

Comparison between the benefit terms of vCore Medical Plan, vCare Medical Plan, vCare Supreme Medical Plan and FWD medical products

Below is the benefit terms comparison of vCore Medical Plan, vCare Medical Plan, vCare Supreme Medical Plan and Embrace Medical Plan[^] - Standard Plan (with Optional Medical Booster Benefit), CANsurance Full Medical Plan[^] – Standard Plan and TheOne Medical Solution[^] - Standard Plan. These products are issued by FWD Life Insurance Company (Bermuda) Limited (incorporated in Bermuda with limited liability) (“FWD”).

| Benefit terms | vCore Medical Plan - VHIS Standard Plan Certification Number: S00036-01-000-02 | vCare Medical Plan - VHIS Flexi Plan Certification Number: F00015-01-000-02 | vCare Supreme Medical Plan - VHIS Flexi Plan Certification Number: F00032-01-000-03 | Embrace Medical Plan [^] - Standard Plan (with Optional Medical Booster Benefit) | CANsurance Full Medical Plan [^] - Standard Plan | TheOne Medical Solution [^] - Standard Plan |
|---------------------------------|--|--|--|--|--|---|
| Area of cover | Worldwide (except that psychiatric treatments are only applicable in Hong Kong) | | | Worldwide | Worldwide (excluding USA) | Asia |
| Ward class | No restriction (except supplementary major medical benefit of vCare Supreme Medical Plan is limited to Standard Ward Room) | | | Standard ward room | Standard ward room | Standard private room |
| Reimbursement calculation basis | Per Policy Year | | | Per Disability | Per Disability | Per Policy Year |
| Lifetime Benefit Limit | Not applicable | | | Applicable (Only applicable to Optional Medical Booster Benefit - on or after the policy anniversary immediately following the 74 th birthday of the Insured Person) | Not applicable | Applicable |
| Deductible option | Not applicable | | | Not applicable | Not applicable | Applicable (HKD 0 / 40,000 / 80,000) |
| Waiting period | No restriction (except that a 5-year waiting period is applicable to HIV and its related Disability) | | | Accident: 0 day Disease: 30 days i) Treatment or surgery for tonsils, adenoids or any diseases peculiar to the female generative organs: 120 days; ii) Radiotherapy and chemotherapy treatments for cancer: 90 days; and iii) Circumcision and any related surgical operations (before attaining the age of 18):1 year | Accident: 0 day Disease: 30 days (except that a 2-year waiting period is applicable to HIV and its related Disability) | Accident: 0 day Disease: 30 days (except that a 5-year waiting period is applicable to HIV and its related Disability) |
| Congenital Conditions | Covered (subject to Congenital Condition(s) which have manifested or been diagnosed at or after Insured Person's attained age of 8 years) | | | Not covered | Covered | Covered (subject to Congenital Condition(s) which have manifested or been diagnosed at or after Insured Person's attained age of 16 years) |
| Unknown Pre-existing Conditions | Covered, but subject to the following waiting periods - First Policy Year: 0% - Second Policy Year: 25% - Third Policy Year: 50% - Fourth Policy Year onwards: 100% | | | Not covered | Not covered | Not covered |

| Benefit terms | vCore Medical Plan - VHIS Standard Plan Certification Number: S00036-01-000-02 | vCare Medical Plan - VHIS Flexi Plan Certification Number: F00015-01-000-02 | vCare Supreme Medical Plan - VHIS Flexi Plan Certification Number: F00032-01-000-03 | Embrace Medical Plan [^] - Standard Plan (with Optional Medical Booster Benefit) | CANsure Full Medical Plan [^] - Standard Plan | TheOne Medical Solution [^] - Standard Plan |
|--|---|---|--|--|--|--|
| Prescribed Diagnostic Imaging Tests (e.g. "CT" scan, "MRI" scan, etc.) | Include Confinement and non-Confinement (subject to 30% Coinsurance) | | Include Confinement and non-Confinement • Coinsurance is not applicable to Prescribed Diagnostic Imaging Test performed during Confinement • Prescribed Diagnostic Imaging Test performed in a setting for providing Medical Services to a Day Patient is subject to 30% Coinsurance | Include only Confinement | Include only Confinement (full cover) | Include only Confinement (full cover) |
| Psychiatric treatments | Applicable | | | Not applicable | Not applicable | Not applicable |
| Self-inflicted injuries | Not covered | | | Not covered | Covered | Not covered |
| Kidney dialysis | Applicable (Include only Confinement and covered under miscellaneous charges) | Applicable (Include the Medical Services or treatments received during Confinement or at a clinic, day case procedure centre or Hospital (non-Confinement), and rental cost of a kidney dialysis machine for use at home) | | Applicable (Include the Medical Services or treatments received during Confinement or at a clinic, day case procedure centre or Hospital (non-Confinement) only) | Applicable (Include the Medical Services or treatments received during Confinement or at a clinic, day case procedure centre or Hospital (non-Confinement) only) | Applicable (Include the Medical Services or treatments received during Confinement or at a clinic, day case procedure centre or Hospital (non-Confinement) only) |
| Additional benefit for Prescribed Non-surgical Cancer Treatments and kidney dialysis | Not applicable | Applicable | | Not applicable | Not applicable | Applicable |
| Supplementary major medical benefit | Not applicable | Applicable | | Applicable | Not applicable | Not applicable |
| Underwriting | Simplified underwriting | | Full underwriting | Full underwriting | Full underwriting | Full underwriting |

[^]Closed for new application.

Remarks: This comparison gives only a brief description on the product features and is for reference only. The above product information does not contain the full terms of the policy and the full terms can be found in the policy document.

Comparison between the benefit terms of vCore Medical Plan, vCare Medical Plan, vCare Supreme Medical Plan and existing FWD Medical products (cont'd)

Below is the comparison between the benefit terms of vCore Medical Plan, vCare Medical Plan, vCare Supreme Medical Plan and Hospital Benefits Rider. These products are issued by FWD Life Insurance Company (Bermuda) Limited (incorporated in Bermuda with limited liability) ("FWD").

| Benefit terms | vCore Medical Plan – VHIS Standard Plan Certification number: S00036-01-000-02 | vCare Medical Plan – VHIS Flexi Plan Certification number: F00015-01-000-02 | vCare Supreme Medical Plan – VHIS Flexi Plan Certification number: F00032-01-000-03 | Hospital Benefits Rider |
|---------------------------------|---|---|---|--|
| Area of cover | Worldwide (except that psychiatric treatments are only applicable in Hong Kong) | | | Worldwide |
| Ward class | No restriction (except supplementary major medical benefit of vCare Supreme Medical Plan is limited to Standard Ward Room) | | | No restriction |
| Reimbursement calculation basis | Per Policy Year | | | Per confinement/ Per surgery |
| Lifetime Benefit Limit | Not applicable | | | Not applicable |
| Deductible option | Not applicable | | | Not applicable |
| Waiting period | No restriction (except that a 5-year waiting period is applicable to HIV and its related Disability) | | | - Daily Hospital Income Benefit: the first 24 hours of hospital confinement due to sickness - HIV and its related Disability: 5 years - Others: no restriction |
| Congenital Conditions | Covered (subject to Congenital Condition(s) which have manifested or been diagnosed at or after Insured Person's attained age of 8 years) | | | Not covered |
| Unknown Pre-existing Conditions | Covered, but subject to the following waiting periods - First Policy Year: 0% - Second Policy Year: 25% - Third Policy Year: 50% - Fourth Policy Year onwards: 100% | | | Not covered |

| Benefit terms | vCore Medical Plan – VHIS Standard Plan Certification number: S00036-01-000-02 | vCare Medical Plan – VHIS Flexi Plan Certification number: F00015-01-000-02 | vCare Supreme Medical Plan – VHIS Flexi Plan Certification number: F00032-01-000-03 | Hospital Benefits Rider |
|--|--|---|---|-------------------------|
| Prescribed Diagnostic Imaging Tests (e.g. “CT” scan, “MRI” scan, etc.) | Include Confinement and non-Confinement (subject to 30% Coinsurance) | | Include Confinement and non-Confinement - Coinsurance is not applicable to Prescribed Diagnostic Imaging Test performed during Confinement - Prescribed Diagnostic Imaging Test performed in a setting for providing Medical Services to a Day Patient is subject to 30% Coinsurance | Not applicable |
| Psychiatric treatments | Applicable | | | Not applicable |
| Self-inflicted injuries | Not covered | | | Not covered |
| Kidney dialysis | Applicable (Include only Confinement and covered under miscellaneous charges) | | Applicable (Include the Medical Services or treatments received during Confinement or at a clinic, day case procedure centre or Hospital (non-Confinement), and rental cost of a kidney dialysis machine for use at home) | Not applicable |
| Additional benefit for Prescribed Diagnostic Imaging Tests and kidney dialysis | Not applicable | | Applicable | Not applicable |
| Supplementary major medical benefit | Not applicable | | Applicable | Not applicable |
| Underwriting | Simplified underwriting | | Full underwriting | Full underwriting |

Remarks: This comparison gives only a brief description on the product features and is for reference only. The above product information does not contain the full terms of the policy and the full terms can be found in the policy document.

Comparison between the benefit items of vCore Medical Plan, vCare Medical Plan, vCare Supreme Medical Plan and CANsurance Full Medical Plan[^] – Standard Plan

Below is the benefit items comparison of vCore Medical Plan, vCare Medical Plan, vCare Supreme Medical Plan and CANsurance Full Medical Plan[^] - Standard Plan.

| Benefit items | vCore Medical Plan VHIS Standard Plan Certification Number: S00036-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Medical Plan VHIS Flexi Plan Certification Number: F00015-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Supreme Medical Plan VHIS Flexi Plan Certification Number: F00032-01-000-03 Benefit limit (HKD) (reimbursement per Policy Year) | CANsurance Full Medical Plan [^] Standard Plan Benefit limit (HKD) (reimbursement per Disability) |
|---|---|--|---|---|
| Issue age (age next birthday) | 1 (15 days) to 81 | 1 (15 days) to 81 | 1 (15 days) to 81 | 1 (15 days) to 70 |
| Premium payment term (age next birthday) | To age 101 | To age 101 | To age 101 | To age 100 |
| Hospitalisation benefits | | | | |
| Room and board | \$750 per day (Maximum 180 days per Policy Year) | \$850 per day (Maximum 180 days per Policy Year) | \$850 per day (Maximum 180 days per Policy Year) | Full cover |
| Intensive care | \$3,500 per day (Maximum 25 days per Policy Year) | \$4,500 per day (Maximum 25 days per Policy Year) | \$4,500 per day (Maximum 25 days per Policy Year) | Full cover |
| Attending doctor's visit fee | \$750 per day (Maximum 180 days per Policy Year) | \$850 per day (Maximum 180 days per Policy Year) | \$850 per day (Maximum 180 days per Policy Year) | Full cover |
| Specialist's fee | \$4,300 per Policy Year | \$6,000 per Policy Year | \$6,000 per Policy Year | Full cover |
| Miscellaneous charges | \$14,000 per Policy Year | \$14,500 per Policy Year | \$14,500 per Policy Year | Full cover |
| Home nursing | Not applicable | Not applicable | \$800 per day (only includes post-Confinement) (Maximum 30 days per Policy Year and within 30 days after discharge from Hospital) | Full cover (including pre- and post-Confinement) |
| Companion bed | Not applicable | Not applicable | \$500 per day (Maximum 30 days per Policy Year) | Full cover |
| Daily hospital cash for hospitalisation (for Confinement in general ward of public Hospital in Hong Kong) | Not applicable | Not applicable | Not applicable | \$800 per day (Maximum 60 days per Disability) |

| Benefit items | vCore Medical Plan - VHIS Standard Plan Certification Number: S00036-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Medical Plan - VHIS Flexi Plan Certification Number: F00015-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Supreme Medical Plan - VHIS Flexi Plan Certification Number: F00032-01-000-03 Benefit limit (HKD) (reimbursement per Policy Year) | CANsurance Full Medical Plan [^] - Standard Plan Benefit limit (HKD) (reimbursement per Disability) |
|---------------|--|---|--|--|
|---------------|--|---|--|--|

Surgical benefits

| | | | | |
|---------------------------|--|--|--|------------|
| Surgeon's fee | Per procedure, subject to surgical category for the surgery/ procedure in the Schedule of Surgical Procedures: - Complex \$50,000 - Major \$25,000 - Intermediate \$12,500 - Minor \$5,000 | Per procedure, subject to surgical category for the surgery/ procedure in the Schedule of Surgical Procedures: - Complex \$70,000 - Major \$30,000 - Intermediate \$15,000 - Minor \$6,500 | Per procedure, subject to surgical category for the surgery/ procedure in the Schedule of Surgical Procedures: - Complex \$70,000 - Major \$30,000 - Intermediate \$15,000 - Minor \$6,500 | Full cover |
| Anaesthetist's fee | 35% of Surgeon's fee payable | 35% of Surgeon's fee payable | 35% of Surgeon's fee payable | Full cover |
| Operating theatre charges | 35% of Surgeon's fee payable | 35% of Surgeon's fee payable | 35% of Surgeon's fee payable | Full cover |

Other medical benefits

| | | | | |
|---|--|--|---|--|
| Pre- and post-Confinement/ Day Case Procedure outpatient care | \$580 per visit, \$3,000 per Policy Year - 1 prior outpatient visit or Emergency consultation per Confinement/ Day Case Procedure - 3 follow-up outpatient visits per Confinement/ Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure) | \$580 per visit, \$6,000 per Policy Year - 1 prior outpatient visit or Emergency consultation per Confinement/ Day Case Procedure - 6 follow-up outpatient visits per Confinement/ Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure) | \$580 per visit, \$6,000 per Policy Year - 1 prior outpatient visit or Emergency consultation per Confinement/ Day Case Procedure - 6 follow-up outpatient visits per Confinement/ Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure) The maximum benefit amount per Policy Year and 6 follow-up outpatient visits per Confinement/ Day Case Procedure shall be shared with Post-Confinement/ Day Case Procedure Chinese medicine treatment | Full cover - 1 visit per day and maximum 3 visits within 31 days before hospitalisation or clinical surgery - 1 visit per day and maximum 20 visits within 60 days after discharge or clinical surgery |
| Prescribed Diagnostic Imaging Tests | \$20,000 per Policy Year, subject to 30% Coinsurance (including Confinement and non-Confinement) | \$20,000 per Policy Year, subject to 30% Coinsurance (including Confinement and non-Confinement) | \$20,000 per Policy Year • Coinsurance is not applicable to Prescribed Diagnostic Imaging Test performed during Confinement • Prescribed Diagnostic Imaging Test performed in a setting for providing Medical Services to a Day Patient is subject to 30% Coinsurance | Full cover (including Confinement only) |
| Prescribed Non-surgical Cancer Treatments | \$80,000 per Policy Year | \$120,000 per Policy Year | \$120,000 per Policy Year | Full cover |
| Psychiatric treatments | \$30,000 per Policy Year | \$30,000 per Policy Year | \$30,000 per Policy Year | Not applicable |

| Benefit items | vCore Medical Plan VHIS Standard Plan Certification Number: S00036-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Medical Plan VHIS Flexi Plan Certification Number: F00015-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Supreme Medical Plan VHIS Flexi Plan Certification Number: F00032-01-000-03 Benefit limit (HKD) (reimbursement per Policy Year) | CANsurance Full Medical Plan[^] Standard Plan Benefit limit (HKD) (reimbursement per Disability) |
|--|--|---|--|--|
| Emergency outpatient accidental treatment charges | Not applicable | Not applicable | \$5,000 per Policy Year | Full cover |
| Emergency outpatient dental treatment | Not applicable | \$20,000 per Policy Year | \$20,000 per Policy Year | Full cover |
| Cash benefit for Day Case Procedure | Not applicable | \$500 per procedure | \$500 per procedure | Not applicable |
| Cash benefit for top-up subsidy | Not applicable | \$500 per day (Maximum 60 days per Policy Year) | \$500 per day (Maximum 60 days per Policy Year) | Not applicable |
| Kidney dialysis | Applicable (Include only Confinement and covered under miscellaneous charges) | Applicable (Include only Confinement and covered under miscellaneous charges) | \$200,000 per Policy Year (Include the Medical Services or treatments received during Confinement or at a clinic, day case procedure centre or Hospital (non-Confinement), and rental cost of a kidney dialysis machine for use at home) | Full cover (Include the Medical Services or treatments received during Confinement or at a clinic, day case procedure centre or Hospital (non-Confinement) only) |
| Additional benefit for Prescribed Non-surgical Cancer Treatments and kidney dialysis | Not applicable | Not applicable | - Reimburse Eligible Expenses in excess of the amounts payable under Prescribed Non-surgical Cancer Treatments and kidney dialysis - Maximum benefit limit per Policy Year is \$50,000 | Not applicable |
| Supplementary major medical benefit (SMM) | Not applicable | Not applicable | - Entitled ward class: Standard Ward Room - Reimburse 85% of the Eligible Expenses in excess of any of the respective benefit limits under specific hospitalisation, surgical and/ or other medical benefits (including Prescribed Non-surgical Cancer Treatments, kidney dialysis and additional benefit for Prescribed Non-surgical Cancer Treatments and kidney dialysis) - Maximum benefit limit per Disability per Policy Year is \$100,000 | Not applicable |

| Benefit items | vCore Medical Plan - VHIS Standard Plan Certification Number: S00036-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Medical Plan - VHIS Flexi Plan Certification Number: F00015-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Supreme Medical Plan - VHIS Flexi Plan Certification Number: F00032-01-000-03 Benefit limit (HKD) (reimbursement per Policy Year) | CANsurance Full Medical Plan [^] - Standard Plan Benefit limit (HKD) (reimbursement per Disability) |
|--|--|---|---|--|
| Post-Confinement / Day Case Procedure Chinese medicine treatment | Not applicable | Not applicable | \$580 per visit, up to \$6,000 per Policy Year - 6 Follow-up outpatient visits per Confinement/ Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure) The maximum benefit amount per Policy Year and 6 follow-up outpatient visits per Confinement/ Day Case Procedure shall be shared with pre- and post-Confinement/ Day Case Procedure outpatient care | \$400 per visit - 1 visit per day and maximum 10 visits within 60 days after discharge or clinical surgery |
| Road ambulance to and/ or from the Hospital | Applicable (covered under miscellaneous charges, which means: \$14,000 per Policy Year) | Applicable (covered under miscellaneous charges, which means: \$14,500 per Policy Year) | Applicable (covered under miscellaneous charges, which means: \$14,500 per Policy Year) | Applicable (covered under miscellaneous charges, which means: full cover) |
| Physiotherapist or chiropractor consultation | Applicable (covered under pre- and post-Confinement/ Day Case Procedure outpatient care, which means: \$580 per visit, \$3,000 per Policy Year - 1 prior outpatient visit or Emergency consultation per Confinement/ Day Case Procedure - 3 follow-up outpatient visits per Confinement/Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)) | Applicable (covered under pre- and post-Confinement/ Day Case Procedure outpatient care, which means: \$580 per visit, \$6,000 per Policy Year - 1 prior outpatient visit or Emergency consultation per Confinement/ Day Case Procedure - 6 follow-up outpatient visits per Confinement/ Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)) | Applicable (covered under pre- and post-Confinement/ Day Case Procedure outpatient care, which means: \$580 per visit, \$6,000 per Policy Year - 1 prior outpatient visit or Emergency consultation per Confinement/ Day Case Procedure - 6 follow-up outpatient visits per Confinement/Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)) | \$400 per visit - 1 visit per day and maximum 10 visits within 60 days after discharge or clinical surgery |
| Rehabilitation treatment | Not applicable | Not applicable | \$10,000 per Policy Year | Not applicable |
| Hospice care | Not applicable | Not applicable | \$10,000 per Policy Year | Not applicable |
| Self-inflicted injuries | Not covered | Not covered | Not covered | \$10,000 per Disability |
| Total benefit limit | | | | |
| Annual Benefit Limit of Hospitalisation benefits, surgical benefits and other medical benefits | \$420,000 per Policy Year | \$520,000 per Policy Year | \$520,000 per Policy Year | \$350,000 per Disability (\$700,000 per covered cancer) |

| Benefit items | vCore Medical Plan VHIS Standard Plan Certification Number: S00036-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Medical Plan VHIS Flexi Plan Certification Number: F00015-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Supreme Medical Plan VHIS Flexi Plan Certification Number: F00032-01-000-03 Benefit limit (HKD) (reimbursement per Policy Year) | CANsurance Full Medical Plan[^] Standard Plan Benefit limit (HKD) (reimbursement per Disability) |
|---|--|---|--|---|
| Death benefit | | | | |
| Death benefit | \$10,000 | \$15,000 | \$15,000 | \$20,000 |
| Accidental death benefit | \$10,000 | \$15,000 | \$15,000 | \$20,000 |
| Other services | | | | |
| Second Medical Opinion | Available* | Available* | Available* | Available |
| International SOS 24-hour Worldwide Assistance Services | Available* | Available* | Available* | Available |
| Ancillary service | CANcierge* (excluding cashless facility) | CANcierge* (excluding cashless facility) | CANcierge* (excluding cashless facility) | CANcierge (including cashless facility but applicable to cancer only) |
| Wellness course/medical check-up | Not applicable | Not applicable | Not applicable | \$1,000 per Policy (waiting period: 5 Policy Years) |
| No claims benefit booster | Not applicable | Not applicable | Not applicable | If no claim is paid or payable in the 10 consecutive years immediately before Renewal, per Disability limit will be increased by 20% on the next Policy anniversary after the 10-year period without any additional charges (applicable for all future Policy Years thereafter) |

| Benefit items | vCore Medical Plan - VHIS Standard Plan Certification Number: S00036-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Medical Plan - VHS Flexi Plan Certification Number: F00015-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Supreme Medical Plan - VHIS Flexi Plan Certification Number: F00032-01-000-03 Benefit limit (HKD) (reimbursement per Policy Year) | CANsurance Full Medical Plan[^] - Standard Plan Benefit limit (HKD) (reimbursement per Disability) |
|--|---|---|--|---|
| No claims premium discount | <p>If no claim has been made for 2 consecutive years or more prior to Renewal, the discount listed below will be granted on Renewal premium -</p> <p>- 2 to 4 consecutive years: 10%</p> <p>- 5 or more consecutive years: 15%</p> | <p>If no claim has been made for 2 consecutive years or more prior to Renewal, the discount listed below will be granted on Renewal premium -</p> <p>- 2 to 4 consecutive years: 10%</p> <p>- 5 or more consecutive years: 15%</p> | <p>1) If no claim has been made for 2 consecutive years or more prior to Renewal, the discount listed below will be granted on Renewal premium -</p> <p>- 2 to 4 consecutive years: 10%</p> <p>- 5 or more consecutive years: 15%</p> <p>2) If the Policy Holder holds other in-force vCare Supreme Medical Plan policy(ies), and at least 2 of the policies (including this Policy) are eligible for the 1) no claims premium discount stated above on any Renewal Date, the Policy originally held would then be entitled to extra premium discount below according to the corresponding number of policies held -</p> <p>- 2 or 3: 2.5%</p> <p>- 4: 5%</p> <p>- 5 or above: 10%</p> | <p>If no claim has been made for 2 consecutive years or more prior to Renewal, the discount listed below will be granted on Renewal premium -</p> <p>- 2 or more consecutive years: 10%</p> |
| Convertibility option to designated medical insurance plan at specified ages | <p>Applicable (allowed to convert to designated medical insurance plan with higher protection coverage immediately on or after the respective attained age of 50, 55, 60 or 65, subject to terms and conditions as determined by FWD from time to time)</p> | <p>Applicable (allowed to convert to designated medical insurance plan with higher protection coverage immediately on or after the respective attained age of 50, 55, 60 or 65, subject to terms and conditions as determined by FWD from time to time)</p> | Not applicable | Not applicable |
| Special benefit for infant | Not applicable | <p>While the Policy is in force, if the Insured Person or Insured Person's spouse gives birth to a child after the Policy has been in force for 2 consecutive Policy Years from the Policy Effective Date ("Covered Child"), a 1-year coverage for the designated medical insurance plan shall be offered to the Covered Child without further evidence of insurability and at no additional charge.*</p> | <p>While the Policy is in force, if the Insured Person or Insured Person's spouse gives birth to a child after the Policy has been in force for 2 consecutive Policy Years from the Policy Effective Date ("Covered Child"), a 1-year coverage for the designated medical insurance plan shall be offered to the Covered Child without further evidence of insurability and at no additional charge.*</p> | Not applicable |

[^]Closed for new application.

*This benefit/service is optional and does not form part of the Terms and Benefits of the VHIS Certified Plan. You have the right to opt-out this benefit/service. Please inform FWD in writing if you do not want to receive this free additional benefit/service.

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Comparison between the benefit items of vCore Medical Plan, vCare Medical Plan, vCare Supreme Medical Plan and Embrace Medical Plan[^] – Standard Plan (with Optional Medical Booster Benefit)

Below is the benefit items comparison of vCore Medical Plan, vCare Medical Plan, vCare Supreme Medical Plan and Embrace Medical Plan[^] – Standard Plan (with Optional Medical Booster Benefit).

| Benefit items | vCore Medical Plan - VHIS Standard Plan Certification Number: S00036-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Medical Plan - VHIS Flexi Plan Certification Number: F00015-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Supreme Medical Plan - VHIS Flexi Plan Certification Number: F00032-01-000-03 Benefit limit (HKD) (reimbursement per Policy Year) | Embrace Medical Plan [^] - Standard Plan (with Optional Medical Booster Benefit) Benefit limit (HKD) (reimbursement per Disability) |
|---|--|---|--|--|
| Issue age (age next birthday) | 1 (15 days) to 81 | 1 (15 days) to 81 | 1 (15 days) to 81 | 1 (15 days) to 65 |
| Premium payment term (age next birthday) | To age 101 | To age 101 | To age 101 | To age 100 |
| Hospitalisation benefits | | | | |
| Room and board | \$750 per day (Maximum 180 days per Policy Year) | \$850 per day (Maximum 180 days per Policy Year) | \$850 per day (Maximum 180 days per Policy Year) | \$825 per day (up to a maximum of 150 days) |
| Intensive care | \$3,500 per day (Maximum 25 days per Policy Year) | \$4,500 per day (Maximum 25 days per Policy Year) | \$4,500 per day (Maximum 25 days per Policy Year) | \$2,600 per day (up to a maximum of 30 days) |
| Attending doctor's visit fee | \$750 per day (Maximum 180 days per Policy Year) | \$850 per day (Maximum 180 days per Policy Year) | \$850 per day (Maximum 180 days per Policy Year) | \$825 per day (up to a maximum of 150 days) |
| Specialist's fee | \$4,300 per Policy Year | \$6,000 per Policy Year | \$6,000 per Policy Year | \$6,500 |
| Miscellaneous charges | \$14,000 per Policy Year | \$14,500 per Policy Year | \$14,500 per Policy Year | \$10,000 |
| Home nursing | Not applicable | Not applicable | \$800 per day (include only post-Confinement) (Maximum 30 days per Policy Year and within 30 days after discharge from Hospital) | \$700 per day (up to a max of 30 days within 30 days after hospitalisation) |
| Companion bed | Not applicable | Not applicable | \$500 per day (Maximum 30 days per Policy Year and with no restriction on Insured Person's age) | \$500 per day (up to a max of 30 days and restricted to Insured Person aged below 12) |
| Daily hospital cash for hospitalisation (for Confinement in general ward of public Hospital in Hong Kong) | Not applicable | Not applicable | Not applicable | \$300 per day (up to a max of 60 days) |

| Benefit items | vCore Medical Plan - VHIS Standard Plan Certification Number: S00036-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Medical Plan - VHIS Flexi Plan Certification Number: F00015-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Supreme Medical Plan - VHIS Flexi Plan Certification Number: F00032-01-000-03 Benefit limit (HKD) (reimbursement per Policy Year) | Embrace Medical Plan [^] - Standard Plan (with Optional Medical Booster Benefit) Benefit limit (HKD) (reimbursement per Disability) |
|---------------|--|---|--|--|
|---------------|--|---|--|--|

Surgical benefits

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|---------------------------|--|--|--|---|
| Surgeon's fee | Per procedure, subject to surgical category for the surgery/ procedure in the Schedule of Surgical Procedures: - Complex \$50,000 - Major \$25,000 - Intermediate \$12,500 - Minor \$5,000 | Per procedure, subject to surgical category for the surgery/ procedure in the Schedule of Surgical Procedures: - Complex \$70,000 - Major \$30,000 - Intermediate \$15,000 - Minor \$6,500 | Per procedure, subject to surgical category for the surgery/ procedure in the Schedule of Surgical Procedures: - Complex \$70,000 - Major \$30,000 - Intermediate \$15,000 - Minor \$6,500 | - Class 5 \$68,000 - Class 4 \$38,000 - Class 3 \$22,000 - Class 2 \$10,500 - Class 1 \$4,400 |
| Anaesthetist's fee | 35% of Surgeon's fee payable | 35% of Surgeon's fee payable | 35% of Surgeon's fee payable | 35% of Surgeon's fee payable |
| Operating theatre charges | 35% of Surgeon's fee payable | 35% of Surgeon's fee payable | 35% of Surgeon's fee payable | 35% of Surgeon's fee payable |

Other medical benefits

| | | | | |
|---|--|--|---|---|
| Pre- and post-Confinement/ Day Case Procedure outpatient care | \$580 per visit, \$3,000 per Policy Year - 1 prior outpatient visit or Emergency consultation per Confinement/ Day Case Procedure - 3 follow-up outpatient visits per Confinement/ Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure) | \$580 per visit, \$6,000 per Policy Year - 1 prior outpatient visit or Emergency consultation per Confinement/ Day Case Procedure - 6 follow-up outpatient visits per Confinement/ Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure) | \$580 per visit, \$6,000 per Policy Year - 1 prior outpatient visit or Emergency consultation per Confinement/ Day Case Procedure - 6 follow-up outpatient visits per Confinement/ Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure) The maximum benefit amount per Policy Year and 6 follow-up outpatient visits per Confinement/ Day Case Procedure shall be shared with Post-Confinement/ Day Case Procedure Chinese medicine treatment | \$300 per visit (1 visit per day) - 1 visit/ day for a max of 10 visits within 45 days after hospitalisation or clinical surgery |
| Prescribed Diagnostic Imaging Tests | \$20,000 per Policy Year, subject to 30% Coinsurance (including Confinement and non-Confinement) | \$20,000 per Policy Year, subject to 30% Coinsurance (including Confinement and non-Confinement) | \$20,000 per Policy Year • Coinsurance is not applicable to Prescribed Diagnostic Imaging Test performed during Confinement • Prescribed Diagnostic Imaging Test performed in a setting for providing Medical Services to a Day Patient is subject to 30% Coinsurance | Include only Confinement (under miscellaneous expenses) |
| Prescribed Non-surgical Cancer Treatments | \$80,000 per Policy Year | \$120,000 per Policy Year | \$120,000 per Policy Year | \$80,000 per Policy Year |
| Psychiatric treatments | \$30,000 per Policy Year | \$30,000 per Policy Year | \$30,000 per Policy Year | Not applicable |

| Benefit items | vCore Medical Plan - VHIS Standard Plan Certification Number: S00036-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Medical Plan - VHIS Flexi Plan Certification Number: F00015-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Supreme Medical Plan - VHIS Flexi Plan Certification Number: F00032-01-000-03 Benefit limit (HKD) (reimbursement per Policy Year) | Embrace Medical Plan[^] - Standard Plan (with Optional Medical Booster Benefit) Benefit limit (HKD) (reimbursement per Disability) |
|--|---|--|---|--|
| Emergency outpatient accidental treatment charges | Not applicable | Not applicable | \$5,000 per Policy Year | \$5,000 |
| Emergency outpatient dental treatment | Not applicable | \$20,000 per Policy Year | \$20,000 per Policy Year | Not applicable |
| Cash benefit for Day Case Procedure | Not applicable | \$500 per procedure | \$500 per procedure | Not applicable |
| Cash benefit for top-up subsidy | Not applicable | \$500 per day (Maximum 60 days per Policy Year) | \$500 per day (Maximum 60 days per Policy Year) | Not applicable |
| Kidney dialysis | Applicable (Include only Confinement and covered under miscellaneous charges) | Applicable (Include only Confinement and covered under miscellaneous charges) | \$200,000 per Policy Year (Include the Medical Services or treatments received during Confinement or at a clinic, day case procedure centre or Hospital (non-Confinement), and rental cost of a kidney dialysis machine for use at home) | \$200,000 (Include the Medical Services or treatments received during Confinement or at a clinic, day case procedure centre or Hospital (non-Confinement) only) |
| Additional benefit for Prescribed Non-surgical Cancer Treatments and kidney dialysis | Not applicable | Not applicable | - Reimburse Eligible Expenses incurred in excess of the amounts payable under Prescribed Non-surgical Cancer Treatments and kidney dialysis - Maximum benefit limit per Policy Year is \$50,000 | Not applicable |

| Benefit items | vCore Medical Plan - VHIS Standard Plan Certification Number: S00036-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Medical Plan - VHIS Flexi Plan Certification Number: F00015-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Supreme Medical Plan - VHIS Flexi Plan Certification Number: F00032-01-000-03 Benefit limit (HKD) (reimbursement per Policy Year) | Embrace Medical Plan[^] - Standard Plan (with Optional Medical Booster Benefit) Benefit limit (HKD) (reimbursement per Disability) |
|---|---|--|--|---|
| Supplementary major medical benefit | Not applicable | Not applicable | <ul style="list-style-type: none"> - Entitled ward class: Standard Ward Room - Benefit term: To age 101 (ANB) - Reimburse 85% of the Eligible Expenses in excess of any of the respective benefit limits (including excess over per surgery limit, per day limit, maximum number of days per Policy Year limit or per Disability per Policy Year benefit limit) under specific hospitalisation, surgical and/ or other medical benefits (including Prescribed Non-surgical Cancer Treatments, kidney dialysis and additional benefit for Prescribed Non-surgical Cancer Treatments and kidney dialysis) • Hospitalisation benefits: Covered under supplementary major medical benefit once any limit is exceeded, with no minimum requirement on number of days of reimbursement • Surgical benefits: Reimburse 85% of the Eligible Expenses - Maximum benefit limit per Disability per Policy Year is \$100,000 | <ul style="list-style-type: none"> - Entitled ward class: Standard Ward Room - Benefit term: To age 75 (ANB) - Pays up to 85% of Eligible Expenses in excess of the benefits paid by Embrace, with per Disability limit of up to \$100,000 • Hospitalisation benefits: Room and board and attending doctor's visit fee are covered under supplementary major medical benefit only after the number of days of reimbursement exceeds 150 • Surgical benefits: Reimburse up to 50% of the per disability limit in optional medical boost benefit <p>Overall Lifetime Benefit Limit is \$280,000 per Policy, while overall Lifetime Benefit Limit per life is \$1,200,000</p> |
| Road ambulance to and/ or from the Hospital | Applicable (covered under miscellaneous charges, which means: \$14,000 per Policy Year) | Applicable (covered under miscellaneous charges, which means: \$14,500 per Policy Year) | Applicable (covered under miscellaneous charges, which means: \$14,500 per Policy Year) | Applicable (only covers ambulance to Hospital) (\$250 per Disability) |
| Post-Confinement/ Day Case Procedure Chinese medicine treatment | Not applicable | Not applicable | <p>\$580 per visit, up to \$6,000 per Policy Year</p> <ul style="list-style-type: none"> - 6 follow-up outpatient visits per Confinement/Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure) <p>The maximum benefit amount per Policy Year and 6 follow-up outpatient visits per Confinement/ Day Case Procedure shall be shared with pre- and post-Confinement/ Day Case Procedure outpatient care</p> | <p>Applicable (covered under post-hospitalisation, which means: \$300 per visit (1 visit per day))</p> <ul style="list-style-type: none"> - 1 visit/ day for a max of 10 visits within 45 days after hospitalisation or clinical surgery) |

| Benefit items | vCore Medical Plan - VHIS Standard Plan Certification Number: S00036-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Medical Plan - VHIS Flexi Plan Certification Number: F00015-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Supreme Medical Plan - VHIS Flexi Plan Certification Number: F00032-01-000-03 Benefit limit (HKD) (reimbursement per Policy Year) | Embrace Medical Plan[^] - Standard Plan (with Optional Medical Booster Benefit) Benefit limit (HKD) (reimbursement per Disability) |
|--|--|--|---|--|
| Physiotherapist or chiropractor consultation | Applicable (covered under pre- and post-Confinement/ Day Case Procedure outpatient care, which means: \$580 per visit, \$3,000 per Policy Year - 1 prior outpatient visit or Emergency consultation per Confinement/ Day Case Procedure - 3 follow-up outpatient visits per Confinement/ Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)) | Applicable (covered under pre- and post-Confinement/ Day Case Procedure outpatient care, which means: \$580 per visit, \$6,000 per Policy Year - 1 prior outpatient visit or Emergency consultation per Confinement/ Day Case Procedure - 6 follow-up outpatient visits per Confinement/ Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)) | Applicable (covered under pre- and post-Confinement/ Day Case Procedure outpatient care, which means: \$580 per visit, \$6,000 per Policy Year - 1 prior outpatient visit or Emergency consultation per Confinement/ Day Case Procedure - 6 follow-up outpatient visits per Confinement/Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)) | Applicable (covered under post-hospitalisation, which means: \$300 per visit (1 visit per day) 1 visit/ day for a max of 10 visits within 45 days after hospitalisation or clinical surgery) |
| Rehabilitation treatment | Not applicable | Not applicable | \$10,000 per Policy Year | Not applicable |
| Hospice care | Not applicable | Not applicable | \$10,000 per Policy Year | Not applicable |
| Total benefit limit | | | | |
| Annual Benefit Limit of Hospitalisation benefits, surgical benefits and other medical benefits | \$420,000 per Policy Year | \$520,000 per Policy Year | \$520,000 per Policy Year | Not applicable |
| Death benefit | | | | |
| Death benefit | \$10,000 | \$15,000 | \$15,000 | \$10,000 |
| Accidental death benefit | \$10,000 | \$15,000 | \$15,000 | \$10,000 |
| Other services | | | | |
| Second Medical Opinion | Available* | Available* | Available* | Not available |
| International SOS 24-hour Worldwide Assistance Services | Available* | Available* | Available* | Available |

| Benefit items | vCore Medical Plan - VHIS Standard Plan Certification Number: S00036-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Medical Plan - VHIS Flexi Plan Certification Number: F00015-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Supreme Medical Plan - VHIS Flexi Plan Certification Number: F00032-01-000-03 Benefit limit (HKD) (reimbursement per Policy Year) | Embrace Medical Plan[^] - Standard Plan (with Optional Medical Booster Benefit) Benefit limit (HKD) (reimbursement per Disability) |
|--|---|--|---|---|
| Ancillary service | CANcierge* (excluding cashless facility) | CANcierge* (excluding cashless facility) | CANcierge* (excluding cashless facility) | Not available |
| No claims premium discount | If no claim has been made for 2 consecutive years or more prior to Renewal, the discount listed below will be granted on Renewal premium - - 2 to 4 consecutive years: 10% - 5 or more consecutive years: 15% | If no claim has been made for 2 consecutive years or more prior to Renewal, the discount listed below will be granted on Renewal premium - - 2 to 4 consecutive years: 10% - 5 or more consecutive years: 15% | 1) If no claim has been made for 2 consecutive years or more prior to Renewal, the discount listed below will be granted on Renewal premium - - 2 to 4 consecutive years: 10% - 5 or more consecutive years: 15% 2) If the Policy Holder holds other in-force vCare Supreme Medical Plan policy(ies), and at least 2 of the policies (including this policy) are eligible for the 1) no claims premium discount stated above on any Renewal Date, the Policy originally held would then be entitled to extra premium discount below according to the corresponding number of policies held - - 2 or 3: 2.5% - 4: 5% - 5 or above: 10% | If no claim has been made for 2 consecutive years or more prior to Renewal, the discount listed below will be granted on Renewal premium - - 2 to 4 consecutive years: 10% - 5 or more consecutive years: 15% |
| Convertibility option to designated medical insurance plan at specified ages | Applicable (allowed to convert to designated medical insurance plan with higher protection coverage immediately on or after the respective attained age of 50, 55, 60 or 65, subject to terms and conditions as determined by FWD from time to time) | Applicable (allowed to convert to designated medical insurance plan with higher protection coverage immediately on or after the respective attained age of 50, 55, 60 or 65, subject to terms and conditions as determined by FWD from time to time) | Not applicable | Not applicable |
| Special benefit for infant | Not applicable | While the Policy is in force, if the Insured Person or Insured Person's spouse gives birth to a child after the Policy has been in force for 2 consecutive Policy Years from the Policy Effective Date ("Covered Child"), a 1-year coverage for the designated medical insurance plan shall be offered to the Covered Child without further evidence of insurability and at no additional charge.* | While the Policy is in force, if the Insured Person or Insured Person's spouse gives birth to a child after the Policy has been in force for 2 consecutive Policy Years from the Policy Effective Date ("Covered Child"), a 1-year coverage for the designated medical insurance plan shall be offered to the Covered Child without further evidence of insurability and at no additional charge.* | Not applicable |

[^]Closed for new application.

*This benefit/service is optional and does not form part of the Terms and Benefits of the VHIS Certified Plan. You have the right to opt-out this benefit/service. Please inform FWD in writing if you do not want to receive this free additional benefit/service.

Remarks: This comparison gives only a brief description on the product features and is for reference only. The above product information does not contain the full terms of the policy and the full terms can be found in the policy document. 16

Comparison between the benefit items of vCore Medical Plan, vCare Medical Plan, vCare Supreme Medical Plan and TheOne Medical Solution[^] – Standard Plan

Below is the benefit items comparison of vCore Medical Plan, vCare Medical Plan, vCare Supreme Medical Plan and TheOne Medical Solution[^] – Standard Plan.

| Benefit items | vCore Medical Plan - VHIS Standard Plan Certification Number: S00036-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Medical Plan - VHIS Flexi Plan Certification Number: F00015-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Supreme Medical Plan - VHIS Flexi Plan Certification Number: F00032-01-000-03 Benefit limit (HKD) (reimbursement per Policy Year) | TheOne Medical Solution [^] - Standard Plan Benefit limit (HKD) (reimbursement per Policy Year) |
|---|--|---|--|--|
| Issue age (age next birthday) | 1 (15 days) to 81 | 1 (15 days) to 81 | 1 (15 days) to 81 | 1 (15 days) to 70 |
| Premium payment term (age next birthday) | To age 101 | To age 101 | To age 101 | To age 100 |
| Hospitalisation benefits | | | | |
| Room and board | \$750 per day (Maximum 180 days per Policy Year) | \$850 per day (Maximum 180 days per Policy Year) | \$850 per day (Maximum 180 days per Policy Year) | Full cover |
| Intensive care | \$3,500 per day (Maximum 25 days per Policy Year) | \$4,500 per day (Maximum 25 days per Policy Year) | \$4,500 per day (Maximum 25 days per Policy Year) | Full cover |
| Attending doctor's visit fee | \$750 per day (Maximum 180 days per Policy Year) | \$850 per day (Maximum 180 days per Policy Year) | \$850 per day (Maximum 180 days per Policy Year) | Full cover |
| Specialist's fee | \$4,300 per Policy Year | \$6,000 per Policy Year | \$6,000 per Policy Year | Full cover |
| Miscellaneous charges | \$14,000 per Policy Year | \$14,500 per Policy Year | \$14,500 per Policy Year | Full cover |
| Home nursing | Not applicable | Not applicable | \$800 per day (include only post-Confinement) (Maximum 30 days per Policy Year and within 30 days after discharge from Hospital) | Full cover - During Confinement: Maximum 30 days per Policy Year and 180 days per lifetime - Within 31 days after discharge from Hospital: Maximum 31 days per Policy Year |
| Companion bed | Not applicable | Not applicable | \$500 per day (Maximum 30 days per Policy Year) | Full cover |
| Daily hospital cash for hospitalisation (for Confinement in general ward of public Hospital in Hong Kong) | Not applicable | Not applicable | Not applicable | \$1,500 per day (Maximum 30 days per Policy Year) |

| Benefit items | vCore Medical Plan - VHIS Standard Plan Certification Number: S00036-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Medical Plan - VHIS Flexi Plan Certification Number: F00015-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Supreme Medical Plan - VHIS Flexi Plan Certification Number: F00032-01-000-03 Benefit limit (HKD) (reimbursement per Policy Year) | TheOne Medical Solution [^] - Standard Plan Benefit limit (HKD) (reimbursement per Policy Year) |
|--|--|--|---|--|
| Daily hospital cash for hospitalisation (for Confinement in private Hospital in Hong Kong) | Not applicable | Not applicable | Not applicable | \$1,500 per day (Maximum 30 days per Policy Year, for voluntary room and board stay below private room) |
| Surgical benefits | | | | |
| Surgeon's fee | Per procedure, subject to surgical category for the surgery/ procedure in the Schedule of Surgical Procedures: - Complex \$50,000 - Major \$25,000 - Intermediate \$12,500 - Minor \$5,000 | Per procedure, subject to surgical category for the surgery/ procedure in the Schedule of Surgical Procedures: - Complex \$70,000 - Major \$30,000 - Intermediate \$15,000 - Minor \$6,500 | Per procedure, subject to surgical category for the surgery/ procedure in the Schedule of Surgical Procedures: - Complex \$70,000 - Major \$30,000 - Intermediate \$15,000 - Minor \$6,500 | Full cover |
| Anaesthetist's fee | 35% of Surgeon's fee payable | 35% of Surgeon's fee payable | 35% of Surgeon's fee payable | Full cover |
| Operating theatre charges | 35% of Surgeon's fee payable | 35% of Surgeon's fee payable | 35% of Surgeon's fee payable | Full cover |
| Other medical benefits | | | | |
| Pre- and post-Confinement/ Day Case Procedure outpatient care | \$580 per visit, \$3,000 per Policy Year - 1 prior outpatient visit or Emergency consultation per Confinement/ Day Case Procedure - 3 follow-up outpatient visits per Confinement/ Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure) | \$580 per visit, \$6,000 per Policy Year - 1 prior outpatient visit or Emergency consultation per Confinement/ Day Case Procedure - 6 follow-up outpatient visits per Confinement/ Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure) | \$580 per visit, \$6,000 per Policy Year - 1 prior outpatient visit or Emergency consultation per Confinement/ Day Case Procedure - 6 follow-up outpatient visits per Confinement/ Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure) The maximum benefit amount per Policy Year and 6 follow-up outpatient visits per Confinement/ Day Case Procedure shall be shared with Post-Confinement/ Day Case Procedure Chinese medicine treatment | Full cover - Within 31 days before hospitalisation and maximum 1 visit per day - within 60 days immediately after discharge from hospitalisation and maximum 1 visit per day |
| Prescribed Diagnostic Imaging Tests | \$20,000 per Policy Year, subject to 30% Coinsurance (including Confinement and non-Confinement) | \$20,000 per Policy Year, subject to 30% Coinsurance (including Confinement and non-Confinement) | \$20,000 per Policy Year • Coinsurance is not applicable to Prescribed Diagnostic Imaging Test performed during Confinement • Prescribed Diagnostic Imaging Test performed in a setting for providing Medical Services to a Day Patient is subject to 30% Coinsurance | Full cover (including Confinement only) |

| Benefit items | vCore Medical Plan - VHIS Standard Plan Certification Number: S00036-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Medical Plan - VHIS Flexi Plan Certification Number: F00015-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Supreme Medical Plan - VHIS Flexi Plan Certification Number: F00032-01-000-03 Benefit limit (HKD) (reimbursement per Policy Year) | TheOne Medical Solution[^] - Standard Plan Benefit limit (HKD) (reimbursement per Policy Year) |
|--|---|--|---|---|
| Prescribed Non-surgical Cancer Treatments | \$80,000 per Policy Year | \$120,000 per Policy Year | \$120,000 per Policy Year | Full cover |
| Psychiatric treatments | \$30,000 per Policy Year | \$30,000 per Policy Year | \$30,000 per Policy Year | Not applicable |
| Emergency outpatient accidental treatment charges | Not applicable | Not applicable | \$5,000 per Policy Year | Not applicable |
| Emergency outpatient dental treatment | Not applicable | \$20,000 per Policy Year | \$20,000 per Policy Year | Full cover |
| Cash benefit for Day Case Procedure | Not applicable | \$500 per procedure | \$500 per procedure | Not applicable |
| Cash benefit for top-up subsidy | Not applicable | \$500 per day (Maximum 60 days per Policy Year) | \$500 per day (Maximum 60 days per Policy Year) | Not applicable |
| Kidney dialysis | Applicable (Include only Confinement and covered under miscellaneous charges) | Applicable (Include only Confinement and covered under miscellaneous charges) | \$200,000 per Policy Year (Include the Medical Services or treatments received during Confinement or at a clinic, day case procedure centre or Hospital (non-Confinement), and rental cost of a kidney dialysis machine for use at home) | Full cover (Include the Medical Services or treatments received during Confinement or at a clinic, day case procedure centre or Hospital (non-Confinement) only) |
| Additional benefit for Prescribed Non-surgical Cancer Treatments and kidney dialysis | Not applicable | Not applicable | - Reimburse Eligible Expenses in excess of the amounts payable under Prescribed Non-surgical Cancer Treatments and kidney dialysis - Maximum benefit limit per Policy Year is \$50,000 | Provide additional \$1,000,000 annual limit on organ and bone marrow transplantation, chemotherapy, radiotherapy, immunotherapy, target therapy, proton therapy, cancer hormonal therapy and kidney dialysis. |
| Additional Annual Benefit Limit for organ and bone marrow transplantation | Not applicable | Not applicable | Not applicable | Provide additional \$1,000,000 annual limit on organ and bone marrow transplantation, chemotherapy, radiotherapy, immunotherapy, target therapy, proton therapy, cancer hormonal therapy and kidney dialysis. |

| Benefit items | vCore Medical Plan - VHIS Standard Plan Certification Number: S00036-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Medical Plan - VHIS Flexi Plan Certification Number: F00015-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Supreme Medical Plan - VHIS Flexi Plan Certification Number: F00032-01-000-03 Benefit limit (HKD) (reimbursement per Policy Year) | TheOne Medical Solution[^] - Standard Plan Benefit limit (HKD) (reimbursement per Policy Year) |
|---|---|---|--|---|
| Supplementary major medical benefit (SMM) | Not applicable | Not applicable | - Entitled ward class: Standard Ward Room - Reimburse 85% of the Eligible Expenses in excess of any of the respective benefit limits under specific hospitalisation, surgical and/ or other medical benefits (including Prescribed Non-surgical Cancer Treatments, kidney dialysis and additional benefit for Prescribed Non-surgical Cancer Treatments and kidney dialysis) - Maximum benefit limit per Disability per Policy Year is \$100,000 | Not applicable |
| Road ambulance to and/ or from the Hospital | Applicable (covered under miscellaneous charges, which means: \$14,000 per Policy Year) | Applicable (covered under miscellaneous charges, which means: \$14,500 per Policy Year) | Applicable (covered under miscellaneous charges, which means: \$14,500 per Policy Year) | Applicable (covered under miscellaneous charges, which means: full cover) |
| Pregnancy Complications | Not applicable | Not applicable | Not applicable | Full cover |
| Post-Confinement/ Day Case Procedure Chinese medicine treatment | Not applicable | Not applicable | \$580 per visit, up to \$6,000 per Policy Year - 6 follow-up outpatient visits per Confinement/Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure) The maximum benefit amount per Policy Year and 6 follow-up outpatient visits per Confinement/ Day Case Procedure shall be shared with pre- and post-Confinement/ Day Case Procedure outpatient care | Not applicable |
| Physiotherapist or chiropractor consultation | Applicable (covered under pre- and post-Confinement/ Day Case Procedure outpatient care, which means: \$580 per visit, \$3,000 per Policy Year - 1 prior outpatient visit or Emergency consultation per Confinement/ Day Case Procedure - 3 follow-up outpatient visits per Confinement/ Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)) | Applicable (covered under pre- and post-Confinement/ Day Case Procedure outpatient care, which means: \$580 per visit, \$6,000 per Policy Year - 1 prior outpatient visit or Emergency consultation per Confinement/ Day Case Procedure - 6 follow-up outpatient visits per Confinement/ Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)) | Applicable (covered under pre- and post-Confinement/ Day Case Procedure outpatient care, which means: \$580 per visit, \$6,000 per Policy Year - 1 prior outpatient visit or Emergency consultation per Confinement/ Day Case Procedure - 6 follow-up outpatient visits per Confinement/Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)) | Applicable (covered under pre- and post-Confinement/ Day Case Procedure outpatient care, which means: full cover - within 31 days before hospitalisation and maximum 1 visit per day - within 60 days immediately after discharge from hospitalisation and maximum 1 visit per day) |
| HIV / AIDS treatment benefit | Not applicable | Not applicable | Not applicable | \$800,000 per lifetime |

| Benefit items | vCore Medical Plan - VHIS Standard Plan Certification Number: S00036-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Medical Plan - VHIS Flexi Plan Certification Number: F00015-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Supreme Medical Plan - VHIS Flexi Plan Certification Number: F00032-01-000-03 Benefit limit (HKD) (reimbursement per Policy Year) | TheOne Medical Solution[^] - Standard Plan Benefit limit (HKD) (reimbursement per Policy Year) |
|--|---|--|---|--|
| Rehabilitation treatment | Not applicable | Not applicable | \$10,000 per Policy Year | Not applicable |
| Hospice care | Not applicable | Not applicable | \$10,000 per Policy Year | Not applicable |
| Total benefit limit | | | | |
| Annual Benefit Limit of Hospitalisation benefits, surgical benefits and other medical benefits | \$420,000 per Policy Year | \$520,000 per Policy Year | \$520,000 per Policy Year | \$8,000,000 per Policy Year (additional \$1,000,000 benefit limit for organ and bone marrow transplantation, chemotherapy and radiotherapy and kidney dialysis) |
| Lifetime limit | Not applicable | Not applicable | Not applicable | \$40,000,000 |
| Death benefit | | | | |
| Death benefit | \$10,000 | \$15,000 | \$15,000 | \$80,000 |
| Accidental death benefit | \$10,000 | \$15,000 | \$15,000 | \$80,000 |
| Other services | | | | |
| Second Medical Opinion | Available* | Available* | Available* | Available |
| International SOS 24-hour Worldwide Assistance Services | Available* | Available* | Available* | Available |
| Ancillary service | CANcierge* (excluding cashless facility) | CANcierge* (excluding cashless facility) | CANcierge* (excluding cashless facility) | PREMIER THE ONEcierge (including cashless facility) |

| Benefit items | vCore Medical Plan VHIS Standard Plan Certification Number: S00036-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Medical Plan VHIS Flexi Plan Certification Number: F00015-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Supreme Medical Plan VHIS Flexi Plan Certification Number: F00032-01-000-03 Benefit limit (HKD) (reimbursement per Policy Year) | TheOne Medical Solution[^] Standard Plan Benefit limit (HKD) (reimbursement per Policy Year) |
|--|--|--|---|---|
| No claims premium discount | If no claim has been made for 2 consecutive years or more prior to Renewal, the discount listed below will be granted on Renewal premium - - 2 to 4 consecutive years: 10% - 5 or more consecutive years: 15% | If no claim has been made for 2 consecutive years or more prior to Renewal, the discount listed below will be granted on Renewal premium - - 2 to 4 consecutive years: 10% - 5 or more consecutive years: 15% | 1) If no claim has been made for 2 consecutive years or more prior to Renewal, the discount listed below will be granted on Renewal premium - - 2 to 4 consecutive years: 10% - 5 or more consecutive years: 15% 2) If the Policy Holder holds other in-force vCare Supreme Medical Plan policy(ies), and at least 2 of the policies (including this policy) are eligible for the 1) no claims premium discount stated above on any Renewal Date, the Policy originally held would then be entitled to extra premium discount below according to the corresponding number of policies held - - 2 or 3: 2.5% - 4: 5% - 5 or above: 10% | Not applicable |
| Convertibility option to designated medical insurance plan at specified ages | Applicable (allowed to convert to designated medical insurance plan with higher protection coverage immediately on or after the respective attained age of 50, 55, 60 or 65, subject to terms and conditions as determined by FWD from time to time) | Applicable (allowed to convert to designated medical insurance plan with higher protection coverage immediately on or after the respective attained age of 50, 55, 60 or 65, subject to terms and conditions as determined by FWD from time to time) | Not applicable | Applicable (allowed to switch to a lower annual Deductible option on or after the respective age next birthday of 50, 55, 60 or 65, subject to terms and conditions as determined by FWD from time to time) |
| Special benefit for infant | Not applicable | While the Policy is in force, if the Insured Person or Insured Person's spouse gives birth to a child after the Policy has been in force for 2 consecutive Policy Years from the Policy Effective Date ("Covered Child"), a 1-year coverage for the designated medical insurance plan shall be offered to the Covered Child without further evidence of insurability and at no additional charge.* | While the Policy is in force, if the Insured Person or Insured Person's spouse gives birth to a child after the Policy has been in force for 2 consecutive Policy Years from the Policy Effective Date ("Covered Child"), a 1-year coverage for the designated medical insurance plan shall be offered to the Covered Child without further evidence of insurability and at no additional charge.* | Not applicable |

[^]Closed for new application.

*This benefit/service is optional and does not form part of the Terms and Benefits of the VHIS Certified Plan. You have the right to opt-out this benefit/service. Please inform FWD in writing if you do not want to receive this free additional benefit/service.

Remarks: This comparison gives only a brief description on the product features and is for reference only. The above product information does not contain the full terms of the policy and the full terms can be found in the policy document.

Comparison between the benefit items of vCore Medical Plan, vCare Medical Plan, vCare Supreme Medical Plan and Hospital Benefits Rider

Below is the comparison between the benefit items of vCore Medical Plan, vCare Medical Plan, vCare Supreme Medical Plan and Hospital Benefits Rider.

| Benefit items | vCore Medical Plan – VHIS Standard Plan Certification number: S00036-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Medical Plan – VHIS Flexi Plan Certification number: F00015-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Supreme Medical Plan – VHIS Flexi Plan Certification number: F00032-01-000-03 Benefit limit (HKD) (reimbursement per Policy Year) | Hospital Benefits Rider Benefit limit (HKD) (reimbursement per confinement/ surgery) |
|--|---|--|--|---|
| Issue age (age next birthday) | 1 (15 days) to 81 | 1 (15 days) to 81 | 1 (15 days) to 81 | - Plans 1 and 2: 1 (15 days) to 60 - Plans 3 and 4: 18 to 60 |
| Premium payment term (age next birthday) | To age 101 | To age 101 | To age 101 | To age 65 |
| Hospitalisation benefits | | | | |
| Room and board | \$750 per day (Maximum 180 days per Policy Year) | \$850 per day (Maximum 180 days per Policy Year) | \$850 per day (Maximum 180 days per Policy Year) | Not applicable |
| Intensive care | \$3,500 per day (Maximum 25 days per Policy Year) | \$4,500 per day (Maximum 25 days per Policy Year) | \$4,500 per day (Maximum 25 days per Policy Year) | Not applicable |
| Attending doctor's visit fee | \$750 per day (Maximum 180 days per Policy Year) | \$850 per day (Maximum 180 days per Policy Year) | \$850 per day (Maximum 180 days per Policy Year) | Not applicable |
| Specialist's fee | \$4,300 per Policy Year | \$6,000 per Policy Year | \$6,000 per Policy Year | Not applicable |
| Miscellaneous charges | \$14,000 per Policy Year | \$14,500 per Policy Year | \$14,500 per Policy Year | Not applicable |
| Home nursing | Not applicable | Not applicable | \$800 per day (include only post- Confinement) (Maximum 30 days per Policy Year and within 30 days after discharge from Hospital) | Not applicable |
| Companion bed | Not applicable | Not applicable | \$500 per day (Maximum 30 days per Policy Year) | Not applicable |

| Benefit items | vCore Medical Plan – VHIS Standard Plan Certification number: S00036-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Medical Plan – VHIS Flexi Plan Certification number: F00015-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Supreme Medical Plan – VHIS Flexi Plan Certification number: F00032-01-000-03 Benefit limit (HKD) (reimbursement per Policy Year) | Hospital Benefits Rider Benefit limit (HKD) (reimbursement per confinement/ surgery) |
|---|--|--|---|---|
| Daily hospital cash benefit | Not applicable | Not applicable | Not applicable | Plan 1: \$400 Plan 2: \$800 Plan 3: \$1,200 Plan 4: \$1,600 Maximum 365 days per hospital confinement |
| Surgical benefits | | | | |
| Surgeon's fee | Per procedure, subject to surgical category for the surgery/ procedure in the Schedule of Surgical Procedures: - Complex \$50,000 - Major \$25,000 - Intermediate \$12,500 - Minor \$ 5,000 | Per procedure, subject to surgical category for the surgery/ procedure in the Schedule of Surgical Procedures: - Complex \$70,000 - Major \$30,000 - Intermediate \$15,000 - Minor \$6,500 | Per procedure, subject to surgical category for the surgery/ procedure in the Schedule of Surgical Procedures: - Complex \$70,000 - Major \$30,000 - Intermediate \$15,000 - Minor \$6,500 | Plan 1: \$4,000 Plan 2: \$8,000 Plan 3: \$12,000 Plan 4: \$16,000 |
| Anaesthetist's fee | 35% of Surgeon's fee payable | 35% of Surgeon's fee payable | 35% of Surgeon's fee payable | |
| Operating theatre charges | 35% of Surgeon's fee payable | 35% of Surgeon's fee payable | 35% of Surgeon's fee payable | |
| Other medical benefits | | | | |
| Pre- and post-Confinement/ Day Case Procedure outpatient care | \$580 per visit, \$3,000 per Policy Year - 1 prior outpatient visit or Emergency consultation per Confinement/ Day Case Procedure - 3 follow-up outpatient visits per Confinement/ Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure) | \$580 per visit, \$6,000 per Policy Year - 1 prior outpatient visit or Emergency consultation per Confinement/ Day Case Procedure - 6 follow-up outpatient visits per Confinement/ Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure) | \$580 per visit, \$6,000 per Policy Year - 1 prior outpatient visit or Emergency consultation per Confinement/ Day Case Procedure - 6 follow-up outpatient visits per Confinement/ Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure) The maximum benefit amount per Policy Year and 6 follow-up outpatient visits per Confinement/ Day Case Procedure shall be shared with Post-Confinement/ Day Case Procedure Chinese medicine treatment | Not applicable |

| Benefit items | vCore Medical Plan – VHIS Standard Plan Certification number: S00036-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Medical Plan – VHIS Flexi Plan Certification number: F00015-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Supreme Medical Plan – VHIS Flexi Plan Certification number: F00032-01-000-03 Benefit limit (HKD) (reimbursement per Policy Year) | Hospital Benefits Rider Benefit limit (HKD) (reimbursement per confinement/ surgery) |
|---|--|---|---|--|
| Prescribed Diagnostic Imaging Tests | \$20,000 per Policy Year, subject to 30% Coinsurance (including Confinement and non-Confinement) | \$20,000 per Policy Year, subject to 30% Coinsurance (including Confinement and non-Confinement) | \$20,000 per Policy Year - Coinsurance is not applicable to Prescribed Diagnostic Imaging Test performed during Confinement - Prescribed Diagnostic Imaging Test performed in a setting for providing Medical Services to a Day Patient is subject to 30% Coinsurance | Not applicable |
| Prescribed Non-surgical Cancer Treatments | \$80,000 per Policy Year | \$120,000 per Policy Year | \$120,000 per Policy Year | Not applicable |
| Psychiatric treatments | \$30,000 per Policy Year | \$30,000 per Policy Year | \$30,000 per Policy Year | Not applicable |
| Emergency outpatient accidental treatment charges | Not applicable | Not applicable | \$5,000 per Policy Year | Not applicable |
| Emergency outpatient dental treatment | Not applicable | \$20,000 per Policy Year | \$20,000 per Policy Year | Not applicable |
| Cash benefit for Day Case Procedure | Not applicable | \$500 per procedure | \$500 per procedure | Not applicable |
| Cash benefit for top-up subsidy | Not applicable | \$500 per day (Maximum 60 days per Policy Year) | \$500 per day (Maximum 60 days per Policy Year) | Not applicable |
| Kidney dialysis | Applicable (Include only Confinement and covered under miscellaneous charges) | Applicable (Include only Confinement and covered under miscellaneous charges) | \$200,000 per Policy Year (Include the Medical Services or treatments received during Confinement or at a clinic, day case procedure centre or Hospital (non-Confinement), and rental cost of a kidney dialysis machine for use at home) | Not applicable |

| Benefit items | vCore Medical Plan – VHIS Standard Plan Certification number: S00036-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Medical Plan – VHIS Flexi Plan Certification number: F00015-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Supreme Medical Plan – VHIS Flexi Plan Certification number: F00032-01-000-03 Benefit limit (HKD) (reimbursement per Policy Year) | Hospital Benefits Rider Benefit limit (HKD) (reimbursement per confinement/ surgery) |
|--|--|---|--|--|
| Additional benefit for Prescribed Non-surgical Cancer Treatments and kidney dialysis | Not applicable | Not applicable | - Reimburse Eligible Expenses in excess of the amounts payable under Prescribed Non-surgical Cancer Treatments and kidney dialysis - Maximum benefit limit per Policy Year is \$50,000 | Not applicable |
| Supplementary major medical benefit (SMM) | Not applicable | Not applicable | - Entitled ward class: Standard Ward Room - Reimburse 85% of the Eligible Expenses in excess of any of the respective benefit limits under specific hospitalisation, surgical and/ or other medical benefits (including Prescribed Non-surgical Cancer Treatments, kidney dialysis and additional benefit for Prescribed Non-surgical Cancer Treatments and kidney dialysis) - Maximum benefit limit per Disability per Policy Year is \$100,000 | Not applicable |
| Road ambulance to and/ or from the Hospital | Applicable (covered under miscellaneous charges, which means: \$14,000 per Policy Year) | Applicable (covered under miscellaneous charges, which means: \$14,500 per Policy Year) | Applicable (covered under miscellaneous charges, which means: \$14,500 per Policy Year) | Not applicable |

| Benefit items | vCore Medical Plan – VHIS Standard Plan Certification number: S00036-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Medical Plan – VHIS Flexi Plan Certification number: F00015-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Supreme Medical Plan – VHIS Flexi Plan Certification number: F00032-01-000-03 Benefit limit (HKD) (reimbursement per Policy Year) | Hospital Benefits Rider Benefit limit (HKD) (reimbursement per confinement/ surgery) |
|--|--|---|---|--|
| Post- Confinement/ Day Case Procedure Chinese medicine treatment | Not applicable | Not applicable | \$580 per visit, up to \$6,000 per Policy Year - 6 follow-up outpatient visits per Confinement/ Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure) The maximum benefit amount per Policy Year and 6 follow-up outpatient visits per Confinement/ Day Case Procedure shall be shared with pre- and post-Confinement/ Day Case Procedure outpatient care | Not applicable |
| Physiotherapist or chiropractor consultation | Applicable (covered under pre- and post-Confinement/ Day Case Procedure outpatient care, which means: \$580 per visit, \$3,000 per Policy Year - 1 prior outpatient visit or Emergency consultation per Confinement/ Day Case Procedure - 3 follow-up outpatient visits per Confinement/ Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)) | Applicable (covered under pre- and post-Confinement/ Day Case Procedure outpatient care, which means: \$580 per visit, \$6,000 per Policy Year - 1 prior outpatient visit or Emergency consultation per Confinement/ Day Case Procedure - 6 follow-up outpatient visits per Confinement/ Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)) | Applicable (covered under pre- and post-Confinement/ Day Case Procedure outpatient care, which means: \$580 per visit, \$6,000 per Policy Year - 1 prior outpatient visit or Emergency consultation per Confinement/ Day Case Procedure - 6 follow-up outpatient visits per Confinement/ Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)) | Not applicable |
| Rehabilitation treatment | Not applicable | Not applicable | \$10,000 per Policy Year | Not applicable |
| Hospice care | Not applicable | Not applicable | \$10,000 per Policy Year | Not applicable |

| Benefit items | vCore Medical Plan – VHIS Standard Plan Certification number: S00036-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Medical Plan – VHIS Flexi Plan Certification number: F00015-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Supreme Medical Plan – VHIS Flexi Plan Certification number: F00032-01-000-03 Benefit limit (HKD) (reimbursement per Policy Year) | Hospital Benefits Rider Benefit limit (HKD) (reimbursement per confinement/ surgery) |
|--|---|--|--|---|
| Total benefit limit | | | | |
| Annual Benefit Limit of hospitalisation benefits, surgical benefits and other medical benefits | \$420,000 per Policy Year | \$520,000 per Policy Year | \$520,000 per Policy Year | Not applicable |
| Lifetime Benefit Limit | Not applicable | Not applicable | Not applicable | Not applicable |
| Death benefit | | | | |
| Death benefit | \$10,000 | \$15,000 | \$15,000 | Not applicable |
| Accidental death benefit | \$10,000 | \$15,000 | \$15,000 | Not applicable |
| Other services | | | | |
| Second Medical Opinion | Available* | Available* | Available* | Not available |
| International SOS 24-hour Worldwide Assistance Services | Available* | Available* | Available* | Not available |
| Ancillary service | CANcierge* (excluding cashless facility) | CANcierge* (excluding cashless facility) | CANcierge* (excluding cashless facility) | Not available |

| Benefit items | vCore Medical Plan – VHIS Standard Plan Certification number: S00036-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Medical Plan – VHIS Flexi Plan Certification number: F00015-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Supreme Medical Plan – VHIS Flexi Plan Certification number: F00032-01-000-03 Benefit limit (HKD) (reimbursement per Policy Year) | Hospital Benefits Rider Benefit limit (HKD) (reimbursement per confinement/ surgery) |
|--|--|--|--|--|
| No claims premium discount | If no claim has been made for 2 consecutive years or more, the discount listed below will be granted on Renewal premium - - 2 to 4 consecutive years: 10% - 5 or more consecutive years: 15% | If no claim has been made for 2 consecutive years or more, the discount listed below will be granted on Renewal premium - - 2 to 4 consecutive years: 10% - 5 or more consecutive years: 15% | 1) If no claim has been made for 2 consecutive years or more, the discount listed below will be granted on Renewal premium - - 2 to 4 consecutive years: 10% - 5 or more consecutive years: 15% 2) If the Policy Holder holds other in-force vCare Supreme Medical Plan policy(ies), and at least 2 of the policies (including this Policy) are eligible for the 1) no claims premium discount stated above on any Renewal Date, the Policy originally held would then be entitled to extra premium discount below according to the corresponding number of policies held – - 2 or 3: 2.5% - 4: 5% - 5 or above: 10% | Not applicable |
| Convertibility option to designated medical insurance plan at specified ages | Applicable (allowed to convert to a designated medical insurance plan with higher protection coverage immediately on or after the respective attained age of 50, 55, 60 or 65, subject to terms and conditions as determined by FWD from time to time) | Applicable (allowed to convert to a designated medical insurance plan with higher protection coverage immediately on or after the respective attained age of 50, 55, 60 or 65, subject to terms and conditions as determined by FWD from time to time) | Not applicable | Not applicable |

| | | | | |
|----------------------------|--|--|--|--|
| Benefit items | vCore Medical Plan – VHIS Standard Plan Certification number: S00036-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Medical Plan – VHIS Flexi Plan Certification number: F00015-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year) | vCare Supreme Medical Plan – VHIS Flexi Plan Certification number: F00032-01-000-03 Benefit limit (HKD) (reimbursement per Policy Year) | Hospital Benefits Rider Benefit limit (HKD) (reimbursement per confinement/ surgery) |
| Special benefit for infant | Not applicable | While the Policy is in force, if the Insured Person or Insured Person's spouse gives birth to a child after the Policy has been in force for 2 consecutive Policy Years from the Policy Effective Date ("Covered Child"), a 1-year coverage for the designated medical insurance plan shall be offered to the Covered Child without further evidence of insurability and at no additional charge.* | While the Policy is in force, if the Insured Person or Insured Person's spouse gives birth to a child after the Policy has been in force for 2 consecutive Policy Years from the Policy Effective Date ("Covered Child"), a 1-year coverage for the designated medical insurance plan shall be offered to the Covered Child without further evidence of insurability and at no additional charge.* | Not applicable |

*This benefit/service is optional and does not form part of the Terms and Benefits of the VHIS Certified Plan. You have the right to opt-out this benefit/service. Please inform FWD in writing if you do not want to receive this free additional benefit/service.

Remarks: This comparison gives only a brief description on the product features and is for reference only. The above product information does not contain the full terms of the policy and the full terms can be found in the policy document.

Premium Comparison – The premium comparison of vCore Medical Plan, vCare Medical Plan, vCare Supreme Medical Plan and FWD medical products

Below is the premium comparison of vCore Medical Plan, vCare Medical Plan, vCare Supreme Medical Plan, Embrace Medical Plan[^] – Standard Plan (with Optional Medical Booster Benefit), CANSurance Full Medical Plan – Standard Plan and TheOne Medical Solution[^] – Standard Plan (Annual Deductible: \$0).

| Age (age next birthday) | vCore Medical Plan - VHIS Standard Plan Certification Number: S00036-01-000-02 (HKD - Annual premium) | | vCare Medical Plan - VHIS Flexi Plan Certification Number: F00015-01-000-02 (HKD - Annual premium) | | Embrace Medical Plan [^] - Standard Plan (with Optional Medical Booster Benefit) (Non-smoker) (HKD - Annual premium) | | vCare Supreme Medical Plan - VHIS Flexi Plan Certification Number: F00032-01-000-03 (HKD - Annual premium) | | CANSurance Full Medical Plan [^] - Standard Plan (Non-smoker) (HKD - Annual premium) | | TheOne Medical Solution ^{^*} - Standard Plan (Annual Deductible: \$0) (HKD - Annual premium) | |
|----------------------------|--|--------|---|--------|--|--------|---|--------|---|--------|---|---------|
| | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female |
| 11 | 1,604 | 1,909 | 1,893 | 2,214 | 2,106 | 2,528 | 2,485 | 2,983 | 3,651 | 3,370 | 9,786 | 9,786 |
| 21 | 1,728 | 2,307 | 2,025 | 2,658 | 2,361 | 3,200 | 2,786 | 3,776 | 2,797 | 3,478 | 9,858 | 9,858 |
| 31 | 2,170 | 2,994 | 2,522 | 3,449 | 3,022 | 4,060 | 3,566 | 4,791 | 3,964 | 5,325 | 12,687 | 12,687 |
| 41 | 2,864 | 3,876 | 3,388 | 4,543 | 3,970 | 5,302 | 4,685 | 6,127 | 4,700 | 6,127 | 15,416 | 15,416 |
| 51 | 4,395 | 5,530 | 5,239 | 6,481 | 6,145 | 7,409 | 7,220 | 8,578 | 7,220 | 8,578 | 23,390 | 23,390 |
| 61 | 7,352 | 7,679 | 8,749 | 9,061 | 10,122 | 10,625 | 12,045 | 12,644 | 13,498 | 13,624 | 39,524 | 39,524 |
| 71 | 12,683 | 11,714 | 15,093 | 14,174 | 17,373 | 16,325 | 20,674 | 19,427 | 26,243 | 22,652 | 73,596 | 73,596 |
| 81 | 18,106 | 16,157 | 22,814 | 21,327 | 25,330 | 23,908 | 30,143 | 28,451 | 40,599 | 33,419 | 115,297 | 115,297 |

[^]Closed for new application.

*The above premium of TheOne Medical Solution is adjusted premium with effective from 1 September 2022. For details, please refer to the repricing pack of CANSurance Full Medical Plan/ CANSurance Full Medical Rider and TheOne Medical Solution/ TheOne Medical Rider.

The above product information and premium rate are as of 11 July 2022 and for reference only, please refer to the relevant leaflet / brochure for product details. The above premium is excluded the insurance levy collected by Insurance Authority. The Standard Premium is non-guaranteed and will be determined annually based on the age of the Insured Person on his or her next birthday at the time of Renewal. The Standard Premium may increase significantly due to factors including but not limited to age, claims experience and policy persistency in the same portfolio.