



VHIS

Choice of Wisdom

VChoice Voluntary Health Insurance Plan

is a Standard Plan certified by the Government
under the Voluntary Health Insurance Scheme (“VHIS”)
(Certification Number: S00012-01-000-01)

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VChoice Voluntary Health Insurance Plan is a Standard Plan certified by the Government under Voluntary Health Insurance Scheme

Yet unexpected medical costs can distract your focus and hinder progress. To ensure peace of mind, the Government-certified VChoice Voluntary Health Insurance (“VChoice”) provides you comprehensive reimbursement coverage on hospitalisation and surgical care. With VChoice, you and your loved ones are covered for the high cost of medical treatments which helps ease the financial stress of medical treatments.

Comprehensive and Continuous Coverage

VChoice provides you with an annual limit of HKD420,000 to reimburse your expense on hospitalisation and surgical benefits. Limits are reset annually to offer your comprehensive coverage with intact insurance, which is guaranteed renewable until the Age of 100 (attained Age)!

All-round Protection

A range of hospitalisation and surgical benefits, including Psychiatric Treatment, Diagnostic Imaging Tests (CT scan, MRI scan, PET scan, PET-CT combined and PET-MRI combined) and Pre- and Post- Confinement/ Day case Procedure outpatient care, can be reimbursed under VChoice without any lifetime limit. In case you are unfortunately diagnosed with a cancer, no matter it is surgical or non-surgical, this plan does cover the treatment needed.

Government regulated; Pay less in Tax⁹

You can be confident VChoice is fair to you and meets the Government’s regulatory standards. If you are a Hong Kong taxpayer, you can claim annual tax deduction up to HKD8,000 per Insured Person from the premium paid for yourself and your specified relatives (irrespective of number)!

Specified relatives include:

- Your spouse / child
- Your or your spouse’s parent / grandparent / brother or sister

Multiple Policyholders

VChoice offers Multiple Policy Holders option where all the Policy Holders can equally share the premium paid for the same Insured Person under one Policy for tax deduction. There is no cap on the number of taxpayers who can make a claim for tax deduction for the same Insured Person.

Cover Unknown Pre-existing Conditions

Pre-existing conditions unknown to applicants are commonly excluded from benefit coverage. VChoice, however, provides partial coverage during a waiting period of 3 years upon Policy inception as below:

1 st Policy Year	2 nd Policy Year	3 rd Policy Year	4 th Policy Year and thereafter
No Coverage	25%	50%	100% (Full coverage)

Worldwide support service¹⁰ (Free service other than the Certified Plan)

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

Service at Your Fingertips

Call our 24 hours hotline on 3123 3123, our Customer Engagement Representatives are at your service to address your insurance needs.

You may assess the FWD eServices mobile app or website (www.fwd.com.hk) to manage your FWD insurance account anytime and anywhere. FWD eServices has broad features and is easy to use. Key services of the FWD eServices include:

- View policy terms and benefits
- View claim history and statements
- Claims submission - secure e-claims submission
- Update contact information (under ‘Self-Service’)
- Receive latest update on claim status and notification on settlement via the mobile app’s push notification and email



VChoice Voluntary Health Insurance Plan

Eligibility

Issue Age	Age 15 days – Age 80 (Attained Age)
Benefit Term	Guaranteed yearly renewal ^{ix} up to Age 100 of the Insured Person
Premium Payment Mode	Annually / Monthly
Currency	HKD

Benefit Schedule

Benefit items ⁽¹⁾	Benefit limit in HKD
(a) Room and board	\$750 per day Maximum 180 days per Policy Year
(b) Miscellaneous charges	\$14,000 per Policy Year
(c) Attending doctor's visit fee	\$750 per day Maximum 180 days per Policy Year
(d) Specialist's fee ⁽²⁾	\$4,300 per Policy Year
(e) Intensive care	\$3,500 per day Maximum 25 days per Policy Year
(f) Surgeon's fee	Per surgery, subject to surgical category for the surgery / procedure in the Schedule of Surgical Procedures– <ul style="list-style-type: none"> • Complex \$50,000 • Major \$25,000 • Intermediate \$12,500 • Minor \$5,000
(g) Anaesthetist's fee	35% of Surgeon's fee payable ⁽⁵⁾
(h) Operating theatre charges	35% of Surgeon's fee payable ⁽⁵⁾
(i) Prescribed Diagnostic Imaging Tests ^{(2) (3)}	\$20,000 per Policy Year Subject to 30% Coinsurance
(j) Prescribed Non-surgical Cancer Treatments ⁽⁴⁾	\$80,000 per Policy Year
(k) Pre-and post-Confinement/ Day Case Procedure outpatient care ⁽²⁾	\$580 per visit, up to \$3,000 per Policy Year <ul style="list-style-type: none"> • 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)
(l) Psychiatric treatments	\$30,000 per Policy Year
Other limits	
Annual Benefit Limit for benefit items (a) – (l)	\$420,000 per Policy Year
Lifetime Benefit Limit for benefit items (a) – (l)	Nil

Remarks:

1. Eligible Expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above.
2. The Company 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.
3. 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.
4. Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
5. 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.
6. The benefit coverage, benefit amount and benefit limits, territorial scope of cover, choice of ward class and Coinsurance of this Plan will remain unchanged even if the Policy Year lasts for less than 12 months.
7. Except for the psychiatric treatments as stated in benefit item (I), of the Benefit Schedule, all benefits described in the benefit items shall be applicable worldwide.
8. All benefits described in the benefit items are not subject to any restriction in the choice of healthcare services provider and ward class, including but not limited to Registered Medical Practitioner and Hospital.
9. VChoice is eligible for tax deduction by you (Hong Kong taxpayer). The annual premium statement will be issued to you on or before end of April every year for the premium paid during the preceding 12 months ending March of the same year. There is no cap on the number of specified relatives that are eligible for tax deduction. This tax deduction is applicable for Hong Kong only and shall be subject to the Inland Revenue Ordinance (Cap.112) and Government policy as applicable from time to time. FWD and its intermediaries do not provide tax advice and you should consult your own tax advisor for any tax advice. For details of tax deduction arrangement, please refer to the website of Inland Revenue Department of Hong Kong (www.ird.gov.hk).

Specified Relative	Conditions
Parent or Grandparent (including spouse’s parent or grandparent)	1) aged 55 or more; or 2) under the Age of 55 but eligible to claim an allowance under the Government’s Disability Allowance Scheme
Child or Sibling (including spouse’s sibling)	1) under the Age of 18; or 2) aged 18 or more but under the Age of 25 and receiving full time education at a university, college, school or other similar educational establishment; or 3) aged 18 or more but incapacitated for work by reason of physical or mental disability

10. The service is provided by a 3rd party service provider and FWD shall not be responsible for any act or failure to act on the part of the 3rd party service provider. This service is not guaranteed renewable and is not applicable to Insured Person aged 75 or above. FWD may revise the details of the services from time to time without prior notice. This service is available to the Insured Person when travelling outside the home country or country of residence for periods not exceeding ninety (90) consecutive days per trip.

Important Notes and Declarations:

- i. VChoice is underwritten by FWD General Insurance Company Limited (“FWD”). FWD reserves the right to revise, modify or adjust the benefits payable under the Policy as certified by the Hong Kong Special Administrative Region Government (“Government”) and/or premium rates at each Policy Renewal.
- ii. VChoice 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 VChoice must be conducted and completed in Hong Kong.
- iii. 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. FWD reserves the right to accept or decline any application and can decline your application by giving notification and explanation of application result. The liability of FWD does not commence until the application has been formally accepted and the premium has been paid.
- iv. All the above benefits and payment are paid after deducting unpaid premiums or any amount due (if any) to FWD under the Policy.
- v. If you are not satisfied with the Policy, you have the right to cancel it and obtain a refund of any premium paid (less any market value adjustment, if any) and any levy by giving written notice during the cooling-off period. The cancellation right is subject to the request to cancel must be signed by you and received by the office of FWD at 9/F., FWD Financial Centre, 308 Des Voeux Road Central, Hong Kong within twenty-one (21) days after (a) the delivery of the Policy; or (b) the issue of a notice to you or your representative stating that the Policy are available and when the cooling-off period would expire, whichever is earlier, provided that no refund can be made if a benefit payment has been made, is to be made or impending.
- vi. The Policy provisions of VChoice are governed by the laws of Hong Kong.
- vii. While the Policy is in force, you may terminate the Policy by sending a written request to FWD.
- viii. This product material is for reference only and is indicative of the key features of VChoice. This product material should read along with the Terms and Benefits and other relevant marketing materials. For the definition of capitalized terms, the exact terms and conditions and the full list of exclusions of VChoice, please refer to the Policy provisions. In the event of any ambiguity or inconsistency between the terms of this leaflet and the Policy provisions, the Policy provisions shall prevail. If you want to read the Terms and Benefits of the Policy provisions before making an application, you can obtain a copy from FWD.
- ix. Guaranteed yearly 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 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.
- x. 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 our customer service hotline 3123 3123.

Exclusions:

Under these Terms and Benefits, the Company 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 the Company under Section 8 of Part 1) such Disability shall be generally excluded from any coverage of these Terms and Benefits 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 five (5) years after the Policy Effective Date shall be presumed to be contracted or occur before the Policy Effective Date, while manifestation after such five (5) years shall be presumed to be contracted or occur after the Policy Effective Date.

However, the exclusion under this entire 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 Section 3 of this Part 7 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 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 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. 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, hydrotherapy, 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 Congenital Condition(s) which have manifested or been diagnosed before the Insured Person attained the Age of eight (8) years.
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 Disability arising from war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power.

Premium adjustment

The premium is not guaranteed. The premium for each Renewal is determined based on the Insured Person's attained Age, Place(s) of Residence, occupation and the Standard Premium Schedule applicable at that time when the Policy is renewed.

Premium term and non-payment of premium

The premium payment term of the Policy of VChoice ends on the Policy anniversary immediately following the Insured Person's 100th birthday.

FWD allows a grace period of thirty (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 Policy will be terminated from the date the first unpaid premium was due. Please note that once the Policy is terminated on this basis, you will lose all of your benefits.

Termination conditions

The Policy 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 the Policy provision;
- (b) the day immediately following the death of the Insured Person; or
- (c) the Company has ceased to have the requisite authorisation under the Insurance Ordinance to write or continue to write the Policy.

For more details, please refer to the Terms and Conditions of the Policy provisions.

Insurance Levy Rate Table for General Insurance

Date of Policy Inception	Rate	Cap (HKD)
From 1 Apr 2019 till 31 Mar 2020	0.060%	\$3,000
From 1 Apr 2020 till 31 Mar 2021	0.085%	\$4,250
From 1 Apr 2021 onward	0.100%	\$5,000

Levy collected by the Insurance Authority will be imposed on relevant Policy at the applicable rate. The payment to be received for such levy will be remitted to the Insurance Authority under the prescribed arrangement. For further information, please visit <https://www.fwd.com.hk/en/insurance-levy/> or contact: (852) 3123 3123.