

First-dollar Coverage – Deductible Waived for Designated Critical Illness Benefit²

Heavy stress and unhealthy habits raise the risk of suffering from critical illnesses. In Hong Kong, 1 out of every 4 men or 5 women is diagnosed with cancer before the age of 75⁶. Critical illnesses may cause an unexpected financial burden on you and your family. The Plan is focused around your concerns and needs, offering First-dollar Coverage – Deductible Waived for Designated Critical Illness² to ease your and your family's financial stress due to related medical expenses (The amount of benefit is subject to applicable Annual Limit, Lifetime Limit and limits for specific benefit items). The Plan provides protection for your family as well as your health.

Tailored extra benefits

In the event that the insured needs specific treatments and organ transplantation to receive better medical services, on top of its original Annual Limit, the Plan provides additional Annual Limit of up to HK\$2 million to cover medical expenses of organ and bone marrow transplantation, chemotherapy, radiotherapy, immunotherapy, target therapy, cancer hormonal therapy, proton therapy and kidney dialysis⁷.

Guaranteed lifetime renewal privilege for peace of mind⁸

The guaranteed lifetime renewal privilege of the Plan takes away your concern over policy discontinuity due to old age and changes in health conditions. Regardless of any significant changes in your health, financial condition or claim history, FWD guarantees that your policy will be renewable until the age of 100 (Age Next Birthday)⁸ of the Insured, subject to the continual availability of the Plan, terms and conditions applicable, the benefits and the prevailing premium rates of the Plan at the time of renewal. Benefits and premium are not guaranteed and subject to change by FWD.

Flexible protection aligned to your future needs

Your needs vary as you go through different life stages. The Plan enables you to switch to a lower Annual Deductible⁵ option once (per lifetime) when you turn 50, 55, 60 or 65 (Age Next Birthday) without the need to provide proof of insurability⁹, meeting any changing needs in the future for protection.

Worldwide support service

If you meet an accident or suffer an illness whilst abroad, your needs will be well taken care of with our Worldwide Emergency Assistance. All you need to do is call our 24-hour emergency assistance hotline to enjoy round-the-clock worldwide support and assistance provided by International SOS¹⁰ 24-hour Worldwide Assistance Services that includes phone medical advice, emergency medical evacuation and repatriation of mortal remains, etc.

	TheOne Medical Solution	TheOne Medical Solution Rider
Issue Age (Age Next Birthday)	1 (15 days) – 70	1 (15 days) – 70
Benefit Term	Guaranteed yearly renewable ⁸ to age 100 of the Insured	Guaranteed yearly renewable ⁸ to age 100 of the Insured or the Expiry Date of the Basic Policy (whichever is earlier)
Premium Payment Term	To age 100 of the Insured	To age 100 of the Insured or the Expiry Date of the Basic Policy (whichever is earlier)
Premium Payment Mode	Annually / Semi-annually / Monthly	Same premium payment mode as Basic Policy
Currency	USD / HKD	Same currency as Basic Policy

Schedule of Benefit

Benefit Schedule	Maximum Benefit Limit		
Plan Level	Standard Plan	Superior Plan	Premier Plan
Area of Cover	Asia ¹¹	Worldwide ex USA ¹²	Worldwide ¹³
Annual Limit	HK\$8,000,000 / US\$1,000,000	HK\$12,000,000 / US\$1,500,000	HK\$16,000,000 / US\$2,000,000
Lifetime Limit ¹	HK\$40,000,000 / US\$5,000,000	HK\$60,000,000 / US\$7,500,000	HK\$100,000,000 / US\$12,500,000
Annual Deductible ⁵ options (Only available for item 1 – 5 of this Schedule of Benefit)	HK\$0 / 40,000 / 80,000 US\$0 / 5,000 / 10,000		

1. Hospitalization Benefits

Room and Board (Standard Private Room ⁴)	Full Cover		
Companion Bed	Full Cover		
Private Nursing Care's Fee ¹⁴	Full Cover (up to a max. of 30 days per policy year)	Full Cover (up to a max. of 60 days per policy year)	Full Cover (up to a max. of 90 days per policy year)
	(maximum 180 days per lifetime)		
Specialist's Fee	Full Cover		
Physician's Hospital Visit	Full Cover		
Charges for Intensive Care	Full Cover		
Miscellaneous Hospital Charges ¹⁵	Full Cover		
Daily Hospital Cash ¹⁶ (for Confinement in general ward of public hospital in Hong Kong)	HK\$1,500 / US\$187.5 (up to a max. of 30 days per policy year)		
Daily Hospital Cash for Voluntary Room and Board Stay Below Private Room ¹⁶ (Stay in private hospital in Hong Kong)	HK\$1,500 / US\$187.5 (up to a max. of 30 days per policy year)		
Psychiatric Treatment	Not Applicable	Full Cover (up to 30 days per policy year and 180 days per lifetime)	

2. Surgical Benefits

Surgery Fee (including Surgeon Fee, Operation Theatre Fee, Anaesthetist's Fee and Outpatient Surgery Fee)	Full Cover
Organ and Bone Marrow Transplantation	Full Cover
Medical Appliances	Specified Items ¹⁷ : Full Cover Other Items: HK\$96,000 / US\$12,000 per item per life

3. Pre- and Post-Hospitalization Benefits

Pre-Hospitalization Outpatient ¹⁸	Full Cover (within 31 days before hospitalization and maximum 1 visit per day)
Post-Hospitalization Outpatient	Full Cover (within 60 days immediately after discharge from hospitalization and maximum 1 visit per day)
Post-Hospitalization Home Nursing ¹⁴	Full Cover (up to a maximum of 31 days per policy year within 31 days after discharge from hospitalization)

Schedule of Benefit (Continued)

4. Extended Benefits

	First-dollar coverage - Waive Annual Deductible ^{2, 5}		
First-dollar Coverage – Deductible waived for Designated Critical Illness ² (Only applicable to Annual Deductible policies)	Designated Critical Illnesses		
	• Cancer	• Fulminant Hepatitis	• Chronic Liver Disease
	• End Stage Lung Disease	• Cardiomyopathy	• Heart Valve Surgery
	• Primary Pulmonary Arterial Hypertension	• Coronary Artery Disease Surgery	• Stroke
	• Kidney Failure	• Surgery to Aorta	• Major Organ Transplantation
	• Severe Rheumatoid Arthritis	• Heart Attack	• Parkinson's Disease
	• Terminal Illness		
Chemotherapy and Radiotherapy	Full Cover (including immunotherapy, target therapy, cancer hormonal therapy and proton therapy)		
Kidney Dialysis	Full Cover		
Additional Annual Limit for Organ and Bone Marrow Transplantation, Chemotherapy and Radiotherapy and Kidney Dialysis ⁷	HK\$1,000,000 / US\$125,000	HK\$1,500,000 / US\$187,500	HK\$2,000,000 / US\$250,000
HIV / AIDS Treatment ¹⁹	HK\$800,000 / US\$100,000 (per lifetime)		
Pregnancy Complications ²⁰	Full Cover		
Traditional Chinese Medicine	Not Applicable	HK\$350 / US\$43.75 per visit (within 60 days after discharge from hospitalization. Maximum 1 visit per day and up to 10 visits per policy year)	
5. Emergency Dental Treatment Benefit			
Emergency Dental Treatment ¹⁵	Full Cover (Due to Accident)		
6. Health Screening Benefit			
Health Screen ²¹	Not Applicable	Once and up to HK\$4,000 /US\$500 for every 2 policy years (For policies with Annual Deductible ⁵ , once and up to HK\$2,000 / US\$250 per 2 policy years)	Once and up to HK\$6,000 / US\$750 for every 2 policy years (For policies with Annual Deductible ⁵ , once and up to HK\$3,000 / US\$375 per 2 policy years)
7. Life Protection			
Death Benefit	HK\$80,000 / US\$10,000		
Accidental Death Benefit	HK\$80,000 / US\$10,000		
8. Other			
Guaranteed Convertibility to Reduce Annual Deductibles ⁵ at Specified Ages	Privilege to reduce Annual Deductible ⁵ within 31 days before or after the Policy Anniversary at age 50 / 55 / 60 / 65 (Age Next Birthday) without providing proof of insurability. The premium would be based on factors, including but not limited to new Annual Deductible ⁵ , Plan Level and age of the Insured and the premium table applicable at that time. This right can only be exercised once by lifetime.		
24-Hour Worldwide Assistance Services ¹⁰	Service Program		
Second Medical Opinion ¹⁰	Service Program		

Reasonable and Customary charges for the above benefits will be paid by FWD. Reasonable and Customary shall mean:

- (i) in relation to a fee, a charge or an expense, shall mean any fee or expense which (a) is actually charged for treatment, supplies or medical services that are Medically Necessary and in accordance with standards of good medical practice for the care of an ill or injured person under the care, supervision or order of a Physician; (b) does not exceed the usual or reasonable average level of charges for similar treatment, supplies or medical services in the location where the expense is incurred; (c) does not include charges that would not have been made if no insurance existed; and (d) does not exceed the actual fee, charge or expense incurred. FWD reserves the right to determine whether any particular charge is Reasonable and Customary with reference but not limited to, any relevant publication or information made available, such as schedule of fees, by the government, relevant authorities and recognized medical association at the location where the Eligible Expense is incurred. FWD reserves the right to adjust any and all benefits payable under the Plan which in our opinion is not Reasonable and Customary;
- (ii) in relation to a Confinement shall mean the admission and length of a Confinement, and medical services and treatment received during which, are in accordance with generally accepted professional standards of medical practice, and do not exceed the usual standard for the treatment of similar illness or injury at the location where such Confinement is made.

The above coverage and benefits are applicable to TheOne Medical Solution and TheOne Medical Solution Rider. For the premium of TheOne Medical Solution and TheOne Medical Solution Rider, please refer to the corresponding premium table for details.

FWD reserves the right to revise the benefits payable, terms and conditions and the premium at any time.

A 30-day waiting period is applicable for the above benefits, except the specific waiting periods stated above, Life Protection and the treatment due to accident.

Remarks

1. Lifetime Limit refers to the maximum aggregate amount of benefits payable under all insurance policies and supplemental benefits (if any) issued by FWD Life Insurance Company (Bermuda) Limited ("FWD") covering the insured during his / her lifetime, regardless whether the insurance policies are still in force.
2. Only applicable to policies with Annual Deductible and subject to the Annual Limit and Lifetime Limit. FWD shall not waive the payment of any balance of Annual Deductible if the confinement is related to a designated crises whose symptoms appear or relevant diagnosis or surgery occurs within the first 90 days from the Policy Date or the last policy reinstatement date. Please refer to the Schedule of Benefit of this brochure, Policy Provisions, and Policy Schedule for the details and definition of Designated Critical Illness.
3. Only applicable to designated Plan Level and up to the relevant limit. Please refer to Schedule of Benefit of this brochure and Policy Provisions for details.
4. Standard Private Room means a single occupancy room with adjoining bathroom for the insured's use during his / her confinement, but excluding any room of upper class with its own kitchen, dining or sitting room(s) in a hospital. If the Insured is confined in a hospital which offers multiple classes of private rooms, the Standard Private Room shall refer to the lowest priced private room offered by the hospital.
5. Annual Deductible shall means the part of eligible expenses which shall be borne by the policy owner or the insured and which has to be deducted from the reimbursable sum.
6. Source: Information from Hong Kong Cancer Registry, Hospital Authority as of November 2012.
7. When the benefit is payable under Organ and Bone Marrow Transplantation, Chemotherapy, Radiotherapy, immunotherapy, target therapy, proton therapy, cancer hormonal therapy and Kidney Dialysis, FWD shall increase the Annual Limit for that policy year. This benefit is only available once per policy year. The amount of Lifetime Limit shall remain unchanged. Please refer to Policy Provisions for details.
8. Lifetime guaranteed renewal is subject to the continual availability of the Plan offered by FWD, terms and conditions applicable including but not limited to Termination Provisions, benefits, and premium rates at the time of renewal. Renewal premiums are not guaranteed and the premiums for each renewal are determined based on the age (at next birthday) and the premium table applicable upon renewal. Premium table is subject to change based on factors including but not limited to the inflation of related medical expense, FWD's medical claim experience and persistency of policies from time to time. FWD reserves the right to revise the benefit payable, terms and conditions and premiums at any time.
9. The application should be made within 31 days immediately before or after the relevant policy anniversary. This right can only be exercised once per lifetime of the insured and is irrevocable.
10. The service is provided by International SOS. FWD shall not be responsible for any act or failure to act on the part of International SOS. FWD may revise the details of the services from time to time without prior notice. International SOS benefits are available to FWD's insureds when travelling outside the home country or country of residence for periods not exceeding 90 consecutive days per trip.
11. Asia includes Afghanistan, Bangladesh, Bhutan, Brunei, Cambodia, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Mainland China, Malaysia, Maldives, Mongolia, Myanmar, Nepal, North Korea, Pakistan, Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan and Vietnam.
12. Worldwide exclude USA includes worldwide exclude the USA.
13. FWD shall reduce the amount of benefit payable (except Life Protection) under this Plan to 50% of the relevant benefit payable if: (a) the Insured has taken up residence in the USA for at least 183 days in the past 12 months (including the days of arrival and departure) at the time of confinement, medical treatment and / or service in the USA; and / or (b) the Insured is under confinement or undergoes clinical surgeries in the USA without obtaining FWD's pre-authorization unless it is directly due to an accident or emergency. FWD reserves the right to change the Plan from Premier Plan to Standard Plan at any time if the Insured has taken up residence in the USA for at least 183 days in the past 12 months (including the days of arrival and departure).
14. Only applicable after the insured's surgery or discharged from Intensive Care Unit.
15. Please refer to the Policy Provisions for the details of the items which the benefits are payable.
16. "Daily Hospital Cash" will not be paid in conjunction with "Daily Hospital Cash for Voluntary Room and Board Stay below Private Room".
17. Specified Items include(i) Pace maker; (ii) Stents for Percutaneous Transluminal Coronary Angioplasty; (iii) Intraocular lens; (iv) Artificial cardiac valve; (v) Metallic or artificial joints for joint replacement; (vi) Prosthetic ligaments for replacement or implantation between bones; and (vii) Prosthetic intervertebral disc.
18. Only applicable to the outpatient consultations result in hospitalization of the insured.
19. The waiting period of this benefit is 5 years.
20. The waiting period of this benefit is 1 year.
21. Only applicable to the insured who is aged 18 (Age Next Birthday) or above and the waiting period of this benefit item is 2 years.

Important Notes and Declarations:

- i. This Plan is underwritten by FWD. FWD is solely responsible for all features, Policy approval, coverage and benefit payment under the Plan. FWD recommends that you carefully consider whether the Plan is suitable for you in view of your financial needs and that you fully understand the risk involved in the Plan before submitting your application. You should not apply for or purchase the Plan unless you fully understand it and you agree it is suitable for you. Please read through the following related risks before making any application of the product.
- ii. This Plan material is issued by FWD. FWD accepts full responsibility for the accuracy of the information contained in this Plan material. This Plan material is intended to be distributed in the Hong Kong Special Administrative Region 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 the Hong Kong Special Administrative Region. All selling and application procedures of the Plan must be conducted and completed in the Hong Kong Special Administrative Region.
- iii. This Plan is an insurance product. The premium paid is not a bank savings deposit or time deposit. The Plan is not protected under the Deposit Protection Scheme in the Hong Kong Special Administrative Region.

- iv. This Plan is a medical protection product without any savings element. 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 plan having no schedule / section of fees and charges or no additional charge noted other than the premium.
- v. All underwriting and claims decisions are made by FWD. FWD relies upon the information provided by the applicant and the Insured in the insurance application to decide to accept or decline the application with a full refund of any premium paid and any insurance levy paid without interest. FWD reserves the right to accept / reject any insurance application and can decline your insurance application without giving any reason.
- vi. All the above benefits and payment are paid after deducting policy debts (if any, e.g. unpaid premiums or premium loan and the interest of the loan).
- vii. If you are not satisfied with the Policy of TheOne Medical Solution, you have the right to cancel it within the Cooling-off Period and obtain a refund of any premium paid and any insurance levy paid provided that you have not made any claims under the policy. A written notice signed by you should be received by the office of FWD at 1/F., FWD Financial Centre, 308 Des Voeux Road Central, Hong Kong within the Cooling-Off Period (that is, 21 days after either the delivery of the policy or the issue of a Notice informing you or your representative that the policy is available for collection and Expiry Date of the Cooling-off Period, whichever is earlier).
- viii. While the Plan is in force, the Policy Owner may surrender or terminate the Plan by sending a written request to FWD.
- ix. The Policy Provisions of the product are governed by the laws of the Hong Kong Special Administrative Region.
- x. This Plan material is for reference only and is indicative of the key features of the Plan. For the exact terms and conditions and the full list of exclusions of the Plan, please refer to the Policy Provisions of the product. In the event of any ambiguity or inconsistency between the terms of this leaflet and the Policy Provisions, the Policy Provisions in English shall prevail. If you want to read the terms and conditions of the policy provisions before making an application, you can obtain a copy from FWD. In the event of discrepancies between the English and Chinese versions of this Plan material, the English version shall prevail.
- xi. FWD must comply with the following requirements of the Inland Revenue Ordinance to facilitate the Inland Revenue Department automatically exchanging certain financial account information:
 - (a) to identify accounts as non-excluded “financial accounts” (“NEFAs”);
 - (b) to identify the jurisdiction(s) in which NEFA-holding individuals and NEFA-holding entities reside for tax purposes;
 - (c) to determine the status of NEFA-holding entities as “passive NFEs” and identify the jurisdiction(s) in which their controlling persons reside for tax purposes;
 - (d) to collect information on NEFAs (“Required Information”); and
 - (e) to furnish Required Information to the Inland Revenue Department.

The Policy Owner must comply with requests made by FWD to comply with the above listed requirements.

What are the key product risks?

Credit risk

This product 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, the potential loss arising from such exchange rate movement may have a negative impact on the benefits you receive from the product and your burden of the premium payment.

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 policy may not be sufficient for the increasing protection needs in the future even if FWD fulfills all of its contractual obligations.

Premium adjustment

The premium is non-guaranteed and will be determined annually based on the age of the Insured on his or her next birthday at the time of renewal. The premium may increase significantly due to factors including but not limited to age, claims experience and policy persistency.

Premium term and non-payment of premium

The premium payment term of the Plan ends on the policy anniversary immediately preceding the Insured’s 100th birthday. For TheOne Medical Solution Rider, its premium payment term is also subject to the benefit term of Basic Policy.

FWD allows a Grace Period of 30 days after the premium due date for payment of each premium. If a premium is still unpaid at the expiration of the Grace Period, the Plan 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.

Exclusions

Despite anything stated in the Plan and / or supplementary benefits (if any), FWD shall not be liable to pay any benefits under the Plan if:

1. the Insured's illness or injury is a Pre-existing Condition or results from the complications of a Pre-existing Condition;
2. in case of medical treatment in Mainland China, the subject Hospital is not a designated Hospital approved by FWD;
3. the Insured's sickness, disease or illness occurs during the first 30 days from the Policy Date or the date of reinstatement of the Plan;
4. the Confinement, treatment or charges incurred relate to or arise as a direct or indirect result of:
 - 1) the Insured's pregnancy, surrogacy, childbirth or termination of pregnancy (except for the Pregnancy Complications Treatment), birth control, infertility or human assisted reproduction, or sterilisation of either sexes;
 - 2) war, hostilities (whether war is declared or not), rebellion, insurrection, riot, strike, civil commotion, terrorist act, nuclear contamination, biological contamination or chemical contamination;
 - 3) naval, military or air-force services, or any operation or combat duty with any armed force of any country, territory, organization;
 - 4) the Insured's participation in any criminal offence or illegal acts;
 - 5) attempted suicide or self-inflicted injuries while sane or insane, or any condition caused by chronic alcoholism or drug addiction;
 - 6) cosmetic or plastic surgery, dental treatment or surgery of any kind, oral or oro-surgical care, eye refraction, eye tests or fitting of glasses, or surgical correction of nearsightedness (such as but not limited to radial keratotomy and keratectomy), unless such a treatment is explicitly covered by this Policy;
 - 7) procurement or use of medical appliances and medical devices for the benefit of the Insured including but not limited to spectacles, contact lenses, hearing aids or wheelchairs (unless such medical appliances and medical devices are explicitly covered by this Policy);
 - 8) preventive treatments, preventive medicines, convalescence, physical examinations, or health checks (with or without any positive finding) on the Insured; vaccination and immunisation received by the Insured; genetic testing or counselling on the Insured; or any treatment which is not deemed Medically Necessary by the Company;
 - 9) treatment or tests carried out in relation to the Insured's illness or injury are not consistent with customary medical treatment or diagnosis in Hong Kong;
 - 10) narcotics used by the Insured unless taken as prescribed by a Physician, or the Insured's abuse of drugs or alcohol;
 - 11) health supplements and all specialized Chinese herbs and / or tonic medicine including bird's nest, lingzhi, gingseng, agaricus blazei murill, antelope horn powder, antler, cordyceps sinensis, donkey-hide gelatin, hippocampus, moschus, pearl powder, placenta hominis and any other Chinese herbs and / or tonic medicine determined by the Company in its absolute discretion from time to time;
 - 12) scuba diving or engaging in or taking part in any kind of race other than on foot, mountaineering involving the use of ropes or guides by the Insured or other professional or hazardous sports or pastimes including but not limited to skydiving, parachuting, hang-gliding, parasailing, hunting, aviation or aeronautics (other than as fare paying passenger on a duly licensed commercial aircraft), ice or water ski-jumping, show jumping;
 - 13) AIDS or any complications associated with HIV Infection except for the HIV / AIDS Treatment Benefit;
 - 14) transplant service for which the cost incurred in connection with identifying service and procuring a replacement organ or any costs incurred for removal of the organ from the donor, all associated transportation costs and administrative costs;
 - 15) donation of organ;
 - 16) mental disorder, psychological or psychiatric conditions, behavioural problems or personality disorder of the Insured unless such occurrence is covered by the Psychiatric Treatment Benefit;
 - 17) birth defects, genetic disorders, Congenital Conditions, or inherited disorders or developmental conditions (only applicable if the disorder gives rise to signs or symptoms or was diagnosed before the Insured attains 16th years of age) of the Insured;
 - 18) any Confinement primarily for physiotherapy or for the investigation of signs and / or symptoms with diagnostic imaging, laboratory investigation or other diagnostic procedures as determined by the Company;
 - 19) rest cures and services or treatment received in any home, spa, health hydro, nature cure clinic, sanatorium or long term care facility that is not a registered acute treatment hospital;
 - 20) any treatment, investigation, services or supplies which are not Medically Necessary; any charges which exceed the Reasonable and Customary Charges as determined by the Company;
 - 21) non-medical services, including but not limited to guest meals, radio, telephone, television, photocopy, telex, personal items, and medical report charges;
 - 22) experimental and / or unconventional medical technology / procedure / therapy performed on the Insured; novel drugs / medicines / stem cell therapy not yet approved by the government, relevant authorities and recognised medical association in the locality, or treatment and procedures carried out by a facility not recognized as an acute treatment hospital, or services performed by a relative of the insured or a person who ordinarily resides in the insured's home;
 - 23) sleep disorders (except for the treatment of sleep apnoea which is life-threatening as confirmed by a Specialist and approved by the Company in advance), treatment for learning difficulties in children, such as dyslexia or behavioural problems, attention deficit hyperactivity disorder, or development problems such as shortness of stature;
 - 24) treatment of obesity (including morbid obesity), weight control programmes or bariatric surgery (except when bariatric surgery is necessary as confirmed by a Specialist after failure of conventional treatments and approved by the Company in advance);
 - 25) treatment of sexually transmitted diseases; venereal diseases, sexual problems, such as impotence, whatever the cause, gender issues or gender re-assignment except for the HIV / AIDS Treatment Benefit;
 - 26) treatment whilst staying in Hospital for more than 90 consecutive days if the Insured is in a persistent vegetative state characterized by wakefulness without awareness for more than 4 weeks;
 - 27) expenses that are recoverable from any other source;
 - 28) any activity or disease which falls under the exclusion(s) as shown on the endorsement(s) (if any) of this Policy.

Please refer to the Policy Provision for the exclusions of Accidental Death Benefit and services provided by International SOS.

Termination conditions

The Plan shall terminate on the earliest of the following:

1. The death of the Insured.
2. The policy anniversary immediately preceding the 100th birthday of the Insured.
3. The date of the surrender of the Plan. Such date is determined in accordance with FWD's applicable rules and regulations in relation to surrender, it also includes the surrender date of the Basic Policy if the Plan is TheOne Medical Solution Rider.
4. The date when the Basic Policy becomes a reduced paid up policy in accordance with applicable Policy provisions and FWD's rules and regulations then in effect (only applicable if the Plan is TheOne Medical Solution Rider).
5. The date the aggregate benefits paid under all relevant insurance policies reach the Lifetime Limit.
6. Termination of the Basic Policy (application if the Plan is TheOne Medical Solution Rider).
7. Termination of the Plan if:
 - (i) the change of place of residence or occupation of the Insured is to one which is classified by FWD as not insurable pursuant to FWD's then underwriting rules.
 - (ii) the Plan cannot be renewed as FWD no longer offers the Plan.
 - (iii) the Policy Owner refuses to accept the benefits revised by FWD according to the Benefit Terms or pay the revised premiums, FWD can terminate the Plan when the new premiums have been due for 30 days.
 - (iv) a claim is, in any respect, false, fraudulent, intentionally exaggerated or if fraudulent means or devices or documentation has been used to obtain benefit under this Plan.
8. The end of the Grace Period of any premiums due and not received by the Company.

The above information is for reference only and is indicative of the key features of the Plan. For a complete explanation of the terms and conditions, please refer to the policy provisions. In the event of any ambiguity or inconsistency between the terms of this document and the policy provisions in English shall prevail. In the event of any discrepancy between the English and Chinese version of this document, the English version shall prevail.



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