

Feature Comparison of FWD Medical Plans

The below brief comparison is indicative of the key features of the respective products and is for reference only. The benefit coverage, benefit amount and benefit limits may be different among the below insurance plans.

For the exact terms and conditions and the full list of exclusions of the below insurance plans, please refer to the Policy provisions of relevant insurance plan. In the event of any ambiguity or inconsistency between the terms of the product brochure 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 Life Insurance Company (Macau) Limited (“FWD”). The Policy provisions of the below insurance plans are governed by the laws of the Macao Special Administrative Region (“Macau”).

Product Features	vCare Supreme Medical Plan	vCANsurance Medical Plan	vFamily Medical Plan	vPrime Signature Medical Plan	TheOne Medical Solution*
Benefit term	Yearly Renewable ¹ to Age 100 (attained age)	Yearly Renewable ¹ to Age 100 (attained age)	Yearly Renewable ¹ to Age 100 (attained age)	Yearly Renewable ¹ to Age 100 (attained age)	Yearly Renewable ¹ to Age 100 (age at next birthday)
Annual Benefit Limit / Annual Limit/ Aggregate limit per Disability ² per Policy Year (HKD)	\$520,000 per Policy Year	Standard \$500,000 per Disability ² per Policy Year Superior \$650,000 per Disability ² per Policy Year	\$550,000 per Disability ² per Policy Year	Standard \$11,000,000 per Policy Year Superior \$16,000,000 per Policy Year	Standard \$8,000,000 per Policy Year Superior \$12,000,000 per Policy Year Premier \$16,000,000 per Policy Year
Lifetime Benefit Limit / Lifetime Limit (HKD)	–	–	–	–	Standard \$40,000,000 Superior \$60,000,000 Premier \$100,000,000
No itemised benefit sublimit [^]	–	✓ (Full cover ³ for designated items)	✓ (Full cover ³ for designated items)	✓ (Full cover ³ for designated items)	✓ (Full cover ³ for designated items)
Covers Pre-existing Conditions / Congenital Conditions ⁴ unknown at the time of application	✓ (No coverage for 1 st Policy Year; coverage starts after 1 st Policy Year, please refer to the reimbursement table stated in the product brochure)	✓ (Cover from the 31 st day of the first Policy Year)	✓ (Cover from the 31 st day of the first Policy Year)	✓ (Cover from the 31 st day of the first Policy Year)	✓ (Covering congenital condition which has manifested or been diagnosed after the Age of 16 of the Insured Person; no coverage for any unknown Pre-existing Condition)

Product Features	vCare Supreme Medical Plan	vCANsurance Medical Plan	vFamily Medical Plan	vPrime Signature Medical Plan	TheOne Medical Solution*
Annual Deductible/ Deductible ⁵ options (HKD)	–	–	–	\$0/\$16,000/ \$25,000/ \$50,000/ \$100,000/ \$250,000 per Policy Year	\$0/\$40,000/ \$80,000 per Policy Year
First-dollar coverage – Deductible ⁵ waived for designated crises/ Critical Illnesses ^{6,7}	–	–	–	✓	✓
Entitled ward class	Supplementary major medical benefit: Standard Ward Room ⁸ Other Benefits: No restrictions	<u>Standard</u> Standard Ward Room ⁸ <u>Superior</u> Standard Semi-private Room ⁸	Standard Ward Room ⁸	<u>Standard</u> -Confinement in Hong Kong, Macau or Mainland China: Standard Semi-private Room ⁸ -Confinement in Asia ⁹ (excluding Hong Kong, Macau and Mainland China) or Confinement outside Asia ⁹ for Emergency Treatment: Standard Private Room ⁸ <u>Superior</u> -Confinement in Hong Kong, Macau or Mainland China: Standard Semi-private Room ⁸ -Confinement in worldwide (excluding Hong Kong, Macau, Mainland China and the USA) or for Emergency Treatment in the USA: Standard Private Room ⁸	Standard Private Room ⁸

Product Features	vCare Supreme Medical Plan	vCANsurance Medical Plan	vFamily Medical Plan	vPrime Signature Medical Plan	TheOne Medical Solution*
Cash benefits for Day Case Procedure	✓	✓	✓ (Double up for designated Day Case Procedures performed at a Designated Healthcare Services Provider ²²)	✓	–
Cash benefits for top-up subsidy ¹⁰	✓	✓	✓	✓	–
Cash benefit for room and board Confinement below entitled ward class in a private Hospital in Macau or Hong Kong ¹¹	–	✓ (Applicable to Superior only)	–	✓	✓
Cash benefit for major and complex surgeries ¹²	–	–	✓	✓	–
Cash benefit for Confinement in Intensive Care Unit in Macau or Hong Kong ¹³	–	–	✓	✓	–
Individual no claims premium discount ¹⁴	✓	✓	✓	✓	–
Extra no claims premium discount ¹⁵	✓	✓	✓	✓	–
Additional benefit for Prescribed Non-surgical Cancer Treatments ¹⁶ and kidney dialysis ⁶	✓	✓	–	–	–
Additional benefit for Prescribed Non-surgical Cancer Treatments ¹⁶ , kidney dialysis ⁶ and organ or bone marrow transplantation	–	–	✓	✓	✓
Pregnancy complications ¹⁷	–	–	✓	✓	✓

Product Features	vCare Supreme Medical Plan	vCANsurance Medical Plan	vFamily Medical Plan	vPrime Signature Medical Plan	TheOne Medical Solution*
Supplementary major medical benefit	✓	–	–	–	–
Option to reduce or remove the Deductible ⁵ at specified ages	–	–	–	✓	✓
Professional Health Assistance Services ¹⁸	✓	✓ (include cashless facility for Cancer)	✓ (include cashless facility for Cancer)	✓ (include cashless facility)	✓ (include cashless facility)
Life Enrichment Program ¹⁸	–	–	–	✓ (for Stroke only)	–
Wellness Joy Benefit ¹⁹	–	✓	✓	–	–
Special benefit for infant ²⁰	–	–	–	✓ (2-year coverage to newborns)	–
Child development benefit ²¹	–	–	–	✓	–
Optional benefit – Family Booster for Child Option ²³	–	–	✓ (including child booster benefit, child development benefit and option to apply for designated medical insurance plan at specified ages of the Covered Child)	–	–

* TheOne Medical Solution provides a choice of 2 policy currencies- HKD or USD. For details, please refer to the product brochure of TheOne Medical Solution.

^ Subject to the limits of respective benefit items. For the full list of benefit items and their limits, please refer to the product brochure and Policy provisions of relevant insurance plan.

The above product information is updated as of 16 December 2024. All are subject to the terms and conditions of the policy and the applicable administrative rules at the time. The above product information does not contain the full terms and conditions, exclusions and key product risks of the policy. For details, please refer to relevant product brochure and terms and conditions.

Remarks:

- For vCare Supreme Medical Plan, vCANsurance Medical Plan, vFamily Medical Plan and vPrime Signature Medical Plan, FWD shall renew the Policy at each policy anniversary up to the Age of 100 (attained age) of the Insured Person. For TheOne Medical Solution, FWD shall renew the Policy at each policy anniversary up to the Age of 100 (age at next birthday) of the Insured Person. FWD reserves the right to revise the Terms and Benefits by giving the Policy Holder a written notice of the revised Terms and Benefits of not less than 30 days prior to the Renewal Date.

2. a. The applicable benefit limit and/or aggregate limit per Disability per Policy Year shall be counted anew for each Confinement or Day Case Procedure for the same Disability provided that the Confinement or Day Case Procedure does not occur within 90 consecutive days following the Last Date (as defined in the Supplement – Calculation and limitation of benefits under the Policy provisions) of the previous Confinement or Day Case Procedure concerning the same Disability.
- b. Where the Insured Person is Confined or receives any Day Case Procedures involving more than 1 Disability, all Disabilities involved in the same Confinement or Day Case Procedure would be subject to 1 applicable benefit limit and/or aggregate limit per Disability per Policy Year.

For details, please refer to the Policy provisions of relevant insurance plan.

3. For vCANSurance Medical Plan and vFamily Medical Plan, full cover / full coverage shall mean no itemised benefit sublimit, the actual amount of Eligible Expenses and other expenses charged is subject to the aggregate limit per Disability per Policy Year. Full cover / Full coverage applies to selected benefit items only, while other benefit items are not fully covered and are subject to respective benefit item's limits. For vPrime Signature Medical Plan and TheOne Medical Solution, full cover shall mean no itemised benefit sublimit, the actual amount of Eligible Expenses and other expenses charged after deducting the remaining Deductible (if any) and is subject to the Annual Benefit Limit/Annual Limit and the Lifetime Benefit Limit/Lifetime Limit (only applicable to TheOne Medical Solution). Full cover applies to designated benefit items only (Please note that the designated benefit items may be different among the insurance plans listed in the above comparison table), while other benefit items are not fully covered and are subject to respective benefit item's limits. For details, please refer to the product brochure and Policy provisions of relevant insurance plan.
4. For vCANSurance Medical Plan, vFamily Medical Plan and vPrime Signature Medical Plan, Congenital Condition is covered for condition which has manifested or been diagnosed at any Age the Insured Person attains. For vCare Supreme Medical Plan, Congenital Condition is only covered for condition which has manifested or been diagnosed after the Age of 8 (attained age) of the Insured Person. For TheOne Medical Solution, 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 are not covered.
5. Annual Deductible/ Deductible shall mean a fixed amount of Eligible Expenses or expenses that, in a Policy Year, the Policy Holder must pay before FWD shall reimburse the remaining Eligible Expenses or remaining expenses.
6. FWD shall have the right to ask for proof of recommendation e.g. written referral or testifying statement on the claim form by the attending doctor or Registered Medical Practitioner.
7. For vPrime Signature Medical Plan, designated crises shall include Cardiac Impairment Caused By Cardiomyopathy, Cardiac Impairment Due To Primary Pulmonary Arterial Hypertension, Chronic Liver Disease, Coronary Artery Bypass Operation, End Stage Lung Disease, Fulminant Hepatitis, Heart Attack (Acute Myocardial Infarction), Kidney Failure, Major Organ Transplantation, Open Heart Valve Surgery, Parkinson's Disease, Severe Rheumatoid Arthritis, Specified Cancer, Stroke, Surgery to Aorta and Terminal Illness. For details of the benefit, including the definition of the designated crises, please refer to the Policy provisions.

For TheOne Medical Solution, Designated Critical Illnesses shall include Cancer, End Stage Lung Disease, Primary Pulmonary Arterial Hypertension, Kidney Failure, Severe Rheumatoid Arthritis, Fulminant Hepatitis, Cardiomyopathy, Coronary Artery Disease Surgery, Surgery to Aorta, Heart Attack, Chronic Liver Disease, Heart Valve Surgery, Stroke, Major Organ Transplantation, Parkinson's Disease and Terminal Illness. For details of the benefit, including the definition of the designated critical illnesses, please refer to the Policy provisions.

For vPrime Signature Medical Plan and TheOne Medical Solution, it shall not be applicable to the Medical Services arising from any designated crisis that the Policy Holder or Insured Person is aware of, or shall be reasonably aware of within the first 90 days from the Policy Effective Date of the Policy.

8. Standard Ward Room shall mean a room type in a Hospital that is below a Standard Semi-private Room. Standard Semi-private Room shall mean a room categorised as a semi-private room by a Hospital in Macau or Hong Kong. For Hospitals without the corresponding ward class categorisation or any Hospitals outside Macau or Hong Kong, a Standard Semi-private Room shall mean (i) a single or two-bedded room; or (ii) a room with maximum double occupancy, and with a shared bath / shower room in a Hospital. In any case mentioned above, a Standard Semi-private Room shall exclude any room of upper class with its own kitchen, dining or sitting room(s). Standard Private Room shall mean a room categorised as a private room by a Hospital in Macau or Hong Kong. For Hospitals without the corresponding ward class categorisation or any Hospitals outside Macau or Hong Kong, a Standard Private Room shall mean a room for Insured Person's private use during the Confinement with its own private facilities including a bedroom and bath/shower room(s) only. In any case mentioned above, a Standard Private Room shall exclude any room of upper class with its own kitchen, dining or sitting room(s).
9. Asia shall include Afghanistan, Australia, Bangladesh, Bhutan, Brunei, Cambodia, Mainland China, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, North Korea, Pakistan, the Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan and Vietnam.

10. For the Insured Person covered by any other hospital reimbursement plans offered by a licensed insurance company other than FWD, regardless of whether it is an individual or group policy, if the Eligible Expenses incurred for any Confinement of the Insured Person are payable under this Policy after any reimbursement has been paid by such other licensed insurance companies, this benefit shall be payable for each day of Confined period in Hospital, subject to the limits as specified in the benefit schedule of relevant insurance plan.
11. This benefit shall be payable in the amount as specified in the benefit schedule of relevant insurance plan for each day when the Insured Person is Confined in a room of a private Hospital in Macau or Hong Kong where the ward class is below the entitled ward class as specified in the benefit schedule of relevant insurance plan during the whole Confinement period, provided that:
 - (a) such Confinement is considered Medically Necessary upon the recommendation of the Insured Person's attending Registered Medical Practitioner; and
 - (b) the Eligible Expenses incurred for such Confinement are payable under the Terms and Benefits.

For the list of healthcare service providers, you can contact FWD for further information.
12. In the event that an Insured Person undergoes a surgical procedure for which the Eligible Expenses charged by the attending Surgeon incurred are payable in accordance with the Terms and Benefits and such surgical procedure is categorized as major or complex, this benefit shall be payable in the amount as specified in the benefit schedule of relevant insurance plan. For the avoidance of doubt, if the Insured Person undergoes more than 1 major or complex surgical procedure on each day, this benefit shall only be payable once in respect of the surgical procedure with the highest surgical category.
13. If the Insured Person is Confined in a Hospital in Macau or Hong Kong during which he/she is admitted to an Intensive Care Unit for at least 3 consecutive days and the Eligible Expenses incurred during such Confinement period are payable in accordance with the Terms and Benefits, this benefit shall be payable in the amount as specified in the benefit schedule of relevant insurance plan. For the avoidance of doubt, this benefit is payable once only during the whole Confinement period, regardless of the number of times the Insured Person is admitted to an Intensive Care Unit during such Confinement period.
14. If the Policy fulfills the conditions below:
 - (a) this Policy has been in force for two or more consecutive Policy Years; and
 - (b) no claims have been incurred under this Policy for two or more consecutive Policy Years immediately prior to the Policy's Renewal and shall be settled by FWD.

Then the Policy Holder shall be eligible for a no claims premium discount on the Renewal premium under this Policy at the following rate:

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

15. For the avoidance of doubt, the extra no claims premium discount of vCare Supreme Medical Plan, vCANSurance Medical Plan, vFamily Medical Plan or vPrime Signature Medical Plan are individually calculated. Taking vFamily Medical Plan as an example, Policy Holder is eligible for an extra no claims premium discount only if he/she has more than 1 policy of vFamily Medical Plan and more than one of them are entitled to the individual no claims premium discount. Even Policy Holder has a policy of vCare Supreme Medical Plan, vCANSurance Medical Plan or vPrime Signature Medical Plan, which is eligible for the individual no claims premium discount, the policy will not be included in the calculation of extra no claims premium discount of vFamily Medical Plan.

If the Policy fulfills the conditions below:

- if the Policy Holder is eligible for the individual no claims premium discount stated above on the Renewal Date of vCare Supreme Medical Plan policy / vCANSurance Medical Plan policy / vFamily Medical Plan policy / vPrime Signature Medical Plan policy; and
- the Policy Holder is at the same time eligible for individual no claims premium discount under other in-force Policies of the same product;

The Policy Holder shall be eligible for an extra no claims premium discount on the Renewal premium of this vCare Supreme Medical Plan policy / vCANSurance Medical Plan policy / vFamily Medical Plan policy / vPrime Signature Medical Plan policy at the following rate:

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

Number of in-force vFamily Medical Plan policies issued to the Policy Holder which are eligible for the individual no claims premium discount on any Renewal Date	Extra no claims premium discount under all eligible policies (discount rate on Renewal premium)
2 or 3	3.5%
4	7.5%
5 or above	15%

16. Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
17. This benefit shall be payable for the Eligible Expenses incurred for the designated benefit items described in the benefit schedule of relevant insurance plan where a surgical procedure is performed by a Surgeon during Confinement or in a setting for providing Medical Services to a Day Patient as a result of the following pregnancy related complications arising during antepartum stages of pregnancy or childbirth – (a) ectopic pregnancy; (b) molar pregnancy; (c) disseminated intravascular coagulopathy; (d) pre-eclampsia; (e) miscarriage; (f) threatened abortion; (g) medically prescribed induced abortion; (h) foetal death; (i) postpartum hemorrhage requiring hysterectomy; (j) eclampsia; (k) amniotic fluid embolism; or (l) pulmonary embolism of pregnancy. This benefit shall only be payable provided that the date of diagnosis of such pregnancy complication is at least twelve (12) months after the Policy Effective Date/ Policy Date.
18. The service is provided by external third party provider(s) which are not guaranteed renewable. It does not form a part of the Policy or benefit item under the Policy provisions and only applicable to the designated insurance plan. FWD shall not be responsible for any act, negligence or omission of medical advice, opinion, service or treatment on the part of them. FWD reserves the right to amend, suspend or terminate the service without further notice. For details of the services, please refer to FWD's website and relevant service leaflets.
19. If this Policy has been in force for 5 consecutive Policy Years from the Policy Effective Date; and if the Insured Person undertakes any of the following Wellness Activity(ies) in the next Policy Year following the 5-year period: (a) travel; (b) fitness or wellness course; or (c) health check-up, FWD shall, upon receiving satisfactory evidence of participation, reimburse the actual expenses for such Wellness Activity(ies), up to a maximum limit of HKD1,000 (for vCANSurance Medical Plan-Standard benefit level and vFamily Medical Plan) or HKD2,000 (for vCANSurance Medical Plan-Superior benefit level). This benefit shall be payable once every 5 consecutive Policy Years only, and any unused benefit will be forfeited and cannot be carried forward or refunded by cash.
20. This additional benefit is available 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"). For vPrime Signature Medical Plan, a two-year coverage by a designated medical insurance coverage for the Covered Child shall be offered without further evidence of insurability and at no additional charge. Once the coverage for the Covered Child is in effect and if the Covered Child suffers from Disability during the coverage period, FWD shall pay the benefits based on the terms and benefits of the designated medical insurance coverage. The benefit amount shall not be deducted from this Policy and shall not affect the coverage available to the Insured Person under this Policy. This benefit is subject to the terms and benefits of the designated medical insurance coverage and FWD's prevailing rules and regulations which are determined by FWD from time to time at its sole discretion. For more details, please refer to the Policy provisions of relevant insurance plan.

21. If the Policy has been in force for 5 consecutive Policy Years from the Policy Effective Date; and if the Insured Person undertakes any of the following Child Development Activity(ies) in the next Policy Year following the 5-year period: (a) child development assessment; (b) training therapy; or (c) health check-up, FWD shall reimburse the actual expenses of such Child Development Activity(ies), up to a maximum limit of HKD2,000 for HKD0 / HKD16,000 / HKD25,000 / HKD50,000 Deductible or HKD500 for HKD100,000 / HKD250,000 Deductible. This benefit will be payable once every 5 consecutive Policy Years and up to Age 25 (attained age) of the Insured Person. Any unused benefit will be forfeited and cannot be carried forward or refunded by cash.
22. Designated Healthcare Services Provider shall mean a healthcare services provider that has entered into valid written agreements with FWD, with a healthcare network (including but not limited to medical clinic, day case procedure centre or Hospital with a setting for providing Medical Services to a Day Patient) which provides designated Medical Services to the Insured Person.
- The list of designated Day Case Procedures and Designated Healthcare Services Providers (hereafter "List") is published on FWD's website (<https://www.fwd.com.mo/en/>). The List may be added, deleted, amended or replaced from time to time at FWD's sole discretion without prior notification. Any change shall be deemed as effective as of the effective date as stated in the List. The Policy Holder and/or Insured Person is recommended to refer to FWD's website for the latest List before receiving the designated Day Case Procedures. For more details, please refer to the Policy provisions of relevant insurance plan.
23. Family Booster for Child Option is an optional benefit selected by the Policy Holder at the time of application for vFamily Medical Plan. Any benefit amount(s) paid under the Family Booster for Child Option shall not be counted towards any benefit limit(s) as applicable under vFamily Medical Plan and shall not affect the coverage available to the Insured Person and/or the eligibility of no claims premium discount under vFamily Medical Plan. The premiums you paid (if any) for the Family Booster for Child Option are not eligible for claiming individual and extra no claims premium discounts. For details of Family Booster for Child Option, please refer to the Terms and Benefits of Family Booster for Child Option.