

BOC Medical Comprehensive Protection Plan (Series 1)

Bank of China Group Insurance Company Limited (“BOCG Insurance”) is delighted to present BOC Medical Comprehensive Protection Plan (Series 1) (“the Plan”) that offers you and your family a comprehensive medical protection. The Plan is an individual comprehensive medical insurance plan and puts three basic benefits including Hospital and Surgical, Supplementary Major Medical and Hospital Cash under one roof. Together with the optional benefits¹ including Out-patient, Dental, Maternity or Critical Illness, the Plan provides you and your family with added peace of mind.

Product Highlights:

1. 10% premium discount and flexible plan combination² for family enrolment

- Enjoy 10% premium discount if two or more family members³ are insured under the same policy.
- Each family member can opt to take up different plans and optional benefits¹ under the same policy. Child(ren)⁴ can be insured on his/her own while the applications are required to be arranged by the parent or legal guardian.

2. 15% No Claim Renewal Premium Discount Offer

Each Insured Person with no claim record of basic benefits for 3 consecutive policy years or above will be entitled to 15% renewal premium discount for basic benefits in the next policy year.

3. Guaranteed lifetime renewal

Period of insurance of the Plan is 1 year and the Plan would be renewed on yearly basis, The Plan offers you guaranteed lifetime renewal for Hospital and Surgical, Out-patient and Dental benefits. Regardless of the Insured Person’s health or claim conditions, BOCG Insurance will not charge any additional fees or impose any additional terms on the Insured Person after the policy has taken into effect⁵.

4. Value-added benefits for your extra protection

- Extended coverage of Clinical Surgery : includes day case surgery performed in a hospital or clinical surgery at clinic⁶.
- Special cash allowance for health supplement food: Allowance for health supplements will be provided after surgical operation. The receipts of purchasing health supplementary food are not required to be provided upon submission of the claim.
- Medical top-up plan: A supplementary top-up protection will be provided for you and/or your family members³ to supplement the existing Hospital and Surgical insurance (e.g. the medical insurance offered by your employer).
- Critical Illness Benefit: Apart from 40 common critical illnesses, the Plan also provides coverage for medical expenses arising from cancer, stroke or cardiomyopathy. Besides, additional benefits will be offered if the Insured Person is diagnosed with designated male or female’s critical illnesses or serious diseases.
- Once the application for insurance is approved, the protection will take effect immediately without waiting period (except “Maternity Benefit”, “Critical Illness Benefit”, any designated disease as specified under "Pre-existing Medical Conditions" and other excluded items⁷).

5. Free health check-up and 24-hour services

- Health check-up: Each Insured Person will be entitled to a basic health check-up in the first policy year. A comprehensive health check-up for male, female or child will be provided every 2 consecutive policy years thereafter.
- 24-hour worldwide emergency assistance service: The Plan provides 24-hour worldwide emergency assistance service. Besides, you can enjoy a hospital deposit guarantee of up to HK\$40,000 in the event of emergency hospital confinement outside Hong Kong (China).
- 24-hour online service: You can visit BOCG Insurance's website anytime and anywhere for calculation of Body Mass Index, enquiry of claim status and record, downloading of policy document, claim forms and information of the network doctors, etc.

6. Instant approval and 15-day Policy Review Period

If your application is approved instantly and the coverage is confirmed in effect, BOCG Insurance will issue your policy about 10 working days after the application and relevant documents have been received. Within 15 days after the confirmation date of the coverage ("Policy Review Period"), you can download the policy document and major exclusions via BOCG Insurance's website (<http://www.bocgins.com>). If the insured benefits do not meet your needs, you can terminate your policy by giving a written notice to BOCG Insurance within Policy Review Period (if you have already received the policy, you are required to return it to BOCG Insurance). If no claim has been made by the Insured Person within Policy Review Period, all paid premium and premium levy will be totally refunded.

7. Auto-renewal service

You will receive renewal notice stating the renewal terms by BOCG Insurance before the expiry date of every policy year. Your policy will be renewed automatically after your payment of the required premium and premium levy for the next policy year. Unless subsequent instruction is made, the renewal premium and premium levy will be debited based on the Proposer's selected payment method in the application form,.

Remarks :

1. The Insured Person should enrol in the basic benefits prior to the application for optional benefits.
2. Different Insured Person under the same policy can apply for different basic benefits, plans and optional benefits.
3. Family members refer to the Proposer and/or his/her legally married spouse and/or his/her child(ren).
4. Child(ren) refer(s) to the legal child of the Proposer, including step child, adopted child, or guardian child.
5. BOCG Insurance reserves the right for all policies covered under BOC Medical Comprehensive Protection Plan (Series 1) to adjust standard premiums on a portfolio basis and amend the terms and/or benefits limit from time to time upon renewal for the coming policy year.
6. "Day Case Surgery" means any surgery performed in the hospital that does not require hospitalisation. "Clinical Surgery" means surgery that can be undertaken at the clinic.
7. For the details of designated disease as specified under "Pre-existing Medical Conditions" and other excluded items, please refer to the policy.

I. Basic Benefits⁸ – Select all or 2 out of 3

Insured Items and Coverage		Maximum Limit (HK\$) (per Insured Person)			
		Plan 1	Plan 2	Plan 3	Plan 4 (Medical Top-up Plan) ⁹
A	Hospital and Surgical Benefits ¹⁰ (per disability per policy year) --compulsory items				
1.	Room and Board Fee (a maximum of 100 days) , limit per day	\$800	\$1,550	\$3,000	Overall maximum limit per year is \$250,000 and a maximum of 55% reimbursement per claim and no specified limit per item.
2.	Physician’s Visit Fee (a maximum of 100 days) , limit per day	\$800	\$1,550	\$3,000	
3.	Hospital Services Fee	\$12,000	\$18,000	\$25,000	
4.	Surgical Expenses (payable in accordance with “Classification Schedule of Surgical Operations”)				
	- Complex	\$38,000	\$50,000	\$70,000	
	- Major	\$20,000	\$30,000	\$47,000	
	- Medium	\$9,000	\$15,000	\$19,000	
	- Minor	\$5,000	\$6,500	\$8,000	
	(Fee for post surgical treatment by registered Chinese medical practitioner, 1 visit per day, a maximum of 5 visits per disability), limit per day	\$120	\$150	\$180	
5.	Operating Theatre Fee	Payable in accordance with Item A4 up to 30% of Surgical Expenses			
6.	Anaesthetist’s Fee	Payable in accordance with Item A4 up to 30% of Surgical Expenses			
7.	Specialist’s Fee (Referral letter issued by the qualified attending physician is required. The time lag between the issue date of the referral letter and the date of the relevant consultation should not exceed 6 months)	\$4,000	\$6,000	\$9,000	
8.	Intensive Care Fee (Maximum limit will be doubled automatically for compulsory quarantine by the government authority and for intensive care treatment in the hospital due to the contraction of infectious disease)	\$15,000	\$20,000	\$25,000	
9.	Post-Hospitalisation Treatment Fee (within 6 weeks immediately after discharged from hospital or post-clinical surgery)	\$1,200	\$2,500	\$4,500	
10.	Extra Bed Accommodation Fee (accompanying the Insured Person for hospital confinement; a maximum of 100 days), limit per day	\$800	\$1,000	\$1,200	
11.	Accidental Emergency Out-patient Treatment Expenses	\$1,500	\$2,000	\$2,500	
12.	Home Nursing Fee (a maximum of 100 days) , limit per day	\$530	\$850	\$1,150	
13.	Medical Appliances (Specified Items) (Including Pacemaker, Stents for Percutaneous Transluminal, Coronary Angioplasty, Intraocular Lens, Artificial Cardiac Valve, Metallic or Artificial Joints for Joint Replacement, Prosthetic Ligaments for Replacement or Implantation between Bones and Prosthetic Intervertebral Disc)	\$10,000	\$20,000	\$30,000	
14.	Chemotherapy/Radiotherapy/ Targeted therapy/, Proton Therapy/ Immunotherapy/ Hormonal therapy/ Gamma Knife/ Cyber Knife/ Renal Dialysis Treatment Expenses	\$30,000	\$50,000	\$70,000	
15.	Cash Allowance for Health Supplement Food (payable from the 8th day of hospital confinement onward after surgical operation, a maximum of 5 days per disability), limit per day	\$200	\$300	\$500	
16.	Special Cash Allowance for Public Hospital in Hong Kong (for general ward bed only, a maximum of 50 days. This benefit is payable where no other benefits in item A (Hospital and Surgical Benefits) are payable, but except item A15 (Cash Allowance for Health Supplement Food), limit per day	\$500	\$750	\$1,000	
17.	Compassionate Death Benefit Death in the hospital as a result of accident	\$8,000	\$10,000	\$12,000	
Overall limit per policy year for each Insured Person aged 76 or above under Item A		\$200,000	\$400,000	\$600,000	Note: The Insured Person should hold a valid hospital and surgical insurance upon submission of claims. Otherwise, this benefit will become invalid.

B Supplementary Major Medical Benefit¹⁰ (per disability per policy year)					
Only applicable after the exhaustion of “Hospital and Surgical Benefits” payable under Basic Benefits Items A3 to A8 ¹¹ (calculation of reimbursement in accordance with percentage)		\$150,000 80%	\$300,000 80%	\$500,000 a. 80% or b. 100%	N/A
C Hospital Cash Benefits					
<ul style="list-style-type: none"> Regardless of any basic benefits or plan selected, the sum insured will be covered under Plan 1 only for the insured child(ren) aged 18 or below. If the hospital confinement is in the Mainland China the maximum limit of this coverage will be reduced by half. For hospital confinement outside Hong Kong (China), the maximum number of days is 90 per policy year for each Insured Person. 					
1.	Daily Hospital Cash (a maximum of 365 days per event)	\$300	\$500	\$1,000	\$300
2.	Double Indemnity of Daily Hospital Cash due to any one of following Events (a maximum of 365 days per event)	\$600	\$1,000	\$2,000	\$600
i	Confinement in the Intensive Care Unit (a maximum of 90 days per event)				
ii	Receiving major organ transplant surgery or first diagnosis with cancer disease				
iii	Suffering from defined infectious disease ¹² (a maximum of 30 days for each infectious disease)				
iv	Temporary leaving Hong Kong (China) but not exceeding 60 days with hospital confinement required during this period (excluding the Mainland China and Macau (China)), a maximum of 30 days per event				
v	The Insured Person and insured legal spouse are hospitalised at the same time due to the same accident				
Free Services					
1.	24-hour Worldwide Emergency Assistance Service (a hospital deposit guarantee of up to HK\$40,000 in the event of emergency hospital confinement outside Hong Kong (China) is applicable)	Please refer to the policy for details			
2.	In the first policy year, each Insured Person will be entitled to a basic health check-up ¹³ in accordance with the insured plan. Check-up items include blood group, rubella, cholesterol, urinalysis, triglycerides, diabetes screening, paediatric assessment, etc. A comprehensive health check-up for male, female or child will be provided every 2 consecutive policy years thereafter.	Please visit BOCG Insurance’s website for details (http://www.bocgins.com)			

II. Optional Benefits⁸ (“Optional Benefits” can be additionally selected after enrolling in Basic Benefits)

Insured Items and Coverage		Maximum Limit (HK\$) (per Insured Person)		
		Plan 1	Plan 2	Plan 3
D Out-patient Benefit				
Network and Non-network Doctor		Network Doctor	Network Doctor	Network Doctor and Non-network Doctor
1.	General Practitioner Consultation (3 days western medication, 1 visit per day) Maximum limit per visit Maximum number of visits per year Co-payment – Network Doctor Co-payment – Non-network Doctor	- Unlimited \$30 N/A	- Unlimited \$10 N/A	Non-network Doctor \$350 Unlimited \$0 20%

2.	Specialist Consultation (referral letter is required, 5 days western medication, 1 visit per day) Maximum limit per visit Maximum number of visits per year Co-payment – Network Doctor Co-payment – Non-network Doctor	- Unlimited \$50 N/A	- Unlimited \$30 N/A	Non-network Doctor \$700 Unlimited \$20 20%
3.	Chinese Medical Practitioner Consultation (including bonesetter and acupuncture, 1 visit per day) Maximum limit per visit Maximum number of visits per year Co-payment – Network Doctor Co-payment – Non-network Doctor	N/A	- 12 \$0 N/A	\$180 12 \$0 20%
4.	Physiotherapy and Chiropractor Treatment (referral letter is required, 1 visit per day) Maximum limit per visit Maximum number of visits per year Co-payment – Network Doctor Co-payment – Non-network Doctor	- 10 \$0 N/A	- 10 \$0 N/A	\$340 10 \$0 20%
5.	Diagnostic X-ray and Laboratory Tests (referral letter is required) Maximum limit per year Co-payment – Network Doctor Co-payment – Non-network Doctor	\$2,500 \$0 N/A	\$3,000 \$0 N/A	\$4,000 \$0 20%
E	Dental Benefit			
Calculation of reimbursement in accordance with percentage:		80%	100%	N/A
1.	Intra-oral small film radiograph (maximum limit per film)	\$60	\$70	
2.	Scaling, polishing and prophylaxis (maximum limit per visit, maximum number of visits per year)	\$300 (1 visit)	\$400 (2 visits)	
3.	Fillings, extraction (maximum limit per tooth)	\$300	\$400	
4.	Drainage of abscess (maximum limit per tooth)	\$200	\$300	
5.	Root canal fillings (maximum limit per root)	\$600	\$1,200	
Overall maximum limit per policy year		\$2,000	\$3,800	
F	Maternity Benefit (per pregnancy)			
Including pre-natal and post-natal out-patient expenses. These benefits are not applicable to pregnancy or birth of child(ren) within 9 months from the policy effective date of these benefits.				
1.	Caesarian section	\$12,000	\$15,000	\$22,500
2.	Normal delivery	\$8,000	\$10,000	\$15,000
3.	Miscarriage	\$6,000	\$8,000	\$12,000
G	Critical Illness Benefit			
1.	A lump sum payment will be provided in the unfortunate event of first diagnosis of the covered Critical Illness ¹⁴ . To be eligible for a claim, the Insured Person should be alive for at least 30 days after the first diagnosis of the covered Critical Illness.	\$100,000	\$200,000	\$300,000
2.	Upon approval of a claim for Critical illness, the Insured Person’s benefit under this item G will be terminated immediately.			
3.	A 90-day waiting period: No benefit will be payable for any covered Critical Illness where the signs or symptoms of which or the diagnosis of which first occurred within 90 days from the policy effective date.			
Extended Benefits				
1.	Medical Expenses for Critical Illness (due to ascertained the first diagnosis of cancer, stroke or cardiomyopathy)	\$30,000	\$45,000	\$60,000

2.	Additional benefit of the diagnosis of 5 female Critical Illnesses or serious diseases (A lump sum payment will be made payable to female Insured Person in the event of first diagnosis of breast cancer, cervix uteri cancer, ovarian cancer, uterine cancer or system lupus erythematosus (SLE) ¹⁵)	\$50,000	\$80,000	\$100,000
3.	Additional benefit of the diagnosis of 5 male Critical Illnesses (A lump sum payment will be made payable to male Insured Person in the event of first diagnosis of lung cancer, liver cancer, colon cancer, prostate cancer or cardiomyopathy)	\$50,000	\$80,000	\$100,000

- Remarks :**
- All charges incurred must be reasonable and customary.
 - Plan 4 “Medical top-up plan” will be provided for the Insured Person to supplement the inadequate protection of the existing Hospital and Surgical insurance (e.g. medical insurance offered by your employer). Compensation will only be made on the shortfall of the first hospital and surgical insurance policy and should not exceed 55% of the reimbursement per claim and the overall maximum limit per year.
 - The eligible Day Case Surgery and Clinical Surgery which are classified by BOCG Insurance will be paid under “Hospital and Surgical Benefit” and “Supplementary Major Medical Benefit”.
 - If the insured daily maximum limit for Room and Board is less than the actual amount charged for Room and Board by the hospital for hospital confinement, BOCG Insurance reserves the right to adjust the benefits payable under “Supplementary Major Medical Benefit”.
 - Defined infectious disease includes malaria, cholera, meningococcal infection, dengue fever, tetanus or atypical pneumonia including but not limited to COVID-19.
 - Health check-up will be conducted at BOCG Insurance’s designated clinics or medical centres. BOCG Insurance is not liable for the services or the negligence of the relevant clinics or medical centres.
 - 40 types of Critical Illness coverage includes Cancer, Cardiomyopathy, Coronary Artery Bypass Grafting, Heart Valve Replacement, Primary Pulmonary Arterial Hypertension, Surgery To Aorta, Heart Attack, Alzheimer’s Disease, Bacterial Meningitis, Tuberculous Meningitis, Benign Brain Tumor, Coma, Encephalitis, Brain Damage, Motor Neurone Disease, Multiple Sclerosis, Muscular Dystrophy, Paraplegia/Paralysis, Parkinson’s Disease, Poliomyelitis, Stroke, Progressive Bulbar Palsy, Blindness, Loss of Hearing, End Stage Lung Disease, Fulminant Viral Hepatitis, Kidney Failure, Loss of Independent Existence, Loss of Speech, Major Burns, Major Organ Transplant, Loss of Limbs, Total And Permanent Disability, Liver Failure, HIV Through Blood Transfusion, Aplastic Anaemia, Elephantiasis, Severe Rheumatoid Arthritis, Terminal Illness, Vegetative State (persistent).
 - SLE: Subject to a 90-day waiting period, and while the claim was settled, the Insured Persons’ benefits under item G will be terminated immediately.

Annual Premium Table[^]

(The premium is calculated in HK\$ and on the basis of each Insured Person. 10% premium discount will be offered if two or more family members³ are insured under the same policy)

I. Basic Benefits – Hospital and Surgical¹⁶ + Supplementary Major Medical¹⁷ (A+B Benefits)

Age Group	Annual			
	Plan 1	Plan 2	Plan 3 a ¹⁷	Plan3 b ¹⁷
15 days – 17 years old	\$2,534	\$3,612	\$5,506	\$6,348
18 – 30 years old	\$2,695	\$4,316	\$7,280	\$8,122
31 – 45 years old	\$3,533	\$5,640	\$9,518	\$10,383
46 – 55 years old	\$4,638	\$7,476	\$13,145	\$14,313
56 – 60 years old	\$5,878	\$9,731	\$17,431	\$18,794
61–70 years old*	\$8,168	\$13,152	\$22,117	\$23,514
71–75 years old*	\$11,884	\$19,614	\$26,824	\$28,171
76 years old or above*	\$10,752	\$18,258	\$24,780	\$24,780

* 66 years old or above is applicable to renewal only; 76 years old or above can be renewed on Hospital and Surgical Benefits only.

I. Basic Benefits – Hospital and Surgical¹⁶ + Hospital Cash¹⁸ (A+C Benefits)

Age Group	Annual			
	Plan 1	Plan 2	Plan 3	Plan 4
15 days – 17 years old	\$2,057	\$2,977	\$4,675	\$1,675
18 – 30 years old	\$2,428	\$3,968	\$6,730	\$2,043
31 – 45 years old	\$3,456	\$5,528	\$9,688	\$2,746
46 – 55 years old	\$4,955	\$7,833	\$14,909	\$3,581
56 – 60 years old	\$6,589	\$10,422	\$18,854	\$5,630
61–70 years old *	\$6,761	\$11,345	\$19,457	\$5,141
71 years old or above*	\$10,948	\$18,590	\$25,229	-

* 61 years old or above can only be renewed on Hospital and Surgical Benefits, maximum renewal age of Hospital Cash Benefit is up to 60 years old. For Plan 4, maximum enrolment age is 60 years old with renewal age up to 70 years old. Aged 71 or above can convert insured plan to Plan 1 or Plan 2 (if Plan 3 is selected to convert, it is required to submit documentary proof, showing that his/her coverage limit is equivalent to or better than the coverage limit of Plan 3 under the Hospital and Surgical Benefits before the conversion).

I. Basic Benefits – Hospital and Surgical¹⁶ + Supplementary Major Medical¹⁷ + Hospital Cash¹⁸ (A+B+C Benefits)

Age Group	Annual			
	Plan 1	Plan 2	Plan 3 a ¹⁷	Plan 3 b ¹⁷
15 days – 17 years old	\$2,743	\$3,857	\$5,960	\$6,712
18 – 30 years old	\$3,093	\$4,812	\$7,979	\$8,718
31 – 45 years old	\$4,106	\$6,361	\$10,843	\$11,632
46 – 55 years old	\$5,889	\$9,025	\$16,555	\$17,623
56 – 60 years old	\$7,635	\$11,797	\$21,620	\$22,883
61–70 years old *	\$8,168	\$13,152	\$22,117	\$23,514
71–75 years old*	\$11,884	\$19,614	\$26,824	\$28,171
76 years old or above*	\$10,752	\$18,258	\$24,780	\$24,780

* 61 to 75 years old can be renewed on Hospital and Surgical Benefits and Supplementary Major Medical Benefit only; 76 years old or above can be renewed on Hospital and Surgical Benefits only.

II. Optional Benefits

Age Group/Benefits	Annual		
	Plan 1	Plan 2	Plan 3
D. Out-patient¹⁶ Benefit	Network Doctor		Network & Non-network Doctor (80% Reimbursement)
15 days – 4 years old	\$5,775	\$8,330	\$9,534
5 – 30 years old	\$4,869	\$6,924	\$9,343
31 – 45 years old	\$5,001	\$7,113	\$11,172
46 – 60 years old	\$5,222	\$7,428	\$15,994
61–70 years old	\$7,955	\$11,230	\$22,663
71 years old or above	\$7,673	\$10,833	\$24,534

E. Dental¹⁶ Benefit			
15 days or above	\$1,257	\$2,228	N/A
F. Maternity¹⁹ Benefit			
18 – 30 years old	\$5,099	\$6,370	\$9,548
31 – 40 years old	\$5,890	\$7,356	\$11,041
41 – 50 years old	\$4,570	\$5,731	\$8,590
G1. Critical Illness¹⁹ Benefit (non-smoking)			
18 – 30 years old	\$184	\$339	\$494
31 – 40 years old	\$522	\$1,015	\$1,495
41 – 45 years old	\$871	\$1,683	\$2,524
46 – 50 years old	\$1,291	\$2,554	\$3,816
51 – 55 years old*	\$1,858	\$3,685	\$5,514
56 – 60 years old*	\$3,210	\$6,383	\$9,557
G2. Critical Illness¹⁹ Benefit (smoking)			
18 – 30 years old	\$255	\$480	\$706
31 – 40 years old	\$769	\$1,480	\$2,205
41 – 45 years old	\$1,277	\$2,510	\$3,729
46 – 50 years old	\$1,886	\$3,729	\$5,571
51 – 55 years old*	\$2,685	\$5,354	\$8,009
56 – 60 years old*	\$4,649	\$9,262	\$13,860

*51 to 60 years old is applicable to renewal only.

Remarks :

- Hospital and Surgical, Out-patient and Dental Benefits: enrolment age is up to 65 years old, aged 66 or above is applicable to renewal only.
- Supplementary Major Medical Benefit: enrolment age is up to 65 years old and renewal age is up to 75 years old. Claim reimbursement percentage for Plan 3a and Plan 3b are 80% and 100% respectively.
- Hospital Cash Benefit: both enrolment and renewal age is up to 60 years old. Regardless of any basic benefits or plan selected, the sum insured will be covered under Plan 1 only for the insured child(ren) aged 18 or below.
- Maternity Benefit, Critical Illness Benefit: enrolment age is 18 to 50 years old. Renewal age is up to 50 years old for Maternity Benefit. Renewal age is up to 60 years old for Critical Illness Benefit.

^This premium table does not include premium levy which is collected by the Insurance Authority(“IA”).

The IA will collect premium levy from the policyholder at the applicable rate. In order to avoid any legal consequences, the policyholder must pay to the insurance company a prescribed levy for the premium for direct remittance to the IA. The levy amount may be subject to change depending on the applicable rate. For details, please visit IA's website www.ia.org.hk.

Major exclusions (For details, please refer to the policy)

Any congenital conditions, latent illness or disease existed prior to the effective date of the policy (including any designated disease occurring during the first year and the first six months from the effective date of the benefits cover); routine physical examination, dental treatment (except the cover provided under Dental Benefits), eye tests; cosmetic or plastic surgery, pregnancy or childbirth (except the cover provided under Maternity Benefit), fertility or infertility treatment; AIDS, HIV related sickness or injury (except the cover provided under Critical Illness); alcoholism, mental disorders, drug addiction, venereal diseases, illegal acts, war, strike, riot, act of terrorism, professional sports or high risks activities; all hospitalisation expenses incurred primarily for examinations (such as diagnostic scanning, X-ray examination, etc) or physiotherapy, etc.

Revisions, notice of termination and claims

- **Premium, terms and maximum limit**

Premium, terms and maximum limit are determined in accordance with the plan selected, the health condition at time of application and the age during the period of insurance of the Insured Person. The premium will be increased progressively when the Insured Person enters into another pre-set age group at the time of policy renewal. Regardless of the Insured Person's health or claim conditions, BOCG Insurance will not charge any additional fees or impose any additional terms on the Insured Person after the policy has taken into effect. **However, BOCG Insurance reserves the right for all policies covered under BOC Medical Comprehensive Protection Plan (Series 1). to adjust standard premiums on a portfolio basis and amend the terms and/or benefits limit from time to time upon renewal for the coming policy year.**

- **Revision of the plan**

The Proposer can apply to revise the policy by giving a written notice to BOCG Insurance 30 days prior to the expiry date of each policy year. Upon BOCG Insurance's approval, the new plan, new premium and premium levy will become effective on the first day of the new policy year.

- **Termination of policy and premium refund**

1. The Proposer can apply to terminate the policy or one of the Insured Persons in the policy, by giving a written notice to BOCG Insurance 30 days prior to the expiry date of each policy year, such termination shall become effective on the day immediate following the expiry of the policy year. If the Proposer terminates the policy or any one of the Insured Persons' benefits within the policy period, the premium and premium levy will not be refunded and the Proposer should pay 100% of the annual premium.
2. If the Insured Person covered under Plan 4 "Medical Top-up Plan" gives a written notice for policy termination within the policy period due to the cancellation of company medical insurance after termination of employment, he/she will be entitled to the refund of the paid annual premium and premium levy on a designated percentage upon submission of the documentary proof. Besides, the Insured Person can request to convert his/her insured plan to Plan 1, Plan 2 or Plan 3 (if Plan 3 is selected, Insured Person should submit the documentary proof showing that his/her previous company medical insurance coverage is equivalent to or better than that of Plan 3 before the conversion).

- **Claims**

For claim application, the Insured Person should submit a written notice together with the documentary proof to BOCG Insurance for processing at the soonest. BOCG Insurance will complete within 10 working days after the sufficient documentary proof has been received.

Important Notes

- **Age:** the Proposer and his/her spouse should be aged 18 or above.
- **Child(ren):** can be insured individually but the application should be arranged by the parent or legal guardian.
- **Insured Person:** must be a legal resident of the HKSAR.
- **Notes to applicant who is studying outside Hong Kong (China):**
 1. Individual underwriting is required for the application of the Plan.
 2. If the relevant applicant is approved by BOCG Insurance to be covered by the Plan, the Plan will be based on the details of the endorsement of the policy to extend Student Studying outside Hong Kong (China) Benefit and provide 24-Hour Emergency Assistance Services and Protection, including Medical Evacuation, Repatriation after Treatment, Compassionate Visit and Hotel Room Accommodation for Convalescence, etc.
 3. BOCG Insurance reserves the right to underwrite, reject the application, adjust the premium and/or the maximum limit of benefits, and/ or amend the policy for the relevant application.
- **Change of Risk :** The immediate notice in writing shall be given to BOCG Insurance if any change of risk of the Insured Person (including change of identity of the residence, the occupation, etc). BOCG Insurance reserves the right in its sole and absolute discretion to treat the insurance policy as premium adjustment or termination for any change of risk which is from the inception date of any change of risk. BOCG Insurance will not refund any premiums and premium levy paid and reserves rights to require repayment of the paid claims.
- **Geographical Limit:**

(a) Hospital and Surgical (including Medical Top-up Plan), Dental, Maternity, Critical Illness	Applicable to Worldwide
(b) Supplementary Major Medical	Applicable to the Mainland China, Hong Kong (China) and Macau (China)

- Supplementary Major Medical (only applicable to accidental emergency situation),	- Applicable to Worldwide
(c) Hospital Cash (limited to hospital confinement of 90 days per policy year)	- Applicable to Worldwide
(d) Out-patient -“Plan 1”, “Plan 2” -“Plan 3”	- Applicable to Hong Kong (China) - Applicable to Worldwide

- The Plan only covers the expenses of the insured person on the following basis:
Reasonable and Customary: shall mean in relation to fees, a sum not exceeding a reasonable average of the fees charged under similar conditions by persons of equivalent experience and professional status in the area in which the service was provided; and in relation to material or services, shall mean a sum not exceeding a reasonable average of the charges for similar material or services in equivalent circumstances of quality and economic consideration in the same area as that in which any such material or services were obtained.
Medically Necessary: shall mean mainly the need to have medical service for the purpose of investigating or treating the relevant disability in accordance with the generally accepted standards of medical practice.
Deductible: shall mean a fixed amount of eligible expenses that, in a policy year, the policy holder must pay before BOCG Insurance shall reimburse the remaining eligible expenses.
Duplicate Application: In the event that the Insured Person is covered under more than one such policy, BOCG Insurance will consider that person to be insured under the policy that provides the greatest amount of benefit. Where the benefit under each such policy is identical, BOCG Insurance will consider that person to be insured under the policy first issued. BOCG Insurance will refund any duplicated insurance premium payment and premium levy that may have been made by or on behalf of that person and the duplicated policy shall be void in respect of such particular Insured Person.
- **Termination of policy :**
This policy shall be automatically terminated on the earliest of the followings:
 - If the Insured Person has at any time failed to observe the terms of this policy or failed to act with utmost good faith; or
 - This policy shall terminate forthwith upon the death of the Insured Person. Benefit for any Insured Person under the policy shall terminate forthwith upon the death of that Insured Person without affecting benefit for other Insured Person under the policy ; or
 - Provided one or more premiums and premium levy charged to the Insured’s nominated account have been paid, non-payment of any subsequent premiums and premium levy shall terminate insurance under this policy as from that policy expiry date. Full annual premium and premium levy for the policy year shall be collected from the Insured and no refund shall be made.
- **The information of this promotional material does not contain the full terms of the policy and the full terms can be found in the policy document.**

Insuring and renewal age limit

Insured Items	Insured age	Renewal age
A. Hospital and Surgical	15 days - 65 years old	Lifetime
B. Supplementary Major Medical	15 days - 65 years old	up to 75 years old
C. Hospital Cash	15 days - 60 years old	up to 60 years old
D. Out-patient	15 days - 65 years old	Lifetime
E. Dental	15 days - 65 years old	Lifetime
F. Maternity	18 - 50 years old	up to 50 years old
G. Critical Illness	18 - 50 years old	up to 60 years old

Terms and Conditions:

- The Plan is underwritten by Bank of China Group Insurance Company Limited (“BOCG Insurance”).
- Bank of China (Hong Kong) Limited (“BOCHK”) is the appointed insurance agent of BOCG Insurance for distribution of the Plan. The Plan is a product of BOCG Insurance but not BOCHK.
- 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 BOCHK and the customer out of the selling process or processing of the related transaction, BOCHK is required to enter into a Financial Dispute Resolution Scheme process with the customer; however any dispute over the contractual terms of the Plan should be resolved directly between BOCG Insurance and the customer.
- BOCHK is granted an insurance agency licence under the Insurance Ordinance (Cap. 41 of the Laws of Hong Kong) by Insurance Authority in Hong Kong SAR. (insurance agency licence no. FA2855)
- BOCG Insurance is authorised and regulated by the Insurance Authority to carry on general insurance business in Hong Kong Special Administrative Region of the People's Republic of China.
- BOCG Insurance reserves the sole right to determine whether any application for the Plan is acceptable or not in accordance with the information submitted at the time of application by the Proposer and/or Insured Person.
- BOCG Insurance and/or BOCHK reserve the right to amend, suspend or terminate the above products, services and offer and to amend the relevant terms at any time at its discretion without prior notice. In case of dispute, the decision of BOCG Insurance and/or BOCHK shall be final.
- This promotional material is for reference only and is intended to be distributed in Hong Kong only. It shall not be construed as an offer to sell or solicitation of an offer or recommendation to purchase or sale or provision of any products of BOCG Insurance outside Hong Kong. Details of the coverage of the Plan are subject to the terms stipulated in the policy by BOCG Insurance. Please refer to the policy document for the details of the insured items and coverage, provisions and exclusions.
- Should there be any discrepancy between the English and Chinese versions of this promotional material, the English version shall prevail.

Should you require the Chinese version of this leaflet, please call the respective customer services hotline or visit the following website:

Bank of China (Hong Kong) Limited

Personal Customer Service Hotline : (852) 3988 2388

www.bochk.com