富衛保險有限公司

您的健康
您的選擇

智采醫療計劃

敢 至係人生

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FWD 富衛

智采醫療計劃

健康是人生最重要的財富，絕對值得維護。您現在安逸的生活可能會被突如其來的疾病打亂。在醫療費用日益增長的前提下，我們都想確保在人生每個階段階可享用優質的醫療服務，又不會影響現有的生活質素。「智采醫療計劃」(「智采」或「本計劃」)提供的全面醫療保障便能減輕您的擔憂。

周全保障 顯赫護航

為您尊貴的人生旅程時刻守護，本計劃提供高達5千萬港元 的個人終身保障限額[1]，不僅涵蓋各類住院及手術保障，更特設「指定危疾全數保障 – 豁免每年自付費」[2]。更為您的定期健康檢查[3]提供保障。住院及手術的保障範圍包括每日住院住房費用[4]、手術費用、醫生巡房及專科醫生費用等。

12 種不同計劃組合 切合您個人的需要

本計劃特設覆蓋2個不同地區的3種不同計劃級別以供選擇。另設4等級的每年自付費[5]選擇 (0港元，2萬5千港元，5萬港元及8萬港元)，讓您輕鬆組合最切合理想的生活保障。假設您選擇毋需承擔任何每年自付費[5]的尊尚計劃，便可享有覆蓋全球[12]的醫療保障。倘若您本身已有僱主提供的醫療保障，而尋求額外醫療保障，附有每年自付費[5]的標準計劃或能滿足您所需。

指定危疾全數保障—豁免每年自付費[2]

巨大壓力及不良生活習慣往往會增加患上危疾的風險。香港每4名男性及每5名女性中，便分別有1人於75歲前患上癌症[6]。一旦不幸罹患危疾，難免給您與您的家人帶來突如其來的財務負擔。本計劃正好針對您的顧慮及需求，為您提供指定危疾全數保障－豁免每年自付費[2]，為您與您的家人減輕由於相關醫療費用而產生的財務壓力 (保障金額需視乎不同計劃的每年保障限額、個人終身保障限額1及個別保障的保障限額而定)，專心捍衛您的家庭及您的健康。

貼心的額外保障

為關顧一旦不幸需要接受指定之特別治療及器官移植的被保人，本計劃在原有每年保障限額的基礎上提供額外每年保障限額[7]高達150萬港元以應付不同醫療開支，包括器官及骨髓移植、癌症化學療法、放射療法、免疫療法、標靶治療、癌症賀爾蒙療法、質子治療及腎臟透析。

保證每年續保[8]至100歲

本計劃可助您消除因歲月增長或健康轉變導致被終止保單的憂慮。無論您的健康、財務狀況或理賠紀錄有任何重大轉變，富衛均保證您的保單可續保至被保人100歲 (視乎續保時富衛仍否持續提供本計劃，並受當時適用的條款及細則、保障及保費率所限。保障及保費並非保證及富衛將對其保留更改的權利。)

保障靈活 與您未來同步

考慮到您於不同人生階段會有不同需要，本計劃特設於緊接被保人50、55、60或65歲的保單週年享有一次 (以個人終身計) 轉投低於現有之每年自付費[5]的特別權利，而無需提交任何可受保證明[9]，確保您一路獲享最切合未來所需的保障。

免現金住院服務[21]

為讓您能更安心接受治療，我們可以通過住院付款保證書為您安排住院醫療費用代支服務，為您在香港私家醫院提供免現金住院安排。

覆蓋全球的支援服務[10]

當您身處外地遇上意外或患病，本計劃的全球緊急援助服務將妥善照顧您的需要。您只需致電24小時環球緊急援助熱線，即可獲得由國際思奧思提供的24小時環球緊急支援服務，包括電話醫療諮詢、緊急醫療撤離及遺體運送等服務。

全天候客戶支援

致電富衛的 24 小時服務熱線3123 3123，我們的客戶聯繫主任會隨時為您服務，處理您的保險需要。

透過富衛 eServices 流動應用程式或登入 www.fwd.com.hk, 您便可隨時隨地輕鬆管理您的富衛保險賬戶。富衛eServices的功能全面及操作簡易，主要服務包括：

- 檢視保單及保障範圍
- 檢視索償記錄及索償理賠表
- 電子索償申請- 線上迅速及安全地遞交索償申請
- 透過「保單服務」功能，更新通訊資料
- 以流動應用程式的推送通知及電郵，收取有關索償狀況及理賠詳情通知

智采醫療計劃 TheChoice Medical Insurance

申請資格 Eligibility	
投保年齡 Issue Age	15日至69歲 (對上一次的生日年齡) 15 days – 69 (Age at last birthday)
保障年期 Benefit Term	保証每年續保[8]至被保人100歲 Guaranteed yearly renewal[8] up to age 100 of the insured
保費繳付方式 Premium Payment Mode	年繳 / 月繳 Annually / Monthly
保單貨幣 Currency	港幣 HKD
居住地 Residence	香港 Hong Kong

保障範圍一覽表 Schedule of Benefit

保障項目 Benefit Schedule	最高保障限額(港元) Maximum Benefit Limit (HK$)		
計劃級別 Plan Level	標準 (大房[4]) Standard (Ward[4])	優選 (半私家房[4]) Advance (Semi-Private Room[4])	尊尚 (私家房[4]) Prestige(Private Room[4])
保障地區 Area of Cover	亞洲[11] Asia[11]	亞洲[11] Asia[11]	全球 (美國除外)[12] Worldwide exclude US[12]
每年保障限額 Annual Limit	2,000,000	4,000,000	10,000,000
個人終身保障限額[1] Lifetime Limit[1]	10,000,000	20,000,000	50,000,000
每年自付費[5] (只適用於保障範圍表內「A. 主要保障」下的項目1至5) Annual Deductible[5] options (Only available for item 1 – 5 under Section A. Core Benefits of this Schedule of Benefit)	0 / 25,000 / 50,000 / 80,000		
A. 主要保障 Core Benefits			
1. 住院保障 Hospitalization Benefits			
住房及膳食費 Room and Board	全數保障 Full Cover		
陪床費 Companion Bed	全數保障 Full Cover		
私家看護費[13] Private Nursing[13]	全數保障 (每個保單年度最多30日及個人終身最多180日) Full Cover (up to max. of 30 days per policy year and 180 days per lifetime)	全數保障 (每個保單年度最多30日及個人終身最多180日) Full Cover (up to max. of 30 days per policy year and 180 days per lifetime)	全數保障 (每個保單年度最多60日及個人終身最多180日) Full Cover (up to max. of 60 days per policy year and 180 days per lifetime)
專科治療費 Specialist's Fee	全數保障 Full Cover		
醫生巡房費 Physician's Visit	全數保障 Full Cover		
深切治療費 Intensive Care	全數保障 Full Cover		
醫院雜費[14] Miscellaneous Hospital Services[14]	全數保障 Full Cover		
每日住院現金[15] (需入住香港醫院管理局轄下醫院之大房) (每個保單年度最多30日) Daily Hospital Cash[15] (for confinement in general ward of a Hospital Authority's hospital in Hong Kong) (up to max. of 30 days per policy year)	每日 / Per day 500	每日 / Per day 1,000	
自願入住私家房以下等級病房之每日住院現金[15] (需入住香港私家醫院) (每個保單年度最多30日) Daily Hospital Cash for Voluntary Room and Board Stay Below Private Room[15] (Stay in private hospital in Hong Kong) (up to max. of 30 days per policy year)	不適用 Not Applicable		每日 / Per day 1,000
精神疾病治療[22] (每個保單年度最多30日及個人終身最多180日) Psychiatric Treatment[22] (up to max. of 30 days per policy year and 180 days per lifetime)	不適用 Not Applicable		全數保障 Full Cover

保障範圍一覽表 Schedule of Benefit

2. 手術保障 Surgical Benefits

計劃級別 Plan Level	最高保障限額(港元) Maximum Benefit Limit (HK$)		
	標準 (大房[4]) Standard (Ward[4])	優選 (半私家房[4]) Advance (Semi-Private Room[4])	尊尚 (私家房[4]) Prestige(Private Room[4])
手術費用 (包括外科醫生手術費、手術室費、麻醉師費及門診手術費) Surgery Fee (including surgeon's fee, operating theatre fee, anaesthetist's fee and Clinical Surgery fee)	全數保障 Full Cover		
器官及骨髓移植 Organ and Bone Marrow Transplantation	全數保障 Full Cover		
醫療裝置 Medical Appliances	指定項目[16]：全數保障 其他項目：每項個人終身最高50,000 Specified Items[16] : Full Cover Other Items: 50,000 per item per lifetime	指定項目[16]：全數保障 其他項目：每項個人終身最高90,000 Specified Items[16] : Full Cover Other Items: 90,000 per item per lifetime	

3. 住院前及出院後保障 Pre-and Post-Hospitalisation Benefits

住院前門診保障[17] (於住院或門診手術前的31日內之診治及每日最多1次) Pre-Hospitalisation Outpatient[17] (within 31 days immediately before confinement or Clinical Surgery and max. 1 visit per day)	每日 / Per day 800	全數保障 Full Cover
出院後門診保障[20] (於出院或門診手術後的60日內之診治及每日最多1次) Post-Hospitalisation Outpatient[20] (within 60 days immediately after confinement or Clinical Surgery and max. 1 visit per day)	每日 / Per day 800	全數保障 Full Cover
出院後家庭看護 (於出院後的31日內之看護費，需曾接受手術或入住深切治療部。每個保單年度最多31日) Post-Hospitalisation Home Nursing (within 31 days immediately after discharge following surgery or admission to ICU and up to max. of 31 days per policy year)	每日 / Per day 800	全數保障 Full Cover

4. 延伸保障 Extended Benefits

指定危疾全數保障 - 豁免每年自付費[2] (只適用於附有每年自付費的保單[5]) First-dollar Coverage – Deductible waived for Designated Critical Illness[2] (Only applicable to policies with Annual Deductible[5])	全數保障 - 豁免每年自付費[2,5] First-dollar coverage - Waive Annual Deductible[2,5]		
	指定危疾 Designated Crises		
	• 癌症 Cancer	• 暴發性肝炎 Fulminant Hepatitis	• 慢性肝病 Chronic Liver Disease
	• 末期肺病 End Stage Lung Disease	• 心肌病 Cardiomyopathy	• 心瓣手術 Heart Valve Surgery
	• 原發性肺動脈高血壓 Primary Pulmonary Arterial Hypertension	• 冠狀動脈手術 Coronary Artery Disease Surgery	• 主要器官移植 Major Organ Transplantation
	• 腎衰竭 Kidney Failure	• 主動脈手術 Surgery to Aorta	• 中風 Stroke
	• 嚴重類風濕關節炎 Severe Rheumatoid Arthritis	• 急性心肌梗塞 Heart Attack	• 柏金遜症 Parkinson's Disease
	• 末期疾病 Terminal Illness		
癌症化學療法及放射療法 Chemotherapy and Radiotherapy	全數保障 (包括免疫療法、標靶治療、癌症賀爾蒙療法及質子治療) Full Cover (including immunotherapy, target therapy, cancer hormonal therapy and proton therapy)		
腎臟透析 Kidney Dialysis	全數保障 Full Cover		
額外每年保障限額[7] (接受器官及骨髓移植、癌症化學療法、放射療法及腎臟透析適用) Additional Annual Limit for Organ and Bone Marrow Transplantation, Chemotherapy, Radiotherapy and Kidney Dialysis[7]	500,000	1,000,000	1,500,000
人類免疫力缺乏病毒 / 愛滋病治療[18] HIV / AIDS Treatment[18]	400,000 (個人終身只限一次) (once per lifetime)	800,000 (個人終身只限一次) (once per lifetime)	
妊娠併發症[19] Pregnancy Complications[19]	全數保障 Full Cover		

保障範圍一覽表 Schedule of Benefit

計劃級別 Plan Level	標準 (大房[4]) Standard (Ward[4])	優選 (半私家房[4]) Advance (Semi-Private Room[4])	尊尚 (私家房[4]) Prestige(Private Room[4])
4. 延伸保障 Extended Benefits			
	最高保障限額(港元) Maximum Benefit Limit (HK$)		
中醫治療 (包括跌打及針灸) (於出院或門診手術後的60日 內之診治，每日最多1次及每個保單年度最多10次) Traditional Chinese Medicine (including Chinese bone-setting and acupuncture)(within 60 days immediately after discharge or Clinical Surgery)(max. 1 visit per day and up to max. of 10 visits per policy year)	不適用 Not Applicable		每次 / Per visit 350
5. 緊急牙科治療保障 Emergency Dental Treatment Benefit			
緊急牙科治療[14] (因意外引致) Emergency Dental Treatment[14] (Due to accident)	全數保障 Full Cover		
6. 健康檢查保障 Health Screening Benefit			
健康檢查[3] Health Screening[3]	不適用 Not Applicable	每2個保單年度1次及每次最高為1,500 (附有每年自付費[5]的保單則為每2個保單年度1次及每次最高為750) Once and up to 1,500 for every 2 policy years (For policies with Annual Deductible[5], once and up to 750 for every 2 policy years)	每2個保單年度1次及每次最高為3,000 (附有每年自付費[5]的保單則為每2個保單年度1次及每次最高為1,500) Once and up to 3,000 for every 2 policy years (For policies with Annual Deductible[5], once and up to 1,500 for every 2 policy years)
7. 其他 Other			
於指定年齡減低每年自付費[5]之權益[9] Convertibility to Reduce Annual Deductibles[5] at Specified Ages[9]	可選擇於緊接被保人50 / 55 / 60 / 65歲時的保單週年日前後31日內行使減低每年自付費[5]的權益， 而毋需提交任何可受保證明。保費將根據各因素，包括但不限於新的每年自付費[5]、其計劃級別、被保人年齡及當時的保費表釐定，個人終身最多可行使此權益一次。 Privilege to reduce Annual Deductible[5] within 31 days before or after the policy anniversary at insured's age 50 / 55 / 60 / 65 without providing proof of insurability. The premium would be based on factors, including but not limited to new Annual Deductible[5], plan level and age of the insured and the premium table applicable at that time. This right can only be exercised once by lifetime.		
24小時環球緊急支援服務[10] 24-Hour Worldwide Assistance Services[10]	服務支援 Service Program		
B. 附加門診保障 (自選) (必須與住院保障計劃級別相同) **Supplementary Outpatient Benefits** (Optional) (Must be at the same plan level of the Hospitalisation Benefit)			
1. 醫生診所診治費 (每次) Consultation at Physician's Office (Per visit)	350	500	全數賠償 Full Cover
2. 專科醫生診治費*(每次) Specialist's Consultation* (Per visit)	700	1,000	全數賠償 Full Cover
3. 家中應診診治費 (每次) Consultation at Patient's Home (Per visit)	700	1,000	全數賠償 Full Cover
4. 物理治療師及脊椎治療師之治療費* (每次) Physiotherapist's and Chiropractor's Treatment* (Per visit)	550	750	全數賠償 Full Cover
5. 中醫診治費 (包括跌打及針灸) (每次及每個保單年度最多10次) Chinese Medicine Practitioner's Treatment (including Chinese bone-settering and acupuncture)(Per visit and max. 10 visits per policy year)	350	500	900
6. 精神病門診治療費* (每次及每個保單年度最多5次) Psychiatric Outpatient Treatment* (Per visit and max.5 visits per policy year)	350	500	900
7. 營養治療輔導 / 語言治療 / 職業治療* (每次及每個保單年度最多2次) Dietetic Guidance / Speech Therapy/ Occupational Therapy* (Per visit and max. 2 visits per policy year)	350	500	900
以上保障項目1至7之每年最高賠償上限 **Overall Annual Limit for benefit items 1-7 above**	**每個保單年度合共最多40次及每保障項目每日一次** **Up to a total of 40 visits per policy year and one visit per day per benefit item**		

保障範圍一覽表 Schedule of Benefit

B. 附加門診保障 (自選) (必須與住院保障計劃級別相同)
Supplementary Outpatient Benefits (Optional) (Must be at the same plan level of the Hospitalisation Benefit)

計劃級別 Plan Level	最高保障限額(港元) Maximum Benefit Limit (HK$)		
	標準 (大房[4]) Standard (Ward[4])	優選 (半私家房[4]) Advance (Semi-Private Room[4])	尊尚 (私家房[4]) Prestige(Private Room[4])
8. 醫生處方西方藥物* (只限診所以外之藥房)(每個保單年度) Prescribed Western Medicines and Drugs* (from a pharmacy outside clinic) (Per policy year)	2,500	3,500	5,000
9. X光檢驗及化驗費* (每個保單年度) Diagnostic X-Ray and Laboratory Tests* (Per policy year)	2,500	3,500	5,000
10. 防疫注射 (每個保單年度) Vaccination (Per policy year)	300	600	1,000

* 須由主診醫生以書面推薦 (皮膚科醫生、眼科醫生、婦科醫生、骨科醫生、兒科醫生及耳鼻喉科醫生之專科可獲豁免)
Written referral by the attending physician is required (Consultation of Dermatologist, Ophthalmologist, Gynaecologist, Orthopaedist & Traumatologist, Paediatrican and Otorhinolaryngologist can be waived).

C. 附加牙科保障 (自選) (需同時投保附加門診保障及需與其計劃級別相同)
Supplementary Dental Benefits (Optional) (Must be chosen together with Supplementary Outpatient Benefits and at the same plan level)

每年最高賠償上限 Overall Annual Limit	2,000	3,500	5,500
1. 例行口腔檢查及洗牙 Routine Oral Examination and Scaling	全數賠償 Full Cover (每個保單年度最多2次) (Twice per policy year)		
2. a) 牙科X光檢驗 Dental X-Ray b) 牙齦膿腫 Abscesses c) 補牙 Filings d) 脫牙 Extraction e) 齒根管的填補 Root canal fillings f) 假牙、牙冠及牙橋 (只適用於因意外而導致) Dentures, Crowns and bridges (due to accident)	全數賠償 Full Cover		

備註：

A. 富衛保險有限公司 (「富衛」) 將會根據以上保障 (健康檢查保障[3]除外) 的合理及慣常的收費作出賠償。合理及慣常是指：
   (i) 就費用、收費或開支而言，指須符合以下條件的任何費用或開支：(a) 為醫療需要之治療、物資或醫療服務的實際收費，並在醫生的護理、監管或命令下，為患病或受傷人士提供符合良好醫療服務標準的護理；(b) 有關費用不超過於產生費用的地方提供相類似的治療、物資或醫療服務之慣常或合理的平均收費標準；(c) 不包括任何因有保險存在而收取的費用；及 (d) 不得超過實際產生的費用、收費或開支。富衛保留決定任何特定的費用是否合理及慣常之收費的權利，參考包括但不限於該筆合資格費用產生的地方之政府、有關當局及認可之醫療組織所提供的相關出版刊物或資料，如收費表等。對於富衛認為不屬合理及慣常收費的費用，富衛保留調整本計劃所定之任何或所有應付賠償額的權利。
   (ii) 就住院而言，指入院及住院日數，及所進行之醫療服務和治療，必須符合普遍接受的專業醫療標準，並且不應超過當地治療同類疾病或受傷的慣常標準。
B. 以上範圍及保障均適用於智采醫療計劃。有關智采醫療計劃的保費，可參閱相關之保費表。富衛保留隨時修訂應付賠償額、條款及細則及保費之權利。
C. 除於此計劃書內個別指定的等候期及意外引致的治療外，以上保障的等候期為由保單日起計三十(30)日。詳情請參閱保單條文。
D. 如住院之住房等級高於投保之計劃級別，應付金額將相等於應付賠償額(受限於受保計劃級別之限額)乘以以下調整因子:
   (i) 大房[4]升至半私家房[4] 50%　(ii) 大房[4]升至私家房[4] 25%　(iii) 大房[4]升至豪華病房[4] 不受保障
   (iv) 半私家房[4]升至私家房[4] 50%　(v) 半私家房[4]升至豪華病房[4] 12.5%　(vi) 私家房[4]升至豪華病房[4] 25%

Notes:

A. Reasonable and Customary charges for the above benefits(except for Health Screening Benefit[3]) will be paid by FWD General Insurance Company Limited ("FWD"). Reasonable and Customary shall mean:
   (i) in relation to a fee, a charge or an expense, shall mean any fee or expense which (a) is actually charged for treatment, supplies or medical services that are Medically Necessary and in accordance with standards of good medical practice for the care of an ill or injured person under the care, supervision or order of a Physician; (b) does not exceed the usual or reasonable average level of charges for similar treatment, supplies or medical services in the location where the expense is incurred; (c) does not include charges that would not have been made if no insurance existed; and (d) does not exceed the actual fee, charge or expense incurred. FWD reserves the right to determine whether any particular charge is Reasonable and Customary with reference to including but not limited to any relevant publication or information made available, such as schedule of fees, by the government, relevant authorities and recognized medical association at the location where the eligible expense is incurred. FWD reserves the right to adjust any and all benefits payable under the Plan which in our opinion is not Reasonable and Customary;
   (ii) in relation to a confinement shall mean the admission and length of a confinement, and medical services and treatment received during which, are in accordance with generally accepted professional standards of medical practice, and do not exceed the usual standard for the treatment of similar illness or injury at the location where such confinement is made.
B. The above coverage and benefits are applicable to TheChoice. For the premium of TheChoice, please refer to the corresponding premium table for details. FWD reserves the right to revise the benefits payable, terms and conditions and the premium at any time.
C. A 30-day waiting period from the policy date is applicable for the above benefits, except for the waiting periods otherwise specified in this plan material and the treatment due to accident. Please refer to the policy provisions for details.
D. If the confinement is at a higher accommodation level than the insured plan level, the amount payable shall equal to the amount of the benefits payable (subject to the limit under the insured plan level) multiplied by the adjustment factors as follows:
   (i) Ward[4] to Semi-Private Room[4] 50%　(ii) Ward[4] to Private Room[4] 25%　(iii) Ward[4] to Deluxe Room[4] Not Covered
   (iv) Semi-Private Room[4] to Private Room[4] 50%　(v) Semi-Private Room[4] to Deluxe Room[4] 12.5%　(vi) Private Room[4] to Deluxe Room[4] 25%

註釋：

1. 個人終身保障限額是指被保人在世時由富衛繕發的所有保單及附加保障 (如有) (不論保單仍否生效)之最高應付賠償總額。

2. 只適用於附有每年自付費[5]之保單及受每年及個人終身保障限額[1]所限。富衛不會就於保單日起計九十(90)日內指定危疾出現之徵狀或相關診斷或進行手術而豁免每年自付費[5]的餘額。詳情請參閱本單張之保障範圍、保單條款及保單資料頁。有關指定危疾之定義，請參閱指定危疾定義詮釋表。

3. 只適用於計劃級別為「優選」及「尊尚」之保單及受限於相關的限額。此保障支付由保單日起計已連續受保兩(2)年(最初受保期)之十八(18)歲或以上被保人且其接受健康檢查之時間需為最初受保期之後。另外，此保障將於最初受保期後起計每兩(2)年支付一次，未使用的保障並不能帶到下一個保單年度。詳情請參閱本單張保障範圍一覽表及保單條款。

4. 豪華病房是指醫院內等級高於私家房的標準單人病房。

   私家房是指被保人在住院期間入住設有相鄰的浴室的標準單人病房，但不包括醫院內設有廚房、飯廳或客廳的任何較上等級之病房。如被保人入住設有不同等級私家房的醫院，私家房則指該醫院所提供之價錢最低的私家房。

   半私家房是指醫院的雙人病房，配有兩(2)張病床(不包括陪床)和一(1)個相鄰的浴室。

   大房是指醫院內配有超過兩(2)張病床 (但不包括陪床) 的病房。

5. 每年自付費(載於保單資料頁內)是指須由保單持有人或被保人自行負擔的部份合資格費用，而該筆自付費將從可獲賠償額中扣減。

6. 資料來源：醫院管理局「香港癌症資料統計中心」於2015年的資料。

7. 當富衛就器官及骨髓移植、癌症化學療法、放射療法、免疫療法、標靶治療、質子治療、癌症賀爾蒙療法及腎臟透析支付保障時，富衛將提高該保單年度的每年保障限額。此保障於每個保單年度只適用一次。而個人終身保障限額[1]則維持不變。詳情請參閱保單條款。

8. 保證每年續保受限於富衛是否持續提供本計劃、每年續保時將根據當時的條款及細則包括但不受限於保單終止條文、保障和保費率。續保保費並非保證及每次續保之保費將根據續保時的實際年齡及當時的保費表釐定。保費表會不時根據各因素，包括但不受限於相關的醫療費用的通脹及富衛的理賠數據及保單續保情況釐定。富衛保留隨時作出修改應付賠償額、條款及細則及保費的權利。

9. 該申請須於相關的保單週年日之前或後三十一(31)日內提出並受當時適用的每年自付費[5]以及富衛不時釐訂的條款和條件所約束。此權利只可個人終身行使一次及不可撤回。

10. 此服務由國際思奧思援助(香港)有限公司 (「國際思奧思」)提供，富衛將不會就國際思奧思的行為或疏忽負上任何責任。而富衛或將不時調整有關服務詳情，恕不提前通知。此項由國際思奧思提供的服務將適用於被保人在外地旅遊或暫時居住國外並每次行程不超過連續九十(90)天。

11. 富衛將涵蓋被保人在以下亞洲國家和地區發生的合理和慣常的醫療費用，包括阿富汗、孟加拉、不丹、汶萊、柬埔寨、香港、印度、印尼、日本、哈薩克、吉爾吉斯、老撾、澳門、中國內地、馬來西亞、馬爾代夫、蒙古、緬甸、尼泊爾、北韓、巴基斯坦、菲律賓、新加坡、南韓、斯里蘭卡、台灣、塔吉克、泰國、東帝汶、土庫曼、烏茲別克及越南。

12. 富衛將涵蓋被保人在全球各地 (但不包括美國) 發生的合理和慣常的醫療費用。

13. 此服務只適用於當被保人仍在住院期間並於接受手術後或於離開深切治療部後。

14. 醫院雜費包括藥物，敷料，普通夾板和石膏倒模，物理療法，X光檢查和當地救護車服務等。緊急牙科治療包括診症，止血，脫牙和X光檢查。有關可賠償項目之詳情，請參閱保單條款。

15. 每日住院現金不會連同「自願入住私家房以下等級病房之每日住院現金」一同賠償。

16. 指定項目包括 (i) 起搏器；(ii) 經皮冠狀動脈腔內成形術的支架；(iii) 眼內人造晶體；(iv) 人工心瓣；(v) 金屬或人工關節置換；(vi) 人工韌帶置換或植入；及 (vii) 人工椎間盤。

17. 只適用於導致被保人需要住院或接受門診手術的入院前診治費。富衛不會支付任何中醫治療，脊椎治療，足病診治或物理治療費用，不論該診治是否導致被保人需要住院或門診手術。

18. 此保障的等候期是由保單日起計連續五(5)年。此保障只會個人終身支付一次。此項保障將取代本保單其他的保障項目就住院和治療而作出的賠償。

19. 此保障的等候期為由保單日起計一(1)年。覆蓋的妊娠併發症包括異位妊娠、葡萄胎妊娠、彌散性血管內凝血病、先兆子癇、流產、先兆流產、醫學處方人工流產、胎兒死亡、產後出血需要子宮切除術、子癇、羊水栓塞和妊娠肺栓塞。

20. 此保障不包括中醫治療或足病診治，不論該診治是否與被保人出院後的門診治療有關。

21. 免現金住院服務為一項替被保人向指定香港私家醫院代支被保人於住院期間之合資格醫療支出的行政安排，且需於入院前獲得預先批核。此服務並非保單內的保障範圍及非保證的服務，富衛有權隨時撤銷或調整此項服務而無需另行通知，並保留絕對決定權。如該保單附有每年自付費[5]或其餘額，保單持有人須於入院時向該醫院繳付該餘額。如富衛已代支的醫療費用高於保障上限時，富衛將向保單持有人收取該差額。有關入院前預先批核的詳情，請參閱該用戶指南和智采醫療-免現金住院服務申請表。

22. 此保障一經支付，該住院和治療將不會於其他保障項目下獲得賠償。

重要事項及聲明：

i. 您必須提供所有可能影響富衛作為保險公司接受承保及評估之重要事實。如未能確定該等項事實是否重要，您應將該等事實填報。我們建議您將所有有關的資料（包括已填妥的申請表副本）作記錄，以備日後作參考之用。如實呈報所有有關資料是為確保您的利益，否則此保單將可能無法提供您所需的保障，甚至可能會令此保單無效。

ii. 所有核保及理賠決定均取決於富衛，富衛根據申請人及被保人於投保時所提供的資料而決定接受或拒絕有關申請，富衛保留接納或拒絕任何申請的權利，並可拒絕您的申請而毋須給予任何理由。申請經正式接納及在保費繳付後，本公司承保之責任才開始生效。

iii. 以上全部保障及款項將於扣除未清繳之保費或任何欠付富衛之款項(如有)後支付。

iv. 保單持有人可向富衛作出書面申請取消保單。如在相關保障期內沒有作出任何賠償，富衛將退還一定比例的年度保費（扣除行政費用後）。如以月繳形式繳付保費，則不會退還任何已繳保費及保單持有人將需要支付行政費用。詳情請參閱保單條款。

v. 本計劃之保單條款受香港特別行政區的法律所規管。

vi. 本單張只供參考及旨在描述本計劃主要特點，有關條款細則的詳細資料及所有不保事項，請參閱本計劃的保單條款。如本單張及保單條款內容於描述上有任何歧異，應以保單條款的原義為準。如欲在投保前參閱保單條款的條款及細則，您可向富衛索取副本。本單張中英對照，如有任何歧異，概以英文原義為準。

vii. 若於中國內地接受醫療治療，於入院時有關醫院必須是中華人民共和國國家衛生健康委員會評定為三級甲等的醫院。

不保事項：

主要不保項目 (適用於除牙科保障外的所有保障):
除非於保單條款或保單資料頁另有註明外，以下情況將不受富衛保障：
受保前已存在的疾病/先天性疾病、於保單日起計三十(30)日內出現的病症或疾病、任何主要為物理治療或就醫療檢查的住院、愛滋病或受人類免疫力缺乏病毒感染的任何相關的併發症、睡眠疾病（睡眠窒息症除外）、兒童發展問題、持續性植物人狀態、由性接觸傳染的疾病、妊娠或終止妊娠、美容治療或外科整形手術、酗酒或濫用藥物、牙科治療或手術(由意外引起除外)、產生於尋找或獲得替代器官或從捐贈者身上移除器官及一切相關運輸及行政上的器官移植服務費用、預防性治療、治療過度肥胖或控制體重計劃或縮胃手術、實驗性質的或非主流的治療、戰爭、非法活動、蓄意自我毀傷、專業或危險性運動、採購或使用醫療裝置及器具/身體檢查/接種及疫苗注射/精神病(該等項目已於本計劃明確列明除外)、倘若於中國內地接受醫療治療，於入院時有關醫院並非中華人民共和國國家衛生健康委員會評定為三級甲等的醫院。

牙科保障之不保項目：
蓄意自我毀傷、以美容為目的之治療(包括但不限於牙齒矯形及漂白)、由酗酒/濫用藥物所引起的疾病或傷害、戰爭或非法活動、口腔衛生指導、牙菌斑控制或飲食指導。

上述只供參考，有關保單全部不保事項之細則及條款，請參閱保單條款。

EB-MID-BR 09. 2018

Important Notes and Declarations:

i. You are required to disclose all material facts which you know FWD as an insurer would regard them as likely to influence the acceptance and assessment of the application. If you are in doubt whether certain facts are material, you should disclose them. We recommend you to keep a record (including a copy of the completed application form) for your future reference of all information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may mean that your policy will not provide you with the cover you require and may even invalidate the policy altogether.

ii. All underwriting and claims decisions are made by FWD. FWD relies upon the information provided by the applicant and the insured in the insurance application. FWD reserves the right to accept or decline any application and can decline your application without giving any reason. The liability of FWD does not commence until the application has been formally accepted and the premium has been paid.

iii. All the above benefits and payment are paid after deducting unpaid premiums or any amount due to FWD under the policy.

iv. The policyholder may cancel the policy by sending a written request to FWD. If no claims have been paid or will be payable under the policy during the relevant policy period, FWD will refund a proportionate amount of annual premium paid less an administration charge. If premium is paid by monthly installment, no premium will be refunded and an administration charge will be payable by the policyholder. Please refer to the policy provisions for details.

v. The policy provisions of the Plan are governed by the laws of the Hong Kong Special Administrative Region.

vi. This plan material is for reference only and is indicative of the key features of the Plan. For the exact terms and conditions and the full list of exclusions of the Plan, please refer to the policy provisions of the Plan. In the event of any ambiguity or inconsistency between the terms of this plan material and the policy provisions, the policy provisions shall prevail. If you want to read the terms and conditions of the policy provisions before making an application, you can obtain a copy from FWD. In the event of discrepancies between the English and Chinese versions of this plan material, the English version shall prevail.

vii. In case of medical treatment in Mainland China, the subject hospital must be a Grade 3A hospital recognized by the National Health Commission of the People's Republic of China at the time of admission.

Exclusions:

Major Exclusions (applicable to all benefits except Dental benefits):

Unless otherwise specified in the policy provisions or policy schedule, FWD shall not be liable to pay any benefits under the policy in the following circumstances:

Pre-existing condition / congenital conditions, illnesses or diseases occurs during the first thirty (30) days from the policy date, any confinement primarily for physiotherapy or medical investigation, AIDS or any complications associated with HIV infection, sleep disorder (except sleep apnoea), child development problems, persistent vegetative state, sexually transmitted diseases, pregnancy/termination of pregnancy, cosmetic treatments or plastic surgery, alcoholism/drug abuse, dental treatment or surgery (except for arising from accident), organ transplant services fee incurred in identifying, procuring a replacement organ or removal of the organ from the donor and all associated transportation and administration, preventive treatments, treatment of obesity or weight control programs or bariatric surgery, experimental or unconventional treatment, war, illegal activities, self-inflicted injuries, professional or hazardous sports, procurement or use of medical appliances and devices / physical examinations / vaccination and immunisation / mental disorder (unless such items explicitly covered by this Plan), in case of medical treatment in Mainland China, the subject hospital is not a Grade 3A hospital as recognized by the National Health Commission of the People's Republic of China at the time of admission.

Dental Exclusions:

Self-inflicted injuries, cosmetic treatment (including but not limited to orthodontic treatment and bleaching), conditions or injury arising out of alcoholism / drug abuse, war or illegal activities, oral hygiene instructions, plaque control program and dietary instructions.

The above list is for reference only. For the details and terms of all the exclusions under the policy, please refer to the policy provisions.

Footnotes:

1. Lifetime Limit refers to the maximum aggregate amount of benefits payable under all insurance policies and supplemental benefits (if any) issued by FWD covering the insured during his / her lifetime, regardless whether the insurance policies are still in force.
2. Only applicable to policies with Annual Deductible[5] and subject to the Annual Limit and Lifetime Limit[1]. FWD shall not waive the payment of any balance of Annual Deductible[5] if the confinement is related to designated crises whose symptoms appear or relevant diagnosis or surgery occurs within the first ninety (90) days from the policy date. Please refer to the schedule of benefit of this brochure, policy provisions, and policy schedule for the details and the document "Definition of Designated Crises" for the definition of "Designated Crises".
3. Only applicable to Advance Plan and Prestige Plan and subject to the respective limits. This benefit is payable when the insured is aged eighteen (18) or above, has been continuously covered for two (2) years from the policy date ("Initial Period") and the date of health screening received is after the Initial Period. This benefit is payable once every two (2) years after the Initial Period. Unused benefit cannot be carried forward to the next policy year. Please refer to schedule of benefit of this brochure and policy provisions for details.
4. Deluxe Room shall mean a standard single occupancy room of the class higher than Private Room in a hospital.
   Private Room shall mean a standard single occupancy room with adjoining bathroom for the insured's use during his/her confinement, but excluding any room of upper class with its own kitchen, dining or sitting rooms in a hospital. If the insured is confined in a hospital which offers multiple classes of Private Rooms, the Private Room shall refer to the lowest priced Private Room offered by the hospital.
   Semi-Private Room shall mean a twin or double occupancy room in a hospital with two (2) patient beds (not including companion bed) and one (1) adjoining bathroom.
   Ward shall mean a multi-bed room in a hospital with more than two (2) patient beds (not including companion bed).
5. Annual Deductible shall mean the part of eligible expenses which shall be borne by the policyholder or the insured and which has to be deducted from the reimbursable sum as shown in the policy schedule.
6. Source: Information from Hong Kong Cancer Registry, Hospital Authority as of 2015.
7. When the benefit is payable under Organ and Bone Marrow Transplantation, Chemotherapy, Radiotherapy, immunotherapy, target therapy, proton therapy, cancer hormonal therapy and Kidney Dialysis, FWD shall increase the Annual Limit for that policy year. This benefit is only available once per policy year. The amount of Lifetime Limit[1] shall remain unchanged. Please refer to policy provisions for details.
8. Guaranteed yearly renewal is subject to the continual availability of the Plan offered by FWD, terms and conditions applicable including but not limited to Termination Provisions, benefits, and premium rates at the time of renewal. Renewal premiums are not guaranteed and the premiums for each renewal are determined based on the age and the premium table applicable upon renewal. Premium table is subject to change based on factors including but not limited to the inflation of related medical expense, FWD's medical claim experience and persistency of policies from time to time. FWD reserves the right to revise the benefits payable, terms and conditions and premiums at any time.
9. The application should be made within thirty-one (31) days immediately before or after the relevant policy anniversary and subject to the Annual Deductible[5] options available at that time and such terms and conditions as determined by FWD from time to time. This right can only be exercised once per lifetime of the insured and is irrevocable.
10. The service is provided by International SOS Assistance (HK) Limited ("International SOS"). FWD shall not be responsible for any act or failure to act on the part of International SOS. FWD may revise the details of the services from time to time without prior notice. International SOS services are available to FWD's insured when travelling outside the home country or country of residence for periods not exceeding ninety (90) consecutive days per trip.
11. FWD shall cover the Reasonable and Customary medical expenses incurred by the insured in the following countries and territories in Asia, which includes Afghanistan, Bangladesh, Bhutan, Brunei, Cambodia, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Mainland China, Malaysia, Maldives, Mongolia, Myanmar, Nepal, North Korea, Pakistan, Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan and Vietnam.
12. FWD shall cover the Reasonable and Customary medical expenses incurred by the insured anywhere in the world excluding the United States of America.
13. Only applicable after the insured's surgery or discharged from Intensive Care Unit while the insured is still confined in hospital.
14. Miscellaneous Hospital Services Benefit covers drugs and medicines, dressing, ordinary splints and plaster casts, physiotherapy, x-ray examinations and local ambulance service, etc. Emergency Dental Treatment Benefit covers consultation, staunch bleeding, tooth extraction and x-ray. For further details, please refer to the policy provisions for the details of the items which the benefits are payable.
15. Daily Hospital Cash Benefit will not be paid in conjunction with "Daily Hospital Cash for Voluntary Room and Board Stay below Private Room".
16. Specified Items include(i) Pace maker; (ii) Stents for Percutaneous Transluminal Coronary Angioplasty; (iii) Intraocular lens; (iv) Artificial cardiac valve; (v) Metallic or artificial joints for joint replacement; (vi) Prosthetic ligaments for replacement or implantation between bones; and (vii) Prosthetic intervertebral disc.
17. Only applicable to the pre-admission outpatient consultations result in the insured's confinement or clinical surgery. This benefit shall not be payable for any Chinese medicine treatment, chiropractic consultation, podiatry consultation or physiotherapy, regardless whether such consultation results in the insured's confinement or clinical surgery.
18. The waiting period of this benefit is five (5) consecutive years from the policy date. This benefit is only payable once per lifetime of the insured. Payment of this benefit shall be in lieu of all benefits provided by the policy in respect of such confinement and treatment.
19. The waiting period of this benefit is one (1) year from the policy date. The covered pregnancy complications are 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.
20. This benefit excludes Chinese medicine treatment or podiatry consultation, regardless whether such consultation relates to the follow-up out-patient consultations of the insured.
21. Cashless Inpatient Facility is an administrative arrangement to pay the covered expenses during confinement on behalf of the insured to the designated private hospitals in Hong Kong, pre-admission approval is required. It is not a benefit item under the policy and not a guaranteed arrangement. FWD reserves the rights to terminate or vary the service in its sole discretion without further notice. If there is Annual Deductible[5] or its balance of eligible plan, policyholders are required to pay such balance when being admitted to hospital. If the medical cost paid by FWD is higher than the maximum limit of benefits, FWD would seek reimbursement from policyholders for such balance. Please refer to its user guide and "TheChoice Medical – Cashless Inpatient Facility Application Form" for the details of pre-admission approval.
22. Once this benefit is paid, no other benefit will be payable in respect of such confinement and treatment under the policy.

TheChoice Medical Insurance

Health is the most precious treasure in life which deserves the greatest defence. Your current peaceful and enjoyable life can be disturbed by unexpected illnesses. Despite the ever-increasing medical costs, we all want to ensure we can enjoy high quality medical services at different life stages without impact to our quality of life. TheChoice Medical Insurance ("TheChoice" or the "Plan") offers you comprehensive medical coverage that gives you a peace of mind.

Comprehensive protection throughout life

To ensure you have an all-round protection during your life's journey, the Plan provides a Lifetime Limit[1] of up to HK$50 million, including a range of hospitalisation and surgical benefits, as well as providing First-dollar Coverage-Deductible Waived for Designated Critical Illness[2]. What's more, it provides reimbursement for your regular health screening[3]. Hospitalisation and surgical benefits include daily hospital accommodation[4], surgery fees, physician's visit and specialist's fees, etc.

12 different plan options to fit your specific needs

The Plan provides 3 different levels of plans that cover 2 different geographic areas. Furthermore, 4 Annual Deductible[5] options (HK$0, HK$25,000, HK$50,000 and HK$80,000) could be chosen to tailor your most ideal life protection. For example, Prestige Plan with HK$0 annual deductible could provide a worldwide[12] full medical coverage to you. If you have an employer-sponsored medical coverage and are looking for additional medical coverage, our Standard Plan with Annual Deductible[5] may suit your needs.

First-dollar Coverage – Deductible Waived for Designated Critical Illness Benefit[2]

Heavy stress and unhealthy habits raise the risk of critical illnesses. In Hong Kong, 1 out of every 4 men or 5 women is diagnosed with cancer before the age of 75[6]. Critical illnesses may cause an unexpected financial burden on you and your family. The Plan is focused around your concerns and needs, offering First-dollar Coverage – Deductible Waived for Designated Critical Illness[2] to ease your and your family's financial stress due to related medical expenses (The amount of benefit is subject to applicable Annual Limit, Lifetime Limit[1] and limits for specific benefit items). The Plan provides protection for your family as well as your health.

Tailored extra benefits

In the event that the insured needs to receive medical services for specific treatments and organ transplantation, the Plan provides additional Annual Limit[7] on top of its original Annual Limit up to HKD1.5 million to cover medical expenses of organ and bone marrow transplantation, chemotherapy, radiotherapy, immunotherapy, target therapy, cancer hormonal therapy, proton therapy and kidney dialysis.

Guaranteed yearly renewable[8] up to age 100

The Plan takes away your concern over policy discontinuity due to old age and changes in health conditions. Regardless of any eventual changes to your health, financial condition or claim history, FWD guarantees that your policy will be renewable until the age of 100 of the insured, subject to the continual availability of the Plan, terms and conditions applicable, the benefits and the prevailing premium rates of the Plan at the time of renewal. Benefits and premium are not guaranteed and subject to change by FWD.

Flexible protection aligned to your future needs

Your needs vary as you go through different life stages. The Plan enables you to switch to a lower Annual Deductible[5] option once (per lifetime) when the insured turns 50, 55, 60 or 65 without the need to provide proof of insurability[9], meeting any changing needs in the future for protection.

Cashless Inpatient Facility[21]

Allows you to be worry-free about treatment, we can arrange inpatient credit facility by means of guaranteed letter offers you cashless facility for confinement in private hospitals in Hong Kong.

Worldwide support service[10]

If you have an accident or suffer an illness whilst abroad, your needs will be well taken care of with the Worldwide Emergency Assistance. All you need to do is call the 24-hour emergency assistance hotline to enjoy round-the-clock worldwide support and assistance provided by International SOS 24-hour Worldwide Assistance Services that includes phone medical advice, emergency medical evacuation and repatriation of mortal remains, etc.

Service at Your Fingertips

Call our 24 hours hotline on 3123 3123, our Customer Engagement Representatives are at your service to address your insurance needs.

You may assess the FWD eServices mobile app or website (www.fwd.com.hk) to manage your FWD insurance account anytime and anywhere. FWD eServices has broad features and is easy to use. Key services of the FWD eServices include:

- View policy and benefits schedule
- View claim history and statements
- Claims submission - quick and secure e-claims submission
- Update contact information (under 'Self-Service')
- Receive latest update on claim status and notification on settlement via the mobile app's push notification and email

FWD General Insurance Company Limited

Your Health Your Choice

TheChoice Medical Insurance

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