



Privileged Medical Care

for the Privileged Ones

TheOne Medical Solution / TheOne Medical Solution Rider

Medical • Non-Participating life

TheOne Medical Solution

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

Comprehensive protection throughout life

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

9 different plan options to fit your specific needs

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

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

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

Tailored extra benefits

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

Lifetime renewal privilege for peace of mind⁸

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

Flexible protection aligned to your future needs

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

Worldwide support service

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

TheOne Medical Solution

TheOne Medical Solution Rider

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

Schedule of Benefit

Benefit Schedule	Maximum Benefit Limit		
	Standard Plan	Superior Plan	Premier Plan
Plan Level	Standard Plan	Superior Plan	Premier Plan
Area of Cover	Asia ¹¹	Worldwide ex USA ¹²	Worldwide ¹³
Annual Limit	HK\$8,000,000 / US\$1,000,000	HK\$12,000,000 / US\$1,500,000	HK\$16,000,000 / US\$2,000,000
Lifetime Limit ¹	HK\$40,000,000 / US\$5,000,000	HK\$60,000,000 / US\$7,500,000	HK\$100,000,000 / US\$12,500,000
Annual Deductible ⁵ options (Only available for item 1 – 5 of this Schedule of Benefit)	HK\$0 / 40,000 / 80,000 US\$0 / 5,000 / 10,000		
1. Hospitalization Benefits			
Room and Board (Standard Private Room ⁴)	Full Cover		
Companion Bed	Full Cover		
Private Nursing Care's Fee ¹⁴	Full Cover (up to a max. of 30 days per policy year)	Full Cover (up to a max. of 60 days per policy year)	Full Cover (up to a max. of 90 days per policy year)
	(maximum 180 days per lifetime)		
Specialist's Fee	Full Cover		
Physician's Hospital Visit	Full Cover		
Charges for Intensive Care	Full Cover		
Miscellaneous Hospital Charges ¹⁵	Full Cover		
Daily Hospital Cash for Voluntary Room and Board Stay Below Private Room (Stay in private hospital in Macau or Hong Kong)	HK\$1,500 / US\$187.5 (up to a max. of 30 days per policy year)		
Psychiatric Treatment	Not Applicable	Full Cover (up to 30 days per policy year and 180 days per lifetime)	
2. Surgical Benefits			
Surgery Fee (including Surgeon Fee, Operation Theatre Fee, Anaesthetist's Fee and Outpatient Surgery Fee)	Full Cover		
Organ and Bone Marrow Transplantation	Full Cover		
Medical Appliances	Specified Items ¹⁶ : Full Cover Other Items: HK\$96,000 / US\$12,000 per item per life		
3. Pre- and Post-Hospitalization Benefits			
Pre-Hospitalization Outpatient ¹⁷	Full Cover (within 31 days before hospitalization and maximum 1 visit per day)		
Post-Hospitalization Outpatient	Full Cover (within 60 days immediately after discharge from hospitalization and maximum 1 visit per day)		
Post-Hospitalization Home Nursing ¹⁴	Full Cover (up to a maximum of 31 days per policy year within 31 days after discharge from hospitalization)		

Schedule of Benefit (Continued)

4. Extended Benefits

First-dollar Coverage – Deductible waived for Designated Critical Illness ² (Only applicable to Annual Deductible policies)	First-dollar coverage - Waive Annual Deductible ^{2,5}		
	Designated Critical Illnesses		
	<ul style="list-style-type: none"> • Cancer • End Stage Lung Disease • Primary Pulmonary Arterial Hypertension • Kidney Failure • Severe Rheumatoid Arthritis • Terminal Illness 	<ul style="list-style-type: none"> • Fulminant Hepatitis • Cardiomyopathy • Coronary Artery Disease Surgery • Surgery to Aorta • Heart Attack 	<ul style="list-style-type: none"> • Chronic Liver Disease • Heart Valve Surgery • Stroke • Major Organ Transplantation • Parkinson's Disease
Chemotherapy and Radiotherapy	Full Cover (including immunotherapy, target therapy, cancer hormonal therapy and proton therapy)		
Kidney Dialysis	Full Cover		
Additional Annual Limit for Organ and Bone Marrow Transplantation, Chemotherapy and Radiotherapy and Kidney Dialysis ⁷	HK\$1,000,000 / US\$125,000	HK\$1,500,000 / US\$187,500	HK\$2,000,000 / US\$250,000
HIV / AIDS Treatment ¹⁸	HK\$800,000 / US\$100,000 (per lifetime)		
Pregnancy Complications ¹⁹	Full Cover		
Traditional Chinese Medicine	Not Applicable	HK\$350 / US\$43.75 per visit (within 60 days after discharge from hospitalization. Maximum 1 visit per day and up to 10 visits per policy year)	

5. Emergency Dental Treatment Benefit

Emergency Dental Treatment ¹⁵	Full Cover (Due to Accident)
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6. Health Screening Benefit

Health Screen ²⁰	Not Applicable	Once and up to HK\$4,000 / US\$500 for every 2 policy years (For policies with Annual Deductible ⁵ , once and up to HK\$2,000 / US\$250 per 2 policy years)	Once and up to HK\$6,000 / US\$750 for every 2 policy years (For policies with Annual Deductible ⁵ , once and up to HK\$3,000 / US\$375 per 2 policy years)
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7. Life Protection

Death Benefit	HK\$80,000 / US\$10,000
Accidental Death Benefit	HK\$80,000 / US\$10,000

8. Other

Guaranteed Convertibility to Reduce Annual Deductibles ⁵ at Specified Ages	Privilege to reduce Annual Deductible ⁵ within 31 days before or after the Policy Anniversary at age 50 / 55 / 60 / 65 (Age Next Birthday) without providing proof of insurability. The premium would be based on factors, including but not limited to new Annual Deductible ⁵ , Plan Level and age of the Insured and the premium table applicable at that time. This right can only be exercised once by lifetime.
24-Hour Worldwide Assistance Services ¹⁰	Service Program
Second Medical Opinion ¹⁰	Service Program

You may refer to the deductible example or other information at FWD's website.

You can either apply the Plan in the form of basic plan or rider.

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

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

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

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

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

Remarks

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

Important Notes and Declarations:

- i. This Plan is underwritten by FWD. FWD is solely responsible for all features, Policy approval, coverage and benefit payment under the Plan. FWD recommends that you carefully consider whether the Plan is suitable for you in view of your financial needs and that you fully understand the risk involved in the Plan before submitting your application. You should not apply for or purchase the Plan unless you fully understand it and you agree it is suitable for you. Please read through the following related risks before making any application of the product.
- ii. This Plan material is issued by FWD. FWD accepts full responsibility for the accuracy of the information contained in this Plan material. This Plan material is intended to be distributed in the Macao Special Administrative Region only and shall not be construed as an offer to sell, a solicitation to buy or the provision of any insurance products of FWD outside the Macao Special Administrative Region. All selling and application procedures of the Plan must be conducted and completed in the Macao Special Administrative Region.
- iii. This Plan is an insurance product. The premium paid is not a bank savings deposit or time deposit. The Plan is not protected under the Deposit Protection Scheme in the Macao Special Administrative Region.
- iv. This Plan is an individual indemnity hospital insurance plan without any savings element. The costs of insurance and the related costs of the policy are included in the premium paid under this plan despite the product brochure / leaflet and / or the illustration documents of this plan having no schedule / section of fees and charges or no additional charge noted other than the premium.
- v. All underwriting and claims decisions are made by FWD. FWD relies upon the information provided by the applicant and the Insured in the insurance application to decide to accept or decline the application with a full refund of any premium paid without interest. FWD reserves the right to accept / reject any insurance application and can decline your insurance application without giving any reason.

- vi. All the above benefits and payment are paid after deducting policy debts (if any, e.g. unpaid premiums or premium loan and the interest of the loan).
- vii. If you are not satisfied with the Policy of TheOne Medical Solution, you have the right to cancel it within the Cooling-off Period and obtain a refund of any premium paid provided that you have not made any claims under the policy. A written notice signed by you should be received by the office of FWD at 12/F, Fortuna Business Centre, 301-355 Av. Comercial De Macau, Macau within the Cooling-Off Period (that is, 21 days after either the delivery of the policy or the issue of a Notice informing you or your representative that the policy is available for collection and Expiry Date of the Cooling-off Period, whichever is earlier).
- viii. The period of cover is 1 year, and the policy will be automatically renewed at each Policy Anniversary. FWD reserves the right to revise, amend or modify the benefits payable, restrictions, limitations, exclusions under this Policy and any supplementary benefits. FWD shall notify the Policy Owner in writing at least 30 days before the Policy Anniversary effecting such revision specifying, among others, the new premium rate and its due date.
- ix. To surrender the Policy, the Policy Owner needs to send FWD a completed surrender form or by any other means acceptable by FWD.
- x. FWD must comply with the following requirements to facilitate the Financial Services Bureau automatically exchanging certain financial account information:
 - (a) to identify accounts as non-excluded “financial accounts” (“NEFAs”);
 - (b) to identify the jurisdiction(s) in which NEFA-holding individuals and NEFA-holding entities reside for tax purposes;
 - (c) to determine the status of NEFA-holding entities as “passive NFEs” and identify the jurisdiction(s) in which their controlling persons reside for tax purposes;
 - (d) to collect information on NEFAs (“Required Information”); and
 - (e) to furnish Required Information to the Financial Services Bureau.
 The Policy Owner must comply with requests made by FWD to comply with the above listed requirements.

Double Insurance

If the Insured is entitled to a refund of all or part of expenses specified in Benefit Provisions of this Policy/ Rider from any other sources, the Policy Owner shall notify FWD. FWD shall only be liable for the excess, if any, of such expenses over the amount recoverable from such other sources. However, such compensation or reimbursement from any other sources will count towards the Balance of Annual Deductible provided that certified copy(s) of all the bills are submitted to FWD as evidence. If FWD shall have paid the amount recoverable from such other sources, the same shall be refunded to FWD. The maximum amount payable under each item of benefits shall not exceed the limit of this benefit as stated in the Policy Schedule.

Notice of Claim

Written notice of a claim must be given to FWD within 30 days from the date of Discharge or Clinical Surgery, or the date of death of the Insured, or in any case not beyond 6 months from the date of discharge from Confinement or Clinical Surgery, or the date of death of the Insured. Any claims received after the said period shall not be accepted, unless FWD in its sole discretion decides otherwise.

Incorrect Disclosure or Non-Disclosure

You or the Insured 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 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.

Incorrect disclosure or non-disclosure of any material facts which, in our opinion, may affect our risk assessment, including but not limited to, age, gender and other material facts declared on the relevant application form, may render this Policy void from the Policy Date, unless FWD confirms otherwise in writing.

What are the key product risks?

Credit risk

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

Exchange rate and currency risk

The application of this insurance product with the policy currency denominated in a foreign currency is subject to that foreign currency’s exchange rate and currency risk. The foreign currency may be subject to the relevant regulatory bodies’ control (for example, exchange restrictions). If your home currency is different from the policy currency, please note that any exchange rate fluctuation between your home currency and the policy currency of this insurance product will have a direct impact on the amount of premium required and the value of benefit(s) to be received. For instance, if the policy currency of the insurance product depreciates substantially against your home currency, there is a negative impact on the benefits you receive from the product. 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 policy may not be sufficient for the increasing protection needs in the future even if FWD fulfills all of its contractual obligations.

Premium adjustment

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

Premium term and non-payment of premium

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

FWD allows a Grace Period of 30 days after the premium due date for payment of each premium. If a premium is still unpaid at the expiration of the Grace Period, the Plan will be terminated from the date the first unpaid premium was due. Please note that once the Plan is terminated on this basis, you will lose all of your benefits.

Exclusions

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

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

If the Insured dies by suicide, whether sane or insane, within 12 calendar months from the later of the Policy Date or the date of reinstatement, FWD's liability shall be limited to the amount of the premiums paid without interest, less any indebtedness and any benefit payment under this Policy/ Rider.

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

Termination conditions

The Plan shall terminate on the earliest of the following:

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

Important Words

Accident

– shall mean an unforeseen, unexpected, violent, and involuntary external event or contiguous series of events of accidental and visible nature which shall be the sole and direct cause of a bodily injury and independently of any other causes including but not limited to illness or any naturally occurring condition or degenerative process while this Policy/ Rider is in force.

Confinement or Confined

– shall mean admission of the Insured into a Hospital or Mental/Psychiatric Hospital as an In-Patient on written recommendation of a Physician for Medically Necessary treatment as a result of Covered Illness or Covered Injury, provided that the duration of such stay is at least 6 consecutive hours. Throughout the period from the Insured's admission until his/her Discharge, the Insured is required to be continuously confined in the Hospital or Mental/Psychiatric Hospital without any physical absence or interruption.

Congenital Conditions

– shall mean medical abnormalities existing at the time of birth, regardless of whether they are known or unknown to the Policy Owner or the Insured, as well as neonatal physical abnormalities developing before the Insured attains 16 years of age, and shall include but are not limited to strabismus (squint), hydrocephalus, undescended testicle, Meckel's diverticulum, flat foot, heart septal defect and indirect inguinal hernias.

Covered Illness

– shall mean a physical condition marked by a pathological deviation from the normal healthy state which manifests and commences more than 30 days after the Policy Date. In this Policy/ Rider, an illness is regarded as having occurred when it has been investigated, diagnosed or treated or when its signs or symptoms have manifested which would cause an ordinary prudent person to seek diagnosis, care or treatment. In the event of any conflict or discrepancy of opinions relating to the signs or symptoms of an illness and their manifestation between a Physician and the Insured, FWD shall adopt and follow the Physician's professional opinion.

Covered Injury

– shall mean bodily damage to the Insured caused solely and directly by an Accident that occurs while this Policy/ Rider is in force.

Eligible Expenses

– shall mean only those Reasonable and Customary amount incurred by the Insured for the Medically Necessary treatment or services in respect of Covered Illness or Covered Injury as provided under this Policy/ Rider.

Medically Necessary

– shall mean medical service, procedure or supply which are necessary and is (a) consistent with the diagnosis and customary medical treatment for the Covered Illness or Covered Injury; (b) recommended by a Physician or Surgeon for the care or treatment of the Covered Illness or Covered Injury involved and must be widely accepted professionally in Hong Kong as effective, appropriate and essential based upon recognized standards of the health care specialty involved; (c) not furnished primarily for the personal comfort or convenience of the Insured or any medical service provider; and (d) for Confinement, which the Insured's Covered Illness or Covered Injury could not safely and adequately be treated while not confined, and for Clinical Surgery which the Insured's Covered Illness or Covered Injury could not safely and adequately be treated without any surgery. Experimental, screening and preventive services or supplies shall not be considered as Medically Necessary.

Pre-existing Conditions

– shall mean (1) any physical, medical or mental condition or (2) any illness or injury:

- (a) that existed whether it was known or unknown to the Policy Owner or the Insured; or
- (b) that was investigated, diagnosed, or treated by a Physician; or
- (c) for which Physician was consulted; or
- (d) the signs or symptoms of which commenced, before the Policy Date.

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 material. 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 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)



PMM055AE2112

衛一醫療總匯 TheOne Medical Solution

基本計劃（美元）年繳保費表（中國內地人士除外）

Basic Plan (US\$) Annual Premium Table (Excluding Mainland Chinese)

每年自付費 Annual Deductible	0			5,000			10,000		
	標準計劃 Standard Plan	特等計劃 Superior Plan	優等計劃 Premier Plan	標準計劃 Standard Plan	特等計劃 Superior Plan	優等計劃 Premier Plan	標準計劃 Standard Plan	特等計劃 Superior Plan	優等計劃 Premier Plan
1-4	1,146	1,401	2,464	534	640	1,232	431	524	986
5-15	1,091	1,335	2,346	508	609	1,173	411	499	939
16	1,095	1,351	2,371	510	618	1,186	412	509	949
17	1,097	1,368	2,396	511	626	1,199	412	517	959
18	1,100	1,384	2,421	512	635	1,211	413	527	969
19	1,100	1,433	2,494	512	659	1,248	413	546	998
20	1,100	1,480	2,569	513	685	1,289	415	567	1,033
21	1,100	1,494	2,616	515	696	1,317	416	575	1,057
22	1,100	1,506	2,622	516	705	1,325	417	582	1,064
23	1,100	1,547	2,628	517	728	1,332	418	601	1,071
24	1,100	1,587	2,634	518	751	1,339	419	617	1,079
25	1,101	1,602	2,639	520	762	1,347	422	622	1,086
26	1,161	1,655	2,669	550	788	1,359	446	644	1,097
27	1,221	1,708	2,699	579	815	1,372	470	665	1,107
28	1,279	1,761	2,728	608	842	1,384	494	687	1,118
29	1,339	1,814	2,791	639	869	1,414	518	709	1,142
30	1,374	1,867	2,873	657	896	1,453	534	730	1,173
31	1,415	1,906	2,914	678	916	1,470	551	747	1,188
32	1,436	1,946	2,955	689	937	1,488	560	764	1,203
33	1,466	1,985	3,037	706	957	1,526	574	781	1,233
34	1,505	2,024	3,119	726	978	1,565	591	797	1,265
35	1,528	2,064	3,202	740	999	1,603	602	813	1,295
36	1,584	2,135	3,284	768	1,035	1,644	625	843	1,329
37	1,612	2,161	3,325	784	1,050	1,665	639	855	1,346
38	1,631	2,188	3,345	795	1,065	1,675	647	867	1,354
39	1,656	2,215	3,383	809	1,080	1,694	659	878	1,370
40	1,667	2,222	3,448	816	1,085	1,727	665	882	1,396
41	1,719	2,230	3,609	844	1,090	1,808	688	887	1,461
42	1,757	2,282	3,770	865	1,119	1,888	705	909	1,526
43	1,794	2,365	3,932	885	1,161	1,969	723	943	1,592
44	1,868	2,456	4,093	923	1,208	2,051	754	981	1,657
45	1,982	2,570	4,254	981	1,266	2,149	802	1,028	1,734
46	2,106	2,727	4,444	1,042	1,341	2,244	852	1,090	1,811
47	2,231	2,859	4,633	1,103	1,403	2,341	902	1,141	1,886
48	2,319	2,964	4,822	1,147	1,453	2,435	937	1,181	1,961
49	2,408	3,069	5,010	1,190	1,501	2,530	973	1,221	2,036
50	2,517	3,174	5,196	1,244	1,550	2,624	1,017	1,259	2,110
51	2,609	3,278	5,456	1,288	1,599	2,756	1,053	1,299	2,214
52	2,700	3,413	5,716	1,333	1,662	2,887	1,089	1,351	2,318
53	2,832	3,625	5,974	1,397	1,761	3,017	1,142	1,433	2,421
54	2,946	3,850	6,231	1,452	1,867	3,147	1,187	1,519	2,523
55	3,099	4,088	6,486	1,527	1,980	3,276	1,248	1,610	2,624
56	3,274	4,341	6,928	1,609	2,100	3,496	1,314	1,709	2,800
57	3,492	4,610	7,371	1,712	2,229	3,716	1,397	1,813	2,976
58	3,714	4,896	7,818	1,816	2,365	3,937	1,481	1,923	3,153
59	3,916	5,199	8,264	1,909	2,509	4,157	1,558	2,040	3,329
60	4,148	5,621	8,756	2,018	2,711	4,401	1,644	2,203	3,523

^ 續保保費以供參考 ^ Renewal premium for reference

重要事項：1) 本保費表只供參考，並不能作為富衛人壽保險（澳門）股份有限公司（「富衛」）與任何人士或團體所訂立之任何合約或該合約的任何部分。有關「衛一醫療總匯」及「衛一醫療總匯附約」（統稱：「本計劃」）之詳情，請參閱產品冊子及保單條款。2) 終身續保受限於富衛是否持續提供本計劃、每年續保時將根據當時的條款及細則包括但不受限於保單終止條文、保單利益和保費率。續保保費並非保證及每次續保之保費將根據續保時的年齡（下次生日）及當時的保費表釐定。保費表根據各因素，包括但不受限於相關的醫療費用的通脹及富衛不時的索賠數據及保單續保情況釐定。富衛保留隨時作出修改保單利益、條款及細則及保費的權利。3) 實際年繳保費或會因核保結果，包括但不限於國籍及職業核保，而與本保費表所列的年繳保費有所不同。4) 保費付款形式倍數：半年繳保費 = 年繳保費 x 0.52，月繳保費 = 年繳保費 x 0.09。5) 衛一醫療總匯附約年繳保費 = 衛一醫療總匯之年繳保費減免168港元（港元保單）或21美元（美元保單）後，再乘以上述保費付款形式倍數。

Important Notes : 1) This premium table is for reference only and not regarded as a contract or any part thereof between FWD Life Insurance Company (Macau) Limited ("FWD") and any other parties. Please refer to the product brochure and policy provisions for the details of TheOne Medical Solution and TheOne Medical Solution Rider (collectively called: the "Plan"). 2) Lifetime renewal is subject to the continual availability of the Plan offered by FWD, terms and conditions applicable including but not limited to Termination Provisions, benefits, and premium rates at the time of renewal. Renewal premiums are not guaranteed and the premiums for each renewal are determined based on the age (at next birthday) and the premium table applicable at that time when the policy is renewed. Premium table is subject to change based on factors including but not limited to the inflation of related medical expense, FWD's medical claim experience and persistency of policies from time to time. FWD reserves the right to revise the benefits payable, terms and conditions and premiums at any time. 3) The actual annual premium may be varied from the annual premium stated in this premium table according to the result of underwriting, including but not limited to nationality and occupational underwriting. 4) Premium payment modal factor: Half Yearly Premium = Annual Premium x 0.52, Monthly Premium = Annual Premium x 0.09. 5) TheOne Medical Solution Rider annual premium = subtracting HK\$168 (for Hong Kong Dollar policy) or US\$21 (for United States Dollar policy) from TheOne Medical Solution annual premium. TheOne Medical Solution Rider non annual premium = subtracting HK\$168 (for Hong Kong Dollar policy) or US\$21 (for United States Dollar policy) from TheOne Medical Solution annual premium and then multiplying by the above premium payment modal factor.

衛一醫療總匯 TheOne Medical Solution

基本計劃（美元）年繳保費表（中國內地人士除外）

Basic Plan (US\$) Annual Premium Table (Excluding Mainland Chinese)

每年自付費 Annual Deductible	0			5,000			10,000		
	標準計劃 Standard Plan	特等計劃 Superior Plan	優等計劃 Premier Plan	標準計劃 Standard Plan	特等計劃 Superior Plan	優等計劃 Premier Plan	標準計劃 Standard Plan	特等計劃 Superior Plan	優等計劃 Premier Plan
61	4,407	6,004	9,389	2,138	2,892	4,714	1,741	2,351	3,773
62	4,714	6,445	10,021	2,281	3,102	5,026	1,857	2,522	4,022
63	5,069	7,033	10,655	2,446	3,383	5,339	1,990	2,749	4,272
64	5,480	7,799	11,290	2,638	3,747	5,652	2,145	3,045	4,522
65	5,932	8,682	12,091	2,848	4,168	6,046	2,314	3,387	4,837
66	6,305	9,308	13,072	3,027	4,468	6,537	2,460	3,630	5,229
67	6,811	10,079	13,823	3,269	4,839	6,912	2,657	3,932	5,530
68	7,111	10,474	14,565	3,414	5,028	7,283	2,774	4,085	5,827
69	7,446	10,830	15,387	3,575	5,199	7,694	2,905	4,225	6,156
70	7,793	11,183	16,142	3,741	5,368	8,072	3,040	4,362	6,458
71^	8,205	11,506	16,398	3,939	5,523	8,200	3,201	4,488	6,560
72^	8,630	12,448	17,081	4,143	5,976	8,541	3,367	4,856	6,833
73^	9,041	12,889	17,720	4,340	6,187	8,860	3,526	5,028	7,089
74^	9,459	13,331	18,454	4,541	6,399	9,228	3,689	5,200	7,382
75^	9,881	13,566	19,280	4,743	6,513	9,641	3,854	5,291	7,713
76^	10,363	13,831	19,802	4,974	6,640	9,902	4,042	5,394	7,922
77^	10,860	14,714	20,781	5,213	7,063	10,391	4,236	5,739	8,313
78^	11,343	15,715	21,874	5,445	7,544	10,937	4,424	6,129	8,750
79^	11,836	16,185	23,126	5,682	7,769	11,563	4,616	6,313	9,251
80^	12,320	16,685	23,952	5,914	8,010	11,977	4,805	6,508	9,582
81^	12,855	16,951	24,821	6,170	8,137	12,411	5,014	6,611	9,929
82^	13,422	17,774	25,989	6,442	8,532	12,995	5,235	6,933	10,397
83^	13,926	18,098	27,038	6,685	8,687	13,519	5,432	7,059	10,815
84^	14,468	18,422	27,606	6,945	8,843	13,804	5,643	7,185	11,043
85^	14,915	19,068	28,179	7,159	9,153	14,090	5,817	7,438	11,272
86^	15,429	19,068	28,837	7,406	9,153	14,419	6,018	7,438	11,535
87^	15,811	19,202	29,339	7,590	9,217	14,670	6,167	7,489	11,736
88^	16,198	19,662	29,869	7,776	9,438	14,935	6,318	7,669	11,948
89^	16,565	19,900	30,403	7,952	9,552	15,202	6,461	7,761	12,162
90^	16,895	20,359	30,943	8,110	9,773	15,472	6,589	7,941	12,378
91^	17,166	20,701	31,488	8,240	9,937	15,744	6,695	8,074	12,595
92^	17,438	21,054	32,012	8,370	10,107	16,007	6,801	8,211	12,805
93^	17,709	21,447	32,566	8,500	10,295	16,284	6,907	8,365	13,027
94^	17,981	21,858	33,124	8,631	10,493	16,562	7,012	8,525	13,250
95^	18,252	22,314	33,688	8,762	10,712	16,845	7,118	8,703	13,475
96^	18,522	22,811	34,255	8,892	10,950	17,128	7,224	8,897	13,703
97^	18,794	23,315	34,802	9,022	11,191	17,402	7,331	9,093	13,921
98^	19,043	23,968	35,379	9,141	11,505	17,690	7,427	9,349	14,152
99^	19,314	24,296	35,961	9,272	11,663	17,981	7,533	9,477	14,384

衛一醫療總匯 TheOne Medical Solution

基本計劃 (美元) 年繳保費表 (適用於中國內地人士)

Basic Plan (US\$) Annual Premium Table (Applicable to Mainland Chinese)

Table with columns for Annual Deductible (0, 5,000, 10,000) and rows for Age at next birthday (1-4 to 60). Columns include Standard Plan, Superior Plan, and Premier Plan for each deductible level.

^ 續保保費以供參考 ^ Renewal premium for reference

重要事項: 1) 本保費表只供參考... 2) 終身續保受限于富衛是否持續提供本計劃... 3) 實際年繳保費或會因核保結果... 4) 保費付款形式倍數: 半年繳保費 = 年繳保費 x 0.52... 5) 衛一醫療總匯附約年繳保費 = 衛一醫療總匯之年繳保費減免168港元...

Important Notes: 1) This premium table is for reference only and not regarded as a contract... 2) Lifetime renewal is subject to the continual availability of the Plan... 3) The actual annual premium may be varied from the annual premium stated in this premium table... 4) Premium payment modal factor: Half Yearly Premium = Annual Premium x 0.52... 5) TheOne Medical Solution Rider annual premium = subtracting HK\$168 (for Hong Kong Dollar policy) or US\$21 (for United States Dollar policy) from TheOne Medical Solution annual premium...

衛一醫療總匯 TheOne Medical Solution

基本計劃 (美元) 年繳保費表 (適用於中國內地人士)

Basic Plan (US\$) Annual Premium Table (Applicable to Mainland Chinese)

Table with columns for Annual Deductible (0, 5,000, 10,000) and rows for Age at next birthday (61 to 99+). Columns include Standard Plan, Superior Plan, and Premier Plan for each deductible level.

PREMIER

THE ONE *cierge*

ONE TEAM HEALTH MANAGEMENT

ONE PLAN
ONE TEAM
ONE STOP

PAN-ASIA HEALTH SOLUTIONS

Exclusively for you

Everyone would like to be with a reliable partner to focus on their recovery and enjoy life even when facing any health problems. 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 ONE** **cierge One Team Health Management** (the “**Service**”) ¹ 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 FWD is there to take care of all aspects of your wellness.

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 Service, the team of specialists will arrange for you to be admitted to hospital and receive treatment promptly. Besides, the Service arranges medical treatment for you in the Pan-Asia Region and provides you with personalized travel-related assistance⁴ in flights, accommodation, ground transfers and visa application. The medical team 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 Facility⁵

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 and pay the hospitalization fees and charges on your behalf. 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 advisor or our Customer Service Hotline at (853) 8988 6060.

Note:

- The claimable amount of medical expenditure is subject to the benefit of Eligible Plans, including but not limited to benefit items and benefit amount.
- Please seek doctor's individual advice on appropriateness of any medical service to be provided. Doctors of HMG and its healthcare network team and Parkway (whether within or outside Macau), are all individual healthcare personnel instead of employees or representatives of FWD. FWD will not be responsible for any act, negligence or omission of medical service or treatment on the part of them.
- You are required to consent to FWD, HMG and 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. You hereby consent to the transfer of your personal data outside Macau. Failure to provide the relevant personal data may result in the said service providers being unable to provide the relevant services to you.

The above information is for reference only and is indicative of the key features of 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.

- 1 The Service, provided by HealthMutual Group Limited ("HMG") and its healthcare network team and Parkway Hospitals Singapore ("Parkway"), is not a part of the Policy or benefit item under the Policy Provisions and only applicable to TheOne Medical Solution and/ or designated insurance basic plans or riders ("Eligible Plans"). FWD Life Insurance Company (Macau) Limited ("FWD") reserves the right to terminate or vary the Service in its sole discretion without further notice. FWD shall not be responsible for any act, negligence or failure to act on the part of HMG and its healthcare network team and Parkway. The Service is only applicable in the Pan-Asia Region.
- 2 Hospital means a variety of network hospitals in the Pan-Asia Region providing medical advice and treatment under the Service. Please contact our Customer Service Hotline (853) 8988 6060 to get more information about the list of hospitals in the Pan-Asia Region.
- 3 Inpatient Medical Advice Service is provided by HMG and its healthcare network team and this service offers inpatient medical advice for the Insured of Eligible Plans. Should the Insured be diagnosed with serious diseases and obtain a hospital admission letter, HMG will make an assessment based on the Insured'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. Please note that Inpatient Medical Advice shall not be considered as medical consultation. If the Insured would like to have medical consultation, all relevant costs will be borne by the Insured. FWD reserves the right to terminate or vary this service in its sole discretion without further notice.
- 4 The Insured 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.
- 5 Cashless Facility ("Cashless Facility") is an administrative arrangement to pay the covered expenditures when the Insured 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 after successful arrangement of Cashless Facility. If there is Annual Deductible balance (if any) of Eligible Plan, policyowners are required to pay such balance when admission of hospitalization. If the medical cost paid by FWD is higher than the maximum amount of benefit, FWD would seek reimbursement from policyowners for such amount.
- 6 This hotline is operated by HMG. Please note that this hotline is for non-emergency reservation of doctor consultation instead of for emergencies.