

vPrime Medical Plan

A New Altitude In Health Protection



vPrime Medical Plan

Success brings with it ever greater responsibility. To prepare yourself for the ups and downs, highs and lows on your extraordinary life journey, what you need is a comprehensive and transparent medical insurance plan. vPrime Medical Plan (“the Plan”) is designed to take protection against the unexpected up a notch. For medical costs arising from the whole treatment journey from pre-Confinement to rehabilitation, the Plan offers full cover¹ for hospitalisation and surgical expenses without itemised benefit limits. To take the best care of you from our most, a professional team selects and arranges the medical treatments that suit your needs as part of the ancillary services. Apart from accompanying you during tough times, this Plan offers wellness incentives for staying healthy and extra discounts for multiple purchases to protect you and your loved ones at a prime level.

Key Features of vPrime Medical Plan



Full cover¹ for hospitalisation and surgical expenses, up to HKD10 million per Policy Year



Renewable² prime protection up to Age 100 (attained age) of the Insured Person



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



Broadening the safety net



Extra support for Stroke rehabilitation



Boosted flexibility with a variety of Deductible³ options



First-dollar Coverage - Deductible³ Waived for Designated Crises^{4,5}



No claims premium discount available

Add-On Features



Third-party professional health assistance services for the support you need⁶



Full cover¹ for hospitalisation and surgical expenses, up to HKD10 million per Policy Year

As peace of mind is one of life's true luxuries, the Plan provides full cover¹ on medical expenses incurred for hospitalisation and surgery. With no itemised benefit limits to restrict its reimbursement amount, the Plan entitles you to reimbursements of the Eligible Expenses up to HKD10,000,000 per Policy Year and up to HKD60,000,000 per life.

In addition, whenever and wherever you require Emergency medical attention, the Plan will offer full cover¹ on the eligible medical expenses, including Emergency outpatient accidental treatment and Emergency outpatient dental treatment⁷. No matter how far you are from home, you are always close to the help you need.



Renewable² prime protection up to Age 100 (attained age) of the Insured Person

The Plan is Renewable² until you reach the Age of 100 (attained age), so you can simply focus on reaching new heights, secure in the knowledge that you are protected by medical privileges throughout the years.



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

Any illness, Disease or Congenital Condition⁸ that was an unknown Pre-existing Condition at the time of Application is also fully covered by the Plan from the 31st day of the Policy Effective Date. So even if you do not know about a Pre-existing Condition, your claim will still be reimbursable in full.



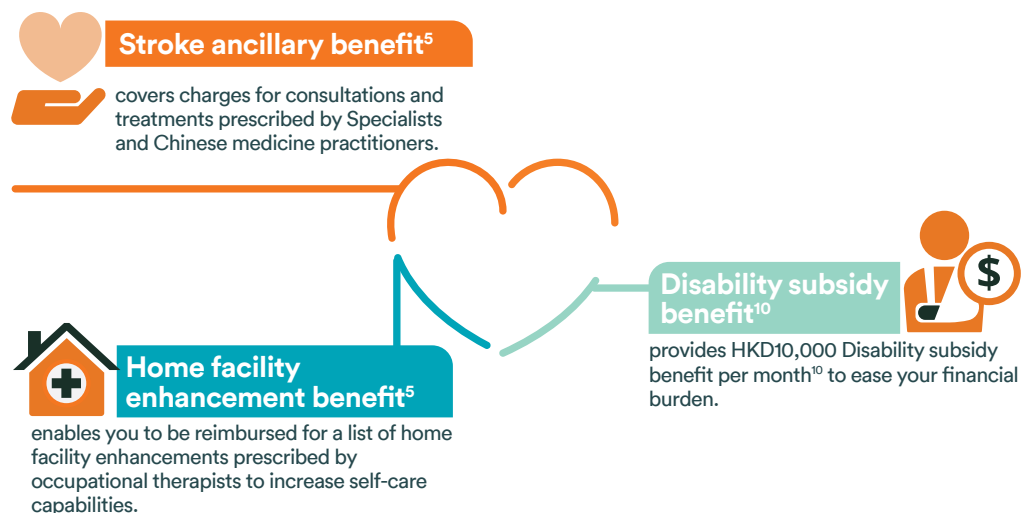
Broadening the safety net

Unlike other plans that may limit the benefit amounts for some medical services that are prolonged and costly, the Plan provides full cover¹ for Prescribed Non-surgical Cancer Treatments⁹ as well as kidney dialysis⁵, including the rental cost of a kidney dialysis machine for use at home. The Plan's enhanced safety net also means you are protected against the costs of private nursing care, reconstructive surgery, medical appliances necessitated by reconstructive surgery, organ transplantation, etc.



Extra support for Stroke rehabilitation

To help speed up recovery from Stroke and minimize potentially harmful consequences, the Plan offers a series of rehabilitation programs and thoughtful benefits to meet your needs.



Boosted flexibility with a variety of Deductible³ options

The Plan makes available 6 Deductible³ options, allowing you to specify the Coinsurance for medical treatment with flexibility. In addition, when your Policy has been in force for at least 2 consecutive years, you will be entitled to the right to reduce or remove your Deductible³ once per policy when you reach the Age of 50, 55, 60, 65, 70, 75 or 80 (attained age) without providing further proof of your health condition. You can rest assured that your varying needs at different life stages will be well catered for.



First-dollar Coverage – Deductible³ Waived for Designated Crises^{4,5}

If you are ever diagnosed with a designated crisis, the Deductible³ will be waived under first-dollar coverage – Deductible³ waived for designated crises^{4,5} to lighten your financial burden and let you focus on your treatment and recovery.



No claims premium discount available

Individual no claims premium discount

If you haven't made any claim for 2 or more consecutive Policy Years prior to Renewal², the Plan will offer you a discount of up to 15% on your next Renewal² 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 ²	No claims premium discount (Discount rate on Renewal ² 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 Renewal² premiums if you and your loved ones haven't made any claim for 2 or more consecutive Policy Years prior to Renewal². The more Insured Persons who stay healthy, the greater the discount you can enjoy.

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



Add-On Feature

Third-party professional health assistance services for the support you need⁶

The Plan puts your wellbeing at the centre of an international network of expertise and capabilities. Whenever you require information or assistance, we are always ready to help with our professional health assistance services:

- PREMIER THE ONEcierge for exclusive healthcare solutions with cashless facility tailor-made to suit your needs
- Second Medical Opinions 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.

Feature Comparison of FWD Plans

	vCare Supreme Medical Plan	vCANsurance Medical Plan	vPrime Medical Plan
Key Features			
Renewable ² up to Age 100 (attained age)	✓	✓	✓
Covers unknown Pre-existing Conditions	✓	✓	✓
Emergency outpatient dental treatment ⁷	✓ (covers treatment within 2 weeks of the Accident)	✓ (covers treatment within 3 months of the Accident)	✓ (covers treatment within 3 months of the Accident)
Cash benefits for Day Case Procedure and top-up subsidy ¹¹	✓	✓	✓
Cash benefit for Room and Board Confinement below Entitled Ward Class in a Private Hospital in Macau or Hong Kong ¹²		✓	✓ (Applicable to Superior benefit level only)
Adjustable Deductible ³			✓
Individual no claims premium discount	✓	✓	✓
Extra no claims premium discount	✓	✓	✓
Enhanced Benefits			
Emergency Outpatient Accidental Treatment	✓	✓	✓
Outpatient Kidney Dialysis ⁵	✓	✓	✓
Post-Confinement Home Nursing ⁵	✓	✓	✓
Companion Bed	✓	✓	✓
Post-Confinement/Day Case Procedure Chinese Medicine Treatment	✓	✓	✓

	vCare Supreme Medical Plan	vCANSurance Medical Plan	vPrime Medical Plan
Enhanced Benefits			
Reconstructive Surgery Benefit ⁵ and Medical Appliances Benefit for Reconstructive Surgery			✓
Donor's Benefit ¹³			✓
Stroke Rehabilitation Treatment			✓
Private Nurse's Fee ⁵		✓	✓
Additional Benefit for Prescribed Non-surgical Cancer Treatment and Kidney Dialysis	✓	✓	
Supplementary Major Medical Benefit	✓		
First-dollar coverage – Deductible ³ waived for designated crises ^{4,5}			✓
Add-On Features			
Professional Health Assistance Services ⁶	✓	✓ (include cashless facility)	✓ (include cashless facility)
Wellness Joy Benefit		✓	

For more details about vCare Supreme Medical Plan and vCANSurance Medical Plan, please contact your insurance intermediary or visit our corporate website fwd.com.mo for the relevant product brochures.

vPrime Medical Plan – General Information

Plan Type	Standalone plan
Issue Age	Age 0 (from 15 days) – 80 (attained age)
Benefit Term	Yearly Renewable ² to Age 100 (attained age)
Premium Structure	<ul style="list-style-type: none"> • Based on Insured Person's attained age at issue • Renewal² premiums are non-guaranteed and will be determined annually and according to the Insured Person's attained age at the time of Renewal²
Premium payment term	To Age 100 (attained age)
Premium payment mode	Monthly / Semi-annually / Annually
Currency	HKD
Deductible ³ options	HKD0 Deductible HKD16,000 Deductible HKD25,000 Deductible HKD50,000 Deductible HKD100,000 Deductible HKD250,000 Deductible

vPrime Medical Plan – Benefit Schedule^{14,15,16}

Geographical limitation ¹⁷	Except 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 non-Emergency Treatment: Asia ¹⁸ For Emergency Treatment: Worldwide
Annual Benefit Limit for benefit items (a) - (l) of I. Basic benefits, 1-10 of II. Enhanced benefits and 3 – 6 of III. Other benefits	HKD10,000,000 per Policy Year
Lifetime Benefit Limit for benefit items (a) - (l) of I. Basic benefits, 1-10 of II. Enhanced benefits and 3 – 6 of III. Other benefits	HKD60,000,000
Deductible ³ for benefit items (a) – (l) of I. Basic benefit, 1 – 5, 6(a), 6(b) and 7 – 10 of II. Enhanced benefits and 3 of III. Other benefits	HKD0 / 16,000 / 25,000 / 50,000 / 100,000 / 250,000 per Policy Year

vPrime Medical Plan – Benefit Schedule^{14,15,16}

Entitled ward class	Confinement in Hong Kong, Macau or Mainland China: Standard Semi-private Room ¹⁹ Confinement in Asia ¹⁸ (excluding Hong Kong, Macau and Mainland China) or Confinement outside Asia ¹⁸ for Emergency Treatment: Standard Private Room ¹⁹
First-dollar coverage – Deductible ³ waived for designated crises ^{5,6}	The remaining balance of Deductible ³ (if any) shall be reduced to zero for the Medical Services if the Insured Person – <ul style="list-style-type: none"> • Suffers any of the designated crises as stated in the Supplement – First-dollar coverage – Deductible³ waived for designated crises^{4,5} under the Policy provisions of this Plan; and • Upon the recommendation of the attending Registered Medical Practitioner in writing, receives any Medical Services as a direct result of the designated crises for which benefits are payable under benefit items (a) to (l) of I. Basic benefits and/or 1 to 10 under II. Enhanced benefits.
Benefit items	Benefit limit
I. Basic benefits	
(a) Room and board	Full cover ¹
(b) Miscellaneous charges	Full cover ¹
(c) Attending doctor's visit fee	Full cover ¹
(d) Specialist's fee ⁵	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 ^{5,20}	Full cover ¹
(j) Prescribed Non-surgical Cancer Treatments ⁹	Full cover ¹
(k) Pre- and post-Confinement/ Day Case Procedure outpatient care ⁵	Full cover ¹ <ul style="list-style-type: none"> • 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 ²¹	HKD40,000 per Policy Year

vPrime Medical Plan – Benefit Schedule^{14,15,16}

II. Enhanced benefits

1. Reconstructive surgery benefit ⁵	HKD160,000 per Accident/mastectomy	
2. Medical appliances benefit for reconstructive surgery	HKD96,000 each item per Policy Year	
3. Donor's benefit ¹³	30% of total transplantation cost (For transplantation of heart, kidney, liver, lung or bone marrow)	
4. Emergency outpatient accidental treatment	Full cover ¹	
5. Outpatient kidney dialysis ⁵	Full cover ¹	
6. Stroke rehabilitation treatment	Home facility enhancement benefit ⁵	HKD80,000 per Incident
	Stroke ancillary benefit ⁵	HKD1,000 per visit Maximum 30 visits per Policy Year, subject to 1 visit per day and HKD100,000 per Incident
	Disability subsidy benefit ¹⁰	HKD10,000 per month Maximum 24 months per Incident
7. Private nurse's fee ⁵	Full cover ¹ Maximum 30 days per Policy Year, subject to services provided by 1 Registered Nurse per day	
8. Post-Confinement home nursing ⁵	Full cover ¹ 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	
9. Companion bed	Full cover ¹	
10. Post-Confinement/Day Case Procedure Chinese medicine treatment	HKD600 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), but is subject to 1 follow-up outpatient visit per day	

vPrime Medical Plan – Benefit Schedule^{14,15,16}

III. Other benefits

1. Death benefit ²²	HKD40,000
2. Accidental death benefit ²²	HKD40,000
3. Emergency outpatient dental treatment ⁷	Full cover ¹
4. Cash benefit for Day Case Procedure	For HKD0 / HKD16,000 / HKD25,000 / HKD50,000 Deductible HKD1,600 per procedure Maximum 1 Day Case Procedure per day For HKD100,000 / HKD250,000 Deductible HKD800 per procedure Maximum 1 Day Case Procedure per day
5. Cash benefit for top-up subsidy ¹¹	For HKD0 / HKD16,000 / HKD25,000 / HKD50,000 Deductible HKD800 per day of Confinement Maximum 60 days per Policy Year For HKD100,000 / HKD250,000 Deductible HKD500 per day of Confinement Maximum 60 days per Policy Year
6. Cash benefit for room and board Confinement below entitled ward class in a private Hospital in Macau or Hong Kong ¹²	For HKD0 / HKD16,000 / HKD25,000 / HKD50,000 Deductible HKD1,600 per day of Confinement Maximum 30 days per Policy Year For HKD100,000 / HKD250,000 Deductible HKD800 per day of Confinement Maximum 30 days 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 Renewal², you will be eligible for the no claims premium discount. Please refer to the following table for discount on the Renewal² premium.

No claims period immediately prior to the Policy's Renewal ²	No claims premium discount (Discount rate on Renewal ² 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 Renewal², 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 Renewal² premium.

vPrime Medical Plan – Benefit Schedule^{14,15,16}

V. Add-On Features

PREMIER THE ONEcierge ⁶	Applicable
Second Medical Opinion Services ⁶	Applicable
International SOS 24-hour Worldwide Assistance Services ⁶	Applicable

You may refer to the Deductible³ example or other information at FWD’s website.

This product material is for reference only and is indicative of the key features of the product. For the exact terms and conditions and the full list of exclusions of the product, please refer to the policy provisions of this product materials. In the event of any ambiguity or inconsistency between the terms of this leaflet and the policy provisions, the policy provisions shall prevail. In case you want to read the terms and conditions of the policy provisions before making an application, you can obtain a copy from FWD. The policy provisions of the product are governed by the laws of the Macao Special Administrative Region.

Remarks

1. 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. Full cover 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 Policy provisions for details.
2. FWD shall renew the policy 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.
3. 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.
4. Designated crises shall include Cardiomyopathy, Chronic Liver Disease, Coronary Artery Bypass Operation, End Stage Lung Disease, Fulminant Hepatitis, Heart Attack (Acute Myocardial Infarction), Kidney Failure, Major Organ Transplantation, Open Heart Valve Surgery, Parkinson's Disease, Primary Pulmonary Arterial Hypertension, Severe Rheumatoid Arthritis, Specified Cancer, Stroke, Surgery to Aorta and Terminal Illness. For details of the benefit, including the definition of the designated crises, please refer to the Supplement – First-dollar coverage – Deductible waived for designated crises under the Policy provisions of this Plan.
The remaining balance of Deductible (if any and if applicable) will not be reduced if such Medical Services are related to any designated crisis as listed above which has been treated or diagnosed or has manifested signs or symptoms of which the Policy Holder or the Insured Person is aware or should have reasonably been aware of within the first 90 days from the Policy Effective Date of the Policy.
This benefit is not applicable to the Policy with HKD0 Deductible.
5. 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.
6. PREMIER THE ONEcierge, 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 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.
7. 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. For more details and exclusion of this benefit, please refer to the Policy provisions.
8. Congenital Condition is only covered for condition which has manifested or been diagnosed after the Age of 8 (attained age) of the Insured Person.
9. Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
10. Disability subsidy benefit shall be payable up to maximum 24 months per Incident.

Important to know

11. 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.
12. 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.
13. Donor's benefit shall be payable up to 30% of the total transplantation cost (the sum of the surgical expenses charged for removing the organ or bone marrow from the donor and the Eligible Expenses of the surgical procedure performed on the Insured Person as a recipient) for the transplantation of heart, kidney, liver, lung or bone marrow.
14. 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.
15. The benefit coverage, benefit amount and benefit limits, territorial scope of cover, choice of healthcare services provider, choice of ward class, Deductible and Coinsurance of this Plan will remain unchanged even if the Policy Year lasts for less than 12 months.
16. 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, 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 is subject to the restriction in the choice of healthcare services providers as stated in Section 6 of the Supplement – Other benefits and the Benefit Schedule under the Policy provisions.
17. Eligible Expenses incurred for any non-Emergency Treatments performed outside Asia shall be payable up to the benefit limits as stated in the Appendix - Non-emergency treatment outside Asia benefit schedule under the Policy provisions. Psychiatric treatments and cash benefit for room and board Confinement below entitled ward class in a private Hospital in Macau or Hong Kong shall only be payable for Confinement in Macau or Hong Kong. Please refer to Section 1 of Part 1 of the Supplement – Limitation of benefits under the Policy provisions for details.
18. Asia shall include 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.
19. 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 that has its own kitchen, dining or sitting room.
20. 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.
21. 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.
22. 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).

Key Product Risks

Credit Risk

This Plan is an insurance Policy issued by FWD. The Application of this insurance product and all benefits payable under your Policy are subject to the credit risk of FWD. You will bear the default risk in the event that FWD is unable to satisfy its financial obligations under this insurance contract.

Exchange Rate and Currency Risk

The Application of this insurance product with the Policy currency denominated in a foreign currency is subject to that foreign currency's exchange rate and currency risk. The foreign currency may be subject to the relevant regulatory bodies' control (for example, exchange restrictions). If your home currency is different from the Policy currency, please note that any exchange rate fluctuation between your home currency and the Policy currency of this insurance product will have a direct impact on the amount of premium required and the value of benefit(s) to be received. For instance, if the Policy currency of the insurance product depreciates substantially against your home currency, there is a negative impact on the benefits you receive from this Plan. If the Policy currency of the insurance product appreciates substantially against your home currency, your burden of the premium payment is increased.

Inflation Risk

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

Premium Adjustment

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

Premium Term and Non-Payment of Premium

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.

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 5 years after the Policy Effective Date shall be presumed to be contracted or occur before the Policy Effective Date, while manifestation after such 5 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) except as otherwise specified in Sections 1 and 2 of Part 1 of the Supplement - Enhanced benefits under the Policy provisions, 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. Except as otherwise provided in Section 6(a) of Part 1 of the Supplement - Enhanced benefits under the Policy provisions, 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. Except as otherwise provided in Sections 6(b) and 10 of Part 1 of the Supplement - Enhanced benefits under the Policy provisions, 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 8 years (attained age).
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.

The above list is not exhaustive and is for reference only. Please refer to the Policy provision for the complete exclusions including but not limited to exclusions for accidental death benefit, donor's benefit, Emergency outpatient accidental treatment and Emergency outpatient dental treatment.

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.

Important to know

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

Accident

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

Confinement or Confined

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

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

Congenital Condition(s)

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

Day Case Procedure

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

Disability

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

Eligible Expenses

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

Medically Necessary

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

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

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

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

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

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

Pre-existing Condition(s)

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

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

Reasonable and Customary

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

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

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

Standard Semi-private Room

shall mean a 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 that has its own kitchen, dining or sitting 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 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 Macau Special Administrative Region (“Macau”) 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.
- 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 for the current Policy Year and the previous Policy Years in which this Policy was in force, subject to a reasonable administration charge payable to FWD, and even not to refund the premium received. For details, please refer to Sections 13 and 14 of Part 2 of the Terms and Benefits under the Policy provisions.

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)

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

fwd.com.mo



Service Hotline
8988 6060



Learn more about
vPrime Medical Plan

尊衛您醫療計劃 (獨立保單)
vPrime Medical Plan (Standalone Plan)
(2022年4月11日起生效 Effective from 11 April, 2022)

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

自付費 (港元) Deductible (HKD)		0			16,000			25,000		
實際年齡 Attained Age	下次生日 年齡 Age at next birthday	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	7,805.00	4,058.60	702.45	4,065.00	2,113.80	365.85	3,612.00	1,878.24	325.08
1	2	7,805.00	4,058.60	702.45	4,065.00	2,113.80	365.85	3,612.00	1,878.24	325.08
2	3	7,805.00	4,058.60	702.45	4,065.00	2,113.80	365.85	3,612.00	1,878.24	325.08
3	4	7,805.00	4,058.60	702.45	4,065.00	2,113.80	365.85	3,612.00	1,878.24	325.08
4	5	7,805.00	4,058.60	702.45	4,065.00	2,113.80	365.85	3,612.00	1,878.24	325.08
5	6	7,168.00	3,727.36	645.12	3,481.00	1,810.12	313.29	3,108.00	1,616.16	279.72
6	7	7,168.00	3,727.36	645.12	3,481.00	1,810.12	313.29	3,108.00	1,616.16	279.72
7	8	7,168.00	3,727.36	645.12	3,481.00	1,810.12	313.29	3,108.00	1,616.16	279.72
8	9	7,168.00	3,727.36	645.12	3,481.00	1,810.12	313.29	3,108.00	1,616.16	279.72
9	10	7,168.00	3,727.36	645.12	3,481.00	1,810.12	313.29	3,108.00	1,616.16	279.72
10	11	7,168.00	3,727.36	645.12	3,481.00	1,810.12	313.29	3,108.00	1,616.16	279.72
11	12	7,168.00	3,727.36	645.12	3,481.00	1,810.12	313.29	3,108.00	1,616.16	279.72
12	13	7,168.00	3,727.36	645.12	3,481.00	1,810.12	313.29	3,108.00	1,616.16	279.72
13	14	7,168.00	3,727.36	645.12	3,481.00	1,810.12	313.29	3,108.00	1,616.16	279.72
14	15	7,168.00	3,727.36	645.12	3,481.00	1,810.12	313.29	3,108.00	1,616.16	279.72
15	16	7,168.00	3,727.36	645.12	3,481.00	1,810.12	313.29	3,108.00	1,616.16	279.72
16	17	7,168.00	3,727.36	645.12	3,481.00	1,810.12	313.29	3,108.00	1,616.16	279.72
17	18	7,168.00	3,727.36	645.12	3,481.00	1,810.12	313.29	3,108.00	1,616.16	279.72
18	19	7,367.00	3,830.84	663.03	3,507.00	1,823.64	315.63	3,108.00	1,616.16	279.72
19	20	7,427.00	3,862.04	668.43	3,650.00	1,898.00	328.50	3,192.00	1,659.84	287.28
20	21	7,601.00	3,952.52	684.09	3,718.00	1,933.36	334.62	3,192.00	1,659.84	287.28
21	22	7,835.00	4,074.20	705.15	3,780.00	1,965.60	340.20	3,192.00	1,659.84	287.28
22	23	8,061.00	4,191.72	725.49	4,022.00	2,091.44	361.98	3,444.00	1,790.88	309.96
23	24	8,226.00	4,277.52	740.34	4,034.00	2,097.68	363.06	3,528.00	1,834.56	317.52
24	25	8,349.00	4,341.48	751.41	4,363.00	2,268.76	392.67	3,778.00	1,964.56	340.02
25	26	8,803.00	4,577.56	792.27	4,392.00	2,283.84	395.28	3,778.00	1,964.56	340.02
26	27	9,330.00	4,851.60	839.70	4,408.00	2,292.16	396.72	3,967.00	2,062.84	357.03
27	28	9,856.00	5,125.12	887.04	4,741.00	2,465.32	426.69	4,068.00	2,115.36	366.12
28	29	10,264.00	5,337.28	923.76	4,856.00	2,525.12	437.04	4,180.00	2,173.60	376.20
29	30	10,547.00	5,484.44	949.23	4,972.00	2,585.44	447.48	4,283.00	2,227.16	385.47
30	31	10,759.00	5,594.68	968.31	5,087.00	2,645.24	457.83	4,384.00	2,279.68	394.56
31	32	11,060.00	5,751.20	995.40	5,202.00	2,705.04	468.18	4,408.00	2,292.16	396.72
32	33	11,211.00	5,829.72	1,008.99	5,317.00	2,764.84	478.53	4,560.00	2,371.20	410.40
33	34	11,512.00	5,986.24	1,036.08	5,396.00	2,805.92	485.64	4,687.00	2,437.24	421.83
34	35	11,792.00	6,131.84	1,061.28	5,548.00	2,884.96	499.32	4,788.00	2,489.76	430.92
35	36	12,189.00	6,338.28	1,097.01	5,624.00	2,924.48	506.16	4,940.00	2,568.80	444.60

尊衛您醫療計劃 (獨立保單)
vPrime Medical Plan (Standalone Plan)
(2022年4月11日起生效 Effective from 11 April, 2022)

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

自付費 (港元) Deductible (HKD)		0			16,000			25,000		
實際年齡 Attained Age	下次生日 年齡 Age at next birthday	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
36	37	12,189.00	6,338.28	1,097.01	5,928.00	3,082.56	533.52	5,092.00	2,647.84	458.28
37	38	12,415.00	6,455.80	1,117.35	5,928.00	3,082.56	533.52	5,092.00	2,647.84	458.28
38	39	12,716.00	6,612.32	1,144.44	6,080.00	3,161.60	547.20	5,168.00	2,687.36	465.12
39	40	12,791.00	6,651.32	1,151.19	6,080.00	3,161.60	547.20	5,168.00	2,687.36	465.12
40	41	12,941.00	6,729.32	1,164.69	6,156.00	3,201.12	554.04	5,320.00	2,766.40	478.80
41	42	13,167.00	6,846.84	1,185.03	6,536.00	3,398.72	588.24	5,548.00	2,884.96	499.32
42	43	13,468.00	7,003.36	1,212.12	6,688.00	3,477.76	601.92	5,738.00	2,983.76	516.42
43	44	14,070.00	7,316.40	1,266.30	6,992.00	3,635.84	629.28	6,065.00	3,153.80	545.85
44	45	14,898.00	7,746.96	1,340.82	7,220.00	3,754.40	649.80	6,080.00	3,161.60	547.20
45	46	15,650.00	8,138.00	1,408.50	7,600.00	3,952.00	684.00	6,751.00	3,510.52	607.59
46	47	16,553.00	8,607.56	1,489.77	7,980.00	4,149.60	718.20	7,084.00	3,683.68	637.56
47	48	17,079.00	8,881.08	1,537.11	8,436.00	4,386.72	759.24	7,591.00	3,947.32	683.19
48	49	17,757.00	9,233.64	1,598.13	8,882.00	4,618.64	799.38	7,914.00	4,115.28	712.26
49	50	18,509.00	9,624.68	1,665.81	9,336.00	4,854.72	840.24	8,223.00	4,275.96	740.07
50	51	18,885.00	9,820.20	1,699.65	9,895.00	5,145.40	890.55	8,379.00	4,357.08	754.11
51	52	19,603.00	10,193.56	1,764.27	10,214.00	5,311.28	919.26	8,698.00	4,522.96	782.82
52	53	21,240.00	11,044.80	1,911.60	10,454.00	5,436.08	940.86	8,870.00	4,612.40	798.30
53	54	22,193.00	11,540.36	1,997.37	10,930.00	5,683.60	983.70	9,504.00	4,942.08	855.36
54	55	23,135.00	12,030.20	2,082.15	11,405.00	5,930.60	1,026.45	9,900.00	5,148.00	891.00
55	56	24,117.00	12,540.84	2,170.53	11,801.00	6,136.52	1,062.09	10,138.00	5,271.76	912.42
56	57	25,635.00	13,330.20	2,307.15	12,593.00	6,548.36	1,133.37	10,692.00	5,559.84	962.28
57	58	27,101.00	14,092.52	2,439.09	13,385.00	6,960.20	1,204.65	11,405.00	5,930.60	1,026.45
58	59	28,490.00	14,814.80	2,564.10	14,177.00	7,372.04	1,275.93	12,197.00	6,342.44	1,097.73
59	60	30,413.00	15,814.76	2,737.17	15,206.00	7,907.12	1,368.54	12,989.00	6,754.28	1,169.01
60	61	31,928.00	16,602.56	2,873.52	16,222.00	8,435.44	1,459.98	13,781.00	7,166.12	1,240.29
61	62	33,498.00	17,418.96	3,014.82	17,117.00	8,900.84	1,540.53	14,737.00	7,663.24	1,326.33
62	63	36,341.00	18,897.32	3,270.69	18,316.00	9,524.32	1,648.44	15,753.00	8,191.56	1,417.77
63	64	40,103.00	20,853.56	3,609.27	20,140.00	10,472.80	1,812.60	17,328.00	9,010.56	1,559.52
64	65	44,843.00	23,318.36	4,035.87	22,420.00	11,658.40	2,017.80	19,304.00	10,038.08	1,737.36
65	66	48,676.00	25,311.52	4,380.84	24,624.00	12,804.48	2,216.16	20,976.00	10,907.52	1,887.84
66	67	52,585.00	27,344.20	4,732.65	26,828.00	13,950.56	2,414.52	22,952.00	11,935.04	2,065.68
67	68	54,624.00	28,404.48	4,916.16	27,284.00	14,187.68	2,455.56	23,332.00	12,132.64	2,099.88
68	69	55,828.00	29,030.56	5,024.52	27,968.00	14,543.36	2,517.12	23,940.00	12,448.80	2,154.60
69	70	57,634.00	29,969.68	5,187.06	28,880.00	15,017.60	2,599.20	24,776.00	12,883.52	2,229.84
70	71	59,214.00	30,791.28	5,329.26	29,792.00	15,491.84	2,681.28	25,536.00	13,278.72	2,298.24
71	72	65,466.00	34,042.32	5,891.94	32,946.00	17,131.92	2,965.14	28,219.00	14,673.88	2,539.71

尊衛您醫療計劃 (獨立保單)
vPrime Medical Plan (Standalone Plan)
(2022年4月11日起生效 Effective from 11 April, 2022)

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

自付費 (港元) Deductible (HKD)		0			16,000			25,000		
實際年齡 Attained Age	下次生日 年齡 Age at next birthday	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
72	73	69,093.00	35,928.36	6,218.37	34,854.00	18,124.08	3,136.86	29,800.00	15,496.00	2,682.00
73	74	72,659.00	37,782.68	6,539.31	36,412.00	18,934.24	3,277.08	31,335.00	16,294.20	2,820.15
74	75	75,654.00	39,340.08	6,808.86	38,251.00	19,890.52	3,442.59	32,748.00	17,028.96	2,947.32
75	76	77,031.00	40,056.12	6,932.79	39,155.00	20,360.60	3,523.95	33,569.00	17,455.88	3,021.21
76	77	81,906.00	42,591.12	7,371.54	41,207.00	21,427.64	3,708.63	35,294.00	18,352.88	3,176.46
77	78	87,576.00	45,539.52	7,881.84	43,996.00	22,877.92	3,959.64	37,757.00	19,633.64	3,398.13
78	79	90,032.00	46,816.64	8,102.88	44,901.00	23,348.52	4,041.09	38,494.00	20,016.88	3,464.46
79	80	92,876.00	48,295.52	8,358.84	47,523.00	24,711.96	4,277.07	40,713.00	21,170.76	3,664.17
80	81	94,343.00	49,058.36	8,490.87	48,594.00	25,268.88	4,373.46	41,618.00	21,641.36	3,745.62
81^	82^	99,806.00	51,899.12	8,982.54	49,704.00	25,846.08	4,473.36	42,666.00	22,186.32	3,839.94
82^	83^	102,710.00	53,409.20	9,243.90	51,330.00	26,691.60	4,619.70	43,974.00	22,866.48	3,957.66
83^	84^	104,531.00	54,356.12	9,407.79	52,166.00	27,126.32	4,694.94	44,642.00	23,213.84	4,017.78
84^	85^	106,186.00	55,216.72	9,556.74	53,253.00	27,691.56	4,792.77	45,880.00	23,857.60	4,129.20
85^	86^	108,090.00	56,206.80	9,728.10	53,922.00	28,039.44	4,852.98	47,543.00	24,722.36	4,278.87
86^	87^	110,076.00	57,239.52	9,906.84	55,192.00	28,699.84	4,967.28	48,592.00	25,267.84	4,373.28
87^	88^	111,814.00	58,143.28	10,063.26	56,535.00	29,398.20	5,088.15	49,813.00	25,902.76	4,483.17
88^	89^	113,552.00	59,047.04	10,219.68	57,335.00	29,814.20	5,160.15	50,567.00	26,294.84	4,551.03
89^	90^	115,373.00	59,993.96	10,383.57	58,738.00	30,543.76	5,286.42	51,940.00	27,008.80	4,674.60
90^	91^	117,194.00	60,940.88	10,547.46	59,809.00	31,100.68	5,382.81	52,712.00	27,410.24	4,744.08
91^	92^	119,097.00	61,930.44	10,718.73	61,054.00	31,748.08	5,494.86	53,680.00	27,913.60	4,831.20
92^	93^	120,835.00	62,834.20	10,875.15	62,339.00	32,416.28	5,610.51	54,384.00	28,279.68	4,894.56
93^	94^	122,656.00	63,781.12	11,039.04	63,475.00	33,007.00	5,712.75	55,264.00	28,737.28	4,973.76
94^	95^	124,643.00	64,814.36	11,217.87	65,008.00	33,804.16	5,850.72	55,904.00	29,070.08	5,031.36
95^	96^	126,463.00	65,760.76	11,381.67	66,037.00	34,339.24	5,943.33	56,472.00	29,365.44	5,082.48
96^	97^	128,367.00	66,750.84	11,553.03	67,211.00	34,949.72	6,048.99	57,596.00	29,949.92	5,183.64
97^	98^	130,671.00	67,948.92	11,760.39	67,897.00	35,306.44	6,110.73	58,318.00	30,325.36	5,248.62
98^	99^	132,971.00	69,144.92	11,967.39	69,146.00	35,955.92	6,223.14	58,959.00	30,658.68	5,306.31
99^	100^	138,462.00	72,000.24	12,461.58	69,558.00	36,170.16	6,260.22	59,753.00	31,071.56	5,377.77

^ 只適用於續保。
^For Renewal only.

尊衛您醫療計劃 (獨立保單)
vPrime Medical Plan (Standalone Plan)
(2022年4月11日起生效 Effective from 11 April, 2022)

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

自付費 (港元) Deductible (HKD)		50,000			100,000			250,000		
實際年齡 Attained Age	下次生日 年齡 Age at next birthday	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	2,850.00	1,482.00	256.50	2,480.00	1,289.60	223.2	1,967.00	1,022.84	177.03
1	2	2,850.00	1,482.00	256.50	2,480.00	1,289.60	223.2	1,967.00	1,022.84	177.03
2	3	2,850.00	1,482.00	256.50	2,480.00	1,289.60	223.2	1,967.00	1,022.84	177.03
3	4	2,850.00	1,482.00	256.50	2,480.00	1,289.60	223.2	1,967.00	1,022.84	177.03
4	5	2,850.00	1,482.00	256.50	2,480.00	1,289.60	223.2	1,967.00	1,022.84	177.03
5	6	2,425.00	1,261.00	218.25	2,110.00	1,097.20	189.9	1,673.00	869.96	150.57
6	7	2,425.00	1,261.00	218.25	2,110.00	1,097.20	189.9	1,673.00	869.96	150.57
7	8	2,425.00	1,261.00	218.25	2,110.00	1,097.20	189.9	1,673.00	869.96	150.57
8	9	2,425.00	1,261.00	218.25	2,110.00	1,097.20	189.9	1,673.00	869.96	150.57
9	10	2,425.00	1,261.00	218.25	2,110.00	1,097.20	189.9	1,673.00	869.96	150.57
10	11	2,425.00	1,261.00	218.25	2,110.00	1,097.20	189.9	1,673.00	869.96	150.57
11	12	2,425.00	1,261.00	218.25	2,110.00	1,097.20	189.9	1,673.00	869.96	150.57
12	13	2,425.00	1,261.00	218.25	2,110.00	1,097.20	189.9	1,673.00	869.96	150.57
13	14	2,425.00	1,261.00	218.25	2,110.00	1,097.20	189.9	1,673.00	869.96	150.57
14	15	2,425.00	1,261.00	218.25	2,110.00	1,097.20	189.9	1,673.00	869.96	150.57
15	16	2,425.00	1,261.00	218.25	2,110.00	1,097.20	189.9	1,673.00	869.96	150.57
16	17	2,425.00	1,261.00	218.25	2,110.00	1,097.20	189.9	1,673.00	869.96	150.57
17	18	2,425.00	1,261.00	218.25	2,110.00	1,097.20	189.9	1,673.00	869.96	150.57
18	19	2,450.00	1,274.00	220.50	2,132.00	1,108.64	191.88	1,691.00	879.32	152.19
19	20	2,503.00	1,301.56	225.27	2,178.00	1,132.56	196.02	1,727.00	898.04	155.43
20	21	2,578.00	1,340.56	232.02	2,230.00	1,159.60	200.7	1,766.00	918.32	158.94
21	22	2,646.00	1,375.92	238.14	2,289.00	1,190.28	206.01	1,813.00	942.76	163.17
22	23	2,732.00	1,420.64	245.88	2,363.00	1,228.76	212.67	1,871.00	972.92	168.39
23	24	2,808.00	1,460.16	252.72	2,429.00	1,263.08	218.61	1,923.00	999.96	173.07
24	25	2,884.00	1,499.68	259.56	2,480.00	1,289.60	223.2	1,961.00	1,019.72	176.49
25	26	2,960.00	1,539.20	266.40	2,546.00	1,323.92	229.14	2,013.00	1,046.76	181.17
26	27	3,037.00	1,579.24	273.33	2,612.00	1,358.24	235.08	2,065.00	1,073.80	185.85
27	28	3,113.00	1,618.76	280.17	2,677.00	1,392.04	240.93	2,117.00	1,100.84	190.53
28	29	3,126.00	1,625.52	281.34	2,688.00	1,397.76	241.92	2,126.00	1,105.52	191.34
29	30	3,162.00	1,644.24	284.58	2,719.00	1,413.88	244.71	2,150.00	1,118.00	193.50
30	31	3,342.00	1,737.84	300.78	2,874.00	1,494.48	258.66	2,256.00	1,173.12	203.04
31	32	3,348.00	1,740.96	301.32	2,879.00	1,497.08	259.11	2,260.00	1,175.20	203.40
32	33	3,384.00	1,759.68	304.56	2,910.00	1,513.20	261.9	2,284.00	1,187.68	205.56
33	34	3,424.00	1,780.48	308.16	2,945.00	1,531.40	265.05	2,311.00	1,201.72	207.99
34	35	3,424.00	1,780.48	308.16	2,945.00	1,531.40	265.05	2,311.00	1,201.72	207.99
35	36	3,532.00	1,836.64	317.88	3,038.00	1,579.76	273.42	2,366.00	1,230.32	212.94

尊衛您醫療計劃 (獨立保單)
vPrime Medical Plan (Standalone Plan)
(2022年4月11日起生效 Effective from 11 April, 2022)

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

自付費 (港元) Deductible (HKD)		50,000			100,000			250,000		
實際年齡 Attained Age	下次生日 年齡 Age at next birthday	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
36	37	3,641.00	1,893.32	327.69	3,131.00	1,628.12	281.79	2,439.00	1,268.28	219.51
37	38	3,641.00	1,893.32	327.69	3,131.00	1,628.12	281.79	2,439.00	1,268.28	219.51
38	39	3,696.00	1,921.92	332.64	3,179.00	1,653.08	286.11	2,476.00	1,287.52	222.84
39	40	3,717.00	1,932.84	334.53	3,197.00	1,662.44	287.73	2,490.00	1,294.80	224.10
40	41	3,971.00	2,064.92	357.39	3,415.00	1,775.80	307.35	2,661.00	1,383.72	239.49
41	42	4,254.00	2,212.08	382.86	3,658.00	1,902.16	329.22	2,850.00	1,482.00	256.50
42	43	4,409.00	2,292.68	396.81	3,792.00	1,971.84	341.28	2,954.00	1,536.08	265.86
43	44	4,661.00	2,423.72	419.49	4,008.00	2,084.16	360.72	3,123.00	1,623.96	281.07
44	45	4,743.00	2,466.36	426.87	4,079.00	2,121.08	367.11	3,178.00	1,652.56	286.02
45	46	5,188.00	2,697.76	466.92	4,462.00	2,320.24	401.58	3,424.00	1,780.48	308.16
46	47	5,444.00	2,830.88	489.96	4,682.00	2,434.64	421.38	3,593.00	1,868.36	323.37
47	48	5,833.00	3,033.16	524.97	5,016.00	2,608.32	451.44	3,850.00	2,002.00	346.50
48	49	6,082.00	3,162.64	547.38	5,231.00	2,720.12	470.79	4,014.00	2,087.28	361.26
49	50	6,376.00	3,315.52	573.84	5,483.00	2,851.16	493.47	4,208.00	2,188.16	378.72
50	51	6,821.00	3,546.92	613.89	5,866.00	3,050.32	527.94	4,502.00	2,341.04	405.18
51	52	7,170.00	3,728.40	645.30	6,166.00	3,206.32	554.94	4,732.00	2,460.64	425.88
52	53	7,518.00	3,909.36	676.62	6,465.00	3,361.80	581.85	4,962.00	2,580.24	446.58
53	54	7,867.00	4,090.84	708.03	6,766.00	3,518.32	608.94	5,192.00	2,699.84	467.28
54	55	8,215.00	4,271.80	739.35	7,065.00	3,673.80	635.85	5,422.00	2,819.44	487.98
55	56	8,564.00	4,453.28	770.76	7,451.00	3,874.52	670.59	5,738.00	2,983.76	516.42
56	57	8,912.00	4,634.24	802.08	7,753.00	4,031.56	697.77	6,060.00	3,151.20	545.40
57	58	9,261.00	4,815.72	833.49	8,057.00	4,189.64	725.13	6,297.00	3,274.44	566.73
58	59	9,609.00	4,996.68	864.81	8,456.00	4,397.12	761.04	6,630.00	3,447.60	596.70
59	60	9,958.00	5,178.16	896.22	8,763.00	4,556.76	788.67	6,871.00	3,572.92	618.39
60	61	10,508.00	5,464.16	945.72	9,247.00	4,808.44	832.23	7,251.00	3,770.52	652.59
61	62	11,100.00	5,772.00	999.00	9,768.00	5,079.36	879.12	7,659.00	3,982.68	689.31
62	63	11,743.00	6,106.36	1,056.87	10,334.00	5,373.68	930.06	8,103.00	4,213.56	729.27
63	64	12,542.00	6,521.84	1,128.78	10,912.00	5,674.24	982.08	8,529.00	4,435.08	767.61
64	65	13,261.00	6,895.72	1,193.49	11,537.00	5,999.24	1,038.33	9,017.00	4,688.84	811.53
65	66	13,880.00	7,217.60	1,249.20	12,076.00	6,279.52	1,086.84	9,438.00	4,907.76	849.42
66	67	14,878.00	7,736.56	1,339.02	12,944.00	6,730.88	1,164.96	9,968.00	5,183.36	897.12
67	68	15,819.00	8,225.88	1,423.71	13,604.00	7,074.08	1,224.36	10,441.00	5,429.32	939.69
68	69	16,952.00	8,815.04	1,525.68	14,579.00	7,581.08	1,312.11	11,188.00	5,817.76	1,006.92
69	70	18,097.00	9,410.44	1,628.73	15,563.00	8,092.76	1,400.67	11,944.00	6,210.88	1,074.96
70	71	19,297.00	10,034.44	1,736.73	16,595.00	8,629.40	1,493.55	12,736.00	6,622.72	1,146.24
71	72	20,452.00	10,635.04	1,840.68	17,589.00	9,146.28	1,583.01	13,498.00	7,018.96	1,214.82

尊衛您醫療計劃 (獨立保單)
vPrime Medical Plan (Standalone Plan)
(2022年4月11日起生效 Effective from 11 April, 2022)

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

自付費 (港元) Deductible (HKD)		50,000			100,000			250,000		
實際年齡 Attained Age	下次生日 年齡 Age at next birthday	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
72	73	21,728.00	11,298.56	1,955.52	18,686.00	9,716.72	1,681.74	14,340.00	7,456.80	1,290.60
73	74	22,923.00	11,919.96	2,063.07	19,714.00	10,251.28	1,774.26	15,129.00	7,867.08	1,361.61
74	75	24,133.00	12,549.16	2,171.97	20,754.00	10,792.08	1,867.86	15,928.00	8,282.56	1,433.52
75	76	25,429.00	13,223.08	2,288.61	21,869.00	11,371.88	1,968.21	16,783.00	8,727.16	1,510.47
76	77	26,340.00	13,696.80	2,370.60	22,652.00	11,779.04	2,038.68	17,384.00	9,039.68	1,564.56
77	78	27,661.00	14,383.72	2,489.49	23,788.00	12,369.76	2,140.92	18,256.00	9,493.12	1,643.04
78	79	28,202.00	14,665.04	2,538.18	24,254.00	12,612.08	2,182.86	18,613.00	9,678.76	1,675.17
79	80	29,826.00	15,509.52	2,684.34	25,650.00	13,338.00	2,308.50	19,685.00	10,236.20	1,771.65
80	81	31,590.00	16,426.80	2,843.10	27,167.00	14,126.84	2,445.03	20,849.00	10,841.48	1,876.41
81^	82^	32,431.00	16,864.12	2,918.79	27,891.00	14,503.32	2,510.19	21,404.00	11,130.08	1,926.36
82^	83^	33,639.00	17,492.28	3,027.51	28,930.00	15,043.60	2,603.70	22,202.00	11,545.04	1,998.18
83^	84^	34,940.00	18,168.80	3,144.60	30,048.00	15,624.96	2,704.32	23,060.00	11,991.20	2,075.40
84^	85^	36,121.00	18,782.92	3,250.89	31,064.00	16,153.28	2,795.76	23,840.00	12,396.80	2,145.60
85^	86^	37,430.00	19,463.60	3,368.70	32,190.00	16,738.80	2,897.10	24,704.00	12,846.08	2,223.36
86^	87^	38,256.00	19,893.12	3,443.04	32,900.00	17,108.00	2,961.00	25,249.00	13,129.48	2,272.41
87^	88^	39,218.00	20,393.36	3,529.62	33,727.00	17,538.04	3,035.43	25,884.00	13,459.68	2,329.56
88^	89^	39,812.00	20,702.24	3,583.08	34,238.00	17,803.76	3,081.42	26,276.00	13,663.52	2,364.84
89^	90^	40,892.00	21,263.84	3,680.28	35,167.00	18,286.84	3,165.03	26,989.00	14,034.28	2,429.01
90^	91^	41,539.00	21,600.28	3,738.51	35,724.00	18,576.48	3,215.16	27,416.00	14,256.32	2,467.44
91^	92^	45,151.00	23,478.52	4,063.59	38,830.00	20,191.60	3,494.70	29,800.00	15,496.00	2,682.00
92^	93^	45,993.00	23,916.36	4,139.37	39,554.00	20,568.08	3,559.86	30,355.00	15,784.60	2,731.95
93^	94^	47,001.00	24,440.52	4,230.09	40,421.00	21,018.92	3,637.89	31,021.00	16,130.92	2,791.89
94^	95^	48,122.00	25,023.44	4,330.98	41,385.00	21,520.20	3,724.65	31,761.00	16,515.72	2,858.49
95^	96^	49,029.00	25,495.08	4,412.61	42,165.00	21,925.80	3,794.85	32,359.00	16,826.68	2,912.31
96^	97^	50,434.00	26,225.68	4,539.06	43,373.00	22,553.96	3,903.57	33,286.00	17,308.72	2,995.74
97^	98^	51,932.00	27,004.64	4,673.88	44,662.00	23,224.24	4,019.58	34,275.00	17,823.00	3,084.75
98^	99^	52,941.00	27,529.32	4,764.69	45,529.00	23,675.08	4,097.61	34,941.00	18,169.32	3,144.69
99^	100^	54,099.00	28,131.48	4,868.91	46,525.00	24,193.00	4,187.25	35,705.00	18,566.60	3,213.45

^ 只適用於續保。
^For Renewal only.

PREMIER THE ONEcierge One Team Health Management

One Plan One Team One Stop Pan-Asia Health Solution

Everyone would like to be with a reliable partner to focus on their recovery and enjoy life even when facing any health problems. FWD Life Insurance Company (Macau) Limited (“FWD”), as your trusted partner, not only provides you with comprehensive medical protection coverage, but also customises dedicated health services especially for your needs. **PREMIER THE ONEcierge One Team Health Management** (the “**Service**”) offers you priority and tailor-made treatment with an one-stop approach in the territories of the Pan-Asia Region (including Hong Kong, Mainland China, Taiwan, Singapore and Japan) (the “**Pan-Asia Region**”) from a professional health management team, helping you when you need help most. You can relax with ease knowing that all aspects of your wellness have been taken care of.

Professional & Experienced Medical Specialist Team as your Partner

A professional medical service provider is undoubtedly your best assurance to receiving prompt and suitable medical advice and treatment. The Service provides you with a leading network of specialists so you can receive the most suitable treatment from the best suited doctor and top-tiered network hospitals² in the Pan-Asia Region.

The Service also provides you with extensive professional medical advice, through the Inpatient Medical Advice Service³, so you can feel comfortable with the medical assessment and treatment. With our professional team of experts as your guardian angel, you will be hassle free even when facing any illness or disease.

Superior Hospitalization Arrangement where you prefer

The Service always puts your interest first. Should you require hospitalization as diagnosed by your consulting doctor of the Service⁴, the team of specialists will arrange for you to be admitted to hospital and receive treatment promptly. Besides, the Service will provide you with personalized travel-related assistance⁵ in flights, accommodation, ground transfers and visa application. The medical team of the Service arranges what is needed in advance so you can rest assured that you will receive treatment and recover well.

Efficient and Seamless Claims Resolution and Cashless Facility⁶

The team of specialists of the Service will assist you to apply for an efficient and seamless claims resolution arrangement with FWD prior to hospital admission. Upon the successful arrangement of the whole process of this resolution, FWD will then provide you with a Cashless Facility (if applicable) and pay the hospitalization fees and charges on your behalf, subject to respective benefit limits (if applicable). Payment and claim requests for such fees and charges can be dispensed with and you can focus on recovery and managing your cash reserve more effectively!

From now on, let the Service be your partner in safeguarding your health!

PREMIER THE ONEcierge One Team Health Management Hotline⁶:

Macau: (853) 8988 6066 / Hong Kong: (852) 8120 9066
Toll-free number for Mainland: 400 9303078
24-hour full support

For any enquiries about Policy information, please contact your advisors or FWD's Service Hotline at (853) 8988 6060.

Note:

- The claimable amount of medical expenditure is subject to the terms and benefits of the designated insurance plan, including but not limited to benefit items, benefit amounts, annual benefit limit and lifetime benefit limit.
- Any medical advice, opinion or services are provided by doctors of HMG, its healthcare team and Parkway, who are all external third-party service providers. They are independent contractors and are not agents of FWD. For any specific questions on medical matters or situations, please consult your doctor or other healthcare professionals. FWD shall not be responsible for any act, negligence or omission of medical advice, opinion, service or treatment on the part of them.
- You are required to consent to FWD, HMG, its healthcare network team and Parkway, recording, sharing, using and archiving your personal data in pursuance of the Service being offered to you as well as for their training and quality assurance purposes. Failure to provide the relevant personal data may result in the said service providers being unable to provide the relevant services to you.
- This product material should be read along with the illustration documents and/or other relevant marketing materials of the designated insurance plan.

The above information is for reference only and is indicative of the key features of the Service instead of the benefit of Eligible Plans. For a complete explanation of the terms and conditions of Eligible Plans, please refer to their Policy Provisions. In the event of any discrepancy between the English and Chinese version of this leaflet, the Chinese version shall prevail.

Remarks:

- The Service, provided by HealthMUTUAL Group Limited (“HMG”), its healthcare network team and Parkway Hospitals Singapore (“Parkway”), is provided by external third party providers. 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 HMG and its healthcare network team and Parkway. The Service is only applicable in the Pan-Asia Region.
- Hospital means a variety of network hospitals in the Pan-Asia Region providing medical advice and treatment under the Service. Please contact FWD's Service Hotline at (853) 8988 6060 to get more information about the list of hospitals in the Pan-Asia Region.
- Inpatient Medical Advice Service is provided by HMG and its healthcare network team which are not employees and/or agents of FWD and this service offers inpatient medical advice for the Insured Person of the designated insurance plan. FWD shall not be responsible or liable to the Policy Holder or the Insured Person for anything in relation to such service given by HMG and its healthcare network team. Should the Insured Person be diagnosed with serious diseases and obtain a hospital admission letter, HMG will make an assessment based on the Insured Person's medical reports as appropriate, including explanations of the medical report, alternative medical treatment and associated estimated medical expenses in the Pan-Asia Region. A final decision on the medical treatment arrangement shall be made solely by the Insured Person. Please note that Inpatient Medical Advice shall not be considered as medical consultation. If the Insured Person would like to have medical consultation, all relevant costs will be borne by the Insured Person. FWD reserves the right to terminate or vary this service in its sole discretion without further notice.
- The list of doctors of the Services may be revised from time to time without prior notice.
- The Insured Person is responsible for all relevant fees and charges required of the travel and accommodation related items. Travel related assistance is only applicable to Taiwan, Singapore & Japan.
- Cashless Facility (“Cashless Facility”) is an administrative arrangement to pay the covered expenditures when the Insured Person is under confinement, but not a benefit item under Policy provisions or a guaranteed successful arrangement. FWD reserves the right to terminate or vary the service in its sole discretion without further notice. FWD would pay the medical cost to the relevant hospital on behalf of the Insured Person after successful arrangement of Cashless Facility. If there is Deductible balance (if any) of the designated insurance plan, Policy Holders are required to pay such balance when admitted to the hospital. If the medical cost paid by FWD is higher than the maximum amount of benefit, FWD would seek reimbursement from Policy Holders for such amount.
- This hotline is operated by HMG. Please note that this hotline is for non-emergency reservation of doctor consultation instead of for emergencies.

The information above is for reference only and none of the above is binding upon FWD or HMG.

The service is provided by HMG, its healthcare network team and Parkway and it is not guaranteed renewable. FWD shall not be responsible for any act or failure to act on the part of HMG, its healthcare network team, Parkway and the professionals. FWD reserves the right to amend, suspend or terminate the PREMIER THE ONEcierge One Team Health Management and to amend the relevant terms and conditions at any time without prior notice.

Second Medical Opinion Service

As part of FWD's promise of care, you are given the access to some of the highest ranked medical institutions in the US through International SOS (“Intl.SOS”) once your claim is approved and such claim is relevant to designated diseases. For the list of designated disease, please call the International SOS at (852) 3122 2900 for details.

What is Second Medical Opinion Service?

The objective of the Second Medical Opinion Service is to meet the public's increasing demands for the best possible medical treatment bearing in mind the continual development of leading edge treatments for diseases. This is why we offer the Second Medical Opinion Service to our valuable Insured Person (the “member”) via Intl.SOS.

Understand this distinguished service, the member has access to a panel of world-class specialists at leading medical institutions in the US to obtain alternative advice on the member's medical condition and confirmation of the diagnosis in the event that the member has been diagnosed as suffering from disease made by your attending physician, plus any other relevant medical advice.

Panel of Second Medical Opinion Specialists

The panel provides you access to some of the highest ranked medical institutions in the US, together with more than 15,000 leading specialists who practice there.

- Harvard Medical School
- Johns Hopkins Hospital, Baltimore
- Massachusetts General Hospital
- Brigham and Women's Hospital, Boston
- Dana-Faber Cancer Institute
- Cedars-Sinai Medical Center, Los Angeles

The list of medical institutions may be revised from time to time without prior notice.

How to seek Second Medical Opinion Service?

When the member has been diagnosed with a disease, the member can call the below hotline to obtain the Second Medical Opinion Service.

**Second Medical
Opinion Service*:
International SOS: (852) 3122 2900**

Within 24 hours Intl.SOS will confirm membership and whether medical condition is eligible for the service.

* In case if the Insured Person would like to obtain a Second Medical Opinion Report on top of the Second Medical Opinion, the cost is US\$850. (The cost may be reviewed from time to time without prior notice)

Note:

- FWD, the medical panel, Intl.SOS and/or any of its affiliates, record, share, use and archive your personal data in pursuance of the services being offered to you as well as for their training and quality assurance purposes. The failure to provide the relevant personal data may result in the said service provides being unable to provide the relevant services to you.
- The Second Medical Opinion Service and Report (if applicable) are provided by the panel of second medical opinion specialists which are not employees and/or agents of FWD. The opinion and report (if applicable) are general in nature to meet your healthcare needs and should not be used as a substitute for medical services. It is for you and your physician or consulting hospital to decide the appropriate medical course of action to be pursued. FWD shall not be responsible or liable to the Policy Holder or the Insured Person for anything in relation to such opinion and report (if applicable) given by panel of second medical opinion specialists.
- Intl.SOS, and/or its affiliates and the panel providing the Second Medical Opinion and report (if applicable) do not have any authority or responsibility to determine the benefits/amounts payable, its eligibility claim procedures etc.
- This product material should be read along with the illustration documents and/or other relevant marketing materials of the designated insurance plan.

The information above is for reference only and none of the above is binding upon FWD or Intl.SOS.

The service is provided by Intl.SOS and it is not guaranteed renewable. FWD shall not be responsible for any act of failure to act on the part of Intl.SOS and the professionals. FWD reserves the right to amend, suspend or terminate the Second Medical Opinion Service and to amend the relevant terms and conditions at any time without prior notice.

International SOS 24-hour Worldwide Assistance Services

General Benefits and Terms

The following SOS benefits are available to Insured Person(s) (“User(s)”) covered under the designated insurance plan(s) of FWD when travelling outside the Home Country or Usual Country of Residence for periods not exceeding 90 consecutive days per trip.

The International SOS 24-hour Worldwide Assistance Services is provided as a benefit by International SOS (“Intl.SOS”). FWD is not an agent of Intl.SOS and shall not accept any liability for the services provided by Intl.SOS, or their availability. The contract between Intl.SOS and the Users is separate and independent to the Policy.

Medical Assistance:

1 Telephone Medical Advice

Intl.SOS will arrange for the provision of medical advice to the User over the telephone.

2 Arrangement and Payment of Emergency Medical Evacuation

Intl.SOS will arrange and pay for the air and/or surface transportation and communication for moving the User to the nearest hospital where appropriate medical care is available.

3 Arrangement and Payment of Emergency Medical Repatriation

Intl.SOS will arrange and pay for the return of the User to the Home Country or Usual Country of Residence following an Emergency Medical Evacuation for subsequent in-hospital treatment in a place outside the Home Country or Usual Country of Residence.

4 Arrangement and Payment of Repatriation of Mortal Remains

Intl.SOS will arrange for transporting the User's mortal remains from the place of death to the Home Country or Usual Country of Residence and pay for all expenses reasonably and unavoidably incurred in such transportation so arranged by Intl.SOS or alternatively pay the cost of burial at the place of death as approved by Intl.SOS.

5 Arrangement of Hospital Admission and Guarantee of Hospital Admission Deposit

If the medical condition of the User is of such gravity as to require hospitalisation, Intl.SOS will assist such User in the hospital admission. In case of hospital admission duly approved by Intl.SOS and the User is without means of payment of the required hospital admission deposit, Intl.SOS will on behalf of the User guarantee or provide such payment up to US\$5,000. The provision of such guarantee by Intl.SOS is subject to Intl.SOS first securing payment from the User through the User's credit card or from the funds from the User's family. Intl.SOS shall not be responsible for any third party expenses which shall be solely the User's responsibility.

6 Delivery of Essential Medicine

Intl.SOS will arrange to deliver to the User essential medicine, drugs and medical supplies that are necessary for a User's care and/or treatment but which are not available at the User's location. The delivery of such medicine, drugs and medical supplies will be subject to the laws and regulations applicable locally. Intl.SOS will not pay for the costs of such medicine, drugs or medical supplies and any delivery costs thereof.

7 Arrangement and Payment of Compassionate Visit and Hotel Accommodation
(US\$1,000 subject to a sub-limit US\$250 per day)

Intl.SOS will arrange and pay for one economy class return airfare and hotel accommodations for a relative or a friend of the User to join the User who, when travelling alone, is hospitalised outside the Home Country or Usual Country of Residence for a period in excess of seven (7) consecutive days, subject to Intl.SOS' prior approval and only when judged necessary by Intl.SOS on medical and compassionate grounds.

8 Arrangement and Payment of Return of Minor Children

Intl.SOS will arrange and pay for the economy class one-way airfare for the return of minor children [aged 18 years old and below, unmarried] to the Home Country or Usual Country of Residence if they are left unattended as a result of the accompanying User's illness, accident or Emergency Medical Evacuation. Escort will be provided, when necessary, at no charge.

9 Arrangement and Payment of Convalescence Expenses
(US\$1,000 subject to a sub-limit US\$250 per day)

Intl.SOS will arrange and pay for the additional hotel accommodation expenses necessarily and unavoidably incurred by the User related to an incident requiring Emergency Medical Evacuation, Emergency Medical Repatriation or hospitalisation. Intl.SOS' prior approval, subject to its determination on medical grounds, is required in respect of such payment.

10 Arrangement and Payment of Unexpected Return to the Home Country or Usual Country of Residence

In the event of the death of the User's close relative in his/her Home Country or Usual Country of Residence while the User is travelling overseas (save for in the case of migration) and necessitating an unexpected return to his Home Country or Usual Country of Residence, Intl.SOS will arrange and pay for one economy class return airfare for the return of the User to his/her Home Country or Usual Country of Residence.

11 Arrangement and Payment of Return of User to Original Work Site

Following the User's Emergency Medical Evacuation or Emergency Medical Repatriation and within one (1) month period, Intl.SOS will, upon the User's request, arrange and pay for a one-way economy class airfare to return the User to the original work location.

Travel Assistance:

1 Inoculation and Visa Requirement Information

Intl.SOS shall provide information concerning visa and inoculation requirements for foreign countries, as those requirements are specified from time to time in the most current edition of World Health Organization Publication "Vaccination Certificates Requirements and Health Advice for International Travel" (for inoculations) and the "ABC Guide to International Travel Information" (for visas). This information will be provided to the User at any time, whether or not the User is travelling or an emergency has occurred.

2 Lost Luggage Assistance

Intl.SOS will assist the User who has lost his/her luggage while travelling outside the Home Country or Usual Country of Residence by referring the User to the appropriate authorities involved.

3 Lost Passport Assistance

Intl.SOS will assist the User who has lost his/her passport while travelling outside the Home Country or Usual Country of Residence by referring the User to the appropriate authorities involved.

4 Legal Referral

Intl.SOS will provide the Users with the name, address, telephone numbers, if requested by the User and if available, office hours for referred lawyers and legal practitioners. Intl.SOS will not give any legal advice to the User.

5 Emergency Travel Service Assistance

Intl.SOS shall assist the User in making reservations for air ticket or hotel accommodation on an emergency basis when travelling overseas.

Note:

- Intl.SOS, at its sole discretion, may provide medical assistance as described above to Users on a fee-for-service basis for those cases which do not fall within the service scope, subject to Intl.SOS receiving additional financial guarantees or indemnification from FWD and/or its User(s) prior to rendering such services on a fee-for-service basis. For more details, please refer to the illustration documents and/or other relevant marketing materials of the designated insurance plan.
- This flyer should be read along with the illustration documents and/or other relevant marketing materials of the designated insurance plan.

The information above is for reference only and none of the above is binding upon FWD or Intl.SOS.

The service is provided by Intl.SOS and the medical advice is provided by medical service providers which are not employees and/or agents of FWD. The service is not guaranteed renewable. FWD shall not be responsible or liable to the User, Policy Holder or the Insured Person for anything in relation to such service given by Intl.SOS and the medical service providers. FWD reserves the right to amend, suspend or terminate the International SOS 24-hour Worldwide Assistance Services and to amend the relevant terms and conditions at any time without prior notice.

Ready
to
help

FWD Professional Health
Assistance Services