FTLife VHIS Series Comparison Table

Name of	"FlexiC	are"	"TopC	are″	"Better	Care"	"WiseCare"
VHIS Certified Plan	Medical Insurance Plan		Medical Insurance Plan		Medical Insurance Plan		Misecare Medical Insurance Plan
Plan Type	Flexi F	Plan	Flexi Plan		Flexi Plan		Standard Plan
	Benefit Level 1 (HKD)	F00064-01-000-01	Benefit Level 1 (HKD)	F00037-01-000-02	Benefit Level 1 (HKD)	F00021-01-000-02	
			Benefit Level 2 (HKD)	F00037-02-000-02	Benefit Level 2 (HKD)	F00021-02-000-02	
	Benefit Level 2 (HKD)	F00064-02-000-01	Benefit Level 3 (HKD)	F00037-03-000-02	Benefit Level 3 (HKD)	F00021-03-000-02	
VHIS Certification No.			Benefit Level 4 (HKD)	F00037-04-000-02	Benefit Level 1 (USD)	F00021-04-000-02	S00028-01-000-02
	Benefit Level 1 (USD)	F00064-03-000-01	Benefit Level 1 (USD)	F00037-05-000-02	Benefit Level 2 (USD)	F00021-05-000-02	
			Benefit Level 2 (USD)	F00037-06-000-02			
	Benefit Level 2 (USD)	F00064-04-000-01	Benefit Level 3 (USD)	F00037-07-000-02	Benefit Level 3 (USD)	F00021-06-000-02	
Ward class	Ward (Com		Benefit Level 4 (USD)	F00037-08-000-02	Word (Somi Dri	ivete (Drivete	Not applicable
I) Basic benefits			Ward / Semi-Private / Private		Ward / Semi-Private / Private		Not applicable
Sublimit of basic	Not applicable						
benefits	(except for designated surgical procedures / Pre- and post-Confinement / Day Case Procedure outpatient care / Psychiatric treatments)		Applicable to all basic benefits		Applicable to all basic benefits		Applicable to all basic benefits
Room and board	\checkmark		\checkmark		\checkmark		\checkmark
Miscellaneous charges	\checkmark		\checkmark		\checkmark		\checkmark
Attending doctor's visit fee	\checkmark		\checkmark		\checkmark		\checkmark
Specialist's fee	\checkmark		\checkmark		\checkmark		\checkmark
Intensive care	\checkmark		\checkmark		\checkmark		
Surgeon's fee Anaesthetist's fee	√		✓ 		\checkmark		✓ ./
Operating theatre			✓ /		✓ /		_
charges Prescribed Diagnostic	✓ 		✓ 		✓ 		~
Imaging Tests Prescribed Non-surgical	✓ ,		✓		✓ ✓		~
Cancer Treatments Pre- and post-	✓		✓		~		
Confinement / Day Case Procedure outpatient care	onfinement / Day Case		~		~		\checkmark
Psychiatric treatments		\checkmark		\checkmark		\checkmark	
II) Additional / enhanced / o	V				_		_
Hospital companion	Hospital companion		↓ ✓		✓		_
bed Private nursing care	· · · · · ·		· · ·		•		
(i) Inpatient private nursing care	tient private		-		-		-
(ii) Post-Confinement home nursing care	ent 🗸		~		~		-
Inpatient / outpatient Chinese medical	~		\checkmark		-		-
benefits Additional chronic	chronic (Double argregate limit						
diseases benefit	(Double aggregate limit per Disability per Policy Year for designated Disabilities)		(Major Cancer top up benefit and severe urban chronic disease additional benefit)		-		-
Kidney dialysis (inpatient and outpatient)	×		~		-		-
Emergency outpatient treatment due to Accident	~		\checkmark		-		-
Emergency outpatient dental treatment due to Accident	~		~		-		-
Pregnancy complications	\checkmark		\checkmark		-		-
Day Case Procedure cash allowance	(Designated Day Case Procedures only)		\checkmark		-		-
Hospitalization transportation cash allowance	-		~		-		-
Hospital cash benefit for Confinement below entitled ward class	(Private hospitals in HK only)		~		-		-
Special cash allowance			\checkmark		-		-
Hospice care			✓		-		-
Expenses for living organ donor surgery			\checkmark		-		-

Name of VHIS Certified Plan	"FlexiCare" Medical Insurance Plan	"TopCare" Medical Insurance Plan	"BetterCare" Medical Insurance Plan	"WiseCare" Medical Insurance Plan
Plan Type	Flexi Plan	Flexi Plan	Flexi Plan	Standard Plan
Ward class	Ward / Semi-Private	Ward / Semi-Private / Private	Ward / Semi-Private / Private	Not applicable
II) Additional / enha	nced / other benefits			
Health tonic cash organ donation	after 🗸	~	-	-
Major medical be (subject to an anı maximum limit)	nefit ual –	~	~	-
(i) Room and b	oard –	\checkmark	\checkmark	-
(ii) Miscellaneo charges	IS –	✓	~	-
(iii) Attending de visit fee	octor's _	~	~	-
(iv) Specialist's	ee –	\checkmark	\checkmark	-
(v) Intensive ca	e –	✓	\checkmark	-
(vi) Surgeon's fe	e –	✓	\checkmark	-
(vii) Anaesthetis	s fee –	✓	\checkmark	-
(viii) Operating th charges	eatre _	~	\checkmark	-
(ix) Prescribed Diagnostic Imaging Tes	- ts	~	-	-
(x) Isolation Ro	- m	✓	-	-
(xi) Hospital companion	ped -	✓	\checkmark	-
(xii) Post-Confin home nursir		~	~	-
(xiii) Emergency outpatient treatment du Accident	e to –	~	-	-
(xiv) Emergency outpatient d treatment de Accident	ental -	~	-	-
(xv) Pregnancy complicatio	15 -	×	-	-
Loss of income m booster	edical –	~	-	-
Compassionate o benefit	×	~	~	\checkmark
Additional death for organ donor	benefit 🗸	✓	~	\checkmark
Home country accidental death benefit	~	-	-	-
Overseas accider death benefit	tal 🗸	-	-	-
Medical negligen benefit	ce 🗸	~	-	\checkmark
III) Other limits				
Aggregate limit p Disability per Pol Year	er icy 🗸	Not applicable	Not applicable	Not applicable
Annual Benefit Li	nit –	-	~	\checkmark
Lifetime Benefit L	imit –	-	-	-

Note: For full product details, please refer to the product brochures and Policy Terms and Benefits.