

MediChamp

Insurance Plan



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MediChamp Insurance Plan

Eager to champion your life by a smart decision? **FTLife Insurance Company Limited** ("FTLife" / "We") presents **MediChamp Insurance Plan** ("MediChamp" / this "Plan") which provides top-notch medical services and comprehensive support, all under a one-stop global medical solution. This enables you to get cutting-edge medical care whether seeking treatment in Hong Kong or overseas. Simply make up your mind and apply for this Plan to live a champion life.



Before treatment

- ✓ Out-patient consultation for Pre-Confinement and Pre-surgery
- ✓ Cashless Arrangement Service[#]
- ✓ Medical Referral Service (Specialist Referral Service)[#]
- ✓ Local Public-To-Private Hospital Transfer Service[#]
- ✓ Second Medical Opinion Service[#]
- ✓ Mainland China Escort Service and VIP Access Service[#]



Receiving treatment

- ✓ Full Benefit for hospitalisation and surgical expense
- ✓ Cancer Care (including Specifically Approved Personalised Drugs and 5-year monitoring)



After treatment

- ✓ Out-patient consultation for Post-Confinement and Post-surgery
- ✓ Traditional Chinese Medicine Treatment
- ✓ Post-Confinement Ancillary Treatment and Rehabilitation
- ✓ Post-Surgical Home Nursing
- ✓ Stroke and Heart Attack Rehabilitation
- ✓ Medical Referral Service (Humansa Post Hospitalization Referral Service)[#]



Benefits

- ✓ Newborn Cash
- ✓ DNA Test for Immediate Family Member under Cancer Care
- ✓ No Claim Annual Deductible Discount
- ✓ Free Health Check-up Service

[#] This is an item under e-ConNET Healthcare Service (Supreme) and does not constitute part of this Plan. For details, please refer to remark 18 in this Product Brochure.

High Overall Lifetime Limit offers the ultimate peace of mind to you

Guaranteed renewal^{1,2}

MediChamp provides an overall lifetime limit of up to **HKD140 million**³. This Plan guarantees that your eligibility or renewal will not be affected by any claim you have made or any changes in your health condition, allowing you to **renew your cover until 128 years of age**¹ for truly worry-free medical protection through life.

Multiple options with flexibility to suit your needs

MediChamp offers **3 choices of Area of Coverage** in Asia and worldwide, along with **4 Annual Deductible options**⁴. What's more, you can opt for benefits to cover out-patient, dental⁵ and/ or maternity care⁶, providing you total healthcare solution.

Your protection needs may change at different life stages. You can enjoy the following benefits within 31 days before the Policy Anniversary that is on or immediately following your 50th, 55th, 60th or 65th birthday. There is no further evidence of insurability of the Insured is required^{7,8} regardless of your health condition, so you can obtain the protection you need with ease for retirement:

- option to change insurance plan at specified ages⁷
- option to reduce Annual Deductible (not applicable to the plan with 0 Annual Deductible Amount)⁸
- option to upgrade Area of Coverage at specified ages⁸

Comprehensive protection and quality treatment

Full benefit for hospitalisation and surgical expense

MediChamp offers comprehensive medical protection. This Plan provides full coverage for the charges of room and board, daily doctor's visits, your miscellaneous hospital expenses during Confinement, Out-patient Surgical Expenses, etc[^]. We will also reimburse the expenses for Pre / Post-Confinement / Surgery Out-patient consultation and medication as well as the Post-Confinement medical expenses in relation to Ancillary Treatment and rehabilitation.

Prime protection for serious illnesses

- **Cancer** – It takes time for overseas quality drugs to be registered in Hong Kong. If the Insured is unfortunately diagnosed with cancer and required a drug which hasn't been registered by the Department of Health in Hong Kong, MediChamp will pay **up to HKD800,000 for Specifically Approved Personalised Drugs**⁹ prescribed by the attending cancer specialist of the Insured and is recommended by a medical practitioner with special permission from the Department of Health in Hong Kong. This allows the Insured to gain access to advance drug for the most suitable treatment.

First-in-market*

We will fully cover[^] the expenses incurred by range of cancer treatments (including but not limited to chemotherapy, hormonal therapy, radiotherapy, targeted therapy, immunotherapy and proton therapy) and the actual charges of genetic profiling test for identifying the most appropriate treatment. Actual charges incurred for the consultation, laboratory test(s) and the diagnostic test(s) undertaken to monitor the Insured's response and progress of the Insured's recovery after completion of Active Treatment performed for a Cancer under the supervision of a Medical Practitioner are also fully covered[^] in full in terms of monitoring up to 5 years after the completion of Active Treatment of cancer.

If the Insured is unfortunately diagnosed with cancer, this Plan will provide an allowance up to HKD5,000 for immediate family member¹⁰ to undergo DNA tests¹¹ for peace of mind.

- **Stroke and heart attack** – MediChamp offers additional rehabilitation benefit in the event of a stroke or heart attack, covering the expenses of chiropractic care, physiotherapy, speech therapy or other treatments prescribed by cardiologist. The benefit even covers home facility enhancement prescribed by occupational therapist so you can concentrate on recovery without financial worry.

* "First-in-market" item is designed by FTLife and concluded based on the same type of medical insurance plans among life insurance companies in the market in January 2018.

[^] The benefit item shall be subject to the overall lifetime benefit limit, the Annual Limit, the Annual Deductible, etc. For details, please refer to the Benefit Schedule, the Supplementary Benefits Benefit Schedule and the Policy Document.

New Parents Benefits

- **Newborn Cash¹²** – A congratulatory HKD3,000 cash will be given to celebrate the birth of the Insured's newborn baby.
- **Pregnancy Complications¹³** – the actual charges of treatment(s) and consultation(s) will be covered if the Insured is unfortunately diagnosed with the covered pregnancy complications.
- **ICU Daily Cash for Premature Newborn Child¹⁴** – Cash benefit for Insured's prematurely-born baby¹⁴'s stay in Intensive Care Unit (ICU) upon birth.

No Claim Annual Deductible Discount^{15,16}

If no Living Benefit is paid or payable for 2 consecutive effective policy years, MediChamp offers a 10% of the Annual Deductible Discount in the following Policy Year. This discount applies to your plan's original Annual Deductible Amount. You can enjoy this discount once every 2 Policy Years if the conditions mentioned above are met. This discount can be **accumulated up to a maximum of 100%** of the Annual Deductible Amount, which means the Annual Deductible Amount can be reduced to 0. If a Living Benefit is paid or payable for a Policy Year, the No Claim Annual Deductible Discount will be reset to 0% in next Policy Year.

No Claim Annual Deductible Discount will NOT be affected by benefit of the following items:

- Out-patient Surgical Expenses
- Hospital Cash
- Out-patient Surgery Cash
- Newborn Cash¹²
- ICU Daily Cash for Premature Newborn Child¹⁴
- Free Health Check-up Service¹⁷

Extended caring protection and professional medical assistance

Free Health Check-up Service¹⁷

Regular health check-up can help discover hidden disease(s) at the early stage. In order to offer you comprehensive health protection, a free Health Check-up Service¹⁷ will be provided on the 3rd Policy Anniversary of this Plan and once every 3 Policy Years thereafter, which helps you learn about your health status.

e-ConNET Healthcare Service (Supreme)¹⁸

To address your medical needs besides the protection of MediChamp, e-ConNET Healthcare Service (Supreme)¹⁸ provides one-stop medical services, including:



Cashless Arrangement Service



Medical Referral Service



Local Public-To-Private Hospital Transfer Service



Second Medical Opinion Service



Mainland China Escort Service and VIP Access



For details, terms and condition of e-ConNET Healthcare Service (Supreme), please refer to e-ConNET Healthcare Service (Supreme) flyer and service provision at FTLife website or contact your financial consultant.

Worldwide Emergency Assistance Services¹⁸

You can use our free 24-hour Worldwide Emergency Assistance Services regardless of where you may be. This includes all arrangements and claims for emergency medical evacuation or repatriation, as well as repatriation of remains and compassionate visits etc., providing you with support at any time.

For any enquiry, please contact your financial consultant / call Customer Service Hotline at 2866 8898, Partnership Concierge Hotline at 3192 8333 or Premier Business Hotline at 3192 8388.

At-a-Glance Table

Basic Information					
	Core Benefits		Optional Supplementary Benefits		
	Apply as Basic Plan	Apply as Rider (attach to designated Basic Plans)	Supplementary Out-patient Benefit	Supplementary Dental Benefit ⁵	Supplementary Maternity Benefit ⁶
Issue Age	15 days to age 75		15 days to age 70		Age 18 to 45
Coverage Period	Up to 128 years of age	Up to 128 years of age	Up to 75 years of age		Up to 50 years of age
		Or until the Plan End Date of the designated Basic Plan (whichever is the earlier)			
Policy Currency	HKD	HKD / USD			
Premium Mode	Monthly / semi-annual / annual payment				
Product core nature	Medical Protection Plan (Reimbursement)				
Product Main Objective	Reimburse the medical expenses incurred during hospital Confinement				

Benefit Schedule

Core Benefits ^{15,19}	Maximum Limit (HKD) ⁸		
Area of Coverage ²⁰	Worldwide ²¹	Worldwide (exclude USA)	Asia
• (A) Living Benefits due to non-Accident / non-Emergency			
• (A) Living Benefits due to Accident / Emergency		Worldwide	
(A) Living Benefits ^{16,19}			
Room Level ²²	Standard Private		Inside Hong Kong, Macau, Australia & New Zealand: Semi-private Outside Hong Kong, Macau, Australia & New Zealand: Standard Private
Annual Limit	40,000,000		30,000,000
Overall Lifetime Limit	140,000,000		65,000,000
Annual Deductible	0	0 / 18,000 / 38,000 / 68,000	
I. Confinement Benefits ²³			
1. Room and Board	Fully covered		
2. Intensive Care [®]			
3. Daily Doctor's Visits			
4. In-patient Specialist's Fee [®]			
5. Miscellaneous Hospital Expenses			
6. Hospital Companion Bed ²⁴			
7. Private Nursing Care Fee ^{®25}	Fully covered	Fully covered (up to 60 days per Policy Year)	
II. Surgical Benefits			
1. In-patient Surgical Expenses	Fully covered		
2. Anesthetist's Fee			
3. Operating Theatre Fee			
4. Out-patient Surgical Expenses			

Core Benefits ^{15,19}	Maximum Limit (HKD) ⁸	
5. Medical Appliances		
a. Specified Items Pace maker / stents for Percutaneous Transluminal Coronary Angioplasty / intraocular lens / artificial cardiac valve / metallic or artificial joints for joint replacement / prosthetic ligaments for replacement or implantation between bones / prosthetic intervertebral disc	Fully covered	
b. Non-specified Items (per lifetime) Prosthetic device other than benefit item II (5a)	200,000	
6. Reconstructive Surgery²⁶		
a. Surgery ²⁷ (per Policy Year)	500,000	300,000
b. Device / Materials (per lifetime)	200,000	
III. Pre / Post-Confinement and Pre / Post-Surgical Benefits		
1. Pre-Confinement and Pre-Surgical Expenses Including consultation, diagnostic tests, western medication prescribed for a maximum of 30 days for such consultation and diagnostic tests	Fully covered (maximum 1 visit per day)	
2. Post-Confinement and Post-Surgical Expenses Out-patient consultation, diagnostic tests and western medication prescribed for a maximum of 30 days for such consultation and diagnostic tests within 120 days after the discharge from hospital / Out-patient surgery	Fully covered (maximum 1 visit per day)	
3. Traditional Chinese Medicine Treatment (per visit) ²⁶ Within 120 days after the discharge from hospital / Out-patient surgery providing that the Out-patient consultation and medication are provided by registered Chinese medical practitioner	1,600	600
	(maximum 1 visit per day and up to 30 visits per Policy Year)	
4. Post-Surgery Home Nursing ²⁵ Within 200 days after the discharge from hospital / Out-patient surgery	Fully covered (up to 200 days per Policy Year)	
5. Post-Confinement Ancillary Treatment ^{26,28} (per visit) Within 100 days after the discharge from hospital / Out-patient surgery, which means consultation with Chiropractor, Physiotherapist, Speech Therapist or Occupational Therapist	1,500	1,200
	(maximum 1 visit per day)	
	50,000	30,000
	(maximum limit per Policy Year)	
6. Rehabilitation ²⁶ (per Policy Year) For stay and treatment in rehabilitation centre, and within 90 days after the discharge from hospital	200,000	100,000
7. Hospice Care ^{26,29} (per lifetime)	200,000	100,000
IV. Special Care Benefits		
1. Advanced Diagnostic Imaging (In-patient or out-patient) ³⁰	Fully covered	
2. Stroke & Heart Attack Rehabilitation (After discharge from hospital)		
a. Home Facility Enhancement ⁸ (per lifetime) Designated home facility enhancements such as widening passageways, adapting bathroom facilities and the provision of specialized furniture, which is prescribed by an Occupational Therapist	80,000	60,000
b. Chiropractor / Physiotherapist / Speech Therapist / Occupational Therapist ^{26,31} For consultation and treatment	1,000 per visit (maximum 1 visit per day and up to 30 visits per Policy Year) / 120,000 (per lifetime)	
c. Neurologist / Cardiologist / Neurosurgeon ^{26,31} For consultation, treatment and Western Medication prescribed		
d. Chinese Medical Practitioner ^{26,31} For consultation with treatment and medicines prescribed		
e. Disability Subsidy (per month) ³² For disability continued more than 6 months	8,000	6,000
	(Up to 24 months per lifetime)	

Core Benefits ^{15,19}	Maximum Limit (HKD) ⁸	
3. Cancer Care		
a. Consultation, Medication and consultation and diagnostic tests conducted for examination and diagnosis of a Cancer of the Insured, and Western Medication prescribed during consultation	Fully covered	
b. Cancer Treatment [®] Cover Active Treatment for covered cancer, including but not limited to chemotherapy, hormonal therapy, radiotherapy, targeted therapy, immunotherapy and proton therapy		
c. Genetic Profiling Test [®] A medical test which helps identify effective therapies for the Cancer and formulate customized medical management		
d. Monitoring Within 5 years from completion of Active Treatment, covering expenses of consultation, laboratory tests and diagnostic tests		
e. Specifically Approved Personalised Drugs [®] (per cancer) ⁹	800,000	500,000
f. DNA Test for Immediate Family Member ¹¹ (per cancer, per immediate family member) Provide cancer DNA test to immediate family members ¹⁰	5,000	3,000
	maximum 2 immediate family members ¹⁰	
4. Kidney Dialysis^{®, 33}	Fully covered	
5. HIV / AIDS Treatment (per lifetime)^{26,34}	1,000,000	
6. In-patient Psychiatric Treatment^{†®, 26,35}	300,000	100,000
7. Organ Transplant^{®, 36} Include all the medical expenses of the living donor	Fully covered	
8. Hospital Cash		
a. Hong Kong Government Hospital (per day) ³⁷ ; or	2,000 (up to 60 days per Policy Year)	1,200
b. Lower Room Level (per day); or	2,000 (up to 60 days per Policy Year)	1,200
c. Intensive Care Unit (per day)	2,000 (up to 60 days per Policy Year)	1,200
9. Out-patient Surgery Cash Applicable when benefit item II (4) is payable for the same procedure	3,000	1,800
	(maximum 1 procedure per Policy Year)	
V. New Parents Benefits		
1. Newborn Cash¹² (per Newborn Child)	3,000	
2. Pregnancy Complications^{®, 13}	Fully covered	
3. ICU Daily Cash for Premature Newborn Child¹⁴ (per day)	2,000	1,200
	(up to 10 days per Premature Newborn Child)	

Core Benefits ^{15,19}	Maximum Limit (HKD) ^{&}	
VI. Emergency Treatment Benefits (Accident)		
1. Emergency Out-patient Treatment due to accident ³⁸	Fully covered	
2. Emergency Dental Treatment due to accident ³⁹		
(B) Compassionate Death Benefit	150,000	100,000
(C) Additional Death Benefit for Organ Donor⁴⁰	150,000	100,000
(D) Special Coverage		
1. Waiver of Annual Deductible Benefit for Severe Urban Chronic Disease (if applicable) Medical expenses incurred for Confinement caused by Cancer, Stroke or Heart Attack	Waiver of Annual Deductible in respect of all benefits in relation to such disease	
2. Option to Change Insurance Plan at specified ages ⁷ (if applicable)	Apply within 31 days before the Policy Anniversary that is on or immediately following the Insured's 50 th , 55 th , 60 th or 65 th birthday ⁷	
3. Option to Reduce Annual Deductible (not applicable to the plan with 0 Annual Deductible) ⁸	Apply within 31 days before the Policy Anniversary that is on or immediately following the Insured's 50 th , 55 th , 60 th or 65 th birthday ⁸	
4. Option to Upgrade Area of Coverage at specified ages ⁸ (if applicable)	Apply within 31 days before the Policy Anniversary that is on or immediately following the Insured's 50 th , 55 th , 60 th or 65 th birthday ⁸	
5. No Claim Annual Deductible Discount (if applicable) ^{15,16} No claims for 2 consecutive years	10% of Annual Deductible Discount (once every 2 Policy Years), it can be accumulated up to 100% of Annual Deductible	
6. Free Worldwide Emergency Assistance Services ¹⁸ Including but not limited to the arrangement and payment of the following items: <ul style="list-style-type: none"> • Emergency medical evacuation / repatriation • Transportation of mortal remains to home country or usual country of residence • Compassionate visit • Return of minor child to home country or usual country of residence 	8,000,000 (per incident)	
7. Free Health Check-up Service ¹⁷	A free Health Check-up Service will be provided on the 3 rd Policy Anniversary of this Plan and once every 3 Policy Years thereafter	

[&] Please contact your consultant should you need the Benefit Schedule in USD.

⁺ The benefit will be changed if you are hospitalised in a different room level. For details, please refer to remark 22.

[®] Recommendation by a registered medical practitioner in writing is required.

Supplementary Benefits Schedule

Supplementary Benefits ⁴¹	Maximum Limit (HKD) ^{&}	
Area of Coverage ^{20,21}	Only applicable to Asia	
I. Supplementary Out-patient Benefit^{+,1,41,42} (per Policy Year)		
1. Out-patient Consultation ⁴³ Including consultation fee and prescribed Western Medication (up to 30 days)	Fully covered (maximum 1 consultation per day and up to 50 visits per Policy Year)	
2. Ancillary Service ^{®44} Registered Chinese medical practitioner / Chiropractor / Physiotherapist	10,000 (maximum 1 visit for each type of treatment per day)	
3. Psychiatric Treatment	20,000 (up to 1 visit per day and up to 15 visits per Policy Year)	
4. Laboratory Tests and Diagnostic Imaging [®]	Fully covered	
5. Prescribed Medicines and Drugs [®]	100,000	
6. Health Check-up and Vaccination ⁴⁵	4,000 (for 1 Health Check-up and 1 course of vaccination)	

Supplementary Benefits ⁴¹	Maximum Limit (HKD) ⁸
II. Supplementary Dental Benefit^{+1.5, 41.42} (per Policy Year)	
1. Routine Dental Treatment	
a. Tooth Fillings	7,600
b. Tooth Extraction (except removal of wisdom tooth or impacted tooth)	
c. X-ray (including oral panoramic x-ray)	
d. Inlays & Onlays (except gold inlays and onlays)	
e. Drainage of Abscesses	
f. Root Canal Work	
g. Periodontal Surgery other than for Cosmetic Purposes	
h. Routine Oral Examination (once every Policy Year)	
i. Scaling and Polishing (once every Policy Year)	
2. Major Restorative Treatment	
a. Removal of Wisdom Tooth or Impacted Tooth	14,400
b. New or Repair of Dentures	
c. New or Repair of Crown (excluding gold crowns)	
d. New or Repair of Bridge Work (excluding gold bridge work)	
e. Implants	
f. Pins for Cusp Restoration	
g. Apicoectomy	
h. Orthodontic Treatment	
III. Supplementary Maternity Benefit^{+1.6, 41.42} (per pregnancy)	
1. Normal Delivery ²⁶	
a. Pre-natal Check-up	50,000
b. Post-natal Check-up	
c. Normal Delivery	
2. Caesarean Section ²⁶	
a. Pre-natal Check-up	100,000
b. Post-natal Check-up	
c. Caesarean Section	

⁸ Please contact your consultant should you need the Benefit Schedule in USD.

⁺ Subject to the Annual Limit and Overall Lifetime Limit specified as such in the Benefit Schedule of the MediChamp Insurance Plan.

[®] Recommendation by a registered medical practitioner in writing is required.

The product information in this document does not contain the full terms of this Plan (including Optional Supplementary Benefits) and the full terms can be found in the Policy Document.

This Plan may be purchased as a standalone plan without bundling with other type(s) of insurance product. You are required to read the relevant product brochure, the Policy Provisions and the illustrations presented by your licensed insurance intermediary of this Plan (including Optional Supplementary Benefits) in order to fully understand the details of the definitions, charges, product features, exclusions, and conditions of payment of claims, etc. plus complete terms and conditions.

Remarks:

1. While this Plan is in force, subject to all of the terms and conditions of this Plan and provided that this Plan continues to be available for renewal and the requirements of remark 2 are met, we shall guarantee to renew MediChamp Insurance Plan (including Optional Supplementary Benefits) every year during the Coverage Period specified in At-a-Glance table. For avoidance of doubt, the Supplementary Out-patient Benefit, the Supplementary Dental Benefit and the Supplementary Maternity Benefit shall cease when MediChamp Insurance Plan is terminated.
2. Should the Insured changes their country of residence or occupation or job duties, notification in writing should be sent to us no later than one month upon such change. If the Insured changes their country of residence, we reserve the right to adjust the premium on the Policy Anniversary immediately following the date of change of country of residence in accordance with the then prevailing premium rates as specified by us. If the Insured changes occupation or job duties: (1) for those which is/are then classified by us as non-insurable (you have the right to request such classification at any time), we reserve the right to terminate this Plan and return any unused premium on a pro-rata basis; or (2) for those which is/are then classified by us as having an occupation or job duties which is/are more hazardous than that/those of the Insured as stated in the application for this Policy or last communication to us, we reserve the right to adjust the premium based on the then prevailing premium rate as specified by us (you have the right to request such classification and the rules/basis of premium adjustment at any time) and charge the premium difference from the date on which the Insured changed his/her occupation or job duties.
3. Not applicable to Plans with Area of Coverage in Asia.
4. Only applicable to Plans with Area of Coverage Worldwide (excl. USA) and Asia.
5. Supplementary Dental Benefit must be enrolled together with Supplementary Out-patient Benefit.
6. Supplementary Maternity Benefit must be enrolled together with Supplementary Out-patient Benefit and Supplementary Dental Benefit.
7. After this Plan has been in force for at least 3 years and subject to our then prevailing rules, you may apply to convert this Plan to a designated medical plan available and offered by us at that time at the Policy Anniversary that is on or immediately following Insured's 50th, 55th, 60th or 65th birthday. You must make a written request to us in our prescribed form within 31 days before the relevant Policy Anniversary without providing further evidence of insurability of the Insured. Once we approve the written request, this Plan will be terminated automatically and cannot be reinstated. The amount of premium of the new designated medical plan will be determined based on the attained age of the Insured and the then prevailing premium rate as specified by us at the time of plan change. Please refer to Policy Provision for details.
8. Subject to our then prevailing rules, you may apply for this option by making a written request to us in our prescribed form within 31 days before the Policy Anniversary that is on or immediately following Insured's 50th, 55th, 60th or 65th birthday. No further evidence of insurability of the Insured is required but the amount of premium will be subject to change. It is allowed to exercise the option of reducing Annual Deductible (not applicable to the plan with 0 Annual Deductible Amount) and option to upgrade Area of Coverage at specified ages once respectively and is irrevocable once exercised. Option to upgrade Area of Coverage at specified ages is only applicable when this Plan has been in force for at least 3 years and the residency of the Insured is different from the Area of Coverage as specified in the Benefit Schedule in policy of this Plan at the time of application.
9. Specifically Approved Personalised Drugs must be approved by and registered with the regulatory authority for pharmaceutical products in USA, Europe or Japan, and is not registered with the Department of Health in Hong Kong and is imported to Hong Kong from USA / Europe / Japan (as applicable) for treatment of the Insured's Cancer under the Import Licence (Form 3) granted by the Department of Health in Hong Kong. The Drugs must be a Medically Necessary for treatment of the Insured's Cancer and is prescribed and clinically appropriate in compliance with the regulatory requirements in USA / Europe / Japan (as applicable) with respect to indications and dosages, frequency and duration as confirmed and documented by the attending cancer Specialist who is responsible for such Cancer treatment and the ongoing medical management of the Insured. Such Specialist must be a registered Medical Practitioner in Hong Kong. No benefit is payable unless you have obtained our authorization before application for the Import Licence (Form 3) is filed with the Department of Health in Hong Kong.
10. Immediate family member refers to the legally married spouse or a child or parent of the Insured.
11. We will reimburse the actual charges up to and not exceeding the Reasonable and Customary Charges for the fee incurred for DNA test performed on an Immediate Family Member in relation to the Cancer suffered by the Insured, provided that the DNA test is performed within 1 year after the date of the Unequivocal Diagnosis of the Cancer of the Insured, subject to the Maximum Limit per person per Cancer of the Insured and the maximum number of Immediate Family Members specified in the Benefit Schedule.
12. We will pay the Newborn Cash upon the birth of every child of the Insured provided that the date of birth must be after 12 months from the Policy Effective Date or the date of reinstatement (whichever is later).
13. We will reimburse the actual charges up to and not exceeding the Reasonable and Customary Charges for the Insured's Confinement and Medically Necessary surgical procedures in a Hospital as recommended in writing by the Insured's attending Medical Practitioner due to covered pregnancy complications provided that the date of Unequivocal Diagnosis must be after 12 months from the Policy Effective Date or the date of reinstatement (whichever is later). Once this benefit is paid, all other Living Benefits as provided in the Benefit Schedule shall cease to be payable with respect to the same Confinement.
14. If the Insured's child is born before 32 weeks of gestation, is Confined in an ICU at birth, and the date of birth is after 12 months from the Policy Effective Date or the date of reinstatement (whichever is later), we will pay an ICU Daily Cash for Premature Newborn Child benefit for each day the child is Confined in the ICU up to the maximum number of calendar days as specified in the Benefit Schedule.
15. Where you have 2 claims for Living Benefits in respect of charges incurred by or for the Insured on 2 different dates, if the latter claim is furnished to us ahead of the former one such that we have paid a Living Benefit for the latter claim by applying a No Claim Annual Deductible Discount which would not have been granted had the former claim been furnished to us first ("Illegitimate No Claim Annual Deductible Discount"), we will, before we pay any benefit for the former claim, deduct therefrom any excess amount of benefit which we have paid for the latter claim due to application of the Illegitimate No Claim Annual Deductible Discount. For avoidance of doubt, where the commencement and the end of a Confinement or Stay fall into 2 different Policy Years, the applicable Annual Deductible and Annual Limit for such Confinement or Stay shall be the Annual Deductible and Annual Limit of the Policy Year in which the date of commencement of Confinement or Stay falls, and this shall apply to the calculation of all Living Benefit claim.
16. Except the Disability Subsidy benefit, Hospital Cash benefit, Out-patient Surgery Cash benefit, Newborn Cash benefit and ICU Daily Cash for Premature Newborn Child benefit, the amount of a Living Benefit is equal to the actual charges incurred by or for the Insured (up to and not exceeding the Reasonable and Customary Charges) less the higher of (i) the Annual Deductible (if any) and (ii) the actual amount reimbursed or recoverable under any law, medical programs or insurance policies provided by any governments, companies or other insurance providers, as evidenced by the certified copy of medical receipt(s) which is / are satisfactory to us ("Compensation"). Where the above equation yields a negative figure, no Living Benefit shall be paid. Irrespective of whether a Living Benefit is payable, the Annual Deductible (if any) for the relevant Policy Year shall be reduced by deducting therefrom (i) the amount of Compensation (if any) and (ii) the difference between the amount of the actual charges incurred by or for the Insured and the Compensation (if any). In no event shall the Annual Deductible (if any) for the relevant Policy Year be reduced to lower than 0.
17. "Free Health Check-up Service" are provided by the third party service provider designated by us and will be performed at medical clinics designated by us. We reserve the right to terminate or change the terms and conditions of the relevant services without prior notice and assumes no responsibility of the services provided by the third party service provider. The scope of health checkup service of "Free Health Checkup Service" is determined by us at the time of providing the free health checkup service. "Free Health Check-up Service" means the Policy Owner does not need to pay any fees for the designated health check-up services provided by the Plan. If the Insured receives check-up services other than the designated services, he/she needs to pay for relevant fees.
18. "e-ConNET Healthcare Service (Supreme)" and "Free Worldwide Emergency Assistance Services" are provided by the third party service provider and does not constitute part of this Plan. FTLife Insurance Company Limited reserves the right to change the terms and conditions of "e-ConNET Healthcare Service (Supreme)" and "Free Worldwide Emergency Assistance Services" without prior notice and assumes no responsibility of the services provided by the third party service provider. These services do not require additional premium. For details of "e-ConNET Healthcare Service (Supreme)", please refer to the flyer and service provisions of "e-ConNET Healthcare Service (Supreme)" on FTLife's website or consult your financial consultant.
19. Claims for core benefit items (A) I – VI (excluding Benefits IV(2e), IV(8-9) and V(1,3) in Benefit Schedule) and supplementary benefits must comply with the principle of "Reasonable and Customary". For the definition of "Reasonable and Customary", please refer to point 7 of Important Notice.
20. Unless it is necessitated by Accident or Emergency, no Living Benefits or benefit shall be payable under this Plan (including Optional Supplementary Benefits) for any Confinement / Stay, surgery, medical treatment, consultation, check-up and/ or service which takes place outside the Area of Coverage. Asia means Afghanistan, Bangladesh, Bhutan, Brunei, Cambodia, China, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Malaysia, Maldives, Mongolia, Myanmar, Nepal, North Korea, Pakistan, Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan, Australia, New Zealand and Vietnam.

Worldwide (excl. USA) means worldwide excluding the United States of America (USA) and US Minor Outlying Islands.
Worldwide means worldwide.

21. We shall reduce the amount of Living Benefits payable to 60% of the original amount of benefit if: (i) the Insured has taken up residence in the USA for 183 calendar days or more within 12 months immediately before the commencement of Confinement / Stay, medical treatment and/or service in the USA; or (ii) the Insured is Confined / Stays or undergoes Out-patient surgery in the USA without having first obtained our pre-authorization unless necessitated by Accident or Emergency. Applications for pre-authorization will not be considered unless all required documents and written proof are received by us no less than 2 weeks before the date of Confinement / Stay or Out-patient surgery.
22. If the Insured is Confined in a room level of hospital accommodation higher than his / her entitled room level of hospital accommodation, whether voluntarily or involuntarily, we shall reduce the amount of benefits payable, for details:

The entitled room level under this Plan	Actual Confined room level	The amount of benefits payable shall be reduced to the following percentage of original amount of benefit
Standard private room under "Worldwide", "Worldwide (excl. USA)" or "Asia" (outside Hong Kong, Macau, Australia & New Zealand) plan	Above standard private room	25%
Semi-private room under "Asia" (inside Hong Kong, Macau, Australia & New Zealand) plan	Above semi-private and up to standard private room	50%
	Above standard private room	25%

23. (Applicable to non-Hong Kong resident Insured only) This Plan only covers any Injury or Illness which is Unequivocally Diagnosed in, and any Confinement, consultation, test, treatment, surgery and nursing service which take place in and medical appliances which are purchased / hired in the People's Republic of China (except Hong Kong and Macau) in a Hospital that is classified by the government of the People's Republic of China as Grade 3A or in a Hospital which is in the list of approved hospitals as determined by us from time to time and such list of approved hospitals will be provided to the Owner upon request.
24. This benefit is restricted to 1 extra bed for 1 person to accompany the Insured.
25. This benefit is restricted to nursing services provided by 1 Licensed or Graduate Nurse during any given period of time.
26. Once claim for this medical procedure is payable, no any other Living Benefits will be payable in respect of same medical procedure under this Plan.
27. If a benefit for In- / Out-patient Surgical Expenses is paid for an Injury, we will reimburse the actual charges for reconstructive surgeries incurred within 12 calendar months from the date of Accident. If a benefit for In-/Out-patient Surgical Expenses is paid for an Illness and the Insured undergoes mastectomy (one breast or both), we will reimburse the actual charges for reconstructive surgeries incurred for reconstruction of the Insured's breast(s) within 12 calendar months from the date of the mastectomy.
28. The Insured may only choose to visit any one of Chiropractor, Physiotherapist, Speech Therapist or Occupational Therapist for consultation per day.
29. We will reimburse the actual charges up to and not exceeding the Reasonable and Customary Charges for the Insured's Stay in a registered hospice to receive care and nursing services provided by the hospice if the Insured has been Unequivocally Diagnosed and certified as having no more than 12 calendar months to live from the date of the Unequivocal Diagnosis and certification. This benefit is only payable once per lifetime of the Insured.
30. Limited to Echocardiogram (ECHO), Magnetic Resonance Imaging (MRI), Computerized Tomography Scan (CT Scan) and Positron Emission Tomography Scan (PET Scan).
31. The Insured may only choose to visit any one of Chiropractor, Physiotherapist, Speech Therapist, Occupational Therapist, Neurosurgeon, Neurologist, Cardiologist or Chinese Medical Practitioner for consultation per day.
32. We will pay this benefit if the Insured suffers a Stroke or Heart Attack, and as a result thereof, (i) becomes unable to perform 3 or more Activities of Daily Living for at least 6 consecutive months from the date of Unequivocal Diagnosis of Stroke or Heart Attack ("Eligible Disability") and (ii) stays in a premises other than a Hospital during the period of Eligible Disability.
33. Only applicable if the Insured is suffering from chronic and irreversible failure of the function of all kidney(s) and requires regular long-term dialysis.
34. If the Insured is Confined for Illness or Injury, we will reimburse the actual charges up to and not exceeding the Reasonable and Customary Charges for the Medically Necessary treatment of HIV Infection (including Acquired Immunodeficiency Syndrome) of the Insured during the Confinement. This benefit is only payable if the signs or symptoms of HIV Infection (including Acquired Immunodeficiency Syndrome) first occur after the Policy has been effective for 5 consecutive Policy Years. This benefit is only payable once per lifetime of the Insured and is subject to the Maximum Limit per lifetime specified in the Benefit Schedule.
35. The relevant Illness must be diagnosed after 12 policy months from the Policy Effective Date or the date of reinstatement (whichever is later).
36. Organ transplant benefit is only payable if the Insured undergo the designated organ transplant operation after this Plan has been effective for 1 uninterrupted Policy Year. We will reimburse the actual charges up to and not exceeding the Reasonable and Customary Charges for the Insured's Confinement and Medically Necessary operation in a Hospital for the receipt of heart, kidney, liver, lung, pancreas, bone marrow transplantation or transplantation of hematopoietic stem cells as a result of hematopoietic function damage or malignant tumour of the blood forming system from a legally certified and verified source of donation as recommended in writing by the Insured's attending Medical Practitioner. We will also reimburse the actual charges incurred by the living donor up to but not exceeding the Reasonable and Customary Charges for the living donor's Confinement and the designated organ transplant operation in a Hospital. The cost of acquisition of any organs otherwise than in accordance with the laws of the place of organ transplant operation and the cost for transportation of the organ is not covered. Once this benefit is paid, all other Living Benefits as provided in the Benefit Schedule shall cease to be payable with respect to the same transplantation.
37. The charges incurred during the Confinement is not higher than the public charges for eligible persons prescribed by the Hospital Authority of Hong Kong from time to time.
38. We will reimburse the actual charges up to and not exceeding the Reasonable and Customary Charges for Emergency treatment or procedures performed in the Hospital if the Insured sustains an Injury and is treated on Out-patient basis in the out-patient department of a Hospital within 24 hours of the Accident which caused the Injury.
39. We will reimburse the actual charges for Emergency dental treatment due to Accident provided to the Insured and necessitated solely by an Injury caused to sound natural teeth provided such treatment is provided within 30 calendar days of the Accident and in a legally registered dental clinic or Hospital. This benefit shall limit to specific exclusions.
40. If, after the death of the Insured, a major organ of the Insured is donated and transplanted in Hong Kong, we shall pay to the Beneficiary the Additional Death Benefit for Organ Donor as shown in the Benefit Schedule to this Plan. This benefit is only payable once irrespective of the number of organs donated. For the definition of major organ, please refer to the Policy Provision.
41. Only applicable to customers who live in Hong Kong holding Hong Kong identity card and choose to attach the plan with 0 Annual Deductible and specific Area of Coverage.
42. We will not cover any Confinement, surgery, consultation, diagnosis, check-ups and / or services beyond the Area of Coverage. If any Confinement, surgery, consultations, diagnosis, check-ups, services and / or dental treatment have been paid or payable under any laws or other Out-patient / Maternity / Dental benefit or other policy, except those conforming to all other provisions under Supplementary Out-patient Benefit / Supplementary Maternity Benefit / Supplementary Dental Benefit and not been covered or payable under such laws or benefits, such Confinement, surgery, consultations, diagnosis, check-ups, services and / or dental treatment will not be paid additionally. In determining such extent, we reserve our right to apply such compensation or benefit(s) (whether itemized or not) to adjust any such charges in a manner we may consider appropriate.
43. Once this benefit is payable, no other benefit will be payable in respect of such consultation and prescribed Western Medication under Supplementary Out-patient Benefit.
44. The Insured may only choose to visit any one of Chinese Medical Practitioner (including the consultation fee and prescribed medication), Chiropractor or Physiotherapist for consultation per day.
45. We will reimburse the actual charges for 1 health check-up and 1 course of vaccination per Policy Year after 90 calendar days from the Plan Effective Date or, in the case of reinstatement, the effective date of reinstatement of this Plan (whichever is later).

MediChamp Insurance Plan – Basic Plan / Rider Annual Premium Table^{1,2} (HKD)

Future premiums will be reviewed and adjusted annually if necessary to reflect continuous medical inflation and overall claim experience under this Plan. First year premium of this Plan is based on the premiums stated below according to your current attained age, but cannot be regarded as the actual premiums payable by you in the future. We will notify the Policy Owner in writing at least 30 days before the Renewal Effective Date about the actual premium payable for the coming year.

Area of Coverage Plan and Annual Deductible	Worldwide	Worldwide (excl. USA)				Asia			
	0	0	18,000	38,000	68,000	0	18,000	38,000	68,000
Age									
0 - 20	26,103	14,281	6,198	5,558	4,850	8,494	3,810	3,275	2,948
21	28,910	14,707	6,523	5,872	4,974	8,637	3,909	3,373	3,035
22	31,424	15,202	6,871	6,186	5,119	8,844	4,040	3,482	3,133
23	33,636	15,763	7,219	6,500	5,299	9,105	4,192	3,603	3,254
24	35,544	16,380	7,579	6,803	5,513	9,433	4,367	3,745	3,373
25	37,150	17,076	7,949	7,118	5,760	9,815	4,574	3,898	3,515
26	38,453	17,840	8,331	7,421	6,040	10,263	4,804	4,061	3,669
27	39,463	18,659	8,723	7,735	6,344	10,776	5,066	4,247	3,833
28	40,170	19,558	9,117	8,038	6,681	11,343	5,350	4,455	4,007
29	40,575	20,511	9,532	8,342	7,050	11,977	5,666	4,662	4,192
30	40,676	21,545	9,947	8,645	7,455	12,665	6,005	4,891	4,389
31	41,899	22,330	10,183	8,903	7,701	13,102	6,180	5,055	4,520
32	43,291	23,094	10,374	9,128	7,916	13,495	6,321	5,197	4,629
33	44,852	23,813	10,508	9,352	8,095	13,844	6,430	5,328	4,738
34	46,581	24,498	10,587	9,554	8,241	14,150	6,496	5,448	4,826
35	48,489	25,148	10,610	9,734	8,365	14,412	6,529	5,557	4,891
36	49,477	25,249	10,789	9,880	8,386	14,466	6,605	5,644	4,946
37	50,274	25,350	10,991	10,015	8,420	14,532	6,682	5,699	5,001
38	50,881	25,451	11,204	10,116	8,443	14,587	6,748	5,754	5,034
39	51,296	25,552	11,440	10,205	8,477	14,652	6,802	5,787	5,044
40	51,521	25,654	11,687	10,262	8,499	14,706	6,857	5,798	5,055
41	52,711	26,148	12,091	10,654	8,824	15,198	7,075	6,016	5,252
42	54,103	26,777	12,563	11,149	9,263	15,831	7,348	6,299	5,502
43	55,686	27,540	13,102	11,743	9,790	16,607	7,676	6,638	5,808
44	57,460	28,438	13,697	12,428	10,418	17,523	8,046	7,031	6,180
45	59,436	29,460	14,359	13,214	11,149	18,594	8,473	7,490	6,594
46	60,749	30,751	14,854	13,663	11,541	19,150	8,822	7,740	6,835
47	61,962	32,233	15,336	14,056	11,901	19,641	9,171	7,959	7,064
48	63,096	33,883	15,796	14,405	12,215	20,056	9,532	8,145	7,260
49	64,129	35,713	16,245	14,707	12,473	20,405	9,902	8,309	7,446
50	65,071	37,723	16,683	14,966	12,698	20,678	10,274	8,440	7,599
51	67,587	39,317	17,301	15,392	13,069	21,301	10,645	8,746	7,828
52	70,573	40,889	17,975	15,841	13,450	21,988	11,016	9,095	8,068
53	74,020	42,449	18,693	16,324	13,855	22,742	11,398	9,477	8,319
54	77,927	43,987	19,468	16,829	14,281	23,572	11,780	9,902	8,582
55	82,294	45,503	20,298	17,357	14,730	24,468	12,162	10,361	8,855
56	85,887	47,176	21,365	18,469	15,628	25,712	12,665	10,863	9,313
57	89,525	48,894	22,555	19,794	16,673	27,120	13,199	11,398	9,838
58	93,207	50,656	23,858	21,320	17,896	28,693	13,778	11,977	10,438
59	96,934	52,453	25,272	23,061	19,276	30,428	14,400	12,599	11,103
60	100,718	54,293	26,810	25,014	20,815	32,329	15,067	13,254	11,835
61	108,329	59,537	29,224	27,158	22,768	35,418	16,541	14,423	12,796
62	117,244	65,925	32,008	29,493	24,981	39,010	18,321	15,788	13,887
63	127,460	73,492	35,163	32,042	27,428	43,104	20,395	17,348	15,100
64	138,990	82,204	38,699	34,781	30,122	47,712	22,775	19,118	16,432
65	151,834	92,084	42,596	37,734	33,064	52,821	25,450	21,072	17,884
66	163,667	98,832	45,492	39,934	35,163	56,042	27,350	22,655	19,325
67	176,051	105,309	48,299	42,012	37,150	58,969	29,184	24,249	20,832
68	188,962	111,518	51,016	43,976	39,014	61,599	30,953	25,843	22,415
69	202,411	117,457	53,642	45,829	40,765	63,936	32,666	27,447	24,086
70	216,401	123,126	56,180	47,568	42,404	65,978	34,326	29,064	25,821
71	226,932	129,548	58,964	50,129	44,358	69,450	36,160	30,537	27,110
72	237,272	135,881	61,726	52,744	46,278	72,932	37,973	31,990	28,387
73	247,432	142,134	64,466	55,406	48,153	76,437	39,774	33,431	29,642
74	257,390	148,309	67,171	58,133	49,994	79,963	41,554	34,840	30,876
75	267,169	154,394	69,843	60,917	51,802	83,511	43,323	36,236	32,099

MediChamp Insurance Plan – Basic Plan / Rider Annual Premium Table^{1,2} (HKD)

Area of Coverage Plan and Annual Deductible	Worldwide		Worldwide (excl. USA)			Asia			
	0	0	18,000	38,000	68,000	0	18,000	38,000	68,000
Age	The premiums stated below are applicable to renewal only ³								
76	276,757	160,400	72,492	63,747	53,564	87,071	45,070	37,613	33,289
77	286,165	166,317	75,120	66,633	55,304	90,652	46,795	38,977	34,468
78	295,371	172,144	77,725	69,585	56,988	94,244	48,509	40,309	35,626
79	304,398	177,892	80,284	72,583	58,650	97,869	50,201	41,631	36,761
80	313,233	183,561	82,833	75,636	60,266	101,504	51,882	42,929	37,885
81	320,778	188,142	84,853	77,725	61,715	104,398	53,094	43,956	38,835
82	327,941	192,465	86,773	79,689	63,096	107,182	54,208	44,916	39,730
83	334,722	196,518	88,558	81,519	64,409	109,835	55,212	45,812	40,582
84	341,099	200,301	90,242	83,226	65,667	112,379	56,130	46,631	41,379
85	347,105	203,827	91,803	84,798	66,857	114,791	56,937	47,395	42,143
86	352,707	207,083	93,251	86,235	67,990	117,096	57,647	48,094	42,853
87	357,928	210,069	94,577	87,548	69,057	119,268	58,269	48,727	43,508
88	362,767	212,797	95,789	88,727	70,068	121,332	58,782	49,295	44,130
89	367,213	215,256	96,889	89,782	71,011	123,276	59,197	49,786	44,688
90	371,266	217,444	97,865	90,703	71,898	125,099	59,514	50,223	45,212
91	375,386	220,645	99,292	92,073	72,964	127,129	60,311	50,932	45,889
92	379,203	223,811	100,706	93,409	74,020	129,105	61,119	51,642	46,554
93	382,717	226,943	102,099	94,733	75,053	131,016	61,938	52,352	47,209
94	385,917	230,030	103,490	96,025	76,074	132,861	62,767	53,061	47,854
95	388,814	233,095	104,860	97,282	77,074	134,652	63,597	53,760	48,498
96	391,407	236,115	106,207	98,528	78,062	136,387	64,428	54,459	49,120
97	393,697	239,112	107,555	99,741	79,027	138,058	65,268	55,158	49,731
98	395,685	242,065	108,879	100,931	79,982	139,674	66,120	55,857	50,343
99	397,358	244,996	110,194	102,099	80,913	141,224	66,982	56,544	50,932
100	398,727	247,881	111,495	103,233	81,834	142,720	67,844	57,232	51,522
101	402,712	250,362	112,607	104,265	82,653	144,151	68,522	57,799	52,036
102	406,743	252,866	113,741	105,309	83,484	145,592	69,209	58,378	52,559
103	410,807	255,392	114,875	106,365	84,315	147,044	69,897	58,969	53,083
104	414,916	257,941	116,020	107,420	85,157	148,518	70,596	59,558	53,619
105	419,070	260,523	117,187	108,498	86,010	150,002	71,306	60,147	54,153
106	423,258	263,127	118,355	109,587	86,863	151,499	72,016	60,747	54,688
107	427,490	265,766	119,534	110,676	87,740	153,016	72,736	61,359	55,234
108	431,768	268,415	120,736	111,787	88,615	154,544	73,467	61,971	55,791
109	436,079	271,098	121,937	112,898	89,502	156,094	74,199	62,593	56,348
110	440,447	273,815	123,160	114,032	90,400	157,656	74,941	63,215	56,916
111	444,848	276,555	124,395	115,178	91,298	159,228	75,695	63,849	57,483
112	449,293	279,316	125,630	116,323	92,208	160,822	76,448	64,492	58,051
113	453,784	282,112	126,888	117,491	93,139	162,427	77,212	65,137	58,641
114	458,331	284,930	128,157	118,658	94,071	164,054	77,987	65,792	59,219
115	462,912	287,782	129,447	119,849	95,003	165,692	78,762	66,447	59,819
116	467,538	290,656	130,739	121,050	95,957	167,351	79,549	67,113	60,410
117	472,219	293,563	132,041	122,262	96,912	169,022	80,345	67,779	61,020
118	476,934	296,505	133,365	123,486	97,888	170,714	81,154	68,456	61,632
119	481,705	299,469	134,701	124,721	98,865	172,417	81,961	69,144	62,244
120	486,523	302,467	136,049	125,967	99,853	174,142	82,780	69,832	62,866
121	491,383	305,487	137,407	127,225	100,852	175,889	83,610	70,530	63,500
122	496,300	308,541	138,777	128,494	101,863	177,647	84,451	71,240	64,132
123	501,263	311,628	140,170	129,784	102,873	179,426	85,291	71,950	64,777
124	506,282	314,738	141,572	131,076	103,906	181,217	86,143	72,671	65,420
125	511,345	317,893	142,987	132,389	104,950	183,029	87,005	73,402	66,076
126	516,453	321,070	144,413	133,714	105,994	184,863	87,879	74,133	66,731
127	521,618	324,281	145,861	135,049	107,060	186,709	88,752	74,876	67,397

Remarks:

- Renewal premium will base on your attained age and the applicable premium table at the time of renewal. Premiums are non-guaranteed, we will review and adjust the premium to reflect continuous medical inflation and overall claim experience under this Plan. We will notify the Policy Owner in writing at least 30 days before the Renewal Effective Date about the actual premium payable for the coming year. During the review, we may consider factors including but not limited to claim costs incurred from all policies under this Plan and the expected claim outgo in the future which reflects medical trends, medical cost inflation and the change in the product features revision.
- The annual premium table is for reference only, please contact your consultant for premiums in monthly and semi-annual payment mode.
- While this Plan is in force, subject to all of the terms and conditions of this Plan and provided that this Plan continues to be available for renewal and the requirements of remark 2 are met, we shall guarantee to renew this Plan (including Optional Supplementary Benefits) during the Coverage Period specified in At-a-Glance table each year regardless of your health status or claim history. For avoidance of doubt, the Supplementary Out-patient Benefit, the Supplementary Dental Benefit and the Supplementary Maternity Benefit shall cease when MediChamp Insurance Plan is terminated.

Effective Date: 23 November 2023

MediChamp Insurance Plan – Rider Annual Premium Table^{1,2} (USD)

Future premiums will be reviewed and adjusted annually if necessary to reflect continuous medical inflation and overall claim experience under this Plan. First year premium of this Plan is based on the premiums stated below according to your current attained age, but cannot be regarded as the actual premiums payable by you in the future. We will notify the Policy Owner in writing at least 30 days before the Renewal Effective Date about the actual premium payable for the coming year.

Area of Coverage Plan and Annual Deductible	Worldwide	Worldwide (excl. USA)				Asia			
	0	0	2,250	4,750	8,500	0	2,250	4,750	8,500
Age									
0 - 20	3,263	1,785	775	695	606	1,062	476	409	369
21	3,614	1,838	815	734	622	1,080	489	422	379
22	3,928	1,900	859	773	640	1,106	505	435	392
23	4,205	1,970	902	813	662	1,138	524	450	407
24	4,443	2,048	947	850	689	1,179	546	468	422
25	4,644	2,135	994	890	720	1,227	572	487	439
26	4,807	2,230	1,041	928	755	1,283	601	508	459
27	4,933	2,332	1,090	967	793	1,347	633	531	479
28	5,021	2,445	1,140	1,005	835	1,418	669	557	501
29	5,072	2,564	1,192	1,043	881	1,497	708	583	524
30	5,085	2,693	1,243	1,081	932	1,583	751	611	549
31	5,237	2,791	1,273	1,113	963	1,638	773	632	565
32	5,411	2,887	1,297	1,141	990	1,687	790	650	579
33	5,607	2,977	1,314	1,169	1,012	1,731	804	666	592
34	5,823	3,062	1,323	1,194	1,030	1,769	812	681	603
35	6,061	3,144	1,326	1,217	1,046	1,802	816	695	611
36	6,185	3,156	1,349	1,235	1,048	1,808	826	706	618
37	6,284	3,169	1,374	1,252	1,053	1,817	835	712	625
38	6,360	3,181	1,401	1,265	1,055	1,823	844	719	629
39	6,412	3,194	1,430	1,276	1,060	1,832	850	723	631
40	6,440	3,207	1,461	1,283	1,062	1,838	857	725	632
41	6,589	3,269	1,511	1,332	1,103	1,900	884	752	657
42	6,763	3,347	1,570	1,394	1,158	1,979	919	787	688
43	6,961	3,443	1,638	1,468	1,224	2,076	960	830	726
44	7,183	3,555	1,712	1,554	1,302	2,190	1,006	879	773
45	7,430	3,683	1,795	1,652	1,394	2,324	1,059	936	824
46	7,594	3,844	1,857	1,708	1,443	2,394	1,103	968	854
47	7,745	4,029	1,917	1,757	1,488	2,455	1,146	995	883
48	7,887	4,235	1,975	1,801	1,527	2,507	1,192	1,018	908
49	8,016	4,464	2,031	1,838	1,559	2,551	1,238	1,039	931
50	8,134	4,715	2,085	1,871	1,587	2,585	1,284	1,055	950
51	8,448	4,915	2,163	1,924	1,634	2,663	1,331	1,093	979
52	8,822	5,111	2,247	1,980	1,681	2,749	1,377	1,137	1,009
53	9,253	5,306	2,337	2,041	1,732	2,843	1,425	1,185	1,040
54	9,741	5,498	2,434	2,104	1,785	2,947	1,473	1,238	1,073
55	10,287	5,688	2,537	2,170	1,841	3,059	1,520	1,295	1,107
56	10,736	5,897	2,671	2,309	1,954	3,214	1,583	1,358	1,164
57	11,191	6,112	2,819	2,474	2,084	3,390	1,650	1,425	1,230
58	11,651	6,332	2,982	2,665	2,237	3,587	1,722	1,497	1,305
59	12,117	6,557	3,159	2,883	2,410	3,804	1,800	1,575	1,388
60	12,590	6,787	3,351	3,127	2,602	4,041	1,883	1,657	1,479
61	13,541	7,442	3,653	3,395	2,846	4,427	2,068	1,803	1,600
62	14,656	8,241	4,001	3,687	3,123	4,876	2,290	1,974	1,736
63	15,933	9,187	4,395	4,005	3,429	5,388	2,549	2,169	1,888
64	17,374	10,276	4,837	4,348	3,765	5,964	2,847	2,390	2,054
65	18,979	11,511	5,325	4,717	4,133	6,603	3,181	2,634	2,236
66	20,458	12,354	5,687	4,992	4,395	7,005	3,419	2,832	2,416
67	22,006	13,164	6,037	5,252	4,644	7,371	3,648	3,031	2,604
68	23,620	13,940	6,377	5,497	4,877	7,700	3,869	3,230	2,802
69	25,301	14,682	6,705	5,729	5,096	7,992	4,083	3,431	3,011
70	27,050	15,391	7,023	5,946	5,301	8,247	4,291	3,633	3,228
71	28,367	16,194	7,371	6,266	5,545	8,681	4,520	3,817	3,389
72	29,659	16,985	7,716	6,593	5,785	9,117	4,747	3,999	3,548
73	30,929	17,767	8,058	6,926	6,019	9,555	4,972	4,179	3,705
74	32,174	18,539	8,396	7,267	6,249	9,995	5,194	4,355	3,860
75	33,396	19,299	8,730	7,615	6,475	10,439	5,415	4,530	4,012

MediChamp Insurance Plan – Rider Annual Premium Table^{1,2} (USD)

Area of Coverage	Worldwide		Worldwide (excl. USA)			Asia			
Plan and Annual Deductible	0	0	2,250	4,750	8,500	0	2,250	4,750	8,500
Age	The premiums stated below are applicable to renewal only ³								
76	34,595	20,050	9,062	7,968	6,696	10,884	5,634	4,702	4,161
77	35,771	20,790	9,390	8,329	6,913	11,332	5,849	4,872	4,309
78	36,921	21,518	9,716	8,698	7,124	11,781	6,064	5,039	4,453
79	38,050	22,237	10,036	9,073	7,331	12,234	6,275	5,204	4,595
80	39,154	22,945	10,354	9,455	7,533	12,688	6,485	5,366	4,736
81	40,097	23,518	10,607	9,716	7,714	13,050	6,637	5,495	4,854
82	40,993	24,058	10,847	9,961	7,887	13,398	6,776	5,615	4,966
83	41,840	24,565	11,070	10,190	8,051	13,729	6,902	5,727	5,073
84	42,637	25,038	11,280	10,403	8,208	14,047	7,016	5,829	5,172
85	43,388	25,478	11,475	10,600	8,357	14,349	7,117	5,924	5,268
86	44,088	25,885	11,656	10,779	8,499	14,637	7,206	6,012	5,357
87	44,741	26,259	11,822	10,944	8,632	14,909	7,284	6,091	5,439
88	45,346	26,600	11,974	11,091	8,759	15,167	7,348	6,162	5,516
89	45,902	26,907	12,111	11,223	8,876	15,410	7,400	6,223	5,586
90	46,408	27,181	12,233	11,338	8,987	15,637	7,439	6,278	5,652
91	46,923	27,581	12,412	11,509	9,121	15,891	7,539	6,367	5,736
92	47,400	27,976	12,588	11,676	9,253	16,138	7,640	6,455	5,819
93	47,840	28,368	12,762	11,842	9,382	16,377	7,742	6,544	5,901
94	48,240	28,754	12,936	12,003	9,509	16,608	7,846	6,633	5,982
95	48,602	29,137	13,108	12,160	9,634	16,832	7,950	6,720	6,062
96	48,926	29,514	13,276	12,316	9,758	17,048	8,054	6,807	6,140
97	49,212	29,889	13,444	12,468	9,878	17,257	8,159	6,895	6,216
98	49,461	30,258	13,610	12,616	9,998	17,459	8,265	6,982	6,293
99	49,670	30,625	13,774	12,762	10,114	17,653	8,373	7,068	6,367
100	49,841	30,985	13,937	12,904	10,229	17,840	8,481	7,154	6,440
101	50,339	31,295	14,076	13,033	10,332	18,019	8,565	7,225	6,505
102	50,843	31,608	14,218	13,164	10,436	18,199	8,651	7,297	6,570
103	51,351	31,924	14,359	13,296	10,539	18,381	8,737	7,371	6,635
104	51,865	32,243	14,503	13,428	10,645	18,565	8,825	7,445	6,702
105	52,384	32,565	14,648	13,562	10,751	18,750	8,913	7,518	6,769
106	52,907	32,891	14,794	13,698	10,858	18,937	9,002	7,593	6,836
107	53,436	33,221	14,942	13,835	10,968	19,127	9,092	7,670	6,904
108	53,971	33,552	15,092	13,973	11,077	19,318	9,183	7,746	6,974
109	54,510	33,887	15,242	14,112	11,188	19,512	9,275	7,824	7,044
110	55,056	34,227	15,395	14,254	11,300	19,707	9,368	7,902	7,115
111	55,606	34,569	15,549	14,397	11,412	19,904	9,462	7,981	7,185
112	56,162	34,915	15,704	14,540	11,526	20,103	9,556	8,062	7,256
113	56,723	35,264	15,861	14,686	11,642	20,303	9,652	8,142	7,330
114	57,291	35,616	16,020	14,832	11,759	20,507	9,748	8,224	7,402
115	57,864	35,973	16,181	14,981	11,875	20,712	9,845	8,306	7,477
116	58,442	36,332	16,342	15,131	11,995	20,919	9,944	8,389	7,551
117	59,027	36,695	16,505	15,283	12,114	21,128	10,043	8,472	7,628
118	59,617	37,063	16,671	15,436	12,236	21,339	10,144	8,557	7,704
119	60,213	37,434	16,838	15,590	12,358	21,552	10,245	8,643	7,781
120	60,815	37,808	17,006	15,746	12,482	21,768	10,348	8,729	7,858
121	61,423	38,186	17,176	15,903	12,607	21,986	10,451	8,816	7,938
122	62,038	38,568	17,347	16,062	12,733	22,206	10,556	8,905	8,017
123	62,658	38,954	17,521	16,223	12,859	22,428	10,661	8,994	8,097
124	63,285	39,342	17,697	16,385	12,988	22,652	10,768	9,084	8,178
125	63,918	39,737	17,873	16,549	13,119	22,879	10,876	9,175	8,260
126	64,557	40,134	18,052	16,714	13,249	23,108	10,985	9,267	8,341
127	65,202	40,535	18,233	16,881	13,383	23,339	11,094	9,360	8,425

Remarks:

- Renewal premium will base on your attained age and the applicable premium table at the time of renewal. Premiums are non-guaranteed, we will review and adjust the premium to reflect continuous medical inflation and overall claim experience under this Plan. We will notify the Policy Owner in writing at least 30 days before the Renewal Effective Date about the actual premium payable for the coming year. During the review, we may consider factors including but not limited to claim costs incurred from all policies under this Plan and the expected claim outgo in the future which reflects medical trends, medical cost inflation and the change in the product features revision.
- The annual premium table is for reference only, please contact your consultant for premiums in monthly and semi-annual payment mode.
- While this Plan is in force, subject to all of the terms and conditions of this Plan and provided that this Plan continues to be available for renewal and the requirements of remark 2 are met, we shall guarantee to renew this Plan (including Optional Supplementary Benefits) during the Coverage Period specified in At-a-Glance table each year regardless of your health status or claim history. For avoidance of doubt, the Supplementary Out-patient Benefit, the Supplementary Dental Benefit and the Supplementary Maternity Benefit shall cease when MediChamp Insurance Plan is terminated.

Effective Date: 23 November 2023

MediChamp Insurance Plan - Supplementary Out-patient Benefit Annual Premium Table^{1,2}

Future premiums will be reviewed and adjusted annually if necessary to reflect continuous medical inflation and overall claim experience under this Plan. First year premium of the Supplementary Out-patient Benefit under this Plan is based on the premiums stated below according to your current attained age, but cannot be regarded as the actual premiums payable by you in the future. We will notify the Policy Owner in writing at least 30 days before the Renewal Effective Date about the actual premium payable for the coming year.

Age	Policy Currency	
	HKD	USD
0 - 4	19,620	2,453
5 - 18	15,042	1,880
19	13,996	1,749
20	12,949	1,619
21	13,451	1,682
22	13,952	1,744
23	14,464	1,807
24	14,966	1,872
25	15,478	1,935
26	15,990	1,999
27	16,514	2,063
28	17,026	2,129
29	17,549	2,194
30	18,072	2,260
31	18,595	2,325
32	19,130	2,390
33	19,653	2,457
34	20,187	2,523
35	20,721	2,591
36	21,266	2,657
37	21,800	2,725
38	22,345	2,793
39	22,890	2,861
40	23,435	2,930
41	24,372	3,048
42	25,397	3,174
43	26,487	3,310
44	27,653	3,456
45	28,885	3,611
46	30,204	3,775
47	31,588	3,948
48	33,049	4,131
49	34,575	4,323
50	36,188	4,524
51	38,106	4,763
52	40,134	5,017
53	42,292	5,287
54	44,559	5,570
55	46,935	5,867
56	49,442	6,180
57	52,058	6,507
58	54,783	6,848
59	57,639	7,205
60	60,604	7,576
61	64,201	8,025
62	67,994	8,500
63	72,005	9,001
64	76,235	9,529
65	80,660	10,083
66	85,303	10,662
67	90,143	11,268
68	95,201	11,901
69	100,476	12,559
70	105,948	13,244

Age	Policy Currency	
	HKD	USD
The premiums stated below are applicable to renewal only ³		
71	110,788	13,848
72	115,682	14,461
73	120,630	15,079
74	125,644	15,706
75	130,702	16,338
76	135,825	16,978
77	140,992	17,624
78	146,224	18,278
79	151,510	18,939
80	156,851	19,607
81	162,857	20,357
82	169,015	21,127
83	175,348	21,919
84	181,856	22,732
85	188,516	23,565
86	195,350	24,418
87	202,337	25,292
88	209,498	26,188
89	216,834	27,104
90	224,322	28,040
91	233,282	29,160
92	242,645	30,330
93	252,411	31,551
94	262,570	32,822
95	273,143	34,142
96	284,109	35,514
97	295,488	36,936
98	307,260	38,407
99	319,435	39,929
100	332,014	41,502
101	335,339	41,917
102	338,685	42,336
103	342,075	42,760
104	345,497	43,187
105	348,953	43,619
106	352,441	44,055
107	355,961	44,496
108	359,526	44,941
109	363,123	45,390
110	366,752	45,843
111	370,415	46,302
112	374,121	46,765
113	377,859	47,233
114	381,642	47,705
115	385,457	48,182
116	389,315	48,664
117	393,207	49,150
118	397,142	49,642
119	401,109	50,139
120	405,120	50,640
121	409,175	51,146
122	413,263	51,658
123	417,394	52,174
124	421,568	52,696
125	425,787	53,224
126	430,049	53,756
127	434,343	54,293

Remarks:

1. Renewal premium will base on your attained age and the applicable premium table at the time of renewal. Premiums are non-guaranteed, we will review and adjust the premium to reflect continuous medical inflation and overall claim experience under this Plan. We will notify the Policy Owner in writing at least 30 days before the Renewal Effective Date about the actual premium payable for the coming year. During the review, we may consider factors including but not limited to claim costs incurred from all policies under this Plan and the expected claim outgo in the future which reflects medical trends, medical cost inflation and the change in the product features revision.
2. The annual premium table is for reference only, please contact your consultant for premiums in monthly and semi-annual payment mode.
3. While this Plan is in force, subject to all of the terms and conditions of this Plan and provided that this Plan continues to be available for renewal and the requirements of remark 2 are met, we shall guarantee to renew this Plan (including Optional Supplementary Benefits) during the Coverage Period specified in At-a-Glance table each year regardless of your health status or claim history. For avoidance of doubt, the Supplementary Out-patient Benefit, the Supplementary Dental Benefit and the Supplementary Maternity Benefit shall cease when MediChamp Insurance Plan is terminated.

Effective Date: 23 November 2023

MediChamp Insurance Plan - Supplementary Dental Benefit Annual Premium Table^{1,2}

Future premiums will be reviewed and adjusted annually if necessary to reflect continuous medical inflation and overall claim experience under this Plan. First year premium of the Supplementary Dental Benefit under this Plan is based on the premiums stated below according to your current attained age, but cannot be regarded as the actual premiums payable by you in the future. We will notify the Policy Owner in writing at least 30 days before the Renewal Effective Date about the actual premium payable for the coming year.

Age	Policy Currency	
	HKD	USD
0 - 70	5,668	709
The premiums stated below are applicable to renewal only ³		
71 - 74	5,668	709

MediChamp Insurance Plan - Supplementary Maternity Benefit Annual Premium Table^{1,2}

Future premiums will be reviewed and adjusted annually if necessary to reflect continuous medical inflation and overall claim experience under this Plan. First year premium of the Supplementary Maternity Benefit under this Plan is based on the premiums stated below according to your current attained age, but cannot be regarded as the actual premiums payable by you in the future. We will notify the Policy Owner in writing at least 30 days before the Renewal Effective Date about the actual premium payable for the coming year.

Age	Policy Currency	
	HKD	USD
0 - 17	Not applicable	
18	25,288	3,161
19	27,904	3,488
20	30,520	3,815
21	33,125	4,140
22	35,643	4,456
23	38,085	4,760
24	40,439	5,055
25	42,717	5,339
26	44,908	5,614
27	47,023	5,877
28	49,050	6,131
29	51,001	6,374
30	52,865	6,609
31	53,094	6,636
32	52,952	6,620
33	52,451	6,556
34	51,579	6,447
35	50,347	6,293
36	48,745	6,093
37	46,783	5,848
38	44,450	5,557
39	41,758	5,219
40	38,695	4,837
41 - 45	38,695	4,837
The premiums stated below are applicable to renewal only ³		
46 - 49	38,695	4,837

Remarks:

1. Renewal premium will base on your attained age and the applicable premium table at the time of renewal. Premiums are non-guaranteed, we will review and adjust the premium to reflect continuous medical inflation and overall claim experience under this Plan. We will notify the Policy Owner in writing at least 30 days before the Renewal Effective Date about the actual premium payable for the coming year. During the review, we may consider factors including but not limited to claim costs incurred from all policies under this Plan and the expected claim outgo in the future which reflects medical trends, medical cost inflation and the change in the product features revision.
2. The annual premium table is for reference only, please contact your consultant for premiums in monthly and semi-annual payment mode.
3. While the Supplementary Out-patient Benefit, the Supplementary Dental Benefit and the Supplementary Maternity Benefit is in force, subject to all of the terms and conditions of this Plan and provided that this Plan continues to be available for renewal and the requirements of remark 2 are met, we shall guarantee to renew regardless of your health status or claim history.

Effective Date: 23 November 2023

Important Information

1. Cooling-off Right

If you wish to exercise your cooling-off right, you can cancel the policy and obtain a refund of premium and levy paid by giving a written notice to us. Such notice must be signed by you and submitted to our office at 7/F, NEO, 123 Hoi Bun Road, Kwun Tong, Kowloon within 21 calendar days immediately following the day of delivery of the policy or the Cooling-off Notice to you or your nominated representative (whichever is the earlier). The Cooling-off Notice should inform you of the availability of the policy and expiry date of the cooling-off period.

2. Key Product Risks

i. Non-payment of Premium

If there is any non-payment of premiums on or before the end of the Grace Period of 31 days from its due date, this Plan / Supplementary Out-patient Benefit / Supplementary Dental Benefit / Supplementary Maternity Benefit will automatically be terminated and you will lose your protection under this Plan.

ii. Termination

The Insured's coverage under this Plan and / or Optional Supplementary Benefits shall be automatically terminated on the earliest of the followings:

1. any premium under this Plan and / or Optional Supplementary Benefits remains in default at the end of the Grace Period; unless the automatic non-forfeiture provisions, contribution interruption provision or premium holiday provision (as the case may be) of the basic plan added to this Plan becomes applicable; or
2. the basic plan added to this Plan (if applicable) is cancelled or surrendered or terminated; or
3. the basic plan added to this Plan is converted into paid-up or extended term insurance policy under the non-forfeiture option provision of such basic plan (if applicable); or
4. the death of the Insured; or
5. your request to cancel or terminate this Plan and/or Optional Supplementary Benefits is accepted by us; or
6. the aggregate amount of Living Benefits paid or payable under the Benefit Provisions of this Plan reaches the Overall Lifetime Limit; or
7. your cancellation notice of this Plan and/or Optional Supplementary Benefits under the Renewal Provisions is received by us within the requisite period specified in the Renewal Provisions; or
8. the option to change insurance plan under specified ages is exercised successfully; or
9. the Plan End Date of the basic plan of this Plan and / or Optional Supplementary Benefits.

Optional Supplementary Benefits shall be automatically terminated on the earliest of the followings:

1. any premium under Optional Supplementary Benefits remains in default at the end of the Grace Period; unless the automatic non-forfeiture provisions, contribution interruption provision or premium holiday provision (as the case may be) of the basic plan added to this Plan becomes applicable; or
2. MediChamp Insurance Plan is cancelled or terminated; or
3. your cancellation notice under the Renewal Provisions is received by us within the requisite period specified in the Renewal Provisions; or
4. your cancellation notice under the Renewal Provisions is received by us within the requisite period specified in the Renewal Provisions; or
5. the Plan End Date of Optional Supplementary Benefits
6. [applicable to Rider: I. Supplementary Out-patient Benefit] this Plan is cancelled or terminated; or
7. [applicable to Rider: I. Supplementary Out-patient Benefit] this Plan or Supplementary Out-patient Benefit is cancelled or terminated; or
8. [applicable to Rider: I. Supplementary Out-patient Benefit] this Plan or Supplementary Dental Benefit or Supplementary Maternity Benefit is cancelled or terminated.

If this Plan / Optional Supplementary Benefits is terminated, subject to the Renewal Provisions, any premium(s) paid for the Policy Year will not be refunded. Termination of this Plan/including Optional Supplementary Benefits shall not affect your claims under this Plan / including Optional Supplementary Benefits arising before the date of termination. Payment or acceptance of any premium subsequent to termination shall not create any liability on our part but we shall refund any such premium received by us without interest.

In relation to expenses incurred due to an Illness or Injury before termination of this Plan/including Optional Supplementary Benefits, no benefit will be provided by this Plan/including Optional Supplementary Benefits since the date of its termination.

iii. Inflation Risk

When you review the benefits shown in the benefit illustrations, please note that the cost of living in the future is likely to be higher than it is today due to inflation. In that case you will receive less in real terms even if we meet all of our contractual obligations under the policy.

iv. Other Key Product Risks

- Basic plan of MediChamp Insurance Plan is issued in HK dollars while Rider / Optional Supplementary Benefits are issued in HK dollars or US dollars. If you apply MediChamp Insurance Plan as Rider, you can specify the policy currency at the time of application. Policy currency cannot be altered once the policy has been issued.
- The premiums received by us in a currency different from your policy currency or the bill of medical expenses in a currency different from your policy currency, will be converted to the policy currency at the prevailing exchange rate determined by us from time to time with reference to market rates. All monies payable under this Plan (including Optional Supplementary Benefits) will be paid in Hong Kong dollars, or in the policy currency upon your request. The amount payable by us in a currency different from your policy currency will be converted at the prevailing exchange rate determined by us from time to time with reference to market rates. Therefore, it may be subject to foreign exchange risks in the process of currency conversion.
- MediChamp Insurance Plan (including Optional Supplementary Benefits) is an insurance policy issued by us. The insurance benefits are subject to our credit risks.

3. Exclusions

Notwithstanding anything stated in this Plan (including Optional Supplementary Benefits), we shall not pay any benefits under this Plan (including Optional Supplementary Benefits) for expenses arising directly or indirectly from or caused by any of the following:

- i. the Insured's sickness, disease or illness which occurs during the first 30 calendar days from the Policy Effective Date or the date of reinstatement, whichever is the later;
- ii. self-destruction, any intentional self-inflicted injury, or attempted suicide, while sane or insane;
- iii. war (whether it is declared or not), invasion, act of foreign enemies, hostilities, strike, riot and/or civil commotion, civil war, rebellion, revolution, insurrection, terrorist acts, military or usurped power;
- iv. hereditary diseases, birth defects, congenital anomalies, developmental disorders such as learning, speech and behaviour; the signs and symptoms of which manifest or diagnosis for which is made before the Insured attains the age of 17;
- v. pregnancy (including child birth, miscarriage, or abortion) and complication resulting therefrom or relating thereto and surrogacy except to the natural birth under Supplementary Maternity Benefit (including miscarriage), caesarean delivery and the pregnancy complications specified in New Parents Benefits;
- vi. any elective surgery or treatment, cosmetic surgery or treatment, plastic or reconstructive surgery or treatment (except to the extent covered by the Reconstructive Surgery provision of the Surgical Benefits provision);
- vii. dental care and treatment (except to the benefits specified in the Emergency Dental Treatment due to Accident under the Emergency Treatment Benefits and the Routine Dental Treatment provisions under Supplementary Dental Benefit);
- viii. any act of the Insured contrary to the law of the country or territory in which the act is committed;
- ix. treatment of injuries sustained from playing professional sport or base jumping, cliff diving, flying in an unlicensed aircraft or as a learner, free climbing, mountaineering with or without ropes, scuba diving to a depth of more than 10 metres, trekking to a height of over 2,500 metres, bungee jumping, canyoning, hang gliding, hot air balloon, paragliding or microlighting, parachuting, potholing, skiing off piste, or any other winter sports activity carried out off piste;
- x. under the influence of intoxicants, alcohol, narcotics, drugs or sedatives, unless, in the case of drug consumption, it is proved that such drug was taken in accordance with proper medical prescription or treatment, or any kind of substance abuse;
- xi. nuclear fission, nuclear fusion, ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuels or nuclear weapons material;

- xii. while the Insured is engaging in naval, military or airforce services, or any operation or combat duty with any armed force of any country, territory, or international organization;
- xiii. sexually transmitted diseases irrespective of cause, testing for sexually transmitted diseases, infection with Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) and / or any mutations, derivations or variations, AIDS Related Complex (ARC) and complications resulting therefrom or relating thereto except to the extent covered by the HIV / AIDS Treatment benefit under the Special Care Benefits provision;
- xiv. any Confinement, surgery, medical treatment, procedures, investigations, services and/or supplies for which Compensation or Reimbursement is payable under any law, medical program, or insurance policy provided by any governments, companies or other insurance providers;
- xv. birth control, infertility treatment, assisted reproduction, foetal surgery, sexual problem or sex changes;
- xvi. mental illness or disorder, psychiatric or psychological illness or disorder, nervous or mood disorder except to the extent covered by the In-patient Psychiatric Treatment benefit under the Special Care Benefits provisions and the Psychiatric Treatment under Supplementary Out-patient Benefit;
- xvii. bank charges, expenses incurred for the provision of medical and hospital bills, certificates, documentation, information or other evidence as required by FTLife;
- xviii. routine preventive health checks (except the benefit as mentioned under the Free Health Check-up Service provision) and vaccinations (except to the Health Check-up Service and vaccinations under Supplement Out-patient Benefit);
- xix. prostheses, orthotic devices, corrective devices and medical appliances not required for a surgical operation;
- xx. experimental drugs and treatment which have not been approved by the government, relevant authorities and recognized medical association in the locality;
- xxi. over-the-counter medication and nutrient supplement not prescribed by a Medical Practitioner, and any of the following traditional Chinese medicines: (a) agaricus blazei murill, (b) antelope horn powder, (c) antler, (d) cordyceps, (e) cubilose, (f) donkey-hide gelatin, (g) ganoderma, (h) all kinds of ginseng, (i) hippocampus, (j) moschus, (k) pearl powder and (l) placenta hominis, and any other Chinese herbs and/or tonic medicine as determined by FTLife in its absolute discretion from time to time;
- xxii. organ transplant services (including but not limited to the cost incurred in connection with identifying and procuring a replacement organ, all associated transportation costs and administrative costs) except to the extent covered by the Organ Transplant benefit under the Special Care Benefits provisions; any expenses and/or charges incurred by the Insured in respect of (a) mechanical or animal organs, except where a mechanical appliance is temporarily used to maintain bodily function whilst awaiting transplant, (b) purchase of a donor organ from any source or (c) harvesting and storage of stem cells, as a preventative measure against possible future disease;
- xxiii. Sleep disorders including insomnia, snoring, sleep-related breathing problems unless there is medical proof that the Insured is suffering from sleep apnoea. In these circumstances, we will only pay the actual charges up to and not exceeding the Reasonable and Customary Charges for Confinement for (a) one sleep study per year and (b) surgery, only if Medically Necessary;
- xxiv. treatment of obesity (including morbid obesity), weight control program or bariatric surgery;
- xxv. Confinement whilst the Insured is (a) Confined for more than 90 consecutive days, and (b) in a persistent vegetative state characterized by wakefulness without awareness for more than 28 consecutive days during such Confinement;
- xxvi. Treatment or surgery for tonsils, adenoids, hernia, cataract, sinus related conditions, piles / fissure / fistula-in-ano / rectal prolapse or a disease peculiar to the female generative organs until the Insured has been continuously covered under this Plan for a period of 120 calendar days immediately preceding such treatment or surgery provided it is not Pre-Existing Condition;
- xxvii. any Confinements, surgery, medical treatments, investigations, services or supplies which are not Medically Necessary; any charges which exceed the Reasonable and Customary Charges as determined by FTLife or
- xxviii. any Confinements primarily for the purpose of allied health services including but not limited to physiotherapy, occupational therapy and speech therapy.

Apart from the items mentioned above, the exclusion list below is also applicable to Supplementary Maternity Benefit:

- a. the infant is being given birth in a place where neither parent of the infant is a legal resident or citizen of the place of birth
- b. any medical expenses or fees for nursery care incurred by the infant during the Confinement

4. Pre-existing Condition

We will not pay any benefits arising directly or indirectly from a Pre-existing Condition (as specified hereinafter) if such condition is not fully disclosed in the Application.

A Pre-existing Condition is the existence of:

- i. a condition of the Insured for which medical advice, diagnosis, care or treatment is recommended or received before the Policy Effective Date or the date of any reinstatement (whichever is later); or
- ii. any sign or symptom within a five-year period immediately preceding the Policy Effective Date or the date of any reinstatement (whichever is later).

5. Premium Adjustment and Product Features Revision

i. Premium Adjustment

While this Plan is in force, subject to all of the terms and conditions of this Plan and provided that this Plan continues to be available for renewal and the requirements of remark 2 are met, we shall guarantee to renew MediChamp Insurance Plan (including Optional Supplementary Benefits) during the Coverage Period specified in At-a-Glance table each year regardless of your health status or claim history. For avoidance of doubt, the Supplementary Out-patient Benefit, the Supplementary Dental Benefit and the Supplementary Maternity Benefit shall cease when MediChamp Insurance Plan is terminated. The rates of premiums are not guaranteed. In order to provide you with continuous protection, we will review and adjust the premium of your plan from time to time and make adjustment at the end of every Policy Year if necessary and notify you in writing at least 30 days before the Renewal Effective Date. During the review, we may consider factors including but not limited to the following:

- claim costs incurred from all policies under this Plan / Supplementary Out-patient Benefit / Supplementary Dental Benefit / Supplementary Maternity Benefit and the expected claim outgo in the future which reflects medical trends, medical cost inflation and the change in the product features revision
- historical investment returns and the future outlook of the product's backing asset
- policy surrenders and lapses
- expenses directly related to the policy and indirect expenses allocated to this product

ii. Change of Occupation

If the Insured changes his occupation or job duties, you should inform us in writing accordingly as soon as practicable but in no event later than 1 month after such a change. We reserve the right (i) to terminate this Plan and return any unused premium on a pro-rata basis if the Insured changes to or is engaged in such occupation or job duties which is/are then classified by us as non-insurable (you have the right to request such classification at any time); or (ii) to adjust the premium according to the then prevailing premium rate as specified by us and charge the premium difference from the date on which the Insured changes his occupation or job duties if such occupation and job duties is / are classified by us as more hazardous than that/those of the Insured as stated in the application for this Plan or last communicated to us (you have the right to request such classification and the rules/basis for premium adjustment at any time). If no written notice is served in the manner as mentioned above and the Insured suffers from Injury while he is engaged in a different occupation or job duties which is / are then classified by us as non-insurable or doing anything pertaining to such non-insurable occupation or job duties, we shall not be liable for any claims arising from and/or as a result of such Injury and we shall be entitled to forthwith terminate this Plan.

iii. Change of Residence

If the Insured changes his/her country of residence, you are required to inform us in writing as soon as practicable and in any event within 1 month after the change. As a result of the change of country of residence, we reserve the right to adjust the premium on the Policy Anniversary immediately following the date of change of country of residence in accordance with the then prevailing premium rates as specified by us.

If no written notice is served in the manner as mentioned above before we receive a notice of claim for Living Benefits, and if the premiums that have been paid are less than that which should have been paid had we been notified of the change of country of residence earlier, then you owe a shortfall in premium to us. We reserve the right to collect from you the shortfall with interest counting from the Policy Anniversary immediately following the date of change of country of residence to the date on which we receive your notice of claim.

iv. Product Features Revision

We reserve the right to revise the benefits and / or any terms / conditions. We will issue a written notice to inform you if there is any revision in advance upon policy renewal or before end of a Policy Year. We will notify you in writing at least 30 days before the Renewal Effective Date. The revised premium, benefits and/or clauses / conditions will take effect automatically on the Renewal Effective Date unless you notify us in our prescribed form to cancel this Plan / Optional Supplementary Benefits within 30 calendar days from the Renewal Effective Date. In the case where a payment of the revised premium is made to us before we receive your notice of cancellation, we shall refund such premium without interest.

6. Effective Date

The below items will be effective on the following dates:

Items	Effective counting from Policy Effective Date or the date of reinstatement of this Plan, whichever is later
Accidental injury	Immediately
Core Benefits	
Illness	After 30 days
Treatment or surgery for tonsils, adenoids, hernia, cataract, sinus related conditions, piles / fissure / fistula-in-ano / rectal prolapse or a disease peculiar to the female generative organs	After 120 days
In-patient Psychiatric treatment	After 12 months
Organ Transplant	After 12 months (Count from the Policy Effective Date of this Plan)
New Parents Benefits	After 12 months
Free Health Check-up Service	3 years (Count from the Policy Effective Date of this Plan)
HIV / AIDS Treatment	After 5 years (Count from the Policy Effective Date of this Plan)
Optional Supplementary Benefits	
Supplementary Out-patient Benefit	After 30 days
Supplementary Out-patient Benefit - Health Check-up and Vaccination	After 90 days
Supplementary Dental Benefit	After 180 days
Supplementary Maternity Benefit	After 12 months

7. Eligible Medical Benefit Expenses

Claims of Eligible Medical Benefit Expenses must comply with the principles of **“Reasonable and Customary Charges”** and **“Medically Necessary”**. **“Reasonable and Customary Charges”** means under the similar conditions at local and treatment provided by persons with equivalent experience and professional status, the amount of service charge cannot be greater than the medical expense of a similar illness or injury with Reasonable and Customary levels.

“Medically Necessary” means Confinement, treatment, procedure, supplies or other medical services:

- i which are required for the diagnosis or direct treatment of the Insured's Illness or Injury; and
- ii which are appropriate with regard to the signs and symptoms of the Insured's Illness or Injury; and
- iii which are generally accepted by the medical profession in Hong Kong as effective, appropriate and essential based upon recognized standards of the health care specialty involved; and
- iv which are not of an experimental, preventive, screening or investigative nature; and
- v (for Confinement only) where the Insured's Illness or Injury could not safely and adequately be treated while not being Confined; and
- vi (for Out-patient surgery only) where the Insured's Illness or Injury could not safely and adequately be treated without surgery.

We reserve the right to make any discretionary adjustment for claim settlement based on above principles.

8. Claim Procedure

You must notify us in writing within 20 days of the date of commencement of an operation, procedure, treatment and / or Confinement, and send us the appropriate forms and relevant proof of receiving the first diagnosis or treatment of the Illness or Injury, if you wish to make a claim. You can get the appropriate claim forms from your financial consultant or call the FTLife customer service hotline on 2866 8898.

9. Medical Examination

Where a claim occurs, we shall have the right to require the Insured to be examined by a Medical Practitioner appointed by us at our cost.

10. Reinstatement

If this Plan (including Optional Supplementary Benefit) lapses and terminates due to non-payment of any premium, this Plan (including Optional Supplementary Benefit) may be reinstated subject to the following conditions:

- i. the request for reinstatement must be made by you in writing and in our prescribed form within 6 months after the due date of the premium in default; and
- ii. you must provide satisfactory evidence to us that the Insured is still insurable; and
- iii. any unpaid premium must be paid in full with interest to be determined by us; and
- iv. the application for reinstatement and the terms of reinstatement must be approved by us in writing.

Unless otherwise agreed in writing by us, any claim arising, made or accrued after termination due to non-payment of any premium but before the reinstatement effective date (if applicable) of this Plan / Supplementary Out-patient Benefit / Supplementary Dental Benefit / Supplementary Maternity Benefit shall not be accepted or allowed at any time.

Such reinstatement shall only cover losses resulting from Injury sustained after the date of reinstatement and losses due to Illness commencing more than 30 calendar days after such date.

The information in this document is intended as a general summary for your reference only and does not constitute financial, investment or taxation advice or advice of whatsoever kind. You are recommended to seek professional advice from your independent advisors if you find it necessary. Please refer to the Policy Provision for the full terms and conditions.

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A person who is not a party to the policy (including but not limited to the Insured and the beneficiary) has no right to enforce any terms of the policy. The Contracts (Rights of Third Parties) Ordinance does not apply to the policy nor any document issued pursuant to the policy.

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MKT/PM/0503/GEN/2311