



Making life

healthier and easier

vCANsurance Medical Plan

vCANsurance Medical Plan

Like life itself, medical protection is best when it's as simple as it can be. vCANsurance Medical Plan ("the Plan"), providing comprehensive yet straightforward coverage, is designed with simplicity in mind. It provides you with full coverage¹ for a wide range of hospitalisation expenses worldwide², so you wouldn't have to worry about having too many itemised benefit limits. In addition, with the innovative concept of "per Disability³ per Policy Year" claims mechanism, the aggregate limit per Disability³ per Policy Year will be counted afresh for each Disability³ and in each Policy Year, allowing the coverage and benefit limits to be reset on a more frequent basis. With the Plan, you will be able to advance to the next milestone on your wonderful life journey with peace of mind!

Key Features of vCANsurance Medical Plan



Worldwide² full coverage¹ for a wide range of hospitalisation expenses



Innovative reimbursement basis with limits reset per Disability³ per Policy Year



Renewable⁴ comprehensive protection up to Age 100 (attained age) of the Insured Person



Broadening the safety net



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



Rehabilitation benefits



No claims premium discount available

Add-On Features



Reimbursement for engaging in wellness activities⁸



Third-party professional health assistance services for the support you need⁵



Worldwide² full coverage¹ for a wide range of hospitalisation expenses

The Plan provides full coverage¹ on a wide range of hospitalisation expenses, and 2 levels of hospital accommodation options anywhere in the world² (up to Standard Semi-Private Room for Superior benefit level). Without Annual Benefit Limit and Lifetime Benefit Limit, Eligible Expenses and/or other expenses which are reasonable and customary incurred can be reimbursed up to HKD650,000 and HKD500,000 per Disability³ per Policy Year for Superior and Standard benefit levels respectively.



Innovative reimbursement basis with limits reset per Disability³ per Policy Year

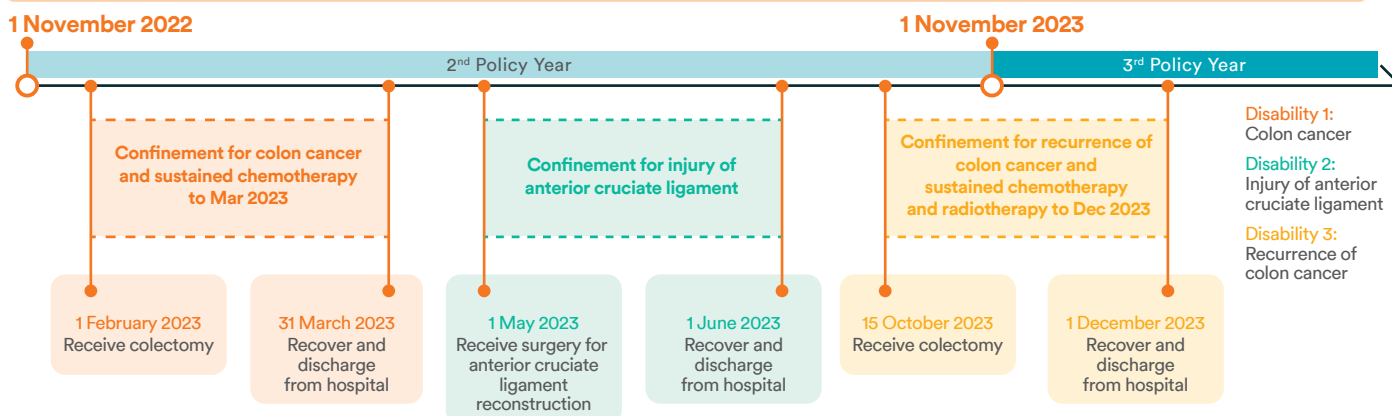
By combining “per Disability³” and “per Policy Year” reimbursement basis, an innovative concept of “per Disability³ per Policy Year” claims mechanism is introduced in the Plan, enabling you to utilise your coverage by having the limits of individual benefit items and the aggregate limit per Disability³ per Policy Year counted afresh for each Disability³ and in each Policy Year. In case of receiving prolonged treatments across Policy Years for the same Disability³, or requiring treatments for multiple Disabilities³ within the same Policy Year, you will not have to be troubled by losing coverage due to the quickly exhausted limits in a Policy Year or for a particular Disability³.

Example

Mr. Chan has been covered by vCANsurance Medical Plan (Standard benefit level), with no Case-based Exclusion imposed at Application, since 1 November 2021. Starting from February 2023 (2nd Policy Year), his health began to deteriorate, entailing the necessity of multiple Confinements for treatment of different Disabilities. He occupied the Standard Ward Room during each period he was Confined.

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

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



	2 nd Policy Year		3 rd Policy Year		Total
Total Eligible Expense (HKD)	600,000	170,000	1,800,000*		2,570,000
Maximum claimable Amount (HKD)	Policy Year 2: 850,000*	Policy Year 2: 500,000	Policy Year 2: 850,000* [^]	Policy Year 3: 850,000*	3,050,000
Total Reimbursed Amount (HKD)	600,000	170,000	1,700,000		2,470,000

* This maximum claimable amount comprises two parts, including the aggregate limit per Disability per Policy Year of HKD500,000 and an additional benefit for Prescribed Non-surgical Cancer Treatments and kidney dialysis of HKD350,000 per Disability per Policy Year.

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

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



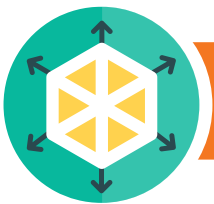
Renewable⁴ comprehensive protection up to Age 100 (attained age) of the Insured Person

The Plan is renewable⁴ until the Insured Person reaches the Age of 100 (attained age), so you can look forward to a lifetime of uninterrupted, all-round medical protection.



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

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



Broadening the safety net

Unlike medical plans that may exclude or limit coverage of many medical services that need to be provided on a long-term basis and at considerable cost, the Plan provides full coverage¹ on a wide range of medical expenses, including Prescribed Non-surgical Cancer Treatments⁶ and kidney dialysis⁷. On top of the respective aggregate limit per Disability³ per Policy Year of up to HKD650,000 (for Superior benefit level) and HKD500,000 (for Standard benefit level), you are entitled to an additional benefit for these two kinds of treatments of up to HKD500,000 per Disability³ per Policy Year (for Superior benefit level) or HKD350,000 per Disability³ per Policy Year (for Standard benefit level), which further eases your burden throughout your treatment journey.



Rehabilitation benefits

We understand your recovery journey requires just as much support as your treatment. The Plan also covers private nurse's fee⁷, so your financial burden will be lightened and you can focus on recovery.



No claims premium discount available

Individual no claims premium discount

If you haven't made any claim for the Plan for 2 or more consecutive Policy Years immediately prior to Renewal⁴, the Plan will offer you a discount of up to 15% on your next Renewal⁴ premium regardless of your Age to encourage you to stay healthy. No claims premium discounts apply as follows:

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

Extra no claims premium discount

For the policies you hold as Policy Holder with your loved ones as Insured Persons, this Plan offers an extra no claims premium discount on Renewal⁴ premiums if you and your loved ones haven't made any claim for 2 or more consecutive Policy Years immediately prior to Renewal⁴. The more Insured Persons who stay healthy, the greater the discount you can enjoy.

Number of in-force vCANSurance Medical Plan policies issued to the Policy Holder which are also eligible for the above individual no claims premium discount on any Renewal ⁴ Date	Extra no claims premium discount under all eligible policies (Discount rate on Renewal ⁴ premium)
2 or 3	2.5%
4	5%
5 or above	10%



Add-On Feature

Reimbursement for engaging in wellness activities⁸

Prevention is always better than cure, so why not adopt a healthier lifestyle? The Plan offers you the wellness joy benefit⁸ for reimbursing the expenses on Wellness Activity(ies) including travel, fitness/wellness course or health check-up up to HKD2,000 for Superior benefit level and HKD1,000 for Standard benefit level once every five consecutive Policy Years to give you an extra incentive to stay healthy. This benefit is payable if the Policy has been in force for 5 consecutive Policy Years from the Policy Effective Date and the Insured Person undertakes any of the Wellness Activity(ies) in the next Policy Year following the 5-year period.



Add-On Feature

Third-party professional health assistance services for the support you need⁵

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

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

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

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

vCANsurance Medical Plan – General Information

Plan type	Standalone plan	
Issue age	Age 0 (from 15 days) – 80 (attained age)	
Benefit term	Yearly Renewable ⁴ to Age 100 (attained age)	
Premium structure	<ul style="list-style-type: none"> • Based on the benefit level, Insured Person's attained age at issue and gender • Renewal⁴ premiums are non-guaranteed and will be determined annually according to the Insured Person's attained age at the time of Renewal⁴ 	
Premium payment term	To Age 100 (attained age)	
Premium payment mode	Monthly / Semi-annually / Annually	
Currency	HKD	
Benefit level	Standard benefit level	Superior benefit level

vCANsurance Medical Plan – Benefit Schedule^{13,14,15}

Benefit items	Benefit limit	
	Standard	Superior
Entitled ward class	Standard Ward Room ¹⁶	Standard Semi-Private Room ¹⁶
I. Basic benefits		
(a) Room and board	Full cover ¹	
(b) Miscellaneous charges	Full cover ¹	
(c) Attending doctor's visit fee	Full cover ¹	
(d) Specialist's fee ⁷	Full cover ¹	
(e) Intensive care	Full cover ¹	
(f) Surgeon's fee	Full cover ¹ regardless of the surgical category	
(g) Anaesthetist's fee	Full cover ¹	
(h) Operating theatre charges	Full cover ¹	
(i) Prescribed Diagnostic Imaging Tests ^{7,17}	Full cover ¹	
(j) Prescribed Non-surgical Cancer Treatments ⁵	Full cover ¹	
(k) Pre- and post-Confinement / Day Case Procedure outpatient care ⁷	Full cover ¹ <ul style="list-style-type: none"> • 3 prior outpatient visits or Emergency consultations per Confinement / Day Case Procedure • 20 follow-up outpatient visits per Confinement / Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure), and maximum HKD600 per visit for physiotherapy or chiropractic treatment 	
(l) Psychiatric treatments ¹⁸	HKD40,000 per Disability ³ per Policy Year	
II. Enhanced benefits		
(A) Emergency outpatient accidental treatment	Full cover ¹	
(B) Outpatient kidney dialysis ⁷	Full cover ¹	
(C) Private nurse's fee ⁷	Full cover ¹ Maximum 30 days per Disability ³ per Policy Year, subject to services provided by 1 Registered Nurse per day	
(D) Post-Confinement home nursing ⁷	Full cover ¹ Maximum 30 days per Disability ³ per Policy Year, subject to services provided by 1 Registered Nurse per day	
(E) Companion bed	Full cover ¹	
(F) Post-Confinement / Day Case Procedure Chinese medicine treatment	HKD600 per visit Maximum 10 follow-up outpatient visits per Confinement / Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure), but is subject to 1 follow-up outpatient visit per day	
(G) Additional benefit for Prescribed Non-surgical Cancer Treatments ⁵ and kidney dialysis ^{7,12}	Eligible Expenses incurred in excess of the amounts payable under benefit items (b) (applicable to Eligible Expenses for kidney dialysis ⁷ incurred during Confinement only) and (j) of I. Basic benefits and (B) of II. Enhanced benefits	
	Maximum HKD350,000 per Disability ³ per Policy Year	Maximum HKD500,000 per Disability ³ per Policy Year
Other limits		
Aggregate limit per Disability ³ per Policy Year for benefit items (a) – (l) of I. Basic benefits, (A) – (F) of II. Enhanced benefits and 3 of III. Other benefits	HKD500,000	HKD650,000
Annual Benefit Limit for benefit items (a) – (l) of I. Basic benefits, (A) – (G) of II. Enhanced benefits and 3 - 6 of III. Other benefits	Nil	
Lifetime Benefit Limit for benefit items (a) – (l) of I. Basic benefits, (A) – (G) of II. Enhanced benefits and 3 – 6 of III. Other benefits	Nil	

vCANsurance Medical Plan – Benefit Schedule^{13,14,15}

Benefit items	Benefit limit										
	Standard	Superior									
III. Other benefits											
1. Death benefit	HKD20,000	HKD30,000									
2. Accidental death benefit	HKD20,000	HKD30,000									
3. Emergency outpatient dental treatment ⁹	Full cover ¹										
4. Cash benefit for Day Case Procedure	HKD500 per procedure										
5. Cash benefit for top-up subsidy ¹⁰	HKD500 per day of Confinement Maximum 60 days per Disability ³ per Policy Year										
6. Cash benefit for room and board Confinement below entitled ward class in a private Hospital in Macau or Hong Kong ¹¹	Not applicable	HKD800 per day of Confinement Maximum 30 days per Disability ³ per Policy Year									
IV. Premium Discount											
No claims premium discount	Individual: If you do not make any claims in 2 or more consecutive Policy Years immediately before Renewal ⁴ , you will be eligible for the no claims premium discount. Please refer to the following table for discount on the Renewal ⁴ premium.										
	<table border="1"> <thead> <tr> <th>No claims period immediately prior to the Policy's Renewal⁴</th> <th>No claims premium discount (Discount rate on Renewal⁴ premium)</th> </tr> </thead> <tbody> <tr> <td>2 consecutive Policy Years</td> <td>10%</td> </tr> <tr> <td>3 consecutive Policy Years</td> <td>10%</td> </tr> <tr> <td>4 consecutive Policy Years</td> <td>10%</td> </tr> <tr> <td>5 consecutive Policy Years and thereafter</td> <td>15%</td> </tr> </tbody> </table>		No claims period immediately prior to the Policy's Renewal ⁴	No claims premium discount (Discount rate on Renewal ⁴ premium)	2 consecutive Policy Years	10%	3 consecutive Policy Years	10%	4 consecutive Policy Years	10%	5 consecutive Policy Years and thereafter
No claims period immediately prior to the Policy's Renewal ⁴	No claims premium discount (Discount rate on Renewal ⁴ premium)										
2 consecutive Policy Years	10%										
3 consecutive Policy Years	10%										
4 consecutive Policy Years	10%										
5 consecutive Policy Years and thereafter	15%										
Extra (for all eligible policies you hold as Policy Holder for your family): If no claim has been paid or payable for at least 2 consecutive Policy Years under your and your family members' policies immediately before Renewal ⁴ , all eligible policies will be entitled to - an additional 2.5% discount for 2 to 3 in-force eligible policies; - an additional 5% discount for 4 in-force eligible policies; or - an additional 10% discount for 5 or above in-force eligible policies on the Renewal ⁴ premium.											
V. Add-On Features											
Wellness joy benefit (reimbursement of expenses for travelling, fitness / wellness course or health check-up) ⁸	HKD1,000 Once for every 5 consecutive Policy Years	HKD2,000 Once for every 5 consecutive Policy Years									
CANcierge ⁵	Applicable										
Second Medical Opinion Service ⁵	Applicable										
International SOS 24-hour Worldwide Assistance Services ⁵	Applicable										

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

Remarks

1. Full cover / Full coverage shall mean no itemised benefit sublimit, the actual amount of Eligible Expenses and other expenses charged is subject to the aggregate limit per Disability per Policy Year. Full cover / Full coverage applies to selected benefit items only, while other benefit items are not fully covered and are subject to respective benefit item's limits. Please refer to Benefit Schedule and Terms and Benefits for details.
2. Eligible Expenses incurred for psychiatric treatments and cash benefit for room and board Confinement below entitled ward class in a private Hospital in Macau or Hong Kong (for Superior benefit level only) shall only be payable for Confinement in Macau or Hong Kong. Please refer to Section 3(l) of Part 6 of the Terms and Benefits and Section 6 of the Supplement – Other benefits under the Policy provisions for details.
3.
 - a. The applicable benefit limit and/or aggregate limit per Disability per Policy Year shall be counted anew for each Confinement or Day Case Procedure for the same Disability provided that the Confinement or Day Case Procedure does not occur within 90 consecutive days following the Last Date (as defined in the Supplement – Calculation and limitation of benefits under the Policy provisions) of the previous Confinement or Day Case Procedure concerning the same Disability.
 - b. Where the Insured Person is Confined or receives any Day Case Procedures involving more than 1 Disability, all Disabilities involved in the same Confinement or Day Case Procedure would be subject to 1 applicable benefit limit and/or aggregate limit per Disability per Policy Year.

For details, please refer to Section 1 of Part 1 of the Supplement – Calculation and limitation of benefits under the Policy provisions.
4. FWD shall renew at each policy anniversary up to the Age of 100 (attained age) of the Insured Person.
FWD reserves the right to revise the terms and benefits upon renewal by giving a 30 days advance notice.
5. CANCierge, Second Medical Opinion Services and International SOS 24-hour Worldwide Assistance Services are provided by third party service provider(s) which are not guaranteed renewable. FWD shall not be responsible for any act, negligence or omission of medical advice, opinion, service or treatment on the part of them. FWD reserves the right to amend, suspend or terminate the service without further notice. For details of the services, please refer to the leaflet of FWD Professional Health Assistance Services.
6. Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
7. 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.
8. If this Policy has been in force for 5 consecutive Policy Years from the Policy Effective Date; and if the Insured Person undertakes any of the following Wellness Activity(ies) in the next Policy Year following the 5-year period:
 - (a) travel;
 - (b) fitness or wellness course; or
 - (c) health check-up,

FWD shall, upon receiving satisfactory evidence of participation, reimburse the actual expenses for such Wellness Activity(ies), up to a maximum limit of HKD1,000 for Standard benefit level or HKD2,000 for Superior benefit level. This benefit shall be payable once every 5 consecutive Policy Years only, and any unused benefit will be forfeited and cannot be carried forward or refunded by cash.
9. This benefit is payable for the Reasonable and Customary charges of Emergency Treatment of the Insured Person's sound natural teeth solely as a direct result of an Injury, if such treatment is provided within 3 months of the Accident causing such Injury by a registered dentist in a legally registered dental clinic. FWD shall not pay any benefits for any restorative or remedial work (for the purpose other than Emergency Treatment), prostheses, the use of any precious metals or any kind of orthodontics, or other dental surgery performed in a legally registered dental clinic unless the dental surgery is medically necessary. For the purpose of this benefit, medically necessary shall mean the medical service, procedure or supply which are necessary and is (a) consistent with the diagnosis and customary dental treatment; (b) recommended by a Registered Medical Practitioner, Surgeon or registered dentist for such emergency dental treatment and must be widely accepted professionally in Macau or the relevant jurisdictions outside Macau where the medical service is provided to the Insured Person, as effective, appropriate and essential based upon recognised standards of the health care specialty involved; and (c) not furnished primarily for the personal comfort or convenience of the Insured Person or any medical service provider. Experimental, screening and preventive services or supplies shall not be considered as medically necessary for the purpose of this benefit.
10. 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.
11. 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 Macau or Hong Kong where the ward class is below the entitled ward class as specified in the Benefit Schedule during the whole Confinement period, provided that:
 - (a) such Confinement is considered Medically Necessary upon the recommendation of the Insured Person's attending Registered Medical Practitioner; and
 - (b) the Eligible Expenses incurred for such Confinement are payable under the Terms and Benefits.
12. For details, please refer to Section (G) of Part 1 of the Supplement – Enhanced benefits under the Policy provisions.
13. 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.
14. The benefit coverage, benefit amount and benefit limits, territorial scope of cover, choice of healthcare services provider, choice of ward class, Deductible (if any), Coinsurance (if any), the waiting period for unknown Pre-existing Conditions and the calculation of no claims premium discounts of this Plan will remain unchanged even if the Policy Year lasts for less than 12 months.
15. Except for the cash benefit for room and board Confinement below entitled ward class in a private Hospital in Macau or Hong Kong as stated in Section 6 of the Supplement – Other benefits under the Policy provisions (if applicable), all benefits described in these Terms and Benefits are not subject to any restriction in the choice of health care services providers, including but not limited to Registered Medical Practitioner and Hospital.
The benefit described in the cash benefit for room and board Confinement below entitled ward class in a private Hospital in Macau or Hong Kong as stated in Section 6 of the Supplement – Other benefits under the Policy provisions (if applicable) is subject to the restriction in the choice of healthcare services providers, namely any private Hospital in Macau or Hong Kong as stated in Section 6 of the Supplement – Other benefits and the Benefit Schedule under the Policy provisions.
16. The benefits described in the Terms and Benefits under the Policy provisions are subject to the restriction in the choice of ward class as stated in the Benefit Schedule and Section 2 of Part 1 of the Supplement – Calculation and limitation of benefits of the Terms and Benefits under the Policy provisions.
17. 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.
18. This benefit shall be payable for the Eligible Expenses charged on the psychiatric treatments during Confinement in Macau or Hong Kong as recommended by a Specialist. The benefit shall be payable in lieu of other benefit items under (a) to (k) of I. Basic benefits in the Benefit Schedule. Where the Eligible Expenses involve both psychiatric and non-psychiatric treatments and apportionment of the expenses is not available, the expenses in entirety shall be payable under this benefit if the Confinement is initially for the purpose of psychiatric treatments. If the Confinement initially is not for the purpose of psychiatric treatments, the expenses in entirety shall be payable under (a) to (k) of I. Basic benefits in the Benefit Schedule.

Key Product Risks

Credit Risk

This Plan is an insurance Policy issued by FWD. The Application of this insurance products 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 products 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 products will have a direct impact on the amount of premium required and the value of benefit(s) to be received. For instance, if the Policy currency of the insurance product depreciates substantially against your home currency, there is a negative impact on the benefits you receive from this Plan. If the policy currency of the insurance product appreciates substantially against your home currency, your burden of the premium payment is increased.

Inflation Risk

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

Premium Adjustment

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

Premium Term and Non-Payment of Premium

The premium payment term of the Plan is up to the Age of 100 years (attained age) of the Insured Person.

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

Termination Conditions

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

- (a) where the Policy is terminated due to non-payment of premiums after the grace period as specified in Section 13 of Part 2 or Section 3 of Part 3 of the Terms and Benefits of the Policy provisions; or
- (b) the day immediately following the death of the Insured Person; or
- (c) FWD has ceased to have the requisite authorisation under the Macau Insurance Companies Ordinance to write or continue to write the Policy

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

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

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

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

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

General Exclusions

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

1. Expenses incurred for treatments, procedures, medications, tests or services which are not Medically Necessary.
2. Expenses incurred for the whole or part of the Confinement solely for the purpose of diagnostic procedures or allied health services, including but not limited to physiotherapy, occupational therapy and speech therapy, unless such procedure or service is recommended by a Registered Medical Practitioner for Medically Necessary investigation or treatment of a Disability which cannot be effectively performed in a setting for providing Medical Services to a Day Patient.
3. Expenses arising from Human Immunodeficiency Virus ("HIV") and its related Disability, which is contracted or occurs before the Policy Effective Date. Irrespective of whether it is known or unknown to the Policy Holder or the Insured Person at the time of submission of Application, including any updates of and changes to such requisite information (if so requested by FWD under Section 6 of Part 1 of the Terms and Benefits of the Policy provisions) such Disability shall be generally excluded from any coverage of the Terms and Benefits of the Policy provisions if it exists before the Policy Effective Date. If evidence of proof as to the time at which such Disability is first contracted or occurs is not available, manifestation of such Disability within the first 2 years after the Policy Effective Date shall be presumed to be contracted or occur before the Policy Effective Date, while manifestation after such 2 years shall be presumed to be contracted or occur after the Policy Effective Date.
However, the exclusion under this Section 3 shall not apply where HIV and its related Disability is caused by sexual assault, medical assistance, organ transplant, blood transfusions or blood donation, or infection at birth, and in such cases the other terms of these Terms and Benefits shall apply.
4. Expenses incurred for Medical Services as a result of Disability arising from or consequential upon the dependence, overdose or influence of drugs, alcohol, narcotics or similar drugs or agents, self-inflicted injuries or attempted suicide, illegal activity, or venereal and sexually transmitted disease or its sequelae (except for HIV and its related Disability, where this Section 3 applies).
5. Any charges in respect of services for:
 - (a) beautification or cosmetic purposes, unless necessitated by Injury caused by an Accident and the Insured Person receives the Medical Services within 90 days of the Accident; or
 - (b) correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens, including but not limited to eye refractive therapy, LASIK and any related tests, procedures and services.
6. Expenses incurred for prophylactic treatment or preventive care, including but not limited to general check-ups, routine tests, screening procedures for asymptomatic conditions, screening or surveillance procedures based on the health history of the Insured Person and/or his family members, Hair Mineral Analysis (HMA), immunisation or health supplements. For the avoidance of doubt, this Section 6 does not apply to:
 - (a) treatments, monitoring, investigation or procedures with the purpose of avoiding complications arising from any other Medical Services provided;
 - (b) removal of pre-malignant conditions; and
 - (c) treatment for prevention of recurrence or complication of a previous Disability.
7. Expenses incurred for dental treatment and oral and maxillofacial procedures performed by a dentist except for Emergency Treatment and surgery during Confinement arising from an Accident. Follow-up dental treatment or oral surgery after discharge from Hospital shall not be covered.
8. 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. Eligible Expenses which have been reimbursed under any law, or medical program or insurance Policy provided by any government, company or other third party.
13. Expenses incurred for treatment for Disability arising from war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power.

Important Notes

- Your right under the cooling-off period

If you are not completely satisfied with these Terms and Benefits, and you have not made a claim, you can cancel it by giving a written notice to FWD. Such notice must be signed by you and received directly by FWD within **21 calendar days** immediately following:

- (1) the day FWD delivers these Terms and Benefits to you or your nominated representative; or
- (2) the day FWD delivers a cooling-off notice (separate from these Terms and Benefits) to you or your nominated representative informing you about these Terms and Benefits and the right to cancel within the stated **21 calendar day** period;

whichever is earlier.

This 21 calendar day period is called the cooling-off period. You can cancel these Terms and Benefits and receive premiums without interest back. FWD follows the cooling-off period principles set out by Monetary Authority of Macao to protect customers.

While these Terms and Benefits or rider (if applicable) is in force, you may surrender or terminate these Terms and Benefits or rider (if applicable) by sending a written request to FWD.

- Cancellation Right after Cooling-off Period

After the cooling-off period, you can request cancellation of these Terms and Benefits by giving 30 days prior written notice to FWD, provided that there has been no benefit payment under these Terms and Benefits during the relevant Policy Year.

- Other insurance coverage

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

- Notice to Claim

Medical claims

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

- (a) all original receipts and/or original itemised bills together with the diagnosis, type of treatment, procedure, test or service provided shall have been submitted to FWD; and
- (b) all relevant information, certificates, reports, evidence, referral letter and other data or materials as reasonably required by FWD shall have been furnished to FWD for processing of such claim.

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

Death / accidental death claims

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

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

- Automatic Exchange of Financial Account Information

FWD must comply with the following requirements to facilitate the Financial Services Bureau automatically exchanging certain financial account information:

- i. to identify accounts as non-excluded "financial accounts" ("NEFAs");
- ii. to identify the jurisdiction(s) in which NEFA-holding individuals and NEFA-holding entities reside for tax purposes;
- iii. 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;
- iv. to collect information on NEFAs("Required Information");and
- v. to furnish Required Information to the Financial Services Bureau.

You must comply with requests made by FWD to comply with the above listed requirements.

Important Words

- **Confinement or Confined**

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

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

- **Congenital Condition(s)**

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

- **Day Case Procedure**

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

- **Disability**

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

- **Eligible Expenses**

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

- **Medically Necessary**

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

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

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

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

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

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

- **Pre-existing Condition(s)**

shall mean, in respect of the Insured Person, any Sickness, Disease, Injury, physical, mental or medical condition or physiological degradation, including Congenital Condition, that has existed prior to the Policy Issuance Date or the Policy Effective Date, whichever is the earlier. An ordinary prudent person shall be reasonably aware of a Pre-existing Condition, where –

- (a) it has been diagnosed;
- (b) it has manifested clear and distinct signs or symptoms; or
- (c) medical advice or treatment has been sought, recommended or received.

- **Reasonable and Customary**

FWD shall only cover charges or expenses which FWD believes are Reasonable and Customary. Reasonable and Customary shall mean, in relation to a charge for Medical Service, such level which does not exceed the general range of charges being charged by the relevant service providers in the locality where the charge is incurred for similar treatment, services or supplies for people with similar conditions, e.g. of the same sex and similar age, for a similar disability, as FWD reasonably determine in utmost good faith.

The Reasonable and Customary charges will never in any circumstance exceed the actual charges incurred. FWD may exercise the right to determine whether the charges for treatment, medical services and supplies are regarded as Reasonable and Customary with reference to treatment or service fee statistics and surveys in the insurance or medical industry; internal or industry claim statistics; gazette published by the government; and/or other pertinent source of reference in the locality where the treatments, services or supplies are provided.

FWD may exercise the right to adjust any benefit payable in relation to any charges which are not Reasonable and Customary.

- **Standard 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.

Declarations

- FWD reserves the right to revise, modify or adjust the Terms and Benefits under the Policy. FWD also reserves the right to adjust the Standard Premium at each Policy Renewal on an overall basis. In addition, FWD can revise, modify or adjust the terms and conditions for the add-on services subject to its prevailing rules and regulations from time to time at its sole discretion.
- This Plan is underwritten by FWD. FWD is solely responsible for all features, Policy approval, coverage and benefit payment under this Plan. FWD recommends you carefully consider whether this Plan is suitable for you in view of your financial needs and that you fully understand the risk involved in this Plan before submitting your Application. You should not apply for or purchase this Plan unless you fully understand it and you agree it is suitable for you. Please read through the following related risks before making any Application of this Plan.
- This Plan is issued by FWD. FWD accepts full responsibility for the accuracy of the information contained in this product material. This product material is intended to be distributed in the Macao Special Administrative Region ("Macao") 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 Macau. All selling and Application procedures of this Plan must be conducted and completed in Macau.
- This Plan is an insurance product. The premium paid is not a bank savings deposit or time deposit. This Plan is not protected under the Deposit Protection Regime in Macau.
- This Plan is an Individual Indemnity Hospital Insurance Plan without any savings element. The period of cover of the Plan is 1 year and this plan is renewable up to the Age of 100 (attained age) of Insured Person. The costs of insurance and the related costs of the Policy are included in the premium paid under this Plan despite the product brochure/leaflet and/or the illustration documents of this product having no schedule/section of fees and charges or no additional charge noted other than the premium.
- The premium, whether paid for a Policy Year or by instalment as agreed by FWD, shall be paid in advance when due before any benefits shall be paid.
- All underwriting and claims decisions are made by FWD. FWD relies upon the information provided by the applicant and the Insured Person in the insurance Application to decide to accept or decline the Application with a full refund of any premium paid without interest. FWD reserves the right to accept/reject any insurance Application and can decline your insurance Application by giving notification and explanation of Application result.

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

In case incorrect disclosure or non-disclosure of any material facts constitutes misstatement of personal information, misrepresentation or fraud, FWD shall have the right to adjust the premium, for the past, current or future Policy Years on the basis of the correct information or declare the Policy void as from the Policy Effective Date. In case the Policy is declared void, FWD reserves the right to demand refund of the benefits previously paid and even not to refund the premium received for the current Policy Year and the previous Policy Years in which this Policy was in force, subject to a reasonable administration charge payable to FWD. For details, please refer to Sections 13 and 14 of Part 2 of the Terms and Benefits under the Policy provisions.

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

Address of FWD office: 12/F, Fortuna Business Centre, No. 301-355, Avenida Comercial De Macau, Macau

For more information
(including historical
premium increase rates,
claims related
information and other
information)



PMM136AE2209

易衛您醫療計劃 (獨立保單)
vCANsurance Medical Plan (Standalone Plan)



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

實際年齡 Attained Age	下次生日 年齡 Age at next birthday	標準 Standard						特等 Superior					
		男性 Male			女性 Female			男性 Male			女性 Female		
		年供 Annual	半年供 Semi-annual	月供 Monthly	年供 Annual	半年供 Semi-annual	月供 Monthly	年供 Annual	半年供 Semi-annual	月供 Monthly	年供 Annual	半年供 Semi-annual	月供 Monthly
0	1	5,211	2,709.72	468.99	3,624	1,884.48	326.16	7,159	3,722.68	644.31	6,289	3,270.28	566.01
1	2	5,211	2,709.72	468.99	3,624	1,884.48	326.16	7,159	3,722.68	644.31	6,289	3,270.28	566.01
2	3	5,211	2,709.72	468.99	3,624	1,884.48	326.16	7,159	3,722.68	644.31	6,289	3,270.28	566.01
3	4	5,211	2,709.72	468.99	3,624	1,884.48	326.16	7,159	3,722.68	644.31	6,289	3,270.28	566.01
4	5	4,342	2,257.84	390.78	4,035	2,098.20	363.15	6,781	3,526.12	610.29	6,148	3,196.96	553.32
5	6	4,342	2,257.84	390.78	4,035	2,098.20	363.15	6,781	3,526.12	610.29	6,148	3,196.96	553.32
6	7	4,342	2,257.84	390.78	4,035	2,098.20	363.15	6,781	3,526.12	610.29	6,148	3,196.96	553.32
7	8	4,342	2,257.84	390.78	4,035	2,098.20	363.15	6,781	3,526.12	610.29	6,148	3,196.96	553.32
8	9	4,342	2,257.84	390.78	4,035	2,098.20	363.15	6,781	3,526.12	610.29	6,148	3,196.96	553.32
9	10	4,342	2,257.84	390.78	4,035	2,098.20	363.15	6,781	3,526.12	610.29	6,148	3,196.96	553.32
10	11	4,342	2,257.84	390.78	4,035	2,098.20	363.15	6,781	3,526.12	610.29	6,148	3,196.96	553.32
11	12	4,342	2,257.84	390.78	4,035	2,098.20	363.15	6,781	3,526.12	610.29	6,148	3,196.96	553.32
12	13	4,342	2,257.84	390.78	4,035	2,098.20	363.15	6,781	3,526.12	610.29	6,148	3,196.96	553.32
13	14	4,342	2,257.84	390.78	4,035	2,098.20	363.15	6,781	3,526.12	610.29	6,148	3,196.96	553.32
14	15	4,342	2,257.84	390.78	4,035	2,098.20	363.15	6,781	3,526.12	610.29	6,148	3,196.96	553.32
15	16	4,342	2,257.84	390.78	4,035	2,098.20	363.15	6,781	3,526.12	610.29	6,148	3,196.96	553.32
16	17	4,342	2,257.84	390.78	4,035	2,098.20	363.15	6,685	3,476.20	601.65	6,063	3,152.76	545.67
17	18	4,342	2,257.84	390.78	4,035	2,098.20	363.15	6,802	3,537.04	612.18	6,034	3,137.68	543.06
18	19	4,267	2,218.84	384.03	4,059	2,110.68	365.31	6,770	3,520.40	609.30	6,008	3,124.16	540.72
19	20	3,414	1,775.28	307.26	4,083	2,123.16	367.47	6,484	3,371.68	583.56	6,114	3,179.28	550.26
20	21	3,447	1,792.44	310.23	4,107	2,135.64	369.63	6,398	3,326.96	575.82	6,418	3,337.36	577.62
21	22	3,394	1,764.88	305.46	4,132	2,148.64	371.88	6,288	3,269.76	565.92	6,722	3,495.44	604.98
22	23	3,316	1,724.32	298.44	4,151	2,158.52	373.59	6,433	3,345.16	578.97	6,739	3,504.28	606.51
23	24	3,346	1,739.92	301.14	4,278	2,224.56	385.02	6,579	3,421.08	592.11	6,756	3,513.12	608.04
24	25	3,381	1,758.12	304.29	4,458	2,318.16	401.22	6,914	3,595.28	622.26	6,959	3,618.68	626.31
25	26	3,538	1,839.76	318.42	4,760	2,475.20	428.40	7,342	3,817.84	660.78	7,026	3,653.52	632.34
26	27	3,748	1,948.96	337.32	5,013	2,606.76	451.17	7,773	4,041.96	699.57	7,093	3,688.36	638.37
27	28	3,952	2,055.04	355.68	5,281	2,746.12	475.29	7,778	4,044.56	700.02	7,653	3,979.56	688.77
28	29	4,167	2,166.84	375.03	5,523	2,871.96	497.07	7,782	4,046.64	700.38	8,049	4,185.48	724.41
29	30	4,363	2,268.76	392.67	5,787	3,009.24	520.83	8,165	4,245.80	734.85	8,306	4,319.12	747.54
30	31	4,515	2,347.80	406.35	5,936	3,086.72	534.24	8,415	4,375.80	757.35	8,562	4,452.24	770.58
31	32	4,641	2,413.32	417.69	6,111	3,177.72	549.99	8,664	4,505.28	779.76	8,816	4,584.32	793.44
32	33	4,784	2,487.68	430.56	6,307	3,279.64	567.63	8,782	4,566.64	790.38	9,072	4,717.44	816.48
33	34	4,901	2,548.52	441.09	6,490	3,374.80	584.10	9,026	4,693.52	812.34	9,329	4,851.08	839.61
34	35	5,042	2,621.84	453.78	6,651	3,458.52	598.59	9,061	4,711.72	815.49	9,420	4,898.40	847.80

易衛您醫療計劃 (獨立保單)
vCAnsurance Medical Plan (Standalone Plan)



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

實際年齡 Attained Age	下次生日 年齡 Age at next birthday	標準 Standard						特等 Superior					
		男性 Male			女性 Female			男性 Male			女性 Female		
		年供 Annual	半年供 Semi-annual	月供 Monthly	年供 Annual	半年供 Semi-annual	月供 Monthly	年供 Annual	半年供 Semi-annual	月供 Monthly	年供 Annual	半年供 Semi-annual	月供 Monthly
35	36	5,113	2,658.76	460.17	6,688	3,477.76	601.92	9,149	4,757.48	823.41	9,490	4,934.80	854.10
36	37	5,145	2,675.40	463.05	6,738	3,503.76	606.42	9,296	4,833.92	836.64	9,677	5,032.04	870.93
37	38	5,147	2,676.44	463.23	6,774	3,522.48	609.66	9,591	4,987.32	863.19	9,747	5,068.44	877.23
38	39	5,149	2,677.48	463.41	6,824	3,548.48	614.16	9,591	4,987.32	863.19	9,840	5,116.80	885.60
39	40	5,151	2,678.52	463.59	6,875	3,575.00	618.75	9,738	5,063.76	876.42	9,966	5,182.32	896.94
40	41	5,224	2,716.48	470.16	6,926	3,601.52	623.34	9,860	5,127.20	887.40	10,463	5,440.76	941.67
41	42	5,436	2,826.72	489.24	6,977	3,628.04	627.93	10,431	5,424.12	938.79	10,698	5,562.96	962.82
42	43	5,667	2,946.84	510.03	7,290	3,790.80	656.10	11,157	5,801.64	1,004.13	11,184	5,815.68	1,006.56
43	44	5,858	3,046.16	527.22	7,506	3,903.12	675.54	11,379	5,917.08	1,024.11	11,668	6,067.36	1,050.12
44	45	6,122	3,183.44	550.98	7,787	4,049.24	700.83	12,254	6,372.08	1,102.86	12,197	6,342.44	1,097.73
45	46	6,423	3,339.96	578.07	8,085	4,204.20	727.65	12,792	6,651.84	1,151.28	12,728	6,618.56	1,145.52
46	47	6,733	3,501.16	605.97	8,375	4,355.00	753.75	13,332	6,932.64	1,199.88	13,561	7,051.72	1,220.49
47	48	7,205	3,746.60	648.45	8,728	4,538.56	785.52	13,972	7,265.44	1,257.48	14,102	7,333.04	1,269.18
48	49	7,583	3,943.16	682.47	8,958	4,658.16	806.22	14,513	7,546.76	1,306.17	14,642	7,613.84	1,317.78
49	50	7,976	4,147.52	717.84	9,170	4,768.40	825.30	15,709	8,168.68	1,413.81	15,115	7,859.80	1,360.35
50	51	8,083	4,203.16	727.47	9,396	4,885.92	845.64	16,204	8,426.08	1,458.36	15,802	8,217.04	1,422.18
51	52	8,156	4,241.12	734.04	9,623	5,003.96	866.07	16,924	8,800.48	1,523.16	15,967	8,302.84	1,437.03
52	53	8,675	4,511.00	780.75	9,970	5,184.40	897.30	18,395	9,565.40	1,655.55	17,492	9,095.84	1,574.28
53	54	9,111	4,737.72	819.99	10,280	5,345.60	925.20	19,149	9,957.48	1,723.41	18,207	9,467.64	1,638.63
54	55	9,557	4,969.64	860.13	10,586	5,504.72	952.74	20,094	10,448.88	1,808.46	18,923	9,839.96	1,703.07
55	56	10,184	5,295.68	916.56	11,091	5,767.32	998.19	21,247	11,048.44	1,912.23	20,008	10,404.16	1,800.72
56	57	10,829	5,631.08	974.61	11,582	6,022.64	1,042.38	23,580	12,261.60	2,122.20	21,093	10,968.36	1,898.37
57	58	11,641	6,053.32	1,047.69	12,258	6,374.16	1,103.22	25,030	13,015.60	2,252.70	21,194	11,020.88	1,907.46
58	59	12,284	6,387.68	1,105.56	12,767	6,638.84	1,149.03	26,260	13,655.20	2,363.40	22,231	11,560.12	2,000.79
59	60	12,913	6,714.76	1,162.17	13,293	6,912.36	1,196.37	27,485	14,292.20	2,473.65	23,268	12,099.36	2,094.12
60	61	14,000	7,280.00	1,260.00	14,091	7,327.32	1,268.19	28,607	14,875.64	2,574.63	25,855	13,444.60	2,326.95
61	62	14,934	7,765.68	1,344.06	15,071	7,836.92	1,356.39	30,556	15,889.12	2,750.04	27,662	14,384.24	2,489.58
62	63	16,113	8,378.76	1,450.17	15,988	8,313.76	1,438.92	31,712	16,490.24	2,854.08	28,955	15,056.60	2,605.95
63	64	17,203	8,945.56	1,548.27	16,986	8,832.72	1,528.74	33,687	17,517.24	3,031.83	30,660	15,943.20	2,759.40
64	65	18,312	9,522.24	1,648.08	17,984	9,351.68	1,618.56	35,670	18,548.40	3,210.30	32,355	16,824.60	2,911.95
65	66	19,696	10,241.92	1,772.64	19,051	9,906.52	1,714.59	38,096	19,809.92	3,428.64	33,481	17,410.12	3,013.29
66	67	21,077	10,960.04	1,896.93	20,168	10,487.36	1,815.12	41,549	21,605.48	3,739.41	34,880	18,137.60	3,139.20
67	68	22,735	11,822.20	2,046.15	21,271	11,060.92	1,914.39	42,780	22,245.60	3,850.20	36,643	19,054.36	3,297.87
68	69	24,171	12,568.92	2,175.39	22,393	11,644.36	2,015.37	45,200	23,504.00	4,068.00	39,912	20,754.24	3,592.08
69	70	25,609	13,316.68	2,304.81	23,507	12,223.64	2,115.63	48,271	25,100.92	4,344.39	41,788	21,729.76	3,760.92

易衛您醫療計劃 (獨立保單)
vCANsurance Medical Plan (Standalone Plan)



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

實際年齡 Attained Age	下次生日 年齡 Age at next birthday	標準 Standard						特等 Superior					
		男性 Male			女性 Female			男性 Male			女性 Female		
		年供 Annual	半年供 Semi-annual	月供 Monthly	年供 Annual	半年供 Semi-annual	月供 Monthly	年供 Annual	半年供 Semi-annual	月供 Monthly	年供 Annual	半年供 Semi-annual	月供 Monthly
70	71	28,225	14,677.00	2,540.25	24,572	12,777.44	2,211.48	51,222	26,635.44	4,609.98	43,282	22,506.64	3,895.38
71	72	30,071	15,636.92	2,706.39	26,012	13,526.24	2,341.08	54,638	28,411.76	4,917.42	43,522	22,631.44	3,916.98
72	73	32,121	16,702.92	2,890.89	26,935	14,006.20	2,424.15	56,503	29,381.56	5,085.27	48,393	25,164.36	4,355.37
73	74	33,370	17,352.40	3,003.30	27,811	14,461.72	2,502.99	58,402	30,369.04	5,256.18	49,774	25,882.48	4,479.66
74	75	34,534	17,957.68	3,108.06	28,757	14,953.64	2,588.13	59,790	31,090.80	5,381.10	51,249	26,649.48	4,612.41
75	76	35,747	18,588.44	3,217.23	30,012	15,606.24	2,701.08	61,666	32,066.32	5,549.94	53,223	27,675.96	4,790.07
76	77	37,058	19,270.16	3,335.22	31,184	16,215.68	2,806.56	64,287	33,429.24	5,785.83	55,591	28,907.32	5,003.19
77	78	39,089	20,326.28	3,518.01	32,089	16,686.28	2,888.01	67,706	35,207.12	6,093.54	56,754	29,512.08	5,107.86
78	79	40,441	21,029.32	3,639.69	33,270	17,300.40	2,994.30	69,771	36,280.92	6,279.39	58,589	30,466.28	5,273.01
79	80	41,779	21,725.08	3,760.11	34,484	17,931.68	3,103.56	77,513	40,306.76	6,976.17	60,458	31,438.16	5,441.22
80	81	46,412	24,134.24	4,177.08	38,314	19,923.28	3,448.26	78,389	40,762.28	7,055.01	67,563	35,132.76	6,080.67
81^	82^	47,955	24,936.60	4,315.95	39,565	20,573.80	3,560.85	84,746	44,067.92	7,627.14	69,794	36,292.88	6,281.46
82^	83^	50,608	26,316.16	4,554.72	40,841	21,237.32	3,675.69	85,665	44,545.80	7,709.85	71,884	37,379.68	6,469.56
83^	84^	52,065	27,073.80	4,685.85	41,630	21,647.60	3,746.70	88,191	45,859.32	7,937.19	73,247	38,088.44	6,592.23
84^	85^	53,704	27,926.08	4,833.36	42,790	22,250.80	3,851.10	90,974	47,306.48	8,187.66	75,335	39,174.20	6,780.15
85^	86^	55,605	28,914.60	5,004.45	44,220	22,994.40	3,979.80	94,217	48,992.84	8,479.53	77,895	40,505.40	7,010.55
86^	87^	57,469	29,883.88	5,172.21	45,649	23,737.48	4,108.41	101,759	52,914.68	9,158.31	80,452	41,835.04	7,240.68
87^	88^	60,497	31,458.44	5,444.73	47,214	24,551.28	4,249.26	104,673	54,429.96	9,420.57	83,001	43,160.52	7,470.09
88^	89^	62,154	32,320.08	5,593.86	48,201	25,064.52	4,338.09	107,857	56,085.64	9,707.13	84,689	44,038.28	7,622.01
89^	90^	64,004	33,282.08	5,760.36	49,642	25,813.84	4,467.78	109,905	57,150.60	9,891.45	87,265	45,377.80	7,853.85
90^	91^	68,978	35,868.56	6,208.02	53,645	27,895.40	4,828.05	111,953	58,215.56	10,075.77	88,716	46,132.32	7,984.44
91^	92^	71,225	37,037.00	6,410.25	55,448	28,832.96	4,990.32	112,817	58,664.84	10,153.53	90,167	46,886.84	8,115.03
92^	93^	75,078	39,040.56	6,757.02	57,196	29,741.92	5,147.64	119,144	61,954.88	10,722.96	92,827	48,270.04	8,354.43
93^	94^	77,077	40,080.04	6,936.93	58,440	30,388.80	5,259.60	119,388	62,081.76	10,744.92	94,791	49,291.32	8,531.19
94^	95^	79,404	41,290.08	7,146.36	60,152	31,279.04	5,413.68	123,060	63,991.20	11,075.40	97,636	50,770.72	8,787.24
95^	96^	81,400	42,328.00	7,326.00	61,711	32,089.72	5,553.99	126,249	65,649.48	11,362.41	100,230	52,119.60	9,020.70
96^	97^	83,322	43,327.44	7,498.98	63,330	32,931.60	5,699.70	127,083	66,083.16	11,437.47	102,917	53,516.84	9,262.53
97^	98^	86,969	45,223.88	7,827.21	65,028	33,814.56	5,852.52	129,364	67,269.28	11,642.76	105,454	54,836.08	9,490.86
98^	99^	88,694	46,120.88	7,982.46	65,931	34,284.12	5,933.79	131,641	68,453.32	11,847.69	106,902	55,589.04	9,621.18
99^	100^	90,677	47,152.04	8,160.93	67,441	35,069.32	6,069.69	137,077	71,280.04	12,336.93	111,317	57,884.84	10,018.53

^ 只適用於續保。
^ For Renewal only.

CANCIERGE

One Plan One Team One Stop Solution

Everyone would like to be along with a reliable partner, so as to focus on their recovery and enjoy life even when facing any health problems. As your trusted partner, in addition to providing you with comprehensive medical protection, FWD also customises dedicated health services especially for your needs. CANcierge¹ gives you priority treatment from a professional health management team with a one stop approach, helping you when you need it most. You can relax knowing FWD is there to take care of all aspects of your health.

Professional & Experienced Medical Team as your Partner

A professional medical service provider is undoubtedly the best option to provide prompt & suitable medical advice and treatment. That's why CANcierge¹ provides you with a dedicated network of specialists so you can receive the most efficient treatment from the best-suited doctor. With this professional team of experts as your guardian angel, you can be hassle free even when faced with illnesses or diseases.

Tailor-made Support and Hospitalisation Arrangement

CANcierge¹ always puts your interest first. Should you require hospitalisation and/or treatment due to a Covered Cancer² as diagnosed by CANcierge's doctor, the team of specialists will arrange for you to be admitted to hospital and receive tailor-made treatment, as well as provide follow-up consultation and supportive therapies. You can then continue to live your life.

Efficient and Seamless Claims Resolution and Cashless Facility³

CANcierge's team of specialists will assist you to apply for Cashless Facility³ to FWD if you are diagnosed with a Covered Cancer². Upon successful arrangement of whole process of this resolution, FWD would then provide Cashless Facility³ and pay the hospitalisation, treatment and supportive therapies' fees & charges on your behalf. Payment and claim requests for such fees can be dispensed and you can manage your cash reserve more effectively!

Let CANcierge be your partner in safeguarding your health!

CANcierge Hotline:

Macau: (853) 8988 6066

Hong Kong: (852) 8120 9066

Toll-free number for Mainland: 400 9303078

24-hour full support⁴

For any enquiries about policy information, please contact your advisors or our customer service hotline (853) 8988 6060.

Note:

- The claimable amount of medical expenditure is subject to the benefits of Eligible Plans, including but not limited to benefit items and benefit amounts.
- Please seek a doctor's individual advice on appropriateness of any medical service to be provided. Doctors of HMG and its healthcare network team are all individual healthcare personnel instead of employees or representatives of FWD. FWD shall not be responsible for any act, negligence or omission of any medical service or treatment provided by them.
- You are required to consent to FWD, HMG and its healthcare network team (whether within or outside Macau), recording, sharing, using and archiving your personal data in pursuance of CANcierge¹ being offered to you as well as for their training and quality assurance purposes. You hereby consent to the transfer of your personal data outside Macau. Failure to provide the relevant personal data may result in the said service providers being unable to provide the relevant services to you.

The above information is for reference only and is indicative of the key features of CANcierge¹ and not the benefits of Eligible Plans. For a complete explanation of the terms and conditions of Eligible Plans, please refer to the Policy Provisions. In the event of any discrepancy between the English and Chinese version of this leaflet, the Chinese version shall prevail.

¹ CANcierge, provided by HealthMutual Group Limited ("HMG") and its healthcare network team, is not a part of the Policy or benefit item under the Policy Provisions and only applicable to CANsurance Series and designated insurance basic plans or riders ("Eligible Plans"). FWD Life Insurance Company (Macau) Limited ("FWD") reserves the right to terminate or vary CANcierge in its sole discretion without further notice. FWD shall not be responsible for any act, negligence or failure to act on the part of HMG and its healthcare network team. CANcierge is only available to treatment obtained in Hong Kong.

² Covered Cancer refers to the first symptoms that occur no earlier than 90 days (CANsurance Cancer Protection Plan) / 30 days (CANsurance Full Medical Plan) after the policy date or the date of last reinstatement (whichever is later) and are subsequently confirmed by a specialist as meeting the definition of Cancer or Carcinoma-in-situ. Please refer to Policy Provisions for the definitions of Cancer and Carcinoma-in-situ.

³ Cashless Facility is an administrative arrangement to pay the covered expenditures when the insured is hospitalised, but not a benefit item under Policy Provisions or guaranteed successful arrangement. Cashless Facility is only applicable if the Insured requires hospitalisation, treatment and supportive therapies due to a Covered Cancer. FWD reserves the right to terminate or vary CANcierge in its sole discretion without further notice. FWD would pay the medical cost to the relevant hospital on behalf of the insured after successful arrangement of Cashless Facility. If the medical cost paid by FWD is higher than the maximum amount of benefit, FWD will seek reimbursement from the policyowners for such amount.

⁴ This hotline is cooperated by FWD & HMG. HMG will handle the reservation calls from 8:00 a.m. to 10:00 p.m., Monday to Sunday and FWD will be responsible for any calls afterwards. Please note that this hotline is for non-emergent reservation of doctor consultation instead of for emergency purpose. The Toll-free number for Mainland operates only from 8:00 a.m. to 10:00 p.m., Monday to Sunday.

