

Individual Indemnity Hospital Insurance Plan
Voluntary Health Insurance Scheme Certified Plan
Health Supreme Medical Plan



Supreme Medical Protection
for Your Precious Health

The life insurance plan is underwritten by Hong Kong Life Insurance Limited ("Hong Kong Life")
OCBC Bank (Hong Kong) Limited is the Appointed Licensed Insurance Agency of Hong Kong Life





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Supreme Medical Protection for Your Precious Health

With the soaring medical expense, if suddenly encounter an unexpected illness, do you and your family have adequate medical coverage?

If unfortunately your loved one is diagnosed from illness, can you afford to choose a better medical service in order to have a cozier environment for his/ her recovery?

Health Supreme Medical Plan (The “Plan”) is a Certified Plan under the Hong Kong Government’s Voluntary Health Insurance Scheme (“VHIS”) which is eligible for claiming tax deduction. Moreover, the Plan provides several choices of benefit classes which can fulfill your personal needs and offers you and your family a comprehensive medical insurance, renewal is guaranteed up to the Age of 100 years of the Insured Person.

Basic Information

Type of the Certified Plan :	Flexi Plan
Name of the Certified Plan:	Health Supreme Medical Plan
Certification Number :	F00039-01-000-02 (Health Supreme Medical Plan I) F00039-01-001-02 (Health Supreme Medical Plan I - Premier) F00039-02-000-02 (Health Supreme Medical Plan II) F00039-02-001-02 (Health Supreme Medical Plan II - Premier) F00039-03-000-02 (Health Supreme Medical Plan III) F00039-03-001-02 (Health Supreme Medical Plan III - Premier)

The information of this product leaflet does not contain the full terms of the policy document. For full terms and conditions, please refer to the policy document.



Reimbursement for Lifelong Medical Protection and Flexible Choices of Different Benefit Classes

The Plan is a medical plan of reimbursement for incurred medical expenses. If during the period while the Plan is in force, the Insured Person, as a result of a Disability and upon the recommendation of a Registered Medical Practitioner for covered medical treatments, the Plan will reimburse the Reasonable and Customary¹ Eligible Expenses² to help you to relieve the sudden financial burden. Moreover, the Plan offers 3 different choices of benefit classes and supplementary major medical benefit, i.e. totally 6 benefit choices that you can flexibly choose the best option to suit your financial budget and medical needs.



Supplementary Major Medical Benefit to Enhance Your Protection

You can opt for a supplementary major medical benefit to enjoy comprehensive protection. If the Eligible Expenses² or other expenses are in excess of the respective benefit limits, the Policy Holder will receive 85% of the Eligible Excess Expenses³, subject to the Specified Ward Class and aggregate annual limit for supplementary major medical benefit.



Guaranteed Renewal for Peace of Mind

Regardless of the Insured Person's health conditions or claim records, the Policy Holder is guaranteed to renew⁴ the Plan every year up to the Age of 100 years of the Insured Person. Upon Renewal, Hong Kong Life guarantees that renewal premiums will not be raised as a result of any claims or any changes in health conditions of the Insured Person. Instead, the renewal premiums will be based on the prevailing premium rates at the time of Policy Anniversary.



Tax Deduction⁵

Policy Holder can apply for tax deduction on the premiums paid for the Plan for himself/ herself and his/ her dependants. The maximum annual tax deduction amount is HKD8,000 per Insured Person. There is no cap on the number of VHIS policies and dependants that are eligible for tax deduction.



No Lifetime Benefit Limit with Worldwide Coverage

All benefits described in the Plan do not have the lifetime benefit limit. Except for the psychiatric treatment, all benefits described in the Plan shall be applicable worldwide.



Up to 16% No Claim Discount for Staying Healthy

In order to reward for your health, a no claim discount will be offered to you. If no claim was incurred after 2 consecutive Policy Years, no claim discount equals to 10% of premium will be applied to reduce the premium upon the renewal. The no claim discount will be increased to 16% of premium if no claim was incurred after 5 consecutive Policy Years. The no claim discount will be deducted from the premium payable for the Policy Year starting from the Renewal Date. It will then be reset to 0% in the next Policy Year once a claim is made and will restart to operate. Please refer to the following for the details of no claim discount:

Claims Free Years	No claim discount
2 consecutive Policy Years	10%
5 consecutive Policy Years	16%



Extended Coverage to Safeguard Your Health

Apart from the coverage for major medical treatment such as room and board, miscellaneous charges, attending doctor's visit fee, Specialist's fee, intensive care and Surgeon's fee etc., the Plan also includes Anaesthetist's fee and operating theatre charges. Each benefit limit of the 2 items is up to 40% of Surgeon's fee⁶.

Moreover, the Plan also includes Treatment of Congenital Condition(s), Day Case Procedures, Prescribed Diagnostic Imaging Test⁷, Prescribed Non-surgical Cancer Treatments⁸ and Psychiatric Treatments for a wider range of protection.

The Plan also covers Unknown Pre-existing Condition(s). The Eligible Expenses² arising from Pre-existing Condition(s) that the Policy Holder and/or Insured Person was not aware and would not reasonably have been aware of at the time of application, shall be payable by the Plan subject to the following waiting period and reimbursement arrangement:

Policy Year	Reimbursement Arrangement (% of reimbursement)
1 st Policy Year	No coverage
2 nd Policy Year	25%
3 rd Policy Year	50%
4 th Policy Year onwards	100%



Various Benefits to Best Protect Against Disability

We understand that you may want to build a more comprehensive safety net for safeguarding your health. Therefore, the Plan offers various benefits to provide with gracious care:

- **Rehabilitation benefit**

This benefit is payable for the Eligible Expenses² charged by the Rehabilitation Centre for Stay in the Rehabilitation Centre and for rehabilitation treatment provided to the Insured Person during such Stay after discharge from the Hospital.

- **Traditional Chinese medicines for Designated Cancer**

Notwithstanding the General Exclusions of the Plan, this benefit is payable for the expenses charged by a Registered Chinese Medicine Practitioner for treatment provided to the Insured Person after discharge from Hospital or the date of Prescribed Non-surgical Cancer Treatments, provided that such traditional Chinese medicine treatment is directly related to and as a result of the condition arising from Designated Cancer (including any and all complications therefrom) necessitating such Confinement or Prescribed Non-surgical Cancer Treatments.

- **Pregnancy complications⁹**

Notwithstanding the General Exclusions of the Plan, this benefit is payable for the Eligible Expenses² charged for the Insured Person's Confinement and Medically Necessary surgical procedure in a Hospital due to the covered pregnancy complications.

- **Day case surgery cash benefit**

This benefit is payable for Day Case Procedure performed by a Registered Medical Practitioner or Surgeon on the Insured Person.

- **Medical accident and incident extension benefit¹⁰**

This benefit is payable if the Insured Person unfortunately dies due to negligence of Registered Medical Practitioner during medical procedure or treatment in a Hospital.



Life Protection

If the Insured Person dies while the Plan is in force, a compassionate death benefit will be paid to the Policy Holder. Besides, if the death of the Insured Person is caused by Accident, the Policy Holder will be paid an additional accidental death benefit¹¹.



Extra Service for Your Strongest Support

- **Cashless Arrangement Service for Hospitalization^{12,13}**

If the Insured Person receives in-patient treatment in the private hospital in Hong Kong, by completing simple registration and approval procedures before hospitalization to ensure you understand and are fully informed of the terms and coverage, the eligible medical expenses incurred during the hospital stay will be settled on the behalf of you when discharge. This helps alleviate your burden to deal with medical expenses.



Benefit Schedule

	Benefit limit (in HKD)		
	Plan I / Plan I - Premier	Plan II / Plan II - Premier	Plan III / Plan III - Premier
Basic benefit items¹⁴			
(a) Room and board	\$750 per day	\$2,000 per day	\$4,000 per day
	Maximum 180 days per Policy Year		
(b) Miscellaneous charges	\$14,000 per Policy Year	\$22,000 per Policy Year	\$35,000 per Policy Year
(c) Attending doctor's visit fee	\$750 per day	\$2,000 per day	\$4,000 per day
	Maximum 180 days per Policy Year		
(d) Specialist's fee ¹⁵	\$4,300 per Policy Year	\$6,000 per Policy Year	\$12,000 per Policy Year
(e) Intensive care	\$3,500 per day	\$6,000 per day	\$10,000 per day
	Maximum 40 days per Policy Year		
(f) Surgeon's fee	Per surgery, subject to surgical category for the surgery/ procedure in the Schedule of Surgical Procedures –		
• Complex	\$50,000	\$80,000	\$120,000
• Major	\$25,000	\$40,000	\$60,000
• Intermediate	\$12,500	\$20,000	\$30,000
• Minor	\$5,000	\$8,000	\$12,000
(g) Anaesthetist's fee	40% of Surgeon's fee payable ⁶		
(h) Operating theatre charges	40% of Surgeon's fee payable ⁶		
(i) Prescribed Diagnostic Imaging Tests ^{7,15}	\$20,000 per Policy Year	\$30,000 per Policy Year	\$50,000 per Policy Year
	Subject to 30% Coinsurance ¹⁶		
(j) Prescribed Non-surgical Cancer Treatments ⁸	\$80,000 per Policy Year	\$120,000 per Policy Year	\$160,000 per Policy Year
(k) Pre- and post- Confinement/ Day Case Procedure outpatient care ¹⁵	\$580 per visit, up to \$3,000 per Policy Year	\$800 per visit, up to \$4,000 per Policy Year	\$1,200 per visit, up to \$6,000 per Policy Year
	• 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)		
(l) Psychiatric treatments	\$30,000 per Policy Year	\$35,000 per Policy Year	\$40,000 per Policy Year
Other limits for basic benefit items			
Annual Benefit Limit for basic benefit items (a) – (l)	\$550,000 per Policy Year	\$850,000 per Policy Year	\$1,200,000 per Policy Year
Lifetime Benefit Limit for basic benefit items (a) – (l)	Nil		



Benefit Schedule

		Benefit limit (in HKD)		
		Plan I / Plan I - Premier	Plan II / Plan II - Premier	Plan III / Plan III - Premier
Enhanced benefit items ¹⁴				
(a)	Outpatient kidney dialysis ¹⁵	\$60,000 per Policy Year	\$100,000 per Policy Year	\$150,000 per Policy Year
(b)	Rehabilitation benefit ¹⁵	\$20,000 per Policy Year Maximum 60 days per Policy Year • Within 30 days after discharge from Hospital • Unlimited number of visit per day		
(c)	Hospital companion bed	\$350 per day	\$500 per day	\$750 per day
		Maximum 90 days per Policy Year		
(d)	Traditional Chinese medicines for Designated Cancer	\$300 per visit	\$500 per visit	\$1,000 per visit
		Maximum 10 visits per Policy Year (1 visit per day)	Maximum 15 visits per Policy Year (1 visit per day)	
		• Within 30 days after discharge from Hospital or the date of Prescribed Non-surgical Cancer Treatments		
(e)	Pregnancy complications ^{9,15}	Payable according to the benefits limits of respective basic benefit items (a) – (i), (k) and enhanced benefit items (c) and (f)		
(f)	Post-surgery home nursing ¹⁵	\$620 per visit	\$920 per visit	\$1,520 per visit
		Maximum 15 visits per Policy Year (1 visit per day) • Within 30 days after discharge from Hospital or completion of Day Case Procedure		
(g)	Emergency out-patient (Accident) ¹⁷	\$5,000 per Policy Year	\$10,000 per Policy Year	\$15,000 per Policy Year
Other benefit items ¹⁴				
(a)	Day case surgery cash benefit	\$400 per surgery	\$800 per surgery	\$1,600 per surgery
(b)	Compassionate death benefit	\$10,000		
(c)	Accidental death benefit ¹¹	\$10,000		
(d)	Medical accident and incident extension benefit ¹⁰	\$75,000	\$150,000	\$300,000



Benefit Schedule

Supplementary major medical benefit¹⁴

	Plan I - Premier	Plan II - Premier	Plan III - Premier
Eligible Excess Expenses³ under the following benefits items			
Specified Ward Class	Ward	Semi-Private Room	Private Room
Aggregate annual limit	\$100,000 per Policy Year	\$200,000 per Policy Year	\$400,000 per Policy Year
Coinsurance ¹⁶	15% (i.e. Reimbursement percentage: 85%)		
	Benefit limit (in HKD)		
(i) Room and board	\$750 per day	\$2,000 per day	\$4,000 per day
	Payable after exceeding the 180 days per Policy Year		
(ii) Miscellaneous charges	Payable after exceeding \$14,000 per Policy Year	Payable after exceeding \$22,000 per Policy Year	Payable after exceeding \$35,000 per Policy Year
(iii) Attending doctor's visit fee	\$750 per day	\$2,000 per day	\$4,000 per day
	Payable after exceeding the 180 days per Policy Year		
(iv) Specialist's fee ¹⁵	Payable after exceeding \$4,300 per Policy Year	Payable after exceeding \$6,000 per Policy Year	Payable after exceeding \$12,000 per Policy Year
(v) Intensive care	\$3,500 per day	\$6,000 per day	\$10,000 per day
	Payable after exceeding the 40 days per Policy Year		
(vi) Surgeon's fee	Payable after exceeding the benefit limit per surgery		
(vii) Anaesthetist's fee	Payable after exceeding the benefit limit per surgery		
(viii) Operating theatre charges	Payable after exceeding the benefit limit per surgery		
(ix) Hospital companion bed	\$350 per day	\$500 per day	\$750 per day
	Payable exceeding the 90 days per Policy Year		
(x) Pregnancy Complications ^{9,15}	Payable after exceeding the benefits limits of respective basic benefit items (a) – (h) and enhanced benefit items (c) and (f)		
(xi) Post-surgery home nursing ¹⁵	\$620 per visit	\$920 per visit	\$1,520 per visit
	Payable after exceeding the 15 visits per Policy Year (1 visit per day) • Within 30 days after discharge from Hospital or completion of Day Case Procedure		
(xii) Emergency out-patient (Accident) ¹⁷	Payable exceeding \$5,000 per Policy Year	Payable exceeding \$10,000 per Policy Year	Payable exceeding \$15,000 per Policy Year

Extra service¹³

	Plan I / Plan I - Premier	Plan II / Plan II - Premier	Plan III / Plan III - Premier
Cashless Arrangement Service for Hospitalization ¹²	Applicable		

Remarks

1. "Reasonable and Customary" shall mean, in relation to a charge for Medical Service, such level which does not exceed the general range of charges being charged by the relevant service providers in the locality where the charge is incurred for similar treatment, services or supplies to individuals with similar conditions, e.g. of the same sex and similar Age, for a similar Disability, as reasonably determined by Hong Kong Life in utmost good faith. The Reasonable and Customary charges shall not in any event exceed the actual charges incurred. In determining whether a charge is Reasonable and Customary, Hong Kong Life 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.
2. "Eligible Expenses" shall mean expenses incurred for Medical Services rendered with respect to a Disability. "Medical Services" shall mean Medically Necessary services, including, as the context requires, Confinement, treatments, procedures, tests, examinations or other related services for the investigation or treatment of a Disability. For the definition of "Medically Necessary", please refer to the Terms and Conditions of the Plan.
3. "Eligible Excess Expense" shall mean the specified portions of Eligible Expenses or other expenses as stated in supplement major medical benefit for Enhanced Benefits.
4. The Policy Holder can renew the Policy every year up to the Age of 100 years of the Insured Person. Renewal premium is not guaranteed and Hong Kong Life reserves the right to adjust the Standard Premium according to the prevailing Standard Premium schedule adopted by Hong Kong Life on an overall Portfolio basis. For the avoidance of doubt, if the Premium Loading is set as a percentage of the Standard Premium (i.e. rate of Premium Loading), the amount of Premium Loading payable shall be automatically adjusted according to the change in Standard Premium.
5. Whether tax deduction is allowable for the qualifying premiums paid under VHIS policy (not including levy) are subject to the Inland Revenue Ordinance and the circumstances of the Policy Holder (as taxpayer) and the Insured Person(s) (as specified dependent(s)). Please refer to the website of the Inland Revenue Department ("IRD") (www.ird.gov.hk) or contact the IRD directly for any tax related enquiries. You may also seek independent and professional advice from your tax and accounting advisors.
6. 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.
7. 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.
8. Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
9. The date of diagnosis of such covered pregnancy complications must be more than 12 consecutive months after the Policy Effective Date of the Plan. The covered pregnancy complications are only limited to ectopic pregnancy, molar pregnancy, disseminated intravascular coagulopathy, pre-eclampsia, miscarriage, threatened abortion, medically prescribed induced abortion, foetal death, postpartum hemorrhage requiring hysterectomy, eclampsia, amniotic fluid embolism, and pulmonary embolism of pregnancy.
10. The medical accident and incident extension benefit (if applicable) is payable in addition to the compassionate death benefit.
11. The accidental death benefit (if applicable) is payable in addition to the compassionate death benefit.
12. The Cashless Arrangement Service for Hospitalization is an administrative arrangement for hospitalization expenses. The service is only applicable to private hospitals in Hong Kong and pre-approval should be obtained. However, success approval of Cashless Arrangement Service for Hospitalization is not an admission of claim eligibility by Hong Kong Life. The actual reimbursement entitlement is subject to the terms and conditions of the Policy, medical information finally received by Hong Kong Life and the eligible medical expenses incurred. Hong Kong Life reserves the rights to recover any shortfall from the Policy Holder in the event of any non-eligible expenses that are not covered under the Policy. For details of pre-approval procedure, please visit the company website of Hong Kong Life.
13. Cashless Arrangement Service for Hospitalization is provided by third party service provider. Such service is not part of the product features. The availability of this service is not guaranteed. The details of the service will be provided along with the policy document or please refer to the company website of Hong Kong Life. Hong Kong Life reserves the right to cancel or amend the said service at its sole discretion. In addition, Hong Kong Life will not be responsible for any services or opinions provided by the third party service provider. Hong Kong Life reserves the right of final decision in case of any dispute.
14. Unless otherwise specified, Eligible Expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above.
15. Hong Kong Life 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.
16. "Coinsurance" shall mean a percentage of Eligible Expenses the Policy Holder must contribute after paying the Deductible (if any) in a Policy Year. For the avoidance of doubt, Coinsurance does not refer to any amount that the Policy Holder is required to pay if the actual expenses exceed the benefit limits under the Terms and Benefits of the Plan.
17. Emergency out-patient (Accident) shall be payable for the Eligible Expenses charged by a Hospital for Emergency Treatment of an Injury in the outpatient unit or emergency treatment room of the Hospital which is provided to the Insured Person within 24 hours of an Accident causing the Insured Person such Injury.

Basic Application Conditions

Premium Payment Term	1 Year (Renewable up to the Age of 100 years of the Insured Person)
Issue Age*	Age of 0 (15 days after birth) to 80 years
Policy Currency	HKD
Benefit Term	1 Year (Renewable up to the Age of 100 years of the Insured Person)
Geographical Area of Cover	Worldwide (except for psychiatric treatments)
Covered ward class	No restriction (except for supplementary major medical benefit)
Premium Payment Mode	Annual/ Semi-annual/ Quarterly/ Monthly

* Age means age of the Insured Person at the last birthday.

Room Class Adjustment of Supplementary Major Medical Benefit

In any case if the Insured Person is Confined in Hospital in a room of class higher than Specified Ward Class as specified in the Benefit Schedule and Policy Schedule of the Plan voluntarily, on any days of a Confinement, any Eligible Excess Expenses incurred during such days of Confinement shall be reduced by multiplying an appropriate adjustment factor ("Room Class Adjustment" as stated below).

Room Class Adjustment		Specified Ward Class corresponding to chosen plan level as stated in the Benefit Schedule and Policy Schedule of the Plan		
		Ward	Semi-Private Room	Private Room
Ward class on the day of the Confinement	Ward	N/A	N/A	N/A
	Semi-Private Room	50%	N/A	N/A
	Private Room	25%	50%	N/A
	Any room with amenities upgraded beyond a Private Room	25%	25%	50%

However, Room Class Adjustment shall not be applied under the following circumstances:

- (i) unavailability of accommodation at the Specified Ward Class 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.

This benefit shall be payable according to the following formula, subject to the aggregate annual limit for supplementary major medical benefit as stated in the Benefit Schedule of the Plan:

$$\left(\text{Eligible Excess Expenses} \times (1 - \text{Coinsurance for supplementary major medical benefit}) \times \text{Room Class Adjustment (if applicable)} \right)$$

General Exclusions

Under the Terms and Benefits of the Plan, Hong Kong Life shall not pay any benefits in relation to or arising from the following expenses-

1. Expenses incurred for treatments, procedures, medications, tests or services which are not Medically Necessary.
2. Expenses incurred for the whole or part of the Confinement solely for the purpose of diagnostic procedures or allied health services, including but not limited to physiotherapy, occupational therapy and speech therapy, unless such procedure or service is recommended by a Registered Medical Practitioner for Medically Necessary investigation or treatment of a Disability which cannot be effectively performed in a setting for providing Medical Services to a Day Patient.
3. Expenses arising from Human Immunodeficiency Virus ("HIV") and its related Disability, which is contracted or occurs before the Policy Effective Date. Irrespective of whether it is known or unknown to the Policy Holder or Insured Person at the time of submission of Application, including any updates of and changes to such requisite information (if so requested by Hong Kong Life) such Disability shall be generally excluded from any coverage of the Terms and Benefits of the Plan if it exists before the Policy Effective Date. If evidence of proof as to the time at which such Disability is first contracted or occurs is not available, manifestation of such Disability within the first five (5) years after the Policy Effective Date shall be presumed to be contracted or occur before the Policy Effective Date, while manifestation after such five (5) years shall be presumed to be contracted or occur after the Policy Effective Date.
However, the exclusion under this Section 3 shall not apply where HIV and its related Disability is caused by sexual assault, medical assistance, organ transplant, blood transfusions or blood donation, or infection at birth, and in such cases the other terms of the Terms and Benefits of the Plan shall apply.
4. Expenses incurred for Medical Services as a result of Disability arising from or consequential 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 (except for HIV and its related Disability, where this Section 3 of General Exclusions applies).
5. Any charges in respect of services for –
 - (a) beautification or cosmetic purposes, unless necessitated by Injury caused by an Accident and the Insured Person receives the Medical Services within ninety (90) days of the Accident; or
 - (b) correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens, including but not limited to eye refractive therapy, LASIK and any related tests, procedures and services.
6. Expenses incurred for prophylactic treatment or preventive care, including but not limited to general check-ups, routine tests, screening procedures for asymptomatic conditions, screening or surveillance procedures based on the health history of the Insured Person and/or his family members, Hair Mineral Analysis (HMA), immunisation or health supplements. For the avoidance of doubt, this Section 6 does not apply to –
 - (a) treatments, monitoring, investigation or procedures with the purpose of avoiding complications arising from any other Medical Services provided;
 - (b) removal of pre-malignant conditions; and
 - (c) treatment for prevention of recurrence or complication of a previous Disability.
7. Expenses incurred for dental treatment and oral and maxillofacial procedures performed by a dentist except for Emergency Treatment and surgery during Confinement arising from an Accident. Follow-up dental treatment or oral surgery after discharge from Hospital shall not be covered.
8. Expenses incurred for Medical Services and counselling services relating to maternity conditions and its complications, including but not limited to diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage; 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; or sexual dysfunction including but not limited to impotence, erectile dysfunction or pre-mature ejaculation, regardless of cause.
9. Expenses incurred for the purchase of durable medical equipment or appliances including but not limited to wheelchairs, beds and furniture, airway pressure machines and masks, portable oxygen and oxygen therapy devices, dialysis machines, exercise equipment, spectacles, hearing aids, special braces, walking aids, over-the-counter drugs, air purifiers or conditioners and heat appliances for home use. For the avoidance of doubt, this exclusion shall not apply to rental of medical equipment or appliances during Confinement or on the day of the Day Case Procedure.
10. Expenses incurred for traditional Chinese medicine treatment, including but not limited to herbal treatment, bone-setting, acupuncture, acupressure and tui na, and other forms of alternative treatment including but not limited to hypnotism, qigong, massage therapy, aromatherapy, naturopathy, hydrotherapy, homeotherapy and other similar treatments.
11. Expenses incurred for experimental or unproven medical technology or procedure in accordance with the common standard, or not approved by the recognised authority, in the locality where the treatment, procedure, test or service is received.
12. Expenses incurred for Medical Services provided as a result of Congenital Condition(s) which have manifested or been diagnosed before the Insured Person attained the Age of eight (8) years.
13. Eligible Expenses which have been reimbursed under any law, or medical program or insurance policy provided by any government, company or other third party.
14. Expenses incurred for treatment for Disability arising from war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power.

The above General Exclusions is for reference only. For details and full exclusions, please refer to the Terms and Conditions of the Plan.

Important Statements

• Basic Plan

1. Tax deduction under the VHIS

The issuance of this plan does not necessarily mean you are eligible for any tax deduction for the premiums you have paid for this plan. Please refer to the website of the Inland Revenue Department (“IRD”) or contact the IRD directly for any tax related enquiries. You may also seek independent and professional advice from your tax and accounting advisors.

2. Product Features Revision

Hong Kong Life reserves the right to revise the Terms and Benefits upon renewal by giving a 30 days advance notice to the Policy Holder. As long as Hong Kong Life maintains the registration as a VHIS provider, Hong Kong Life guarantees the Terms and Benefits will not be less favourable than the latest version of the Standard Plan Terms and Benefits published by the Government at the time of renewal.

3. Exchange Rate Risk

You are subject to exchange rate risks for the Policy denominated in currencies other than the local currency. Exchange rates fluctuate from time to time. You may suffer a loss of your benefit values and the subsequent premium payments (if any) may be higher than your initial premium payment as a result of exchange rate fluctuations.

4. Cooling-off Period

If you are not satisfied with your Policy, you have a right to cancel it within the cooling-off period and obtain a refund of any premium(s) and levy(ies) paid (in the original payment currency) to Hong Kong Life without any interest. A written notice signed by you should be received directly by Hong Kong Life Insurance Limited at 15/F Cosco Tower, 183 Queen’s Road Central, Hong Kong within the cooling-off period (that is, the period of 21 calendar days immediately following either the day of delivery of the Policy or the Cooling-off Notice to you or your nominated representative (whichever is the earlier)). After the expiration of the cooling-off period, if you cancel the Policy before the end of the term, the projected Total Surrender Value (if applicable) may be less than the Total Premiums Paid.

5. Cancellation

After the cooling-off period, the Policy Holder can request cancellation of the Terms and Benefits of the Plan by giving thirty (30) days prior written notice to Hong Kong Life, provided that there has been no benefit payment under the Terms and Benefits of the Plan during the relevant Policy Year.

The cancellation right under this Section shall also apply after the Terms and Benefits of the Plan have been Renewed upon expiry of its first (or subsequent) Policy Year.

6. Premium Adjustment

Hong Kong Life has the right to review and adjust the Plan’s premium rates for particular risk classes upon renewal, but not for any individual customer. Hong Kong Life may adjust premium rates because of several factors, such as Hong Kong Life’s claims and persistency experience, expenses directly related to and indirect expenses allocated to the Plan, medical price inflation, projected future medical costs and any applicable changes in benefit.

7. Credit Risk of Issuer

The life insurance product is issued and underwritten by Hong Kong Life. The premium to be paid by you would become part of the assets of Hong Kong Life and that you and your Policy are subject to the credit risk of Hong Kong Life. In the worst case, you may lose all the premium paid and benefit amount.

8. Inflation Risk

When reviewing the values shown in the Insurance Proposal, please note that future medical costs/ cost of living in the future is likely to be higher than it is today due to inflation.

9. Misrepresentation or Fraud

Hong Kong Life has the right to declare the Policy void as from the Policy Effective Date and notify the Policy Holder that no cover shall be provided for the Insured Person in case of any of the following events –

- (a) any material fact relating to the health related information of the Insured Person which may impact the risk assessment by Hong Kong Life is incorrectly stated in, or omitted from, the Application or any statement or declaration made for or by the Insured Person in the Application or in any subsequent information or document submitted to Hong Kong Life for the purpose of the application, including any updates of and changes to such requisite information (if so requested by Hong Kong Life). The circumstances that a fact shall be considered “material” include, but not limited to, the situation where the disclosure of such fact as required by Hong Kong Life would have affected the underwriting decision of Hong Kong Life, such that Hong Kong Life would have imposed Premium Loading, included Case-based Exclusion(s), or rejected the application. For the avoidance of doubt, this paragraph (a) shall not apply to non-health related information of the Insured Person, which shall be governed by the Terms and Conditions of the Plan; or
- (b) any Application or claim submitted is fraudulent or where a fraudulent representation is made.

The burden of proving (a) and (b) shall rest with Hong Kong Life. Hong Kong Life shall have the duty to make all necessary inquiries on all facts which are material to Hong Kong Life for underwriting purpose as provided in the Terms and Conditions of the Plan.

In the event of (a), Hong Kong Life shall have –

- (i) the right to demand refund of the benefits previously paid; and
- (ii) the obligation to refund the premium received,

in each case for the current Policy Year and the previous Policy Years in which the Policy was in force, subject to a reasonable administration charge payable to Hong Kong Life.

In the event of (b), Hong Kong Life shall have –

- (iii) the right to demand refund of the benefits previously paid; and
- (iv) the right not to refund the premium received.

For details, please refer to the Terms and Conditions of the Plan.

10. Termination of Policy

The Policy shall be automatically terminated on the earliest of the followings –

- (a) where the Policy is terminated due to non-payment of premiums after the grace period as specified in the Terms and Conditions of the Plan;
- (b) the day immediately following the death of the Insured Person; or
- (c) Hong Kong Life has ceased to have the requisite authorisation under the Insurance Ordinance to write or continue to write the Policy;

Immediately following the termination of the Policy, insurance coverage under the Policy shall cease to be in force. No premium paid for the current Policy Year and previous Policy Years shall be refunded, unless specified otherwise.

The Policy shall also be terminated if the Policy Holder decides to cancel the Policy or not to renew the Policy in accordance with the Terms and Conditions of the Plan, as the case may be, by giving the requisite written notice to Hong Kong Life.

For details, please refer to the Terms and Conditions of the Plan.

11. Insurance Costs

Part of the premium pays for the insurance and related costs (if any).

12. Dispute Resolution

If any dispute, controversy or disagreement arises out of the Policy, including matters relating to the validity, invalidity, breach or termination of the Policy, Hong Kong Life and Policy Holder shall use their endeavours to resolve it amicably, failing which, the matter may (but is not obliged to) be referred to any form of alternative dispute resolution, including but not limited to mediation or arbitration, as may be agreed between Hong Kong Life and the Policy Holder, before it is referred to a Hong Kong court.

Each party shall bear its own costs of using services under alternative dispute resolution.

13. Dispute on Selling Process and Product

OCBC Bank (Hong Kong) Limited ("Appointed Licensed Insurance Agency") is the Appointed Licensed Insurance Agency of Hong Kong Life, and the life insurance product is a product of Hong Kong Life but not the Appointed Licensed Insurance Agency. In respect of an eligible dispute (as defined in the Terms of Reference for the Financial Dispute Resolution Centre in relation to the Financial Dispute Resolution Scheme) arising between the Appointed Licensed Insurance Agency and the customer out of the selling process or processing of the related transaction, Appointed Licensed Insurance Agency is required to enter into a Financial Dispute Resolution Scheme process with the customer; however any dispute over the contractual terms of the life insurance product should be resolved between Hong Kong Life and the customer directly.

If you need to make a hospitalization and surgical benefit claim, please submit the completed hospitalization benefit claim form with the required documents to Hong Kong Life within 90 days after discharging from hospital or the date of outpatient treatment. For making a death claim, please submit a completed death claim form with the required documents to Hong Kong Life. For details of claims procedure, please visit the company website of Hong Kong Life.

Should you have any enquiries, please visit any branches of OCBC Bank (Hong Kong) Limited, visit the company website of Hong Kong Life (www.hklife.com.hk) or call Hong Kong Life's Customer Services Hotline at 2290 2882.

This product leaflet is for reference and is applicable within Hong Kong only. If there is any conflict between the product leaflet and the policy document, the latter shall prevail. The copy of the policy document is available upon request. Before applying for the insurance plan, you may refer to the contents and terms of the policy document. You may also seek independent and professional advice before making any decision.

Please mail to Hong Kong Life Insurance Limited at 15/F Cosco Tower, 183 Queen's Road Central, Hong Kong or call Hong Kong Life's Data Protection Officer at 2290 2882 if you request Hong Kong Life not to use your personal data for direct marketing purposes. No charge shall be levied on such arrangement.

This product leaflet has been prepared in both English and Chinese. Both English and Chinese versions are official versions and neither one shall prevail over the other. Any inconsistency shall be interpreted in favour of the Policy Holder.