Comparison between the benefit items of vCore Medical Plan, vCare Medical Plan, vCare Supreme Medical Plan and vPrime Medical Plan

Below information is for reference only. For coverage details, please refer to the Terms and Benefits.

vCore, vCare, vCare Supreme and vPrime Medical Plans issued by FWD Life Insurance Company (Bermuda) Limited (incorporated in Bermuda with limited liability) ("FWD") provide coverage on the following items, part A, part B and the Option to reduce or remove the Deductible without re-underwriting at specified ages mentioned in part C (this option is applicable to vPrime Medical Plan only), which are certified by the Government.

<table>
<tr><th>Plan / Benefit limit (HKD)</th><th>vCore Medical Plan
–
VHIS Standard Plan
Certification Number:
S00036-01-000-01</th><th>vCare Medical Plan
–
VHIS Flexi Plan
Certification Number:
F00015-01-000-01</th><th>vCare Supreme Medical Plan
–
VHIS Flexi Plan
Certification Number:
F00032-01-000-01</th><th>vPrime Medical Plan
–
VHIS Flexi Plan
Certification Number:
<table><tr><th>Dedutible (HKD)</th><th>Certification Number</th></tr><tr><td>0</td><td>F00045-01-000-01</td></tr><tr><td>16,000</td><td>F00045-02-000-01</td></tr><tr><td>25,000</td><td>F00045-03-000-01</td></tr><tr><td>50,000</td><td>F00045-04-000-01</td></tr></table></th></tr>
<tr><td>Geographical limitation [1]</td><td colspan="3">Worldwide [2] (except that psychiatric treatments are only applicable in Hong Kong)</td><td>Except for psychiatric treatments and cash benefit for room and board Confinement below entitled ward class in a private Hospital in Hong Kong
- For non-Emergency Treatment (all benefit items): Asia [3]
- For Emergency Treatment: Worldwide [2]</td></tr>
<tr><td>Annual Benefit Limit for benefit items (a) - (l) of I. Basic benefits</td><td>$420,000 per Policy Year</td><td>$520,000 per Policy Year</td><td rowspan="2">$520,000 per Policy Year</td><td rowspan="3">$8,000,000 per Policy Year</td></tr>
<tr><td>Annual Benefit Limit for benefit items 1 - 14 of II. Enhanced benefits</td><td>Not applicable</td><td>Not applicable</td></tr>
<tr><td>Annual Benefit Limit for benefit items 3 – 6 of III. Other benefits</td><td>Not applicable</td><td colspan="2">No restriction on Annual Benefit Limit</td></tr>
<tr><td>Lifetime Benefit Limit for benefit items (a) - (l) of I. Basic benefits, 1 - 14 of II. Enhanced benefits and 3 – 6 of III. Other benefits</td><td colspan="3">No restriction on Lifetime Benefit Limit</td><td>$45,000,000</td></tr>
</table>

Plan / Benefit limit (HKD)	vCore Medical Plan – VHIS Standard Plan Certification Number: S00036-01-000-01	vCare Medical Plan – VHIS Flexi Plan Certification Number: F00015-01-000-01	vCare Supreme Medical Plan – VHIS Flexi Plan Certification Number: F00032-01-000-01	vPrime Medical Plan – VHIS Flexi Plan Certification Number:
				Dedutible (HKD) / Certification Number: 0 – F00045-01-000-01; 16,000 – F00045-02-000-01; 25,000 – F00045-03-000-01; 50,000 – F00045-04-000-01
Deductible [4] for benefit items (a) – (l) of I. Basic benefit, 1 – 6, 7(a), 7(b) and 8 – 12 of II. Enhanced benefits and 3 of III. Other benefits	Not applicable			$0 / $16,000 / $25,000 / $50,000 per Policy Year
Entitled ward class	No restriction		No restriction (except supplementary major medical benefit of vCare Supreme Medical Plan is limited to Standard Ward Room)	- For Hong Kong, Macau and Mainland China: Standard semi-private room [5] - For Asia [3] (excluding Hong Kong, Macau and Mainland China) and Emergency Treatment outside Asia [3]: Standard private room [5]
A. Benefit items [6]				
I. Basic benefits				
(a) Room and board	$750 per day (Maximum 180 days per Policy Year)	$850 per day (Maximum 180 days per Policy Year)		Full cover [7]
(b) Miscellaneous charges	$14,000 per Policy Year	$14,500 per Policy Year		Full cover [7]
(c) Attending doctor's visit fee	$750 per day (Maximum 180 days per Policy Year)	$850 per day (Maximum 180 days per Policy Year)		Full cover [7]
(d) Specialist's fee [8]	$4,300 per Policy Year	$6,000 per Policy Year		Full cover [7]
(e) Intensive care	$3,500 per day (Maximum 25 days per Policy Year)	$4,500 per day (Maximum 25 days per Policy Year)		Full cover [7]
(f) Surgeon's fee	(Per procedure, subject to surgical category for the surgery/ procedure in the Schedule of Surgical Procedures)			Full cover [7], regardless of the surgical category
- Complex	$50,000	$70,000		
- Major	$25,000	$30,000		
- Intermediate	$12,500	$15,000		

Plan / Benefit limit (HKD)	vCore Medical Plan – VHIS Standard Plan Certification Number: S00036-01-000-01	vCare Medical Plan – VHIS Flexi Plan Certification Number: F00015-01-000-01	vCare Supreme Medical Plan – VHIS Flexi Plan Certification Number: F00032-01-000-01	vPrime Medical Plan – VHIS Flexi Plan Certification Number:
				Dedutible (HKD) / Certification Number 0 / F00045-01-000-01 16,000 / F00045-02-000-01 25,000 / F00045-03-000-01 50,000 / F00045-04-000-01
- Minor	$5,000	$6,500		
(g) Anaesthetist's fee	35% of Surgeon's fee payable [9]			Full cover [7]
(h) Operating theatre charges	35% of Surgeon's fee payable [9]			Full cover [7]
(i) Prescribed Diagnostic Imaging Tests [8,10]	$20,000 per Policy Year, subject to 30% Coinsurance (including Confinement and non-Confinement)			Full cover [7]
(j) Prescribed Non-surgical Cancer Treatments [11]	$80,000 per Policy Year	$120,000 per Policy Year		Full cover [7]
(k) Pre- and post-Confinement/ Day Case Procedure outpatient care [8]	$580 per visit, $3,000 per Policy Year - 1 prior outpatient visit or Emergency consultation per Confinement/ Day Case Procedure - 3 follow-up outpatient visits per Confinement/Day Case Procedure within 90 days after discharge from Hospital or completion of Day Case Procedure	$580 per visit, $6,000 per Policy Year - 1 prior outpatient visit or Emergency consultation per Confinement/ Day Case Procedure - 6 follow-up outpatient visits per Confinement/Day Case Procedure within 90 days after discharge from Hospital or completion of Day Case Procedure	$580 per visit, $6,000 per Policy Year - 1 prior outpatient visit or Emergency consultation per Confinement/ Day Case Procedure - 6 follow-up outpatient visits per Confinement/Day Case Procedure within 90 days after discharge from Hospital or completion of Day Case Procedure The maximum benefit amount per Policy Year and 6 follow-up outpatient visits per Confinement/ Day Case Procedure shall be shared with benefit item 12. Post-Confinement/ Day Case Procedure Chinese medicine treatment of II. Enhanced benefits	Full cover [7] - 1 prior outpatient visit or Emergency consultation per Confinement/ Day Case Procedure - 6 follow-up outpatient visits per Confinement/Day Case Procedure within 90 days after discharge from Hospital or completion of Day Case Procedure
(l) Psychiatric treatments [12]	$30,000 per Policy Year			$40,000 per Policy Year
II. Enhanced benefits				
1. Reconstructive surgery benefit [8]	**Non beautification or cosmetic purposes** Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, subject to the benefit limit **For beautification or cosmetic purposes** - For medically necessary services caused by Accident (within 90 days after the Accident): covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, subject to the benefit limit - If the injury is not caused by Accident or the medically necessary service is received over 90 days after the Accident: not applicable			**Non beautification or cosmetic purposes** Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover [7] **For beautification or cosmetic purposes** - If the injury is caused by Accident and receive medically necessary service within 90 days after the

Plan / Benefit limit (HKD)	vCore Medical Plan – VHIS Standard Plan Certification Number: S00036-01-000-01	vCare Medical Plan – VHIS Flexi Plan Certification Number: F00015-01-000-01	vCare Supreme Medical Plan – VHIS Flexi Plan Certification Number: F00032-01-000-01	vPrime Medical Plan – VHIS Flexi Plan Certification Number:
				Dedutible (HKD) / Certification Number 0 / F00045-01-000-01 16,000 / F00045-02-000-01 25,000 / F00045-03-000-01 50,000 / F00045-04-000-01
				Accident: covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover [7] - If the injury is caused by Accident and receive medically necessary service within the period of 90 days – 12 months after the Accident or mastectomy caused by Disability and receive medically necessary service within 12 months: $160,000 per Accident/mastectomy
2. Medical appliances benefit for reconstructive surgery	**Non beautification or cosmetic purposes** Covered under miscellaneous charges, subject to the benefit limit **For beautification or cosmetic purposes** - For medically necessary services caused by Accident (within 90 days after the Accident): covered under miscellaneous charges, subject to the benefit limit - If the injury is not caused by Accident or the medically necessary service is received over 90 days after the Accident: not applicable			**Non beautification or cosmetic purposes** Covered under miscellaneous charges, subject to the benefit limit, which means Full cover [7] **For beautification or cosmetic purposes** - If the injury is caused by Accident and receive medically necessary service within 90 days after the Accident: covered under miscellaneous charges, which means: Full cover [7] - If the injury is caused by Accident and receive medically necessary service within the period of 90 days – 12 months after the Accident or mastectomy caused by Disability and receive medically necessary service within 12 months: $96,000 each item per Policy Year
3. Donor's benefit	Not applicable			30% of total transplantation cost (For transplantation of heart, kidney, liver, lung or bone marrow)
4. Emergency outpatient	Not applicable		$5,000 per Policy Year	Full cover [7]

Plan / Benefit limit (HKD)	vCore Medical Plan – VHIS Standard Plan Certification Number: S00036-01-000-01	vCare Medical Plan – VHIS Flexi Plan Certification Number: F00015-01-000-01	vCare Supreme Medical Plan – VHIS Flexi Plan Certification Number: F00032-01-000-01	vPrime Medical Plan – VHIS Flexi Plan Certification Number:
				Deductible (HKD) / Certification Number: 0 – F00045-01-000-01; 16,000 – F00045-02-000-01; 25,000 – F00045-03-000-01; 50,000 – F00045-04-000-01
accidental treatment				
5. Kidney dialysis [8] (applicable to vCare Supreme Medical Plan) / Outpatient Kidney Dialysis [8] (applicable to vPrime Medical Plan)	Covered under miscellaneous charges and only applicable to eligible expenses incurred in hospital confinement, subject to the benefit limit		$200,000 per Policy Year (Include the Medical Services or treatments received during Confinement (when exceeding the limit of miscellaneous charges) or at a clinic, day case procedure centre or Hospital (non-Confinement), and rental cost of a kidney dialysis machine for use at home)	Full cover [7] (Only include the Medical Services or treatments received during Confinement or at a clinic, day case procedure centre or Hospital (non-Confinement), and rental cost of a kidney dialysis machine for use at home as kidney dialysis charges is fully reimbursed under the miscellaneous charges during confinement)
6. Rehabilitation treatment [8]	Not applicable		$10,000 per Policy Year	$100,000 per Policy Year
7. Stroke rehabilitation treatment	No specific coverage for stroke rehabilitation treatment			Applicable
- Home facility enhancement benefit [8]	Not applicable			$80,000 per Incident
- Stroke ancillary benefit [8]	Covered under Pre- and post-Confinement/ Day Case Procedure outpatient care, subject to the benefit limit	Covered under Pre- and post-Confinement/ Day Case Procedure outpatient care, Post-Confinement/ Day Case Procedure Chinese medicine treatment and Rehabilitation treatment, subject to the benefit limit		Covered the expenses exceed the benefit limit of Pre- and post-Confinement/ Day Case Procedure outpatient care, Post-Confinement/ Day Case Procedure Chinese medicine treatment and Rehabilitation treatment, $1,000 per visit (Maximum 30 visits per Policy Year, subject to 1 visit per day, up to $100,000 per Incident)
- Disability subsidy benefit	Not applicable			$10,000 per month (Maximum 24 months per Incident)
8. Hospice care	Not applicable		$10,000 per Policy Year	$100,000 per Policy Year

Plan / Benefit limit (HKD)	vCore Medical Plan – VHIS Standard Plan Certification Number: S00036-01-000-01	vCare Medical Plan – VHIS Flexi Plan Certification Number: F00015-01-000-01	vCare Supreme Medical Plan – VHIS Flexi Plan Certification Number: F00032-01-000-01	vPrime Medical Plan – VHIS Flexi Plan Certification Number:
				Dedutible (HKD) / Certification Number 0 / F00045-01-000-01 16,000 / F00045-02-000-01 25,000 / F00045-03-000-01 50,000 / F00045-04-000-01
9. Private nurse's fee [8]	Not applicable			Full cover [7] (Maximum 30 days per Policy Year, subject to services provided by 1 Registered Nurse per day)
10. Post-Confinement home nursing [8]	Not applicable		$800 per day (Maximum 30 days per Policy Year)	Full cover [7] (Maximum 196 days per Policy Year, within 196 days after discharge from Hospital following surgery or admission to Intensive Care Unit, subject to services provided by 1 Registered Nurse per day)
11. Companion bed	Not applicable		$500 per day (Maximum 30 days per Policy Year)	Full cover [7]
12. Post-Confinement/ Day Case Procedure Chinese medicine treatment	Not applicable		$580 per visit, $6,000 per Policy Year - 6 follow-up outpatient visits per Confinement/Day Case Procedure within 90 days after discharge from Hospital or completion of Day Case Procedure The maximum benefit amount per Policy Year and 6 follow-up outpatient visits per Confinement/Day Case Procedure shall be shared with benefit item (k) of I. Basic benefits	$600 per visit - Maximum 15 follow-up outpatient visits per Confinement/Day Case Procedure within 90 days after discharge from Hospital or completion of Day Case Procedure, 1 follow-up outpatient visit per day
13. Additional benefit [13] for Prescribed Non-surgical Cancer Treatments [11] and kidney dialysis [8]	Not applicable		- Eligible Expenses in excess of the amounts payable under benefit items (j) of I. Basic benefit and (B) of II. Enhanced benefits - Maximum benefit limit per Policy Year: $50,000 per Policy Year <u>Payment order of Eligible Expenses payable for Prescribed Non-surgical Cancer Treatments</u> (1) Benefit item (j) Prescribed Non-surgical Cancer Treatments of I. Basic benefits (2) This additional benefit for Prescribed Non-surgical Cancer Treatments and kidney dialysis (3) Benefit item 14 supplementary major medical benefit of II. Enhanced benefits	Not applicable

<table>
<tr><th>Plan / Benefit limit (HKD)</th><th>vCore Medical Plan
–
VHIS Standard Plan
Certification Number:
S00036-01-000-01</th><th>vCare Medical Plan
–
VHIS Flexi Plan
Certification Number:
F00015-01-000-01</th><th>vCare Supreme Medical Plan
–
VHIS Flexi Plan
Certification Number:
F00032-01-000-01</th><th>vPrime Medical Plan
–
VHIS Flexi Plan
Certification Number:
<table><tr><th>Dedutible (HKD)</th><th>Certification Number</th></tr><tr><td>0</td><td>F00045-01-000-01</td></tr><tr><td>16,000</td><td>F00045-02-000-01</td></tr><tr><td>25,000</td><td>F00045-03-000-01</td></tr><tr><td>50,000</td><td>F00045-04-000-01</td></tr></table></th></tr>
<tr><td></td><td colspan="2"></td><td><u>Payment order of Eligible Expenses payable for kidney dialysis</u>
(1) Benefit item (b) miscellaneous charges of I. Basic benefits (applicable to Eligible Expenses incurred during Confinement only)
(2) Benefit item 5 kidney dialysis of II. Enhanced benefits
(3) This additional benefit for Prescribed Non-surgical Cancer Treatments and kidney dialysis; and
(4) Benefit item 14 supplementary major medical benefit of II. Enhanced benefits</td><td></td></tr>
<tr><td>14. Supplementary major medical benefit (SMM) [14]</td><td colspan="2">Not applicable</td><td>- Eligible Expenses in excess of any of the respective benefit limit (including excess over per surgery limit, per day limit, maximum number of days per Policy Year or per Policy Year benefit limit) under benefit items (a) to (h) and (j) of I. Basic benefits and 5, 10 and 13 of II. Enhanced benefits
- Maximum benefit limit per Policy Year: $100,000 per Policy Year
- Coinsurance: 15%

<u>Entitled ward class</u>
- Standard Ward Room [5]
- If on any day of Confinement, the Insured Person is voluntarily Confined in a ward class of Hospital accommodation higher than standard ward room [5], the ward class adjustment factor set below shall be applied to the Eligible Expenses payable under this benefit.
- This benefit shall be payable according to the following formula, subject to the benefit limit of this benefit –
(excess Eligible Expenses × (1 - supplementary major medical benefit Coinsurance) × ward class adjustment factor (if applicable))

<table><tr><th>Entitled ward class</th><th>Actual ward class occupied by the Insured Person during Confinement</th><th>Ward class adjust-ment factor</th></tr></table></td><td>Not applicable</td></tr>
</table>

<table>
<tr><th>Plan / Benefit limit (HKD)</th><th>vCore Medical Plan
–
VHIS Standard Plan
Certification Number:
S00036-01-000-01</th><th>vCare Medical Plan
–
VHIS Flexi Plan
Certification Number:
F00015-01-000-01</th><th>vCare Supreme Medical Plan
–
VHIS Flexi Plan
Certification Number:
F00032-01-000-01</th><th>vPrime Medical Plan
–
VHIS Flexi Plan
Certification Number:
Dedutible (HKD) / Certification Number
0 / F00045-01-000-01
16,000 / F00045-02-000-01
25,000 / F00045-03-000-01
50,000 / F00045-04-000-01</th></tr>
<tr><td></td><td colspan="2"></td><td><table><tr><td>Standard ward room [5]</td><td>Standard semi-private room [5]</td><td>50%</td></tr><tr><td>Standard ward room [5]</td><td>Standard private room [5]</td><td>25%</td></tr><tr><td>Standard ward room [5]</td><td>Above standard private room [5]</td><td>12.5%</td></tr></table>
The ward class adjustment factor shall not apply under the following circumstances:
- unavailability of accommodation at the specified ward class due to ward or room shortage for emergency treatment;
- isolation reasons that require a specific class of accommodation; or
- other reasons not involving personal preference of the Policy Holder and/or the Insured Person.</td><td></td></tr>
<tr><td colspan="5">III. Other benefits</td></tr>
<tr><td>1. Death benefit [15]</td><td>$10,000</td><td colspan="2">$15,000</td><td>$40,000</td></tr>
<tr><td>2. Accidental death benefit [15]</td><td>$10,000</td><td colspan="2">$15,000</td><td>$40,000</td></tr>
<tr><td>3. Emergency outpatient accidental treatment</td><td>Not applicable</td><td colspan="2">$20,000 per Policy Year [16]</td><td>Full cover [7,17]</td></tr>
<tr><td>4. Cash benefit for Day Case Procedure</td><td>Not applicable</td><td colspan="2">$500 per procedure</td><td>$1,600 per procedure
(Maximum 1 Day Case Procedure per day)</td></tr>
<tr><td>5. Cash benefit for top-up subsidy [18]</td><td>Not applicable</td><td colspan="2">$500 per day of Confinement
(Maximum 60 days per Policy Year)</td><td>$800 per day of Confinement
(Maximum 60 days per Policy Year)</td></tr>
<tr><td>6. Cash benefit for room and board Confinement below entitled ward class in a private Hospital in Hong Kong [19]</td><td colspan="3">Not applicable</td><td>$1,600 per day of Confinement

(Maximum 30 days per Policy Year)</td></tr>
<tr><td colspan="5">B. No claims Premium discount</td></tr>
</table>

<table>
<tr><th>Plan / Benefit limit (HKD)</th><th>vCore Medical Plan
–
VHIS Standard Plan
Certification Number:
S00036-01-000-01</th><th>vCare Medical Plan
–
VHIS Flexi Plan
Certification Number:
F00015-01-000-01</th><th>vCare Supreme Medical Plan
–
VHIS Flexi Plan
Certification Number:
F00032-01-000-01</th><th>vPrime Medical Plan
–
VHIS Flexi Plan
Certification Number:
<table><tr><th>Dedutible (HKD)</th><th>Certification Number</th></tr><tr><td>0</td><td>F00045-01-000-01</td></tr><tr><td>16,000</td><td>F00045-02-000-01</td></tr><tr><td>25,000</td><td>F00045-03-000-01</td></tr><tr><td>50,000</td><td>F00045-04-000-01</td></tr></table></th></tr>
<tr><td>No claims premium discount - individual</td><td colspan="4">If:
(a) this Policy has been in force for two or more consecutive Policy Years; and
(b) no claims have been incurred under this Policy during two or more consecutive Policy Years immediately prior to the Policy's Renewal and shall be settled by FWD (for the purpose of this clause, a claim is considered as incurred on
(i) the admission date for Confinement service; or
(ii) the treatment date for non-Confinement service);

then the Policy Holder shall be eligible for a no claims premium discount on the Renewal premium under this Policy at the following rate:

<table><tr><th>No claims period immediately prior to the Policy's Renewal</th><th>No claims premium discount (Discount rate on Renewal premium)</th></tr><tr><td>Two consecutive Policy Years</td><td>10%</td></tr><tr><td>Three consecutive Policy Years</td><td>10%</td></tr><tr><td>Four consecutive Policy Years</td><td>10%</td></tr><tr><td>Five or more consecutive Policy Years</td><td>15%</td></tr></table>
If a claim is incurred prior to the Renewal Date but is not made or settled until after the Renewal Date, the Policy Holder shall upon demand immediately repay FWD the difference between the no claims premium discount amount already given and the eligible discount amount as recalculated according to this no claims premium discount section.</td></tr>
<tr><td>Extra no claims premium discount</td><td colspan="2">Not applicable</td><td colspan="2">If the Policy fulfills the conditions below:
- if the Policy Holder is eligible for the individual no claims premium discount stated above on the Renewal Date of vCare Supreme Medical Plan Policy or or vPrime Medical Plan Policy; and
- the Policy Holder is at the same time eligible for individual no claims premium discount under other in-force vCare Supreme Medical Plan policy (ies) or vPrime Medical Plan Policy (ies);

the Policy Holder shall be eligible for an extra no claims premium discount on the Renewal premium of this vCare Supreme Medical Plan Policy or vPrime Medical Plan Policy at the following rate:
<table><tr><th>Number of in-force policies (including vCare Supreme Medical Plan Policy or vPrime Medical Plan Policy) issued to the Policy Holder which are eligible to the individual no claims premium on Renewal Date</th><th><u>Extra</u> no claims premium discount under this Policy (discount rate on Renewal premium)</th></tr><tr><td>Two or Three</td><td>2.5%</td></tr><tr><td>Four</td><td>5%</td></tr><tr><td>Five or above</td><td>10%</td></tr></table>
If a claim under this vCare Supreme/vPrime Medical Plan Policy is incurred prior to the Renewal Date but is not made or settled until after the Renewal Date, the Policy Holder shall upon demand</td></tr>
</table>

<table>
<tr><th>Plan / Benefit limit (HKD)</th><th>vCore Medical Plan
–
VHIS Standard Plan
Certification Number:
S00036-01-000-01</th><th>vCare Medical Plan
–
VHIS Flexi Plan
Certification Number:
F00015-01-000-01</th><th>vCare Supreme Medical Plan
–
VHIS Flexi Plan
Certification Number:
F00032-01-000-01</th><th>vPrime Medical Plan
–
VHIS Flexi Plan
Certification Number:<table><tr><th>Dedutible (HKD)</th><th>Certification Number</th></tr><tr><td>0</td><td>F00045-01-000-01</td></tr><tr><td>16,000</td><td>F00045-02-000-01</td></tr><tr><td>25,000</td><td>F00045-03-000-01</td></tr><tr><td>50,000</td><td>F00045-04-000-01</td></tr></table></th></tr>
<tr><td></td><td colspan="3">immediately repay FWD the difference between the no claims premium discount amount already given and the eligible discount amount as recalculated according to this no claims premium discount section.

For the avoidance of doubt, the extra no claims premium discount of vCare Supreme Medical Plan and vPrime Medical Plan are individually calculated. Taking vPrime Medical Plan as an example, Policy Holder is eligible for an extra no claims premium discount if he/she has more than 1 policy of vPrime Medical Plan eligible in which both can entitle for the individual no claims premium discount. Even Policy Holder has a policy of vCare Supreme Medical Plan, which is eligible for the individual no claims premium discount, this policy will not be included in the calculation of extra no claims premium discount of vCare Supreme Medical Plan.</td></tr>
<tr><td colspan="5">C. Others</td></tr>
<tr><td>First-dollar coverage – Deductible waived for designated crises [20,21]</td><td colspan="3">Not applicable</td><td>While this Policy is in force, if the Insured Person suffers the following designated crises and is Confined in a Hospital or undergoes a Day Case Procedure as a direct result of the designated crises, in calculation of benefits payable under this Policy, the payment of the remaining balance of Deductible (if any) will be waived in respect of such Confinement, Day Case Procedure or treatment. The definition of the following designated crises is provided in the Policy provisions. The designated crises must be confirmed by the Insured Person's attending Registered Medical Practitioner in writing and supported by clinical, radiological, histological and laboratory evidence acceptable to the Company.

1. Cancer
2. Cardiomyopathy
3. Chronic Liver Disease
4. Coronary Artery Disease Surgery</td></tr>
</table>

Plan / Benefit limit (HKD)	vCore Medical Plan – VHIS Standard Plan Certification Number: S00036-01-000-01	vCare Medical Plan – VHIS Flexi Plan Certification Number: F00015-01-000-01	vCare Supreme Medical Plan – VHIS Flexi Plan Certification Number: F00032-01-000-01	vPrime Medical Plan – VHIS Flexi Plan Certification Number:
				Dedutible (HKD) / Certification Number 0 / F00045-01-000-01 16,000 / F00045-02-000-01 25,000 / F00045-03-000-01 50,000 / F00045-04-000-01
				5. End Stage Lung Disease 6. Fulminant Hepatitis 7. Heart Attack 8. Heart Valve Surgery 9. Kidney Failure 10. Major Organ Transplantation 11. Parkinson's Disease 12. Primary Pulmonary Arterial Hypertension 13. Severe Rheumatoid Arthritis 14. Stroke 15. Surgery to Aorta 16. Terminal Illness The Company shall not waive the payment of any remaining balance of Deductible if the Confinement is related to 1 of the designated crises whose symptoms appear or relevant diagnosis or surgery occurs within the first 90 days from the Policy Effective Date. This benefit is applicable to the Policy with Deductible only.
Convertibility option to designated medical insurance plan at specified ages [20] / Option to reduce or remove the Deductible at specified ages [20]	- If this Policy has been in force for two Policy Years or above, the Policy Holder has the right to convert this Policy to a designated medical insurance plan with higher protection coverage upon the Policy anniversary which immediately comes on or after the Age of 50, 55, 60 or 65 years of the Insured Person, with not required to provide further evidence of insurability on the Insured Person. The application of this option shall be subject to the designated medical insurance plan with higher protection coverage available at that time and such terms and conditions as determined by FWD from time to time.		Not applicable	- If this Policy has been in force for two Policy Years or above, the Policy Holder has the right to reduce or remove the Deductible without re-underwriting immediately following the date that the Insured Person attains the attained age of 50, 55, 60, 65, 70, 75 or 80.

<table>
<tr><th>Plan / Benefit limit (HKD)</th><th>vCore Medical Plan
–
VHIS Standard Plan
Certification Number:
S00036-01-000-01</th><th>vCare Medical Plan
–
VHIS Flexi Plan
Certification Number:
F00015-01-000-01</th><th>vCare Supreme Medical Plan
–
VHIS Flexi Plan
Certification Number:
F00032-01-000-01</th><th>vPrime Medical Plan
–
VHIS Flexi Plan
Certification Number:
<table><tr><th>Dedutible (HKD)</th><th>Certification Number</th></tr><tr><td>0</td><td>F00045-01-000-01</td></tr><tr><td>16,000</td><td>F00045-02-000-01</td></tr><tr><td>25,000</td><td>F00045-03-000-01</td></tr><tr><td>50,000</td><td>F00045-04-000-01</td></tr></table></th></tr>
<tr><td></td><td colspan="2">- This right can only be exercised once under this Policy and is irrevocable.</td><td></td><td>- This right can only be exercised once under this Policy and is irrevocable.</td></tr>
<tr><td>Special benefit for infant [20,21]</td><td>Not applicable</td><td colspan="2">While this Policy is in force, if the Insured Person or Insured Person’s spouse gives birth to a child after the Policy has been in force for two consecutive Policy Years from the Policy Effective Date (“Covered Child”), a 1-year coverage by a designated medical insurance plan for the Covered Child shall be offered without further evidence of insurability and at no additional charge.
(a) Once the coverage for the Covered Child is in effect and if the Covered Child suffers from Disability during the coverage period, FWD shall pay the Policy Holder the benefits based on the terms and benefits of the designated medical insurance plan.
(b) The benefit amount shall not be deducted from this Policy and shall not affect the coverage available to the Insured Person under this Policy.</td><td>While this Policy is in force, if the Insured Person or Insured Person’s spouse gives birth to a child after the Policy has been in force for two consecutive Policy Years from the Policy Effective Date (“Covered Child”), a 2-year coverage by a designated medical insurance plan for the Covered Child shall be offered without further evidence of insurability and at no additional charge.
(a) Once the coverage for the Covered Child is in effect and if the Covered Child suffers from Disability during the coverage period, FWD shall pay the Policy Holder the benefits based on the terms and benefits of the designated medical insurance plan.
(b) The benefit amount shall not be deducted from this Policy and shall not affect the coverage available to the Insured Person under this Policy.</td></tr>
<tr><td>Second Medical Opinion [20,22]</td><td colspan="4">Available</td></tr>
<tr><td>International SOS 24-hour Worldwide Assistance Services [20,22]</td><td colspan="4">Available</td></tr>
</table>

Plan / Benefit limit (HKD)	vCore Medical Plan – VHIS Standard Plan Certification Number: S00036-01-000-01	vCare Medical Plan – VHIS Flexi Plan Certification Number: F00015-01-000-01	vCare Supreme Medical Plan – VHIS Flexi Plan Certification Number: F00032-01-000-01	vPrime Medical Plan – VHIS Flexi Plan Certification Number:
				Dedutible (HKD) / Certification Number
				0 / F00045-01-000-01
				16,000 / F00045-02-000-01
				25,000 / F00045-03-000-01
				50,000 / F00045-04-000-01
Cancierge [20,22]	Available			Not applicable
PREMIER THE ONEcierge [20,22]	Not applicable			Available
Life Enrichment Program [20,22]	Not applicable			Available

Remark: This comparison gives only a brief description on the product features and is for reference only. The above product information does not contain the full terms of the policy. For full terms and conditions of the relevant insurance plans, please refer to relevant product brochure and policy document.

Remarks:

1. For vPrime Medical Plan, Eligible Expenses incurred for any non-Emergency Treatments performed outside Asia shall be payable up to the benefit limits as stated in the benefit schedule attached to the Standard Plan Terms and Benefits. Psychiatric treatments and cash benefit for room and board Confinement below entitled ward class in a private Hospital in Hong Kong shall only be payable for Confinement in Hong Kong. Please refer to Section 1 of Part 1 of the Supplement – Limitation of benefits for details.
2. For vCore Medical Plan, vCare Medical Plan and vCare Supreme Medical Plan, except for the psychiatric treatments as stated in benefit item (l) of I. Basic benefits in the Benefit Schedule, all benefits described in the benefit items shall be applicable worldwide.
3. Asia shall mean Afghanistan, Australia, Bangladesh, Bhutan, Brunei, Cambodia, Mainland China, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, North Korea, Pakistan, the Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan and Vietnam.
4. Deductible shall mean a fixed amount of Eligible Expenses or expenses that, in a Policy Year, the Policy Holder must pay before FWD shall reimburse the remaining Eligible Expenses or remaining expenses.
5. Standard ward room shall mean a room type in a Hospital that is below a standard semi-private room. Standard Semi-private Room shall mean a single or double occupancy room in a Hospital, with a shared bath or shower room. Standard Private Room shall mean a standard single occupancy room with an adjoining bathroom for the Insured Person's use during his or her Confinement, but does not include any Hospital room with separate kitchen, dining room or living room.
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.
7. Full cover shall mean no itemised benefit sublimit, the actual amount of Eligible Expenses and other expenses charged after deducting the remaining Deductible (if any) and is subject to the Annual Benefit Limit and the Lifetime Benefit Limit.
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. The percentage here applies to the Surgeon's fee actually payable or the benefit limit for the Surgeon's fee according to the surgical categorisation, whichever is the lower.
10. 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.
11. Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
12. 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 and 1 to 14 of II. Enhanced benefits in the Benefit Schedule.
13. For details, please refer to Section (H) of Part 1 of the Supplement - Enhanced benefits under the Policy provisions of vCare Supreme Medical Plan.

14. For details, please refer to Section (I) of Part 1 of the Supplement - Enhanced benefits under the Policy provisions of vCare Supreme Medical Plan.
15. The Policy Holder may change the beneficiary of this Policy or the Policy Holder while it is in force by submitting a written request to FWD. FWD shall register the change in its records when FWD determines that all relevant information has been received, from which time the change shall be effective (irrespective of whether the Insured Person is alive on that date).
16. This benefit is payable for the reasonable and customary charges of emergency treatment to the Insured Person's sound natural teeth solely as a direct result of an Injury, if such treatment is provided within 2 weeks of the Accident causing such Injury by a registered dentist in a legally registered dental clinic. For more details of this benefit, please refer to the Policy provisions.
17. This benefit is payable for the reasonable and customary charges of emergency treatment to 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. For more details of this benefit, please refer to the Policy provisions.
18. 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.
19. This benefit shall be payable in the amount as specified in the Benefit Schedule for each day when the Insured Person is Confined in a room of a private Hospital in Hong Kong where the ward class is below the entitled ward class as specified in the Benefit Schedule during the whole Confinement period.
20. This benefit/service is not part of the VHIS Certified Plan. Please inform FWD in writing if you do not want to receive this free additional benefit/service.
21. This benefit is subject to the following conditions:
    (a) the Policy Holder shall inform FWD in writing of the birth of the Covered Child within one hundred and eighty (180) days of the birth and provide the birth certificate of the Covered Child issued by the relevant competent authority of a lawful jurisdiction; and
    (b) this benefit is not available to children of the Insured Person who were born during or before the two (2) Policy Year period mentioned above.
    (c) the terms and conditions of the designated medical insurance plan and FWD's prevailing rules and regulations which are determined by FWD from time to time at its sole discretion shall apply.
22. The Service is provided by external third party provider(s) which are not guaranteed renewable. It does not form a part of the Policy or benefit item under the Policy provisions and only applicable to the designated insurance plan. FWD reserves the right to suspend, terminate or vary the Service in its sole discretion without further notice. FWD is not the supplier of the Service and shall have no obligation or not be responsible for any act, negligence or failure to act on the part of external third party provider(s). For details of the service, please refer to the service leaflet and / or sales illustration.