

FTLife 富通保險

“WiseCare” Medical Insurance Plan



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## “WiseCare” Medical Insurance Plan

VHIS Certified Standard Plan

(VHIS Plan Certification Number: S00028-01-000-02)

Medical inflation continues to soar and the problem of ageing population is getting worse. By 2036, people aged 65 or above are expected to be more than 31% of the total population\*. Public hospital service will be in short supply while the demand for private medical facilities will increase dramatically. In response to the Voluntary Health Insurance Scheme (“VHIS”) launched by the Government, FTLife has become the first batch of registered VHIS provider (Company registration number: 00028). We are proud to launch “WiseCare” Medical Insurance Plan (“the plan”) that takes good care of you and your family’s health needs. The plan is a certified Standard Plan under the Government’s VHIS and it **combines the advantages of VHIS in affordable premiums.**

### Advantages of VHIS



No lifetime benefit limit and deductible<sup>1</sup>



Guaranteed renewal up to age 100



All-round cancer treatment protection



Covering unknown pre-existing conditions



Additional death benefit and medical negligence benefit<sup>2</sup> up to HKD 300,000



Tax deduction<sup>3</sup>

\* Source: “Hong Kong Population Projections 2017-2066” published by Census and Statistics Department of the HKSAR Government in September 2017

## Comprehensive Protection to Cover Medical Expenses

The plan offers comprehensive coverage of various confinement and outpatient medical expenses, including **operation theatre charges, specialist's fee, surgeon's fee during confinement and day case procedure, attending doctor's visit fee, room and board and miscellaneous expenses**. The plan also provides you with one-stop medical support extending to the **pre- and post-expenses incurred for confinement and day case procedure outpatient care**<sup>4</sup>.

## No Lifetime Benefit Limit and Deductible<sup>1</sup>

The plan sets no lifetime benefit limit and deductible<sup>1</sup>. With a **benefit limit of each Policy Year up to HKD 420,000**, it offers you with sufficient medical protection to mitigate the financial burden arising from medical treatments.

## Guaranteed Renewal up to Age 100

We believe the demand for quality medical services will never decrease in whichever stage of our life. The plan is suitable for individuals between 15 days and age 80. Regardless of your health conditions in the future, the plan **guarantees renewal until age 100**. Renewal premium will not be increased according to the insured person's age after attaining age 70 which commits to provide a lifelong medical protection.

## All-round Cancer Treatment Protection

Many suffers from cancer without preparation especially at a much younger age and their lives undergo unprecedented changes. In addition to the **coverage for surgical cancer treatments**, the plan also covers expenses for **non-surgical cancer treatments during confinement or at outpatient centres**, including radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy. We believe getting appropriate treatments will lead to better chances of recovery.

## Covering Prescribed Diagnostic Imaging Tests

The plan offers coverage to the insured person for expenses of prescribed diagnostic imaging test incurred during confinement or at outpatient centres, including computed tomography ("CT" scan), magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan), etc.

## Covering Unknown Pre-existing Conditions

To give you an extra peace of mind, the plan covers unknown pre-existing conditions of which you were not aware and would not reasonably have been aware at the time of application. For details of waiting period and benefit amount, please refer to the policy terms and benefits.

The coverage also extends to congenital conditions which have manifested or been diagnosed after the insured person has attained age 8 or after. For details of pre-existing conditions, please refer to "Important Note" – "Pre-existing Conditions" section.

## Additional Death Benefit & Medical Negligence Benefit

In the unfortunate event of sudden death of the breadwinner, the family is left to face the trauma and unexpected expenses. In addition to the coverage of a Standard Plan under VHIS, "WiseCare" Medical Insurance Plan gives extra protection to mitigate the financial burden during such difficult time.

### Compassionate Death Benefit

In the unfortunate event of death of the insured person, an additional benefit up to HKD 100,000 will be paid to the beneficiary.

### Additional Death Benefit for Organ Donor<sup>2</sup>

If, after the insured person's death, a major organ of the insured person is donated and transplanted legally, an additional benefit up to HKD 100,000 will be paid to the beneficiary.

### Medical Negligence Benefit<sup>2</sup>

If the insured person dies or suffers from total and permanent disablement resulting directly from a consequence of any medical erroneous or negligent action, an additional benefit up to HKD 100,000 will be paid to the beneficiary.

## Tax Deduction for Extra Financial Ease

If you<sup>3</sup> or your family members<sup>5</sup> enrol in the plan, the eligible premiums paid<sup>6</sup> for the plan will be allowed for tax deduction each year. **The ceiling for annual deduction per insured person is HKD 8,000**, and there is **no cap on the number of family members<sup>5</sup>** that are eligible for tax deduction. You can, therefore, prepare the suitable medical protection for your loved ones with more affordable premiums through tax deduction.

### Example 1:

The Insured Person	Annual Premium (HKD)	Premium Allowance for Tax Deduction (HKD)
Yourself	10,000	8,000
Wife	8,000	8,000
Son	3,000	3,000
Daughter	2,000	2,000
Total	23,000	21,000

Actual Tax Deduction Amount:  
= HKD 21,000 x Marginal Tax Rate 17%\* = **HKD 3,570**

### Example 2:

The Insured Person	Annual Premium (HKD)	Premium Allowance for Tax Deduction (HKD)
Yourself	9,000	8,000
Wife	8,000	8,000
Father	10,000	8,000
Mother	10,000	8,000
Total	37,000	32,000

Actual Tax Deduction Amount:  
= HKD 32,000 x Marginal Tax Rate 17%\* = **HKD 5,440**

\* The above examples assume that the net taxable income reaches the designated level, and the actual tax deduction amount is calculated by applying the highest tax rate of 17%.

## Value-added Services exclusive for FTLife's Customers<sup>7</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

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

For details, please contact your financial consultant or call our Customer Service Hotline at 2866 8898 or Partnership Concierge Hotline at 3192 8333 (for FTLife Partnership enquiry only), or browse the company website at [www.ftlife.com.hk](http://www.ftlife.com.hk).

## At-a-Glance Table

Basic Information	
Product core nature	Medical Protection Plan (Reimbursement) and VHIS Certified Plan - Standard Plan
Product main objective	Reimburse the medical expenses incurred during hospital confinement
Issue Age (age on last birthday)	15 days to age 80
Coverage Period	Up to 100 years of age
Policy Currency	HKD
Payment Mode	Monthly, semi-annual or annual payment
Eligible Applicants (The Insured Person)	Hong Kong residents (holder of a valid identity card issued by the Hong Kong SAR Government)

## Benefit Schedule

Benefit Items <sup>8</sup>	Benefit Limit <sup>#</sup> (HKD)
a. Room and board (per day, maximum 180 days per Policy Year)	750
b. Miscellaneous charges (per Policy Year)	14,000
c. Attending doctor's visit fee (per day, maximum 180 days per Policy Year)	750
d. Specialist's fee <sup>4</sup> (per Policy Year)	4,300
e. Intensive care (per day, maximum 25 days per Policy Year)	3,500
f. Surgeon's fee (per surgery, subject to surgical category for the surgery/procedure in the Schedule of Surgical Procedures. For details, please refer to the Schedule of Surgical Procedures of the policy; Day Case Procedure (i.e. Outpatient Procedure) included)	Complex 50,000
	Major 25,000
	Intermediate 12,500
	Minor 5,000
g. Anaesthetist's fee	35% of Surgeon's Fee Payable <sup>12</sup>
h. Operating theatre charges	35% of Surgeon's Fee Payable <sup>12</sup>
i. Prescribed Diagnostic Imaging Tests <sup>4,9</sup> (per Policy Year)	20,000 subject to 30% coinsurance <sup>1</sup>
j. Prescribed Non-surgical Cancer Treatments <sup>10</sup> (per Policy Year)	80,000
k. Pre- and post-Confinement/Day Case Procedure outpatient care <sup>4</sup> (per visit) - 1 prior outpatient visit or Emergency consultation per confinement/Day Case Procedure - 3 follow-up outpatient visits per confinement/Day Case Procedure (within 90 days after discharge from hospital or completion of Day Case Procedure)	580 3,000 per Policy Year
l. Psychiatric treatment <sup>11</sup> (per Policy Year)	30,000
<b>Other Limits</b>	
Annual Benefit Limit for benefit items (a) - (l)	420,000
Lifetime Benefit Limit for benefit items (a) - (l)	Nil
<b>Additional Benefits</b>	
a. Compassionate death benefit	100,000
b. Additional death benefit for organ donor <sup>2</sup>	100,000
c. Medical negligence benefit <sup>2</sup>	100,000

<sup>#</sup> Before receiving any medical services, the policy holder may request the Company to provide an estimate on the amount that may be claimed, provided that the policy holder shall provide the estimated fees to be incurred as furnished by the hospital and/or attending registered medical practitioner. The Company's estimate is for reference only, and the actual amount claimable shall be subject to the final expenses as evidenced. For details, please refer to the policy terms and benefits.

The product information in this document does not contain the full terms of the plan 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 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.

#### Notes:

1. There is no deductible for this plan, but designated benefit items are subject to coinsurance, including the 30% coinsurance which must be borne by the policy holder for prescribed diagnostic imaging tests.
2. This benefit is payable in addition to "compassionate death benefit".
3. Tax deduction is only applicable to the policy holder who holds a valid identity card issued by the Hong Kong SAR Government.
4. The Company 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.
5. Eligible family members refer to your spouse and child; or your and your spouse's parent, grandparent, brother or sister. The eligibility of the eligible family members is subject to the prevailing administrative rules of the Company.
6. Eligible premiums paid for the plan will be allowed for tax deduction each year. The ceiling for annual deduction per insured person is HKD 8,000
7. e-ConNET Healthcare Service (Prestige) and Worldwide Emergency Assistance Services are provided by the third party service providers. We reserve the right to change the terms and conditions of e-ConNET Healthcare Service (Prestige) and Worldwide Emergency Assistance Service and will not be liable for any services provided by the third party service providers. This is a service with no additional premium. 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.
8. Eligible expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the above benefit schedule.
9. Prescribed diagnostic imaging tests covered here only include computed tomography ("CT" scan), magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan), PET-CT combined, and PET-MRT combined.
10. Prescribed non-surgical cancer treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
11. If the insured person receives psychiatric treatments during confinement in Hong Kong, the expenses in entirety shall be payable under this benefit item 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 other benefit items of the plan.
12. The percentage here applies to the surgeon's fee actually payable or the benefit limit for the surgeon's fee according to the surgical categorisation, whichever is the lower.

#### 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 thirty-one (31) days from its due date, the plan will automatically be terminated, and you will lose your protection under the plan.

###### ii. Policy Termination

We have the right to terminate the policy before the policy's maturity date if any premium remains in default at the end of the grace period.

Subject to the terms and benefits of this policy, we will guarantee to renew this policy for one (1) policy year (without further evidence of insurability from the insured person) on each renewal date on the condition 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 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 our contractual obligations under the policy.

###### iv. Other Key Product Risks

- 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.
- "WiseCare" Medical Insurance Plan is an insurance policy issued by us. The insurance benefits are subject to the company's credit risks.

##### 3. General Exclusions

This 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 purposes, prophylactic treatment or preventive care, correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens, dental treatment and oral and maxillofacial procedures, maternity conditions and its complications, durable medical equipment or appliances, experimental or unproven medical technology or procedure in accordance with the common standard, or not approved by the recognised authority, congenital condition(s) before the age of eight years;

- Expenses incurred for traditional Chinese medicine treatment;
- Eligible Expenses which have been reimbursed under any law, or medical program or insurance policy provided by any government, company or other 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.

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 was not aware and would not be reasonably have been 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 shall mean, 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

- it has been diagnosed;
- it has manifested clear and distinct signs or symptoms; or
- 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 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 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 this plan and is approved by the Company, the insured person will entitle the 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 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:

- 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
- 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 Benefit Expenses

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

The Company reserves the right to make any discretionary adjustment for claim settlement based on the above principles.

You can browse the Standard Plan Terms and Benefits by clicking the following link: [https://www.vhis.gov.hk/doc/en/information\\_centre/e\\_certified\\_plan\\_policy\\_template.pdf](https://www.vhis.gov.hk/doc/en/information_centre/e_certified_plan_policy_template.pdf)

#### 8. Claim Procedure

If you wish to make a claim, you must notify us in writing and send us the appropriate forms or relevant proof 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 appropriate claim forms or get the appropriate claim forms from your financial consultant or call the FTLife customer service hotline on 2866 8898.

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.

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 nor any document issued pursuant to the policy.

**“WiseCare” Medical Insurance Plan – Basic Plan Annual Premium Table<sup>1,2</sup>**

**(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 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 policyowner about the actual premium payable for the coming year before the end of each policy year.

Entry Age: 0 - 64 Attained Age	Annual Standard Premium	
	Male	Female
0	2,822.00	1,959.00
1	2,822.00	1,959.00
2	2,822.00	1,959.00
3	2,822.00	1,959.00
4	2,822.00	1,959.00
5	1,747.00	1,579.00
6	1,747.00	1,579.00
7	1,747.00	1,579.00
8	1,747.00	1,579.00
9	1,747.00	1,579.00
10	1,549.00	1,343.00
11	1,556.00	1,354.00
12	1,563.00	1,365.00
13	1,569.00	1,376.00
14	1,576.00	1,387.00
15	1,583.00	1,398.00
16	1,611.00	1,449.00
17	1,647.00	1,513.00
18	1,689.00	1,590.00
19	1,739.00	1,681.00
20	1,797.00	1,785.00
21	1,838.00	1,864.00
22	1,879.00	1,944.00
23	1,919.00	2,025.00
24	1,959.00	2,106.00
25	1,998.00	2,188.00
26	2,044.00	2,284.00
27	2,092.00	2,385.00
28	2,142.00	2,490.00
29	2,195.00	2,601.00
30	2,249.00	2,716.00
31	2,291.00	2,809.00
32	2,329.00	2,898.00
33	2,365.00	2,983.00
34	2,399.00	3,063.00
35	2,429.00	3,140.00
36	2,478.00	3,242.00
37	2,532.00	3,349.00
38	2,590.00	3,463.00
39	2,652.00	3,582.00
40	2,718.00	3,707.00
41	2,816.00	3,811.00
42	2,926.00	3,912.00
43	3,050.00	4,010.00
44	3,186.00	4,105.00
45	3,336.00	4,197.00
46	3,515.00	4,323.00
47	3,713.00	4,457.00
48	3,930.00	4,601.00
49	4,165.00	4,754.00
50	4,418.00	4,916.00



Entry Age: 0 - 64		Annual Standard Premium	
Attained Age	Male	Female	
51	4,664.00	5,054.00	
52	4,920.00	5,191.00	
53	5,186.00	5,325.00	
54	5,462.00	5,457.00	
55	5,748.00	5,588.00	
56	6,057.00	5,727.00	
57	6,380.00	5,867.00	
58	6,717.00	6,009.00	
59	7,069.00	6,153.00	
60	7,435.00	6,298.00	
61	7,926.00	6,671.00	
62	8,468.00	7,120.00	
63	9,061.00	7,646.00	
64	9,706.00	8,248.00	
Below premiums are for Renewal only			
65	10,402.00	8,928.00	
66	11,143.00	9,558.00	
67	11,872.00	10,191.00	
68	12,631.00	10,842.00	
69	13,418.00	11,512.00	
70	14,234.00	12,201.00	
71-99	15,078.00	12,907.00	

Entry Age: 65 - 70		Annual Standard Premium	
Attained Age	Male	Female	
65	12,482.40	10,713.60	
66	13,371.60	11,469.60	
67	14,246.40	12,229.20	
68	15,157.20	13,010.40	
69	16,101.60	13,814.40	
70	17,080.80	14,641.20	
Below premiums are for Renewal only			
71-99	18,093.60	15,488.40	

Entry Age: 71 - 75		Annual Standard Premium	
Attained Age	Male	Female	
71-75	21,109.20	18,069.80	
Below premiums are for Renewal only			
76-99	21,109.20	18,069.80	

Entry Age: 76 and above		Annual Standard Premium	
Attained Age	Male	Female	
76-99	24,124.80	20,651.20	

Remarks:

- Premiums stated above are based on the first-year 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 premium table is for reference only. It does not include levy on insurance premiums collected by the Insurance Authority. If the payment mode is not annual, please calculate the Standard Premium by using appropriate modal factor as below. Please contact your financial consultant for premiums in monthly and semi-annual payment mode.

Payment mode	Modal factor
Annual	1
Semi Annual	0.52
Monthly	0.09

Effective Date: 1 April 2019

**“WiseCare” Medical Insurance Plan – Rider Plan Annual Premium Table<sup>1,2</sup>**

**(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 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 policyowner about the actual premium payable for the coming year before the end of each policy year.

Entry Age: 0 - 64 Attained Age	Annual Standard Premium	
	Male	Female
0	2,540.00	1,763.00
1	2,540.00	1,763.00
2	2,540.00	1,763.00
3	2,540.00	1,763.00
4	2,540.00	1,763.00
5	1,572.00	1,421.00
6	1,572.00	1,421.00
7	1,572.00	1,421.00
8	1,572.00	1,421.00
9	1,572.00	1,421.00
10	1,394.00	1,209.00
11	1,400.00	1,219.00
12	1,407.00	1,229.00
13	1,412.00	1,238.00
14	1,418.00	1,248.00
15	1,425.00	1,258.00
16	1,450.00	1,304.00
17	1,482.00	1,362.00
18	1,520.00	1,431.00
19	1,565.00	1,513.00
20	1,617.00	1,607.00
21	1,654.00	1,678.00
22	1,691.00	1,750.00
23	1,727.00	1,823.00
24	1,763.00	1,895.00
25	1,798.00	1,969.00
26	1,840.00	2,056.00
27	1,883.00	2,147.00
28	1,928.00	2,241.00
29	1,976.00	2,341.00
30	2,024.00	2,444.00
31	2,062.00	2,528.00
32	2,096.00	2,608.00
33	2,129.00	2,685.00
34	2,159.00	2,757.00
35	2,186.00	2,826.00
36	2,230.00	2,918.00
37	2,279.00	3,014.00
38	2,331.00	3,117.00
39	2,387.00	3,224.00
40	2,446.00	3,336.00
41	2,534.00	3,430.00
42	2,633.00	3,521.00
43	2,745.00	3,609.00
44	2,867.00	3,695.00
45	3,002.00	3,777.00
46	3,164.00	3,891.00
47	3,342.00	4,011.00
48	3,537.00	4,141.00
49	3,749.00	4,279.00
50	3,976.00	4,424.00

Entry Age: 0 - 64		Annual Standard Premium	
Attained Age	Male	Female	
51	4,198.00	4,549.00	
52	4,428.00	4,672.00	
53	4,667.00	4,793.00	
54	4,916.00	4,911.00	
55	5,173.00	5,029.00	
56	5,451.00	5,154.00	
57	5,742.00	5,280.00	
58	6,045.00	5,408.00	
59	6,362.00	5,538.00	
60	6,692.00	5,668.00	
61	7,133.00	6,004.00	
62	7,621.00	6,408.00	
63	8,155.00	6,881.00	
64	8,735.00	7,423.00	
Below premiums are for Renewal only			
65	9,362.00	8,035.00	
66	10,029.00	8,602.00	
67	10,685.00	9,172.00	
68	11,368.00	9,758.00	
69	12,076.00	10,361.00	
70	12,811.00	10,981.00	
71-99	13,570.00	11,616.00	

Entry Age: 65 - 70		Annual Standard Premium	
Attained Age	Male	Female	
65	11,234.40	9,642.00	
66	12,034.80	10,322.40	
67	12,822.00	11,006.40	
68	13,641.60	11,709.60	
69	14,491.20	12,433.20	
70	15,373.20	13,177.20	
Below premiums are for Renewal only			
71-99	16,284.00	13,939.20	

Entry Age: 71 - 75		Annual Standard Premium	
Attained Age	Male	Female	
71-75	18,998.00	16,262.40	
Below premiums are for Renewal only			
76-99	18,998.00	16,262.40	

Entry Age: 76 and above		Annual Standard Premium	
Attained Age	Male	Female	
76-99	21,712.00	18,585.60	

Remarks:

- Premiums stated above are based on the first-year 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 premium table is for reference only. It does not include levy on insurance premiums collected by the Insurance Authority. If the payment mode is not annual, please calculate the Standard Premium by using appropriate modal factor as below. Please contact your financial consultant for premiums in monthly and semi-annual payment mode.

Payment mode	Modal factor
Annual	1
Semi Annual	0.52
Monthly	0.09

Effective Date: 1 April 2019

# 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



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