

FTLife 富通保險

“FlexiCare” Medical Insurance Plan



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## “FlexiCare” Medical Insurance Plan

Provider of Voluntary Health Insurance Scheme (“VHIS”) Products Registration No.: 00028

VHIS Certified Product – Flexi Plan

Certified Product No.: F00064-01-000-01 / F00064-02-000-01 / F00064-03-000-01 / F00064-04-000-01











Facing illnesses, one would only wish to focus on recuperation without fretting over every medical expense. With that in mind, FTLife Insurance Company Limited (“FTLife”) presents **“FlexiCare” Medical Insurance Plan** (“FlexiCare” / the “Plan”), integrating VHIS Basic Benefits with a range of well-considered enhanced benefits. Featuring flexibility, **the Plan provides global coverage<sup>1</sup> and fully covers<sup>2</sup> the Eligible Expenses of multiple benefit items**, leveraging on a flexible reimbursement mechanism to deliver more comprehensive support for your medical expenses. In the unfortunate event of contracting common major illnesses (including “Public Health Emergencies of International Concern”), you can obtain a double Aggregate Limit<sup>3</sup> per Disability<sup>3</sup> per Policy Year (“Aggregate Limit”). “FlexiCare” reassures you with one single plan that offers the ultimate peace of mind to you and your loved ones.



## Zero Concern under an Extensive Reimbursement Mechanism with No Restriction

Based on your needs, you can choose a suitable Benefit Level under “FlexiCare” – Standard Ward Room and Standard Semi-private Room. The Plan also provides a Basic Plan and Riders, which suit applicants aged 15 days to 80 years old. Regardless of your future health conditions, the Plan also guarantees Renewal to age 128.

### Main Characteristics



 <p>Global applicability for all benefits<sup>1</sup></p> <p>Applicable to overseas residents</p>	 <p>Full coverage with no itemised benefit sublimit<sup>2</sup></p>
 <p>Extensive Reimbursement Mechanism Benefit limit is subject to the amount per Disability<sup>3</sup> per Policy Year</p> <p>Providing more comprehensive support for your medical expenses</p>	 <p>Double Aggregate Limit for common major illnesses</p>
 <p>Global coverage of inpatient and outpatient Chinese medical treatment</p> <p>Market-leading*</p>	 <p>Comprehensive coverage of psychiatric treatments</p> <p>Market-leading*</p>
 <p>Covering the Eligible Expenses of kidney dialysis and pregnancy complications</p>	 <p>Coverage of unknown Pre-existing Conditions from the 31<sup>st</sup> day after Policy Effective Date</p>
 <p>Multiple cash allowances</p>	 <p>Enhanced benefits for overseas accidental death</p>

\* “Market-leading” items are the results of a comparison of major VHIS Flexi Plans on the Hong Kong life insurance market as of 16 May 2022.



In respect of “inpatient / outpatient Chinese medical treatment”, major VHIS Flexi Plans on the market merely provide outpatient Chinese medical benefits, whereas “FlexiCare” offers global inpatient and outpatient Chinese medical benefits.

In respect of “psychiatric treatments”, “FlexiCare” provides benefits of up to HKD 250,000 per Disability<sup>3</sup> per Policy Year, far outperforming the majority of VHIS Flexi Plans on the market.

### Premium Discount and Tax Deduction<sup>4</sup>

 <p>16% upfront no claim discount upon application</p> <p>Extra no claim discounts, with a total discount rate of up to 20% for an insured family</p>	 <p>Tax deduction<sup>4</sup> enables more affordable premium</p>
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### Exclusive Value-added Services for FTLife Customers<sup>5</sup>

 <p>e-CONNET Healthcare Service (Prestige)</p>	 <p>Up to USD 1,000,000 of Free Worldwide Emergency Assistance Services</p>
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## Product Details



### Global applicability for all benefits<sup>1</sup>

With global population mobility, a growing number of people move overseas for work, study or retirement and require medical insurance without geographical restriction. "FlexiCare" offers global medical insurance, under which FTLife fully covers<sup>2</sup> the Eligible Expenses of multiple benefit items regardless of your location, coupled with no lifetime benefit limit to free you from concerns about immigration-induced loss of protection.



### Full coverage<sup>2</sup> with no itemised benefit sublimit

As medical bills tend to embody a myriad of items, the Plan imposes no itemised benefit sublimit under key Basic Benefit items to allow customers to focus on recuperation, with full coverage<sup>2</sup> of Eligible Expenses, including:

- ✓ Charges for non-designated surgical procedures<sup>6</sup>
- ✓ Prescribed Non-surgical Cancer Treatments<sup>7</sup>, such as chemotherapy and targeted therapy
- ✓ Prescribed Diagnostic Imaging Tests<sup>8,9</sup> after deducting coinsurance, such as magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan) and computed tomography ("CT" scan)

Please refer to the Benefit Schedule for more fully covered items and their details.



### Addressing treatment expenses with ease and benefit limits per Disability<sup>3</sup> per Policy Year

"FlexiCare" imposes benefit limits per Disability<sup>3</sup> per Policy Year. This reimbursement mechanism caters to customers' needs in a considerate way. Even if customers receive long-term treatment for the same Disability<sup>3</sup> in different Policy Years or undergo multiple Confinements or outpatient treatments for different Disabilities<sup>3</sup> in the same Policy Year, the Plan still fully supports customers with adequate protection.



### Double Aggregate Limit for common major illnesses

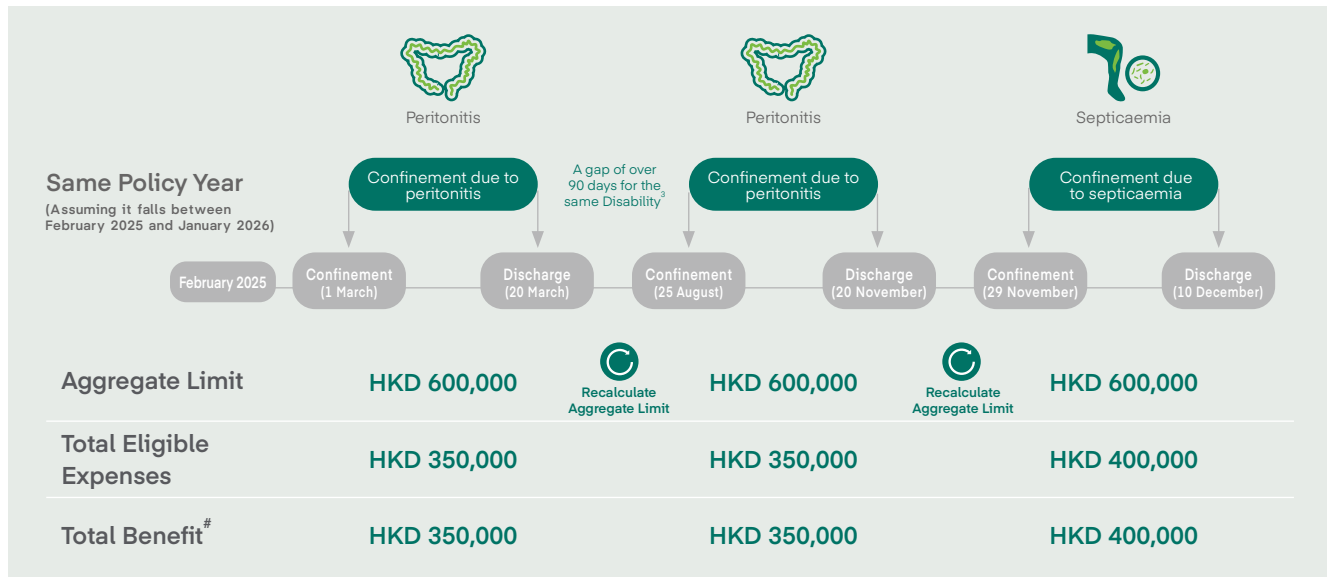
We understand that major illnesses generally require long-term treatment. To allow patients to recuperate with peace of mind, the Plan provides a double Aggregate Limit for common major illnesses. In addition, the double Aggregate Limit offers tangible protection against uncertainties by covering any illness which has been declared as a Public Health Emergency of International Concern such as COVID-19, in view of swift social development and severe air pollution inducing more respiratory diseases and illnesses of unknown causes.

Disability <sup>3</sup>	Aggregate Limit Per Disability <sup>3</sup> Per Policy Year
Common major illnesses include: Major Cancer, Severe Heart Attack, Stroke, Respiratory Diseases and any disease declared as a Public Health Emergency of International Concern (such as COVID-19)	Benefit Level 1 – HKD 1,200,000 Benefit Level 2 – HKD 1,600,000
Other Disabilities <sup>3</sup>	Benefit Level 1 – HKD 600,000 Benefit Level 2 – HKD 800,000

Double

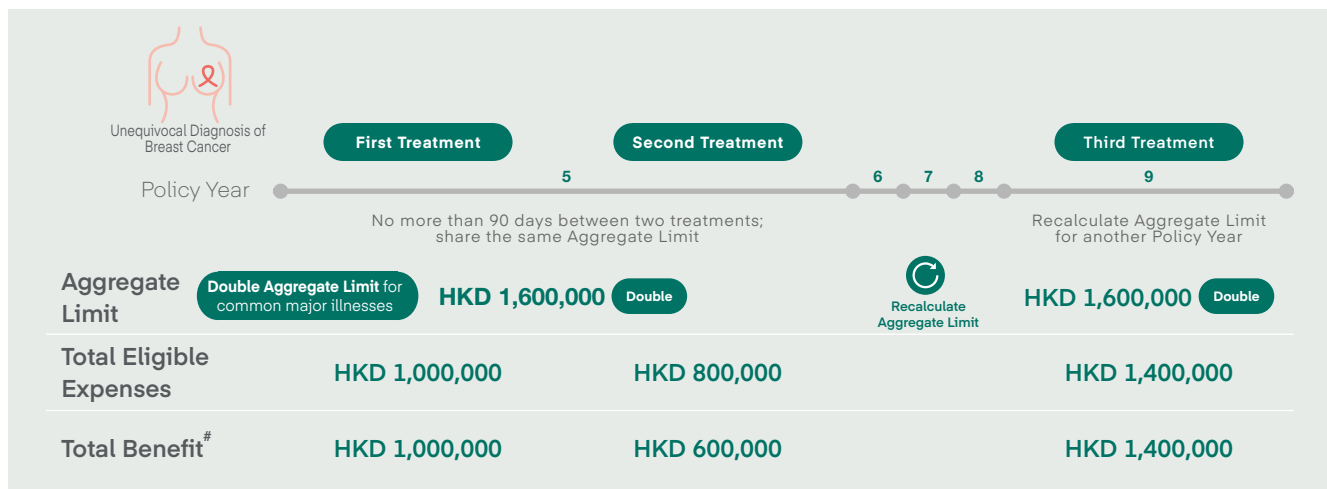
### Example 1: Receiving treatment for different Disabilities<sup>3</sup> in the same Policy Year

Our customer Mr. Chan applied for "FlexiCare" Benefit Level 1 (Standard Ward Room) for himself, **with an Aggregate Limit of HKD 600,000**. A few years later, Mr. Chan unfortunately had to receive successive treatments for peritonitis and septicaemia in the same Policy Year.



### Example 2: Receiving long-term treatment for the same Disability<sup>3</sup> in different Policy Years

Our customer Ms. Chan applied for "FlexiCare" Benefit Level 2 (Standard Semi-private Room), **with an Aggregate Limit of HKD 800,000**. Unfortunately, a few years later, Ms. Chan was Unequivocally Diagnosed with breast cancer and treated for it successively in different Policy Years.



<sup>#</sup> The above examples assume that all Eligible Expenses are eligible benefits payable under the Terms and Benefits of "FlexiCare", with the actual claim amount subject to the Aggregate Limit per Disability<sup>3</sup> per Policy Year.



## Global coverage of inpatient and outpatient Chinese medical treatments

Market-leading\* in covering inpatient Chinese medical treatments

In recent years, our society has started to advocate combining Chinese and Western medicine for treatment, leading to a gradual rise in the need for Chinese medical treatments. "FlexiCare" provides global coverage of inpatient and outpatient Chinese medical treatments, presenting you with flexible options for the most suitable treatment. Whether you are in Hong Kong, Mainland China or overseas, you can select Chinese medicine for treatment or rehabilitation.

Benefit Item	Benefit Limit (HKD)
<ul style="list-style-type: none"> <li>Chinese medical treatments and Chinese medicines received during Confinement / Day Case Procedures</li> <li>Attending Chinese Medical Practitioner visit fee during Confinement</li> </ul>	Fully covered <sup>2</sup>
<ul style="list-style-type: none"> <li>Post-Confinement / Day Case Procedure Chinese medical treatment</li> </ul>	<ul style="list-style-type: none"> <li>\$900 per visit, maximum 1 visit / day</li> <li>Up to 10 follow-up outpatient visits per Confinement / Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)<sup>®</sup></li> </ul> <p><sup>®</sup> For the benefit limit on the maximum 10 follow-up outpatient visits per Confinement / Day Case Procedure shared by I) Basic Benefit items (k) pre- or post-Confinement / Day Case Procedure outpatient care, please refer to the Benefit Schedule for details.</p>



## Comprehensive coverage of psychiatric treatments

Market-leading\* with large-amount benefits

As urbanites generally face huge pressure in their life nowadays, we should not ignore mental health while maintaining physical health. "FlexiCare" provides a considerable sum of benefits for psychiatric treatments, i.e., up to HKD 250,000 per Disability<sup>3</sup> per Policy Year. In addition, I) Basic Benefit items and (k) pre- and post-Confinement / Day Case Procedure outpatient care also cover psychiatric outpatient care, enabling customers to receive treatment with peace of mind and regain a joyful and healthy life!



## Covering the Eligible Expenses of kidney dialysis and pregnancy complications

Except Chinese medical treatment, "FlexiCare" provides benefits for chronic diseases of public concern and Emergency Treatment during pregnancy, providing truly comprehensive medical insurance.

Fully covered <sup>2</sup>	
<ul style="list-style-type: none"> <li>✓ Outpatient kidney dialysis</li> </ul>	<ul style="list-style-type: none"> <li>✓ Expenses for Confinement and surgeries of Pregnancy Complications</li> </ul> <p>The below items are limited to coinsurance / benefit limit.</p> <ul style="list-style-type: none"> <li>Prescribed Diagnostic Imaging Tests</li> <li>Pre- or post-Confinement / Day Case Procedure outpatient care</li> <li>Inpatient / post-Confinement private nursing care</li> <li>Post-Confinement / Day Case Procedure Chinese medical treatment</li> </ul>



## Covering Unknown Pre-existing Conditions from the 31<sup>st</sup> day after Policy Effective Date

"FlexiCare" covers unknown Pre-existing Conditions at the time of application. The Plan provides full reimbursement according to the benefit limits from the 31<sup>st</sup> day after the Policy Effective Date, which is superior to the requirements of VHIS standard plans and provides you with more peace of mind.

Policy Year	"FlexiCare"	VHIS Standard Plan under Government Requirement
1 <sup>st</sup> Policy Year	Full reimbursement according to the benefit limit from the 31 <sup>st</sup> day after the Policy Effective Date	No coverage
2 <sup>nd</sup> Policy Year	Full reimbursement according to the benefit limit	25% reimbursement according to the benefit limit
3 <sup>rd</sup> Policy Year		50% reimbursement according to the benefit limit
4 <sup>th</sup> Policy Year onwards		100% reimbursement according to the benefit limit

The above conditions also apply to congenital conditions manifested or Unequivocally Diagnosed after the Insured Person has attained age 8 or after. For details of "Pre-existing Conditions", please refer to the section headed "Important Notice" – "Pre-existing Conditions".



## Multiple Cash Allowances

For more relaxing and focused recuperation, the Plan offers multiple cash allowances as follows:

- ✓ Cash allowance for Designated Day Case Procedure<sup>10</sup> (i.e., outpatient colonoscopy and gastroscopy)
- ✓ Cash benefit for room and board Confinement below entitled ward class in a private Hospital in Hong Kong
- ✓ Health tonic cash after organ donation
- ✓ Special cash allowance



## Enhanced benefits for overseas accidental death and other benefits

In the unfortunate event of the Insured Person's death, compassionate death benefit of up to HKD 30,000 will be paid. In the event of the Insured Person's death overseas, the Plan will offer additional overseas accidental death benefit<sup>11</sup> of up to HKD 200,000, boosting the support to the Insured Person's family in post-mortem arrangements overseas. To encourage organ donation for a new lease of life to other patients, if the Major Organs of the Insured Person are lawfully donated for organ transplant after his / her death, we will provide additional death benefit of up to HKD 200,000<sup>12</sup>. Besides, if the Insured Person unfortunately dies or suffers from Total and Permanent Disablement due to medical negligence, we will pay medical negligence benefit<sup>13</sup> of up to HKD 200,000.

## Premium Discount<sup>14</sup> and Tax Deduction<sup>4</sup>



### Total discount rate of up to 20%

#### 16% upfront no claim discount upon successful application

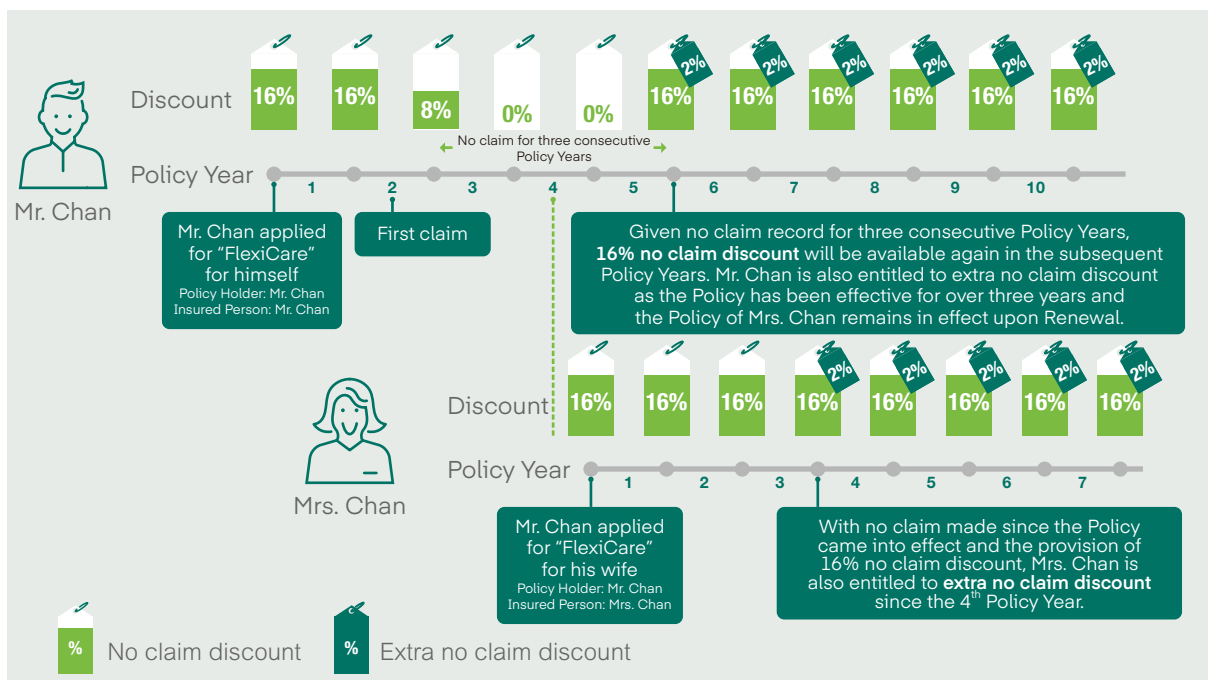
Unlike average medical plans on the market, "FlexiCare" features a 16% upfront no claim discount for First-Year Premium. You can enjoy this discount for every subsequent Policy Year until the policy anniversary after the first claim is made, whilst special cash allowance (if any) will not affect the no claim discount. You remain entitled to the 8% no claim discount for the Policy Year immediately after the first claim, and shall pay full premium for subsequent Policy Years. Until no claim is made for 3 consecutive Policy Years, then you are entitled to the 16% no claim discount again based on the above mechanism in the Policy Years immediately afterwards till the next claim, as a constant reward for you to stay healthy.

#### More discounts for family application

FTLife encourages you to not only care for yourself, but also purchase insurance for your family members to equip them with more comprehensive protection. If you hold more than one effective "FlexiCare" policies as the Policy Holder when renewing a "FlexiCare" policy (the "Policy"), so long as the Policy i) remains effective for 3 or more consecutive Policy Years before the relevant Renewal Date; and ii) entitles you to a 16% no claim discount on the above Renewal Date, regardless of the claim status or effective period of other policies, the Policy entitles you to up to 4% extra no claim discount<sup>14</sup> and a total discount rate of up to 20% together with the original no claim discount.

Number of "FlexiCare" Policies Held by the Policy Holder upon Policy Renewal	Extra No Claim Discount <sup>14</sup>	Total Discount Rate upon Renewal of the Policy together with the Original 16% No Claim Discount
2	2%	18%
3	3%	19%
4	4%	20%

#### Example of No Claim Discount:







## Tax Deduction<sup>4</sup>

If you apply for a VHIS plan for yourself and your family members, the qualifying premiums paid for the VHIS plan will be allowed for tax deduction each taxable year. Each Insured Person is entitled to a tax deductible limit of up to HKD 8,000 per taxable year, with no cap on the number of family members eligible for tax deduction. Therefore, you can prepare suitable medical protection for family members and enjoy more affordable premium through tax deduction.

### Example:

Insured Person	Annual Premium (HKD)	Premium Allowance for Tax Deduction (HKD)	Tax Saving Amount (HKD)	
Yourself	10,000	8,000	x Marginal Tax Rate of 17% <sup>+</sup> (*Assuming that the net taxable income reaches the designated level, and the tax saving amount is calculated by applying the highest tax rate of 17%)	1,360
Wife	8,000	8,000		1,360
Son	3,000	3,000		510
Father	15,000	8,000		1,360
<b>Total</b>	<b>36,000</b>	<b>27,000</b>		<b>4,590</b>

## Exclusive Value-added Services for FTLife Customers<sup>5</sup>

We offer a number of value-added services for our customers holding FTLife medical insurance, to cater to their needs whether they are in Hong Kong or overseas.



### e-ConNET Healthcare Service (Prestige)

To address your medical needs other than protection, this Service renders you with one-stop medical services. It's including:

- ✓ Cashless Arrangement Service
- ✓ Cancer Consultation Service
- ✓ Medical Referral Service





For details of e-ConNET Healthcare Service (Prestige) and terms and conditions, please refer to "e-ConNET Healthcare Service (Prestige)" flyer and service provision on FTLife's website, or contact your financial consultant.



### Free Worldwide Emergency Assistance Services

You will have access to free 24-hour worldwide emergency assistance services for immediate support wherever you may be. The maximum benefit (per incident) reaches up to USD 1,000,000, including services of emergency medical evacuation / repatriation and delivery of mortal remains.

For more details of the Plan and FTLife's VHIS series, please browse the Company website at [www.ftlife.com.hk](http://www.ftlife.com.hk).

Table of "FlexiCare" Annual Premium		Comparison Table of FTLife VHIS Series	Terms and Benefits of FTLife VHIS Series
HKD	USD		
			

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	
Product core nature	Medical Protection Plan (Reimbursement) and VHIS Certified Plan – Flexi Plan
Product main objective	Reimburse the medical expenses incurred during Confinement
Issue Age (age on last birthday)	15 days to age 80
Coverage Period	Up to 128 years of age
Policy Category	Basic plan / Rider
Policy Currency	HKD / USD
Payment Mode	Monthly, semi-annual or annual payment
Eligible applicants (Insured Persons)	Hong Kong residents (holders of valid identity cards issued by the HKSAR Government and children under age 11 who are Hong Kong residents)

## Benefit Schedule<sup>^</sup>

Benefit Item <sup>15</sup>	Benefit Limit (HKD)	
	1	2
Benefit Level	1	2
Entitled ward class	Standard Ward Room	Standard Semi-private Room
Geographical limitation <sup>16</sup>	Except for psychiatric treatments <sup>16</sup> and cash benefit for room and board Confinement below entitled ward class in a private Hospital in Hong Kong (if applicable), all benefits shall be applicable worldwide	
Aggregate limit per Disability <sup>3</sup> per Policy Year for benefit items (a) – (l) of I) Basic Benefits, (a) to (h) of II) Enhanced Benefits and (b) – (c) of III) Other Benefits under this Benefit Schedule	(i) Major Cancer, (ii) Severe Heart Attack, (iii) Stroke, (iv) Respiratory Diseases and (v) any disease declared as a Public Health Emergency of International Concern: per Disability <sup>3</sup> per Policy Year	
	\$1,200,000	\$1,600,000
	Disabilities <sup>3</sup> other than (i) – (v): per Disability <sup>3</sup> per Policy Year	
	\$600,000	\$800,000
	For the detailed definitions of (i) – (v), please refer to Part 1 of the Supplement to the VHIS Certified Plan	
Annual Benefit Limit or Lifetime Benefit Limit for benefit items (a) – (l) of I) Basic Benefits, (a) – (j) of II) Enhanced Benefits and (a) – (d) of III) Other Benefits under this Benefit Schedule	N/A	

Benefit Item <sup>15</sup>	Benefit Limit (HKD)					
	1		2			
Benefit Level	Non-designated surgical procedures <sup>6</sup>	Designated surgical procedures <sup>6</sup>	Non-designated surgical procedures <sup>6</sup>	Designated surgical procedures <sup>6</sup>		
I) Basic Benefits						
(a) Room and board	Fully covered <sup>2</sup>	Fully covered <sup>2</sup>	Fully covered <sup>2</sup>	Fully covered <sup>2</sup>		
(b) Miscellaneous charges		\$14,000 per Disability <sup>3</sup> per Policy Year		\$14,000 per Disability <sup>3</sup> per Policy Year		
(c) Attending doctor's visit fee		Fully covered <sup>2</sup>		Fully covered <sup>2</sup>	Fully covered <sup>2</sup>	
(d) Specialist's fee <sup>8</sup>						
(e) Intensive care		Fully covered <sup>2</sup>		Fully covered <sup>2</sup>	Fully covered <sup>2</sup>	Fully covered <sup>2</sup>
(f) Surgeon's fee						
(g) Anaesthetist's fee						
(h) Operating theatre charges						
(i) Prescribed Diagnostic Imaging Tests <sup>8,9</sup>	Fully covered <sup>2</sup>					
(j) Prescribed Non-surgical Cancer Treatments <sup>7</sup>	Fully covered <sup>2</sup>					
(k) Pre- or post-Confinement / Day Case Procedure outpatient care <sup>8</sup>	\$900 per visit		\$1,300 per visit			
	1 prior outpatient visit or emergency consultation per Confinement / Day Case Procedure					
	Up to 10 follow-up outpatient visits per Confinement / Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)					
(l) Psychiatric treatments <sup>16</sup>	\$200,000 per Disability <sup>3</sup> per Policy Year		\$250,000 per Disability <sup>3</sup> per Policy Year			
II) Enhanced Benefits <sup>19</sup>						
(a) Hospital companion bed	Fully covered <sup>2</sup>					
(b) Inpatient private nursing care <sup>8,20</sup>	Fully covered <sup>2</sup>					
	<ul style="list-style-type: none"> <li>Maximum 30 days per Disability<sup>3</sup> per Policy Year, subject to services provided by 1 Licensed or Graduate Nurse per day</li> <li>Provided that the Eligible Expenses under this benefit are incurred after performance of a surgical procedure or discharge from the Intensive Care Unit during Confinement, and that the Eligible Expenses arising from such surgical procedure or admission to the Intensive Care Unit are payable under benefit items (f) / (e) of I) Basic Benefits respectively. For details, please refer to the Terms and Benefits.</li> </ul>					
(c) Post-Confinement home nursing <sup>8,20</sup>	Fully covered <sup>2</sup>					
	<ul style="list-style-type: none"> <li>Maximum 30 days per Disability<sup>3</sup> per Policy Year, subject to services provided by 1 Licensed or Graduate Nurse per day (within 30 days after discharge from Hospital)</li> <li>Provided that the Eligible Expenses under this benefit are incurred within 30 days after discharge from Hospital, and that the Eligible Expenses arising from performance of a surgical procedure or admission to the Intensive Care Unit are payable under benefit items (f) / (e) of I) Basic Benefits respectively. For details, please refer to the Terms and Benefits.</li> </ul>					

Benefit Item <sup>15</sup>	Benefit Limit (HKD)	
	Benefit level 1	Benefit level 2
II) Enhanced Benefits <sup>19</sup>		
(d) Inpatient / outpatient Chinese medical benefit	Fully covered <sup>2</sup>	
(i) Chinese medical treatments and Chinese medicines received during Confinement / Day Case Procedures	Fully covered <sup>2</sup>	
(ii) Attending Chinese Medical Practitioner visit fee during Confinement	\$900 per visit, maximum 1 visit / day	\$1,300 per visit, maximum 1 visit / day
(iii) Post-Confinement / Day Case Procedure Chinese medical treatment	<ul style="list-style-type: none"> <li>Up to 10 follow-up outpatient visits per Confinement / Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure); and</li> <li>Subject to a shared limit of up to 10 follow-up outpatient visits per Confinement / Day Case Procedure with I) Basic Benefit item (k)</li> </ul>	
(e) Emergency outpatient dental treatment due to Accident <sup>18</sup>	Fully covered <sup>2</sup>	
(f) Outpatient kidney dialysis <sup>8</sup>		
(g) Emergency outpatient treatment due to Accident <sup>18</sup>		
(h) Pregnancy complications	Eligible Expenses and / or expenses payable for Covered Pregnancy Complications <sup>22</sup> shall be subject to the respective limits of I) Basic Benefits items (a) – (i), (k) and II) Enhanced Benefits items (a) – (d)	
(i) Expenses for living organ donor surgery <sup>21</sup>	\$100,000 per Policy Year	\$200,000 per Policy Year
(j) Hospice care <sup>23</sup>	\$30,000 per Policy Year	\$50,000 per Policy Year
III) Other Benefits <sup>19</sup>		
(a) Designated Day Case Procedure <sup>10</sup> cash allowance <sup>24</sup>	\$800 per designated Day Case Procedure <sup>10</sup> , once per Policy Year	\$1,200 per designated Day Case Procedure <sup>10</sup> , once per Policy Year
	Provided that the Eligible Expenses arising from designated Day Case Procedure are payable under benefit item (f) of I) Basic Benefits. For details, please refer to the Terms and Benefits.	
(b) Cash benefit for room and board Confinement below entitled ward class in a private Hospital in Hong Kong <sup>24</sup>	N/A	\$1,000 per day, up to 15 days per Disability <sup>3</sup> per Policy Year
(c) Special cash allowance	5% of the claim amount paid by any government, insurer or other third party other than the Company, per Disability <sup>3</sup> per Policy Year	
	Up to \$3,000	Up to \$6,000
(d) Health tonic cash after organ donation <sup>25</sup>	\$20,000 per Policy Year	\$30,000 per Policy Year
(e) Compassionate death benefit	\$20,000	\$30,000
(f) Home country accidental death benefit <sup>11</sup>	\$20,000	\$30,000
(g) Overseas accidental death benefit <sup>11</sup>	\$100,000	\$200,000
(h) Additional death benefit for organ donor <sup>12</sup>	\$100,000	\$200,000
(i) Medical negligence benefit <sup>13</sup>	\$100,000	\$200,000

<sup>^</sup> Please contact your financial advisor for the Benefit Schedule in US Dollar.

- The product information in this document does not contain the full terms of “FlexiCare”, which are set out in the Policy Document.
- “FlexiCare” may be purchased as a standalone plan without bundling with other type(s) of insurance products. You are required to read the relevant product brochure, policy provisions and illustrations of the Plan presented by your licensed insurance intermediary in order to fully understand the details of the definitions, charges, product features, exclusions, and conditions of payment of claims, etc., as well as complete terms and conditions.
- “FlexiCare”, a VHIS Certified Plan, does not entitle the Policy Holder and related persons to tax deduction in relation to the premium paid for the VHIS plan. The nature of premium for the “FlexiCare” VHIS plan depends on the product characteristics and the certification issued by the Health Bureau, not on the individual circumstances of the Policy Holder and related persons.
- Policy Holders and related persons shall meet all the eligibility requirements set out in the Inland Revenue Ordinance of the Inland Revenue Department of the Hong Kong Special Administrative Region in order to apply for the related tax deduction. FTLife cannot provide any advice or consultancy on taxation, legal or accounting matters. Please visit the Hong Kong Inland Revenue Department website [www.ird.gov.hk](http://www.ird.gov.hk) for tax reduction details. For enquiries, please consult your independent taxation, legal and accounting advisors.

## Notes:

1. Except for psychiatric treatments and cash benefit for room and board Confinement below entitled ward class in a private Hospital in Hong Kong (if applicable), all benefits shall be applicable worldwide.
2. Fully covered refers to no itemised benefit sublimit. The actual amount of Eligible Expenses and other expenses payable is subject to the Aggregate Limit per Disability per Policy Year.
3. (i) The applicable benefit limit of individual benefit item(s) which are specified to be payable on a “per Disability per Policy Year” basis in the Benefit Schedule (if any) and Aggregate Limit per Disability per Policy Year shall be counted anew for each Confinement or Day Case Procedure for the same Disability, provided that the Confinement or Day Case Procedure does not occur within 90 consecutive days following the Last Date (as defined in Section (a)(i)(3) of Part 4 of the Supplement to the VHIS Certified Plan) of the previous Confinement or Day Case Procedure concerning the same Disability.  
(ii) Where the Insured Person is Confined or receives any Day Case Procedures involving more than 1 Disability, all Disabilities involved in the same Confinement or Day Case Procedure would be subject to 1 applicable benefit limit of individual benefit item(s) (if any) and / or Aggregate Limit per Disability per Policy Year.  
For details, please refer to Section (a) of Part 4 of the Supplement to the VHIS Certified Plan.
4. Tax deduction is applicable to VHIS premiums paid by you or your domestic spouse as the Policy Holder for yourself / an eligible family member (who must be a Hong Kong resident in the year of assessment). Eligible family members include your spouse and children; and your and your spouse’s parents, grandparents, maternal grandparents, and siblings. The insurance eligibility of family members is subject to the administrative regulations of the Company at that time. Eligible premiums paid for VHIS plans are tax deductible each year, subject to a cap of HKD 8,000 per Insured Person per year of assessment.
5. e-ConNET Healthcare Service (Prestige) and “Free Worldwide Emergency Assistance Services” do not form part of the Plan and are provided by the third party service provider. We reserve the right to change the terms and conditions of e-ConNET Healthcare Service (Prestige) and “Free Worldwide Emergency Assistance Service” and will not be liable for any services provided by third party service provider. No additional premium are charged for these services. For details of e-ConNET Healthcare Service (Prestige) and terms and conditions, please refer to “e-ConNET Healthcare Service (Prestige)” flyer and service provision on FTLife’s website, or contact your financial consultant.
6. Designated surgical procedures refer to the following:
  - a. curettage / cryotherapy / cauterization / laser treatment of lesion(s) of skin; and
  - b. joint aspiration / injection.
7. Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
8. FTLife shall have the right to ask for proof of recommendation, e.g. written referral or testifying statement on the claim form by the attending doctor or Registered Medical Practitioner.
9. Tests covered here only include computed tomography (“CT” scan), magnetic resonance imaging (“MRI” scan), positron emission tomography (“PET” scan), PET-CT combined and PET-MRI combined.
10. Designated Day Case Procedures refer to the following:
  - a. oesophagogastroduodenoscopy (“OGD”) +/- biopsy and / or polypectomy;
  - b. OGD with removal of foreign body;
  - c. colonoscopy +/- biopsy; and
  - d. colonoscopy with polypectomy.
11. Home country accidental death benefit and overseas accidental death benefit are additional benefits other than compassionate death benefit. For details, please refer to Sections (f) and (g) of Part 6 of the Supplement to the VHIS Certified Plan.
12. This benefit serves as an additional benefit to compassionate death benefit and home country accidental death benefit or overseas accidental death benefit (if applicable); and is payable for once when a major organ of the Insured Person is legally donated and transplanted after death. “Major Organ” is limited to the kidney, liver, heart, lung, cornea, bone and skin of the Insured Person and / or the organs suitable for deceased organ donation published by the Department of Health of the HKSAR Government or by legitimate local agencies. Please refer to Section (h) of Part 6 of the Supplement to the VHIS Certified Plan for details.
13. In addition to the benefits payable under I) Basic Benefits, II) Enhanced Benefits and III) Other Benefits, if the Insured Person dies or suffers from Total and Permanent Disablement resulting directly from a consequence of any reported and verified erroneous or negligent action, omission or failure to observe Reasonable and Customary standards by a health care professional of a Hospital during the course of any medical procedure or treatment in a Hospital, and a public admission of such negligence and liability is made by the relevant authority, the Company will pay the medical negligence benefit.



14. The extra no claim discount amount is calculated based on the Renewal premium before deducting the no claim discount. If a claim for a previous Policy Year (excluding death benefit and special cash benefit) is paid after the no claim discount and the extra no claim discount are paid, FTLife will re-assess whether the Policy Year is eligible for the no claim discount and the extra no claim discount. All no claim discounts provided since the Policy Year will be recalculated, and FTLife will clawback the difference between the recalculated no claim discount and the no claim discount already provided for the Renewal premium payable. When the no claim discount for any Policy Year is no longer equivalent to 16% after recalculation, the Renewal premium payable in that Policy Year will not be entitled to the extra no claim discount, and the amount of the extra no claim discount already accessed within the Policy Year will be clawed back.
15. Unless otherwise specified, the Eligible Expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the Benefit Schedule.
16. Eligible Expenses incurred for psychiatric treatments and cash benefit for room and board Confinement below entitled ward class in a private Hospital in Hong Kong (if applicable) shall only be payable for Confinement in Hong Kong. Where the Eligible Expenses involve both psychiatric and non-psychiatric treatments and apportionment of the expenses is not available, the expenses in entirety shall be payable under this benefit if the Confinement is initially for the purpose of psychiatric treatments. If the Confinement initially is not for the purpose of psychiatric treatment, the expenses in entirety shall be payable under indemnity under the relevant coverage items of I) Basic Benefits (a) – (k) (if applicable). Please refer to Section 3(l) of Part 6 of the Terms and Benefits and Section (b) of Part 6 of the Supplement to the VHIS Certified Plan for details.
17. The percentage here applies to the Surgeon's fee actually payable or the benefit limit for the Surgeon's fee, whichever is the lower.
18. For emergency outpatient treatment resulting from an accident, Eligible Expenses will be reimbursed for Emergency Treatment at the Hospital within 24 hours of the accident. Emergency outpatient dental treatment caused by an accident shall cover the Reasonable and Customary charges incurred for Emergency Treatment provided by a registered dentist in a legally registered dental clinic within 30 days after the accident.
19. For details of Enhanced Benefits and Other Benefits, please refer to Parts 5 and 6 of the Supplement to the VHIS Certified Plan.
20. If the Insured Person receives more than one nurse visit at the same day, only the one with the highest Eligible Expenses shall be payable.
21. The Insured Person must be a living organ donor for the organ removal and transplantation performed in the Hospital legally. The benefit shall be payable as if Eligible Expenses were payable under the relevant benefit limits of I) Basic Benefits (a) – (h) and cover the Actual Medical Expenses for collecting bone marrow from the Insured Person, stem cells derived from bone marrow, or haematopoietic stem cells derived from peripheral blood for the treatment of a Disability of the organ recipient following total bone marrow ablation, and the harvesting of the whole or part of an organ (i.e. kidney, pancreas, liver or lung) of the Insured Person for the purpose of transplantation into an organ recipient who is suffering from end-stage organ failure. For avoidance of doubt, the benefit does not cover any cost incurred by the organ recipient and any complications of the Insured Person arising from the organ donation. Please refer to Section (i) of Part 5 of the Supplement to the VHIS Certified Plan for the details of this benefit.
22. Covered Pregnancy Complications refer to ectopic pregnancy, molar pregnancy, disseminated intravascular coagulopathy, preeclampsia, miscarriage, threatened abortion, medically prescribed induced abortion, foetal death, postpartum hemorrhage requiring hysterectomy, eclampsia, amniotic fluid embolism, or pulmonary embolism of pregnancy. The date of Unequivocal Diagnosis of the above complications must be after 12 months from the Policy Effective Date. For details of the benefits regarding "Covered Pregnancy Complications" or the Plan, please refer to Section (h) of Part 5 of the Supplement to the VHIS Certified Plan.
23. The benefit shall be payable for the expenses which are Reasonable and Customary for the Insured Person to stay in a registered hospice to receive care and nursing services provided by such hospice if an Unequivocal Diagnosis has been made that the Insured Person has no more than 12 months to live from the date of the Unequivocal Diagnosis.
24. This benefit is not payable if the Eligible Expenses incurred for such Confinement / Day Case Procedure have been fully reimbursed under any law, or medical program or insurance plan provided by any government, employer, insurer or third party other than the Company.
25. Health tonic cash after organ donation is only payable when reimbursement is made under II) Enhanced Benefits (i) expenses for living organ donor surgery. The Company shall only pay this benefit once per Policy Year.
26. If the Insured Person is voluntarily Confined in a ward class of Hospital accommodation higher than his / her entitled ward class as specified in the Benefit Schedule, the ward class adjustment factor set out below shall be applied to the calculation of benefit amount payable:

Entitled ward class of the Insured Person as specified in the Benefit Schedule	Actual ward class occupied by the Insured Person during Confinement	Ward class adjustment factor
Standard Ward Room	Standard Semi-private Room	50%
Standard Ward Room	Standard Private Room or above	25%
Standard Semi-private Room	Standard Private Room	50%
Standard Semi-private Room	Above Standard Private Room	25%

The ward class adjustment factor shall not be applied under the following circumstances:

- (i) unavailability of the Insured Person's entitled ward class as stated in the Benefit Schedule due to ward or room shortage for Emergency Treatment;
- (ii) isolation reasons that require a specific class of accommodation; or
- (iii) other reasons not involving personal preference of the Policy Holder and / or the Insured Person.

## Important Notice

### 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, the Plan will automatically be terminated, and you will lose your protection under the Plan.
- ii. Policy Termination  
The Policy shall be automatically terminated on the earliest of the followings:
  - (a) where this Policy is terminated due to non-payment of premiums by the Policy Holder after the grace period subject to the Terms and Benefits of the Plan; or
  - (b) the day immediately following the death of the Insured Person; or
  - (c) the Company has ceased to have the requisite authorisation under the Insurance Ordinance to write or continue to write this Policy.

Subject to the Terms and Benefits of this policy, we will guarantee to renew this policy for 1 Policy Year (without further evidence of insurability from the Insured Person) on each policy anniversary on condition that you pay the premium at the prevailing premium rate at the time of the Policy's Renewal.

The key items of policy termination are listed above. Please refer to the policy provisions for the full list of policy termination.

- iii. Inflation Risk  
When you review the benefits shown in the Benefit Schedule, please note that the cost of living in the future might be higher than it is today due to inflation. In that case, you will receive less in real terms even if we meet all our contractual obligations under the Policy.
- iv. Other Key Product Risks
  - "FlexiCare" Medical Insurance Plan is issued in Hong Kong dollars or US dollars. 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 your policy 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 opening indicative counter exchange selling rate published by The Hong Kong Association of Banks in respect of that foreign currency for the date on which the amount payable is settled by us. If such rate is not available on the date concerned, reference shall be made to the rate as soon as it is available afterwards. If no such rate exists, we shall convert the foreign currency at the rate certified as appropriate by our bankers which shall be deemed to be final and binding. Therefore, it may be subject to foreign exchange risks in the process of currency conversion.
  - "FlexiCare" Medical Insurance Plan is an insurance policy issued by us. The insurance benefits are subject to the Company's credit risks.

### 3. General Exclusions

The Plan shall not cover any benefits in relation to or arising from the following expenses:

- Expenses incurred for treatments, procedures, medications, tests or services which are not medically necessary;
- Expenses incurred for the whole or part of the Confinement solely for the purpose of diagnostic procedures or allied health services;
- Expenses arising from Human Immunodeficiency Virus ("HIV") and its related Disability, which is contracted or occurs before the Policy Effective Date;
- Expenses incurred for Medical Services upon the dependence, overdose or influence of drugs, alcohol, narcotics or similar drugs or agents, self-inflicted injuries or attempted suicide, illegal activity, or venereal and sexually transmitted disease or its sequelae;
- Expenses incurred for beautification or cosmetic services, unless necessitated by injury caused by an Accident and the Insured Person receives the Medical Services within 90 days of the Accident; correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens; preventive treatment and preventive nursing services; dental treatment and oral and maxillofacial procedures; Medical Services in relation to maternity conditions and its complications, birth control or reversal of birth control, sterilisation or sex reassignment of either sex, infertility (including in-vitro fertilisation or any other artificial method of inducing pregnancy) and sexual dysfunction; durable medical equipment or appliances;
- Medical service expenses incurred for congenital condition(s) which have manifested or been diagnosed before the Insured Person attained the Age of 8 years;
- Expenses incurred for traditional Chinese medicine treatment, except to the Insured Person's Chinese medicine treatment during inpatient, outpatient and Day Case Procedure and before and after the period, which falls under II) Enhanced Benefit section – (d) inpatient / outpatient Chinese medical benefits in the Benefit Schedule;
- Eligible Expenses which have been reimbursed under any law, or medical program or insurance plan provided by any government, the Company or third party;
- Expenses incurred for treatment arising from war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power;
- For home country accidental death benefit and overseas accidental death benefit, these benefits shall not be payable under this policy when the death of the Insured Person is directly or indirectly caused by the willful participation of the Policy Holder, the Insured Person or the Beneficiary in an illegal or unlawful act.

The above listed items are for reference only. Please refer to the policy Terms and Benefits for the full list of exclusions.

### 4. Pre-existing Conditions

For the avoidance of doubt, the Company shall not have the right to re-underwrite or terminate these Terms and Benefits where the Policy Holder and / or Insured Person is not aware and should not be reasonably aware of the Pre-existing Condition(s) at the time of application (including any updates of and changes to the required information if so requested by the Company).

Pre-Existing Conditions refer to, in respect of the Insured Person, any sickness, disease, injury, physical, mental or medical condition or physiological degradation, including congenital condition, that has existed prior to the Policy Effective Date. An ordinary prudent person shall be reasonably aware of a Pre-existing Condition, where:

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

If the Policy Holder or the Insured Person is requested but fails to disclose to the Company upon submission of application (including any updates of and changes to the required information, if so requested by the Company), that the Insured Person is suffering from a Pre-existing Condition, and such Pre-existing Condition has been treated or Unequivocally Diagnosed or has manifested signs or symptoms of which the Policy Holder or the Insured Person is aware or should have reasonably been aware of at the time of submission of application (including any updates of and changes to the required information, if so requested by the Company), the Company has the right to declare these Terms and Benefits void, demand repayment of any benefits paid and / or refuse to provide coverage under these Terms and Benefits. In such event, the Company shall refund the premium. The burden of proving the above shall rest with the Company.

**5. Coverage Period**

If the Policy Holder submits the application of the Plan and is approved by the Company, the Insured Person will be entitled to full coverage immediately in the first Policy Year. Please refer to the policy Terms and Benefits of the Plan for details.

**6. Premium Adjustment and Product Features Revision****i. Premium Adjustment**

In order to provide you with continuous protection, we will review the premium of your plan regularly and make adjustment at the end of every Policy Year if necessary. During the review, we may consider factors including but not limited to the following:

- claim costs incurred from all policies under the Plan 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. Product Features Revision**

In addition to the latest Terms and Benefits announced by the Health Bureau from time to time, we may also update the Terms and Benefits, which will not be less favourable than the original Terms and Benefits. We will issue a written notice to inform you if there is any revision in advance upon policy Renewal or before the end of a Policy Year. You can also browse the Company website at [www.ftlife.com.hk](http://www.ftlife.com.hk) for the latest product information.

**7. Eligible Medical Expenses**

Claims of eligible medical expenses must comply with the principles of "Reasonable and Customary" and "Medically Necessary". For details, please refer to the Standard Plan Terms and Benefits, which are published and revised by the Government from time to time.

"Reasonable and Customary" means that in relation to a charge for medical service, such level which does not exceed the general range of charges by the relevant service providers in the locality where the charge is incurred for similar treatment, services or supplies for people with similar conditions, e.g. of the same sex and similar age, for a similar Disability, as FTLife reasonably determines in utmost good faith. The charges shall not in any circumstance exceed the actual charges incurred.

In determining whether a charge is Reasonable and Customary, we shall make reference to the followings (if applicable):

- (a) treatment or service fee statistics and surveys in the insurance or medical industry;
- (b) internal or industry claim statistics;
- (c) gazette published by the Government; and / or
- (d) other pertinent source of reference in the locality where the treatments, services or supplies are provided.

"Medically Necessary" refers to the need to receive medical service for the purpose of investigating or treating the relevant Disability in accordance with the generally accepted standards of medical practice and such medical service must:

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

The Company reserves the right to adjust claim settlement based on the above principles. For more details about the Standard Policy Terms and Benefits of VHIS plans, please visit the website:  
[https://www.vhis.gov.hk/doc/en/information\\_centre/e\\_standard\\_plan\\_template.pdf](https://www.vhis.gov.hk/doc/en/information_centre/e_standard_plan_template.pdf)

**8. Claim Procedure**

If you wish to make a claim, you must notify us in writing and send us the necessary forms and supporting documents within 90 days of the date on which you are discharged from the Hospital, or (where there is no Confinement) the date on which the relevant medical service is performed and completed. You can browse the Company website at [www.ftlife.com.hk](http://www.ftlife.com.hk) ("Claims Support" section) to download the claim forms or get the appropriate claim forms from your financial consultant or call the FTLife Customer Service Hotline on 2866 8898.

**9. Policy Cancellation**

After the cooling-off period, you can request cancellation of this policy by giving a 30-day prior written notice to the Company, provided that there has been no benefit payment under this policy during the Policy Year.

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 advice from independent professionals if necessary. Please refer to the Terms and Benefits of the Plan for more information.

The information about tax in this document is for your reference only and does not constitute any tax or accounting advice. For any tax advice, please consult your tax consultant and accountant.

This document is intended to be distributed in Hong Kong only and shall not be construed as an offer to sell or a solicitation to buy or provision of any of our products outside Hong Kong. FTLife Insurance Company Limited hereby declares that it has no intention to offer to sell, to solicit to buy or to provide any of its products in any jurisdiction other than Hong Kong in which such offer to sell or solicitation to buy or provision of any product of FTLife Insurance Company Limited is illegal under the laws of that jurisdiction.

A person who is not a party to the Policy (including but not limited to the Insured Person 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 or any document issued pursuant to the Policy.

**"FlexiCare" Medical Insurance Plan – Basic Plan Premium Table****Effective Date: 16 May 2022****(With No Claim Discount)<sup>#</sup> (Currency: HKD)**

Future premiums will be reviewed and adjusted annually if necessary to reflect continuous medical inflation and overall claim experience under this product. First year premium or current applicable Renewal premium of the cover 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 inform Policy Owner about the actual premium payable for the coming year before the end of each policy year.

Attained Age	Benefit Level 1		Benefit Level 2	
	Annual Standard Premium		Male	Female
0 – 4	6,089.00	4,906.00	8,591.00	6,655.00
5 – 18	4,853.00	4,509.00	5,984.00	5,425.00
19	3,755.00	4,324.00	5,286.00	5,075.00
20	3,878.00	4,371.00	5,344.00	5,384.00
21	3,949.00	4,560.00	5,438.00	5,635.00
22	4,014.00	4,751.00	5,565.00	5,893.00
23	4,074.00	4,940.00	5,688.00	6,158.00
24	4,125.00	5,131.00	5,809.00	6,431.00
25	4,169.00	5,320.00	5,989.00	6,709.00
26	4,276.00	5,582.00	6,207.00	6,995.00
27	4,441.00	5,846.00	6,435.00	7,289.00
28	4,658.00	6,108.00	6,678.00	7,589.00
29	4,876.00	6,372.00	6,934.00	7,898.00
30	5,046.00	6,634.00	7,339.00	8,211.00
31	5,168.00	6,829.00	7,496.00	8,488.00
32	5,289.00	7,049.00	7,655.00	8,758.00
33	5,411.00	7,254.00	7,813.00	9,019.00
34	5,533.00	7,352.00	7,971.00	9,274.00
35	5,654.00	7,592.00	8,128.00	9,520.00
36	5,735.00	7,856.00	8,320.00	9,829.00
37	5,815.00	8,125.00	8,511.00	10,155.00
38	5,896.00	8,399.00	8,702.00	10,498.00
39	5,976.00	8,678.00	8,893.00	10,856.00
40	6,058.00	8,798.00	9,085.00	11,232.00
41	6,268.00	8,929.00	9,474.00	11,576.00
42	6,505.00	9,111.00	9,864.00	11,908.00
43	6,767.00	9,339.00	10,253.00	12,227.00
44	7,056.00	9,560.00	10,642.00	12,534.00
45	7,374.00	9,867.00	11,032.00	12,828.00
46	7,729.00	10,201.00	11,666.00	13,227.00
47	8,115.00	10,542.00	12,299.00	13,662.00
48	8,532.00	10,891.00	12,932.00	14,131.00
49	8,979.00	11,142.00	13,566.00	14,634.00
50	9,459.00	11,396.00	14,199.00	15,174.00
51	9,962.00	11,676.00	14,720.00	15,621.00
52	10,496.00	11,966.00	15,240.00	16,059.00
53	11,058.00	12,264.00	15,761.00	16,488.00
54	11,647.00	12,573.00	16,282.00	16,911.00
55	12,267.00	12,892.00	16,802.00	17,324.00
56	12,979.00	13,262.00	17,962.00	17,966.00
57	13,739.00	13,659.00	19,122.00	18,691.00
58	14,549.00	14,079.00	20,284.00	19,495.00
59	15,411.00	14,525.00	21,444.00	20,381.00
60	16,319.00	14,993.00	22,604.00	21,346.00
61	17,425.00	15,874.00	24,478.00	22,405.00
62	18,613.00	16,888.00	26,353.00	23,633.00
63	19,886.00	18,034.00	28,227.00	25,412.00
64	21,244.00	19,321.00	30,101.00	27,325.00
65	22,835.00	20,644.00	31,975.00	29,069.00
66	24,512.00	21,924.00	34,285.00	30,940.00
67	26,311.00	23,256.00	36,594.00	32,811.00
68	28,219.00	24,627.00	38,902.00	34,681.00
69	30,235.00	26,032.00	41,212.00	36,553.00
70	32,558.00	27,445.00	43,520.00	38,424.00

## "FlexiCare" Medical Insurance Plan – Basic Plan Premium Table (With No Claim Discount)<sup>#</sup> (Currency: HKD)

Effective Date: 16 May 2022

Attained Age	Benefit Level 1		Benefit Level 2	
	Annual Standard Premium			
Attained Age	Male	Attained Age	Male	Attained Age
71	35,028.00	28,822.00	46,000.00	40,438.00
72	37,611.00	30,159.00	48,479.00	42,452.00
73	40,202.00	31,434.00	50,958.00	44,466.00
74	42,774.00	32,665.00	53,436.00	46,480.00
75	44,485.00	33,934.00	55,916.00	48,494.00
76	45,834.00	35,187.00	57,742.00	50,409.00
77	47,579.00	36,442.00	59,567.00	52,326.00
78	49,348.00	37,773.00	61,393.00	54,242.00
79	51,167.00	39,169.00	63,219.00	56,159.00
80	53,826.00	41,148.00	65,045.00	58,075.00
<b>Below premiums are for Renewal only</b>				
81	56,587.00	43,088.00	68,779.00	59,432.00
82	59,493.00	45,148.00	72,145.00	60,678.00
83	62,481.00	47,149.00	75,660.00	61,907.00
84	65,599.00	48,666.00	78,147.00	64,729.00
85	67,882.00	49,984.00	81,094.00	66,599.00
86	70,387.00	51,435.00	84,138.00	68,519.00
87	72,947.00	52,949.00	87,593.00	70,519.00
88	75,581.00	54,525.00	91,208.00	72,596.00
89	78,284.00	56,171.00	94,742.00	74,765.00
90	81,745.00	58,395.00	98,089.00	76,736.00
91	85,175.00	60,604.00	100,138.00	78,508.00
92	88,776.00	62,862.00	102,779.00	80,286.00
93	92,513.00	65,216.00	104,906.00	82,118.00
94	96,415.00	67,649.00	107,324.00	83,984.00
95	98,475.00	69,434.00	109,954.00	86,060.00
96	102,940.00	72,476.00	114,836.00	90,319.00
97	107,405.00	75,519.00	119,720.00	94,579.00
98	111,869.00	78,561.00	124,602.00	98,838.00
99	116,334.00	81,604.00	129,486.00	103,096.00
100 – 127	120,799.00	84,646.00	134,369.00	107,356.00

<sup>#</sup> Remarks:

- The 16% no claim discount is already reflected in the above-stated premiums. For details of no claim discount, please refer to the product brochure of "FlexiCare" Medical Insurance Plan.
- Premiums stated above are based on the first year premium or current applicable Renewal premium according to your current attained age (age on last birthday) but cannot be regarded as the actual premium payable in the future. Renewal premium will base on your attained age and the applicable premium table at the time of Renewal. Premiums are non-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. During the review, we may consider factors including but not limited to the following: i) 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; ii) historical investment returns and the future outlook of the product's backing asset; iii) policy surrenders and lapses and iv) expenses directly related to the policy and indirect expenses allocated to this product.
- The annual standard premium of this premium table (HKD) does not include levy on insurance premiums collected by the Insurance Authority and for reference only. If the payment mode is not annual, please calculate the Standard Premium by using appropriate modal factor as below. Or please contact your financial consultant for premiums in monthly or semi-annual payment mode. For details of annual premium table in US dollars, please browse FTLife website at [www.ftlife.com.hk](http://www.ftlife.com.hk).

Payment mode	Modal factor
Annual	1
Semi Annual	0.52
Monthly	0.09



**"FlexiCare" Medical Insurance Plan – Basic Plan Premium Table**

Effective Date: 16 May 2022

**(Without No Claim Discount)\* (Currency: HKD)**

Future premiums will be reviewed and adjusted annually if necessary to reflect continuous medical inflation and overall claim experience under this product. First year premium or current applicable Renewal premium of the cover 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 inform Policy Owner about the actual premium payable for the coming year before the end of each policy year.

Attained Age	Benefit Level 1		Benefit Level 2	
	Annual Standard Premium			
	Male	Female	Male	Female
0 – 4	7,248.81	5,840.48	10,227.38	7,922.62
5 – 18	5,777.38	5,367.86	7,123.81	6,458.33
19	4,470.24	5,147.62	6,292.86	6,041.67
20	4,616.67	5,203.57	6,361.90	6,409.52
21	4,701.19	5,428.57	6,473.81	6,708.33
22	4,778.57	5,655.95	6,625.00	7,015.48
23	4,850.00	5,880.95	6,771.43	7,330.95
24	4,910.71	6,108.33	6,915.48	7,655.95
25	4,963.10	6,333.33	7,129.76	7,986.90
26	5,090.48	6,645.24	7,389.29	8,327.38
27	5,286.90	6,959.52	7,660.71	8,677.38
28	5,545.24	7,271.43	7,950.00	9,034.52
29	5,804.76	7,585.71	8,254.76	9,402.38
30	6,007.14	7,897.62	8,736.90	9,775.00
31	6,152.38	8,129.76	8,923.81	10,104.76
32	6,296.43	8,391.67	9,113.10	10,426.19
33	6,441.67	8,635.71	9,301.19	10,736.90
34	6,586.90	8,752.38	9,489.29	11,040.48
35	6,730.95	9,038.10	9,676.19	11,333.33
36	6,827.38	9,352.38	9,904.76	11,701.19
37	6,922.62	9,672.62	10,132.14	12,089.29
38	7,019.05	9,998.81	10,359.52	12,497.62
39	7,114.29	10,330.95	10,586.90	12,923.81
40	7,211.90	10,473.81	10,815.48	13,371.43
41	7,461.90	10,629.76	11,278.57	13,780.95
42	7,744.05	10,846.43	11,742.86	14,176.19
43	8,055.95	11,117.86	12,205.95	14,555.95
44	8,400.00	11,380.95	12,669.05	14,921.43
45	8,778.57	11,746.43	13,133.33	15,271.43
46	9,201.19	12,144.05	13,888.10	15,746.43
47	9,660.71	12,550.00	14,641.67	16,264.29
48	10,157.14	12,965.48	15,395.24	16,822.62
49	10,689.29	13,264.29	16,150.00	17,421.43
50	11,260.71	13,566.67	16,903.57	18,064.29
51	11,859.52	13,900.00	17,523.81	18,596.43
52	12,495.24	14,245.24	18,142.86	19,117.86
53	13,164.29	14,600.00	18,763.10	19,628.57
54	13,865.48	14,967.86	19,383.33	20,132.14
55	14,603.57	15,347.62	20,002.38	20,623.81
56	15,451.19	15,788.10	21,383.33	21,388.10
57	16,355.95	16,260.71	22,764.29	22,251.19
58	17,320.24	16,760.71	24,147.62	23,208.33
59	18,346.43	17,291.67	25,528.57	24,263.10
60	19,427.38	17,848.81	26,909.52	25,411.90
61	20,744.05	18,897.62	29,140.48	26,672.62
62	22,158.33	20,104.76	31,372.62	28,134.52
63	23,673.81	21,469.05	33,603.57	30,252.38
64	25,290.48	23,001.19	35,834.52	32,529.76
65	27,184.52	24,576.19	38,065.48	34,605.95
66	29,180.95	26,100.00	40,815.48	36,833.33
67	31,322.62	27,685.71	43,564.29	39,060.71
68	33,594.05	29,317.86	46,311.90	41,286.90
69	35,994.05	30,990.48	49,061.90	43,515.48
70	38,759.52	32,672.62	51,809.52	45,742.86

## "FlexiCare" Medical Insurance Plan – Basic Plan Premium Table (Without No Claim Discount)\* (Currency: HKD)

Effective Date: 16 May 2022

Attained Age	Benefit Level 1		Benefit Level 2	
	Male	Female	Male	Female
	Annual Standard Premium			
71	41,700.00	34,311.90	54,761.90	48,140.48
72	44,775.00	35,903.57	57,713.10	50,538.10
73	47,859.52	37,421.43	60,664.29	52,935.71
74	50,921.43	38,886.90	63,614.29	55,333.33
75	52,958.33	40,397.62	66,566.67	57,730.95
76	54,564.29	41,889.29	68,740.48	60,010.71
77	56,641.67	43,383.33	70,913.10	62,292.86
78	58,747.62	44,967.86	73,086.90	64,573.81
79	60,913.10	46,629.76	75,260.71	66,855.95
80	64,078.57	48,985.71	77,434.52	69,136.90
	Below premiums are for Renewal only			
81	67,365.48	51,295.24	81,879.76	70,752.38
82	70,825.00	53,747.62	85,886.90	72,235.71
83	74,382.14	56,129.76	90,071.43	73,698.81
84	78,094.05	57,935.71	93,032.14	77,058.33
85	80,811.90	59,504.76	96,540.48	79,284.52
86	83,794.05	61,232.14	100,164.29	81,570.24
87	86,841.67	63,034.52	104,277.38	83,951.19
88	89,977.38	64,910.71	108,580.95	86,423.81
89	93,195.24	66,870.24	112,788.10	89,005.95
90	97,315.48	69,517.86	116,772.62	91,352.38
91	101,398.81	72,147.62	119,211.90	93,461.90
92	105,685.71	74,835.71	122,355.95	95,578.57
93	110,134.52	77,638.10	124,888.10	97,759.52
94	114,779.76	80,534.52	127,766.67	99,980.95
95	117,232.14	82,659.52	130,897.62	102,452.38
96	122,547.62	86,280.95	136,709.52	107,522.62
97	127,863.10	89,903.57	142,523.81	112,594.05
98	133,177.38	93,525.00	148,335.71	117,664.29
99	138,492.86	97,147.62	154,150.00	122,733.33
100 – 127	143,808.33	100,769.05	159,963.10	127,804.76

## \* Remarks:

- Premiums stated above are based on the first year premium or current applicable Renewal premium according to your current attained age (age on last birthday) but cannot be regarded as the actual premium payable in the future. Renewal premium will base on your attained age and the applicable premium table at the time of Renewal. Premiums are non-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. During the review, we may consider factors including but not limited to the following: i) 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; ii) historical investment returns and the future outlook of the product's backing asset; iii) policy surrenders and lapses and iv) expenses directly related to the policy and indirect expenses allocated to this product.
- The annual standard premium of this premium table (HKD) does not include levy on insurance premiums collected by the Insurance Authority and for reference only. If the payment mode is not annual, please calculate the Standard Premium by using appropriate modal factor as below. Or please contact your financial consultant for premiums in monthly or semi-annual payment mode. For details of annual premium table in US dollars, please browse FTLife website at [www.ftlife.com.hk](http://www.ftlife.com.hk).

Payment mode	Modal factor
Annual	1
Semi Annual	0.52
Monthly	0.09

**"FlexiCare" Medical Insurance Plan – Rider Plan Premium Table****Effective Date: 16 May 2022****(With No Claim Discount)<sup>#</sup> (Currency: HKD)**

Future premiums will be reviewed and adjusted annually if necessary to reflect continuous medical inflation and overall claim experience under this product. First year premium or current applicable Renewal premium of the cover 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 inform Policy Owner about the actual premium payable for the coming year before the end of each policy year.

Attained Age	Benefit Level 1		Benefit Level 2	
	Annual Standard Premium			
	Male	Female	Male	Female
0 – 4	5,176.00	4,170.00	7,302.00	5,657.00
5 – 18	4,125.00	3,833.00	5,086.00	4,611.00
19	3,192.00	3,675.00	4,493.00	4,314.00
20	3,296.00	3,715.00	4,542.00	4,576.00
21	3,357.00	3,876.00	4,622.00	4,790.00
22	3,412.00	4,038.00	4,730.00	5,009.00
23	3,463.00	4,199.00	4,835.00	5,234.00
24	3,506.00	4,361.00	4,938.00	5,466.00
25	3,544.00	4,522.00	5,091.00	5,703.00
26	3,635.00	4,745.00	5,276.00	5,946.00
27	3,775.00	4,969.00	5,470.00	6,196.00
28	3,959.00	5,192.00	5,676.00	6,451.00
29	4,145.00	5,416.00	5,894.00	6,713.00
30	4,289.00	5,639.00	6,238.00	6,979.00
31	4,393.00	5,805.00	6,372.00	7,215.00
32	4,496.00	5,992.00	6,507.00	7,444.00
33	4,599.00	6,166.00	6,641.00	7,666.00
34	4,703.00	6,249.00	6,775.00	7,883.00
35	4,806.00	6,453.00	6,909.00	8,092.00
36	4,875.00	6,678.00	7,072.00	8,355.00
37	4,943.00	6,906.00	7,234.00	8,632.00
38	5,012.00	7,139.00	7,397.00	8,923.00
39	5,080.00	7,376.00	7,559.00	9,228.00
40	5,149.00	7,478.00	7,722.00	9,547.00
41	5,328.00	7,590.00	8,053.00	9,840.00
42	5,529.00	7,744.00	8,384.00	10,122.00
43	5,752.00	7,938.00	8,715.00	10,393.00
44	5,998.00	8,126.00	9,046.00	10,654.00
45	6,268.00	8,387.00	9,377.00	10,904.00
46	6,570.00	8,671.00	9,916.00	11,243.00
47	6,898.00	8,961.00	10,454.00	11,613.00
48	7,252.00	9,257.00	10,992.00	12,011.00
49	7,632.00	9,471.00	11,531.00	12,439.00
50	8,040.00	9,687.00	12,069.00	12,898.00
51	8,468.00	9,925.00	12,512.00	13,278.00
52	8,922.00	10,171.00	12,954.00	13,650.00
53	9,399.00	10,424.00	13,397.00	14,015.00
54	9,900.00	10,687.00	13,840.00	14,374.00
55	10,427.00	10,958.00	14,282.00	14,725.00
56	11,032.00	11,273.00	15,268.00	15,271.00
57	11,678.00	11,610.00	16,254.00	15,887.00
58	12,367.00	11,967.00	17,241.00	16,571.00
59	13,099.00	12,346.00	18,227.00	17,324.00
60	13,871.00	12,744.00	19,213.00	18,144.00
61	14,811.00	13,493.00	20,806.00	19,044.00
62	15,821.00	14,355.00	22,400.00	20,088.00
63	16,903.00	15,329.00	23,993.00	21,600.00
64	18,057.00	16,423.00	25,586.00	23,226.00
65	19,410.00	17,547.00	27,179.00	24,709.00
66	20,835.00	18,635.00	29,142.00	26,299.00
67	22,364.00	19,768.00	31,105.00	27,889.00
68	23,986.00	20,933.00	33,067.00	29,479.00
69	25,700.00	22,127.00	35,030.00	31,070.00
70	27,674.00	23,328.00	36,992.00	32,660.00

## "FlexiCare" Medical Insurance Plan – Rider Plan Premium Table (With No Claim Discount)<sup>#</sup> (Currency: HKD)

Effective Date: 16 May 2022

Attained Age	Benefit Level 1		Benefit Level 2	
	Annual Standard Premium			
	Male	Female	Male	Female
71	29,774.00	24,499.00	39,100.00	34,372.00
72	31,969.00	25,635.00	41,207.00	36,084.00
73	34,172.00	26,719.00	43,314.00	37,796.00
74	36,358.00	27,765.00	45,421.00	39,508.00
75	37,812.00	28,844.00	47,529.00	41,220.00
76	38,959.00	29,909.00	49,081.00	42,848.00
77	40,442.00	30,976.00	50,632.00	44,477.00
78	41,946.00	32,107.00	52,184.00	46,106.00
79	43,492.00	33,294.00	53,736.00	47,735.00
80	45,752.00	34,976.00	55,288.00	49,364.00
<b>Below premiums are for Renewal only</b>				
81	48,099.00	36,625.00	58,462.00	50,517.00
82	50,569.00	38,376.00	61,323.00	51,576.00
83	53,109.00	40,077.00	64,311.00	52,621.00
84	55,759.00	41,366.00	66,425.00	55,020.00
85	57,700.00	42,486.00	68,930.00	56,609.00
86	59,829.00	43,720.00	71,517.00	58,241.00
87	62,005.00	45,007.00	74,454.00	59,941.00
88	64,244.00	46,346.00	77,527.00	61,707.00
89	66,541.00	47,745.00	80,531.00	63,550.00
90	69,483.00	49,636.00	83,376.00	65,226.00
91	72,399.00	51,513.00	85,117.00	66,732.00
92	75,460.00	53,433.00	87,362.00	68,243.00
93	78,636.00	55,434.00	89,170.00	69,800.00
94	81,953.00	57,502.00	91,225.00	71,386.00
95	83,704.00	59,019.00	93,461.00	73,151.00
96	87,499.00	61,605.00	97,611.00	76,771.00
97	91,294.00	64,191.00	101,762.00	80,392.00
98	95,089.00	66,777.00	105,912.00	84,012.00
99	98,884.00	69,363.00	110,063.00	87,632.00
100 – 127	102,679.00	71,949.00	114,214.00	91,253.00

<sup>#</sup> Remarks:

- The 16% no claim discount is already reflected in the above-stated premiums. For details of no claim discount, please refer to the product brochure of "FlexiCare" Medical Insurance Plan.
- Premiums stated above are based on the first year premium or current applicable Renewal premium according to your current attained age (age on last birthday) but cannot be regarded as the actual premium payable in the future. Renewal premium will base on your attained age and the applicable premium table at the time of Renewal. Premiums are non-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. During the review, we may consider factors including but not limited to the following: i) 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; ii) historical investment returns and the future outlook of the product's backing asset; iii) policy surrenders and lapses and iv) expenses directly related to the policy and indirect expenses allocated to this product.
- The annual standard premium of this premium table (HKD) does not include levy on insurance premiums collected by the Insurance Authority and for reference only. If the payment mode is not annual, please calculate the Standard Premium by using appropriate modal factor as below. Or please contact your financial consultant for premiums in monthly or semi-annual payment mode. For details of annual premium table in US dollars, please browse FTLife website at [www.ftlife.com.hk](http://www.ftlife.com.hk).

Payment mode	Modal factor
Annual	1
Semi Annual	0.52
Monthly	0.09

**"FlexiCare" Medical Insurance Plan – Rider Plan Premium Table**

Effective Date: 16 May 2022

**(Without No Claim Discount)\* (Currency: HKD)**

Future premiums will be reviewed and adjusted annually if necessary to reflect continuous medical inflation and overall claim experience under this product. First year premium or current applicable Renewal premium of the cover 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 inform Policy Owner about the actual premium payable for the coming year before the end of each policy year.

Attained Age	Benefit Level 1		Benefit Level 2	
	Annual Standard Premium			
	Male	Female	Male	Female
0 – 4	6,161.90	4,964.29	8,692.86	6,734.52
5 – 18	4,910.71	4,563.10	6,054.76	5,489.29
19	3,800.00	4,375.00	5,348.81	5,135.71
20	3,923.81	4,422.62	5,407.14	5,447.62
21	3,996.43	4,614.29	5,502.38	5,702.38
22	4,061.90	4,807.14	5,630.95	5,963.10
23	4,122.62	4,998.81	5,755.95	6,230.95
24	4,173.81	5,191.67	5,878.57	6,507.14
25	4,219.05	5,383.33	6,060.71	6,789.29
26	4,327.38	5,648.81	6,280.95	7,078.57
27	4,494.05	5,915.48	6,511.90	7,376.19
28	4,713.10	6,180.95	6,757.14	7,679.76
29	4,934.52	6,447.62	7,016.67	7,991.67
30	5,105.95	6,713.10	7,426.19	8,308.33
31	5,229.76	6,910.71	7,585.71	8,589.29
32	5,352.38	7,133.33	7,746.43	8,861.90
33	5,475.00	7,340.48	7,905.95	9,126.19
34	5,598.81	7,439.29	8,065.48	9,384.52
35	5,721.43	7,682.14	8,225.00	9,633.33
36	5,803.57	7,950.00	8,419.05	9,946.43
37	5,884.52	8,221.43	8,611.90	10,276.19
38	5,966.67	8,498.81	8,805.95	10,622.62
39	6,047.62	8,780.95	8,998.81	10,985.71
40	6,129.76	8,902.38	9,192.86	11,365.48
41	6,342.86	9,035.71	9,586.90	11,714.29
42	6,582.14	9,219.05	9,980.95	12,050.00
43	6,847.62	9,450.00	10,375.00	12,372.62
44	7,140.48	9,673.81	10,769.05	12,683.33
45	7,461.90	9,984.52	11,163.10	12,980.95
46	7,821.43	10,322.62	11,804.76	13,384.52
47	8,211.90	10,667.86	12,445.24	13,825.00
48	8,633.33	11,020.24	13,085.71	14,298.81
49	9,085.71	11,275.00	13,727.38	14,808.33
50	9,571.43	11,532.14	14,367.86	15,354.76
51	10,080.95	11,815.48	14,895.24	15,807.14
52	10,621.43	12,108.33	15,421.43	16,250.00
53	11,189.29	12,409.52	15,948.81	16,684.52
54	11,785.71	12,722.62	16,476.19	17,111.90
55	12,413.10	13,045.24	17,002.38	17,529.76
56	13,133.33	13,420.24	18,176.19	18,179.76
57	13,902.38	13,821.43	19,350.00	18,913.10
58	14,722.62	14,246.43	20,525.00	19,727.38
59	15,594.05	14,697.62	21,698.81	20,623.81
60	16,513.10	15,171.43	22,872.62	21,600.00
61	17,632.14	16,063.10	24,769.05	22,671.43
62	18,834.52	17,089.29	26,666.67	23,914.29
63	20,122.62	18,248.81	28,563.10	25,714.29
64	21,496.43	19,551.19	30,459.52	27,650.00
65	23,107.14	20,889.29	32,355.95	29,415.48
66	24,803.57	22,184.52	34,692.86	31,308.33
67	26,623.81	23,533.33	37,029.76	33,201.19
68	28,554.76	24,920.24	39,365.48	35,094.05
69	30,595.24	26,341.67	41,702.38	36,988.10
70	32,945.24	27,771.43	44,038.10	38,880.95



## "FlexiCare" Medical Insurance Plan – Rider Plan Premium Table (Without No Claim Discount)\* (Currency: HKD)

Effective Date: 16 May 2022

Attained Age	Benefit Level 1		Benefit Level 2	
	Annual Standard Premium			
	Male	Attained Age	Male	Attained Age
71	35,445.24	29,165.48	46,547.62	40,919.05
72	38,058.33	30,517.86	49,055.95	42,957.14
73	40,680.95	31,808.33	51,564.29	44,995.24
74	43,283.33	33,053.57	54,072.62	47,033.33
75	45,014.29	34,338.10	56,582.14	49,071.43
76	46,379.76	35,605.95	58,429.76	51,009.52
77	48,145.24	36,876.19	60,276.19	52,948.81
78	49,935.71	38,222.62	62,123.81	54,888.10
79	51,776.19	39,635.71	63,971.43	56,827.38
80	54,466.67	41,638.10	65,819.05	58,766.67
Below premiums are for Renewal only				
81	57,260.71	43,601.19	69,597.62	60,139.29
82	60,201.19	45,685.71	73,003.57	61,400.00
83	63,225.00	47,710.71	76,560.71	62,644.05
84	66,379.76	49,245.24	79,077.38	65,500.00
85	68,690.48	50,578.57	82,059.52	67,391.67
86	71,225.00	52,047.62	85,139.29	69,334.52
87	73,815.48	53,579.76	88,635.71	71,358.33
88	76,480.95	55,173.81	92,294.05	73,460.71
89	79,215.48	56,839.29	95,870.24	75,654.76
90	82,717.86	59,090.48	99,257.14	77,650.00
91	86,189.29	61,325.00	101,329.76	79,442.86
92	89,833.33	63,610.71	104,002.38	81,241.67
93	93,614.29	65,992.86	106,154.76	83,095.24
94	97,563.10	68,454.76	108,601.19	84,983.33
95	99,647.62	70,260.71	111,263.10	87,084.52
96	104,165.48	73,339.29	116,203.57	91,394.05
97	108,683.33	76,417.86	121,145.24	95,704.76
98	113,201.19	79,496.43	126,085.71	100,014.29
99	117,719.05	82,575.00	131,027.38	104,323.81
100-127	122,236.90	85,653.57	135,969.05	108,634.52

## \* Remarks:

- Premiums stated above are based on the first year premium or current applicable Renewal premium according to your current attained age (age on last birthday) but cannot be regarded as the actual premium payable in the future. Renewal premium will base on your attained age and the applicable premium table at the time of Renewal. Premiums are non-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. During the review, we may consider factors including but not limited to the following: i) 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; ii) historical investment returns and the future outlook of the product's backing asset; iii) policy surrenders and lapses and iv) expenses directly related to the policy and indirect expenses allocated to this product.
- The annual standard premium of this premium table (HKD) does not include levy on insurance premiums collected by the Insurance Authority and for reference only. If the payment mode is not annual, please calculate the Standard Premium by using appropriate modal factor as below. Or please contact your financial consultant for premiums in monthly or semi-annual payment mode. For details of annual premium table in US dollars, please browse FTLife website at [www.ftlife.com.hk](http://www.ftlife.com.hk).

Payment mode	Modal factor
Annual	1
Semi Annual	0.52
Monthly	0.09

# FTLife scoops prestigious industry accolades

## Bloomberg Businessweek / Chinese Edition "Financial Institution Awards 2023"



Training Academy of the Year – Outstanding Performance



Saving Plan – Outstanding Performance



Health & Protection – Outstanding Performance



Digital Marketing – Outstanding Performance

## "Benchmark" Wealth Management Awards 2022



Insurance Company of the Year 2022



Broker Support - Best-in-Class



Health Care Product - Best-in-Class



Academy of the Year 2022



Social Media Engagement – Outstanding Achiever



ESG Integration - Merit

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