

BOC Worldwide Medical Insurance Plan

Comprehensive, Worry-free Coverage

As you often spend your honourable time around the world because of work or a trip with your loved ones; only extensive coverage of high quality healthcare can meet the needs of you and your family, so that you can enjoy proper medical protection anytime and anywhere; and enjoy a good and healthy life while keeping your life in full grasp.

Bank of China Group Insurance Company Limited (“BOCG Insurance”) fully understands your needs and specially presents the “BOC Worldwide Medical Insurance Plan” (the “Plan”). The Plan is an individual comprehensive medical insurance plan with comprehensive protection and abundant coverage, which provides comprehensive, flexible worldwide medical protection and a lifetime benefit of up to HK\$66,000,000¹. The coverage of the Plan extends beyond hospital and surgical expenses and includes benefits for those suffering from serious illness and post-hospitalisation rehabilitation services, etc. Ensuring you and your family enjoy the privileged medical treatment and caring when in needs. Moreover, the Plan provides protection in different geographical areas and deductible plans to choose from, so that you and your family can enjoy yourselves and choose the required protection.

Key features of the Plan:

<p>Medical</p>	<ul style="list-style-type: none"> ● One-stop Medical Protection ● Other Protection ● Various Special Cash Benefits ● Flexible Protection ● Peace of Mind 	<ul style="list-style-type: none"> ➤ Full Cover for: <ul style="list-style-type: none"> - Hospital and Surgical Expenses - Prescribed Non-surgical Cancer Treatments (such as Chemotherapy, Radiotherapy and Targeted Therapy, etc.) - Pre- and Post-hospitalisation Outpatient Consultations (including prescribed medications) ➤ Experimental Cancer Treatments ➤ Stroke Rehabilitation Benefit ➤ Post-hospitalisation Rehabilitation and Alternative Treatment ➤ “Pre-existing Conditions Benefit”² (applicable to “Noble Plan (Worldwide)”) ➤ Outpatient Surgery Cash Benefit ➤ Second Claim Benefit ➤ Private Hospital Room Downgrade Benefit ➤ Hospital Cash (Government Hospital) Benefit ➤ Your own choice of Overall Annual Limit, Covered Area and Annual Deductible Amount ➤ Deductible Adjustment Guarantee³ – allowing you to lower the deductible level for the Insured Person during the policy year of his 50th, 55th, 60th or 65th birthday without the need of providing health declaration (for once per lifetime only) ➤ Optional Outpatient and Dental Benefits (applicable to “Noble Plan (Worldwide)” and “Elite Plan (Worldwide excluded USA)”) ➤ Lifetime Renewal Guaranteed⁴, regardless of medical conditions and claims history of the Insured Person
<p>Services</p>	<ul style="list-style-type: none"> ● Caring Services for You 	<ul style="list-style-type: none"> ➤ Pre-approval Guarantee of Payment for Inpatient Admission Services⁵ (Within Hong Kong and Outside Hong Kong) ➤ 24-hour Worldwide Emergency Assistance Services ➤ Second Medical Opinion⁶

		<p>➤ Medical Concierge Services⁷: e.g. Doctor On-call Services, Delivery of Medication, Healthcare Assistants to Accompany Elderly/ Child to and from clinic for consultations, etc.</p>
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Medical

Flexible and Comprehensive

One-Stop Medical Protection

Illnesses often impose a heavy financial stress for a prolonged period and the Plan can provide coverage to you including eligible diagnostic tests, hospitalisation, surgery, prescribed non-surgical cancer treatments (such as chemotherapy, radiotherapy and targeted therapy, etc.), post-hospitalisation rehabilitation services, etc.

Full Reimbursement for Major Hospital Expenses

In the unfortunate event that you are hospitalised due to an illness or accident, major hospital expenses such as surgical fees, costs for intensive care, room and board, doctor and specialist’s visits and so on, are all covered and reimbursed, allowing you to focus on receiving worry-free treatments.

All-round Post-hospitalisation Rehabilitation Care and Services Treatment

Stroke Rehabilitation Benefit

Stroke patients often need a longer period of rehabilitation care. The Plan specially arranges for patients comprehensive support, and offers the benefits for home facilities enhancement and disability subsidy protection to enhance the self-care ability of patients in daily life and allow them to rest at home with peace of mind.

Rehabilitation and Alternative Treatment

The Plan covers a full range of therapies, such as Chinese medicines, physiotherapy, chiropractic and osteopathy, complementary therapy, dietician consultation and speech therapy, to support you through a prompt recovery.

“Pre-existing Conditions Benefit”²

One of the main features of the “Noble Plan (Worldwide)” is an extra protection we have for you in the form of coverage of your Pre-existing Conditions prior to the Plan coming into effect.

Coverage Details of the “Pre-existing Conditions Benefit”²:

- If your coverage under the “Noble Plan (Worldwide)” has been in effect for more than 36 consecutive months;
- If you have not received any treatment and made any claim with another insurance policy for the relevant Pre-existing Conditions for at least 36 consecutive months;
- You can be entitled to the “Pre-existing Conditions Benefit”² and claim for the expenses of the eligible treatments up to HK\$100,000 per claim. This benefit is payable up to three claims per lifetime*.

* To be eligible for subsequent claims of the “Pre-existing Conditions Benefit”² for the same Pre-existing Condition, another interval of 36 consecutive months need to elapse during which there should be no treatment received and no claim made with another insurance policy for the aforesaid condition.

Various Special Cash Benefits⁸

In line with the needs of you and your family, the Plan also provides a variety of cash allowances, including outpatient surgery, with a maximum of HK\$1,600 per policy year. In addition, if you set the Plan as the secondary payer, downgrade the room level in private hospital or enter a government hospital upon inpatient admission, you can enjoy daily cash benefit of HK\$1,600 per day for a maximum of 30 days per policy year.

Flexible Protection

Optional Benefits and Flexible Combination

We understand our customers' different needs. In addition to Hospital and Surgical Benefits, we offer a flexible choice of optional benefits, including outpatient benefits and dental benefits (applicable to "Noble Plan (Worldwide)" and "Elite Plan (Worldwide excluded USA)"). You can choose the most suitable coverage for the place you work and other locations that you visit frequently.

Flexible Deductible Options for Customised Support

A comprehensive health care plan can add security beyond your existing medical plan. The Plan offers deductible options, with the maximum amount of annual deductible up to HK\$80,000, enabling you to cut the cost of your premium while enjoying extra medical protection. You can enjoy the Deductible Adjustment Guarantee³, allowing you to lower the deductible level during the policy year of your 50th, 55th, 60th or 65th birthday without the need of providing health declaration, which allows you to protect your health with the suitable plan.

Peace of Mind

Lifetime Renewal Guaranteed⁴ for Lifelong Peace of Mind

Period of insurance of the Plan is 1 year and the Plan would be renewed on yearly basis. The Plan offers lifetime renewal guaranteed⁴, regardless of your health conditions or claims history after the Plan comes into effect. The medical expenses within the coverage limit will be covered. The Plan saves you from the worry of a substantial medical bill, and at the same time avoids putting any financial burden on your family.

Services

Caring Services for You

As our valued customer of "BOC Worldwide Medical Insurance Plan", you can enjoy our privileged services including the arrangement of hospital admission, emergency assistance services and second medical opinion⁶. You will be assured of the comprehensive medical treatment and care whenever you need.

Pre-Approval Guarantee of Payment for Inpatient Admission Services⁵

Simply call our 24-hour Services Hotline before admission to hospital to enjoy the "Guarantee of Payment for Inpatient Admission Services"⁵. With the services, we will settle your medical bill directly. Nothing to worry about handling claims, you can focus on receiving treatments. The services apply both within and outside Hong Kong, allowing you to receive suitable medical services anywhere you need.

24-Hour Worldwide Emergency and Travel Assistance Services

No matter where you are, you can enjoy worldwide emergency assistance by calling our 24-hour Services Hotline. The assistance services cover emergency medical repatriation, repatriation of mortal remains, compassionate visit by relatives, return of unattended minor children, and so on. Our 24-hour Services Hotline also provides travel assistance services referral to meet your needs anytime, including essential information on travelling enquiry, flower and gift delivery, golf courses, limousine arrangements in Hong Kong, etc. Actual fees incurred in the process shall be borne by the Insured Person.

Second Medical Opinion⁶

Through the referral services of the medical services provider, the Insured Person can obtain second medical opinion from medical experts in USA, and consult them for suggestions on treatment options. Actual fees incurred in the process are borne by the Insured Person.

Medical Concierge Services⁷

We offer 24-hour Medical Concierge Services⁷ in Hong Kong for referral services which include:

Professional Services

- Doctor On-call Services
- Private Nurse
- Postnatal Visit at Home
- Wound Care/ Dressings at Home
- Arrangements for Paramedical Services (such as Physiotherapy, Dietician Consultation, Speech Therapy, Occupational Therapy and Psychologist Consultation, etc.)
- On-site Vaccination

Other Services

- Accompanying Elderly/Child to and from Clinic by Healthcare Assistants
- Delivery of Medication (Home/Office)
- House Call for Blood Taking / Sample Collection
- Medical Limousine for Post Operation Consultation
- Sourcing of Medical Accessories

Actual fees incurred in the process are borne by the Insured Person.

Cases and Suggestions

Case (1)

Background: Mr & Mrs Chan are self-employed people operating an online shop for trendy goods. They are both dedicated to living a healthy lifestyle. To ensure well-arranged and high quality treatment and healthcare services in times of need, a medical insurance plan that offers comprehensive protection and adequate coverage is what they need. The Plan is, therefore, meeting Mr and Mrs Chan's needs, offering them security and peace of mind.

1. Full Cover of Hospital and Surgical Expenses

Mr Chan recently experienced weight loss and abdominal bloating. Through the diagnostic test by his doctor, Mr Chan was diagnosed with colorectal cancer. A colostomy was performed on Mr Chan to carry out a bowel resection, and he subsequently received chemotherapy, costing more than HK\$1,000,000 in total. Thanks to the Guarantee of Payment for Inpatient Admission Services⁵, Mr Chan need not settle the medical bill. Those expenses, including specialists' fees, diagnostic test fees, fees on colonoscopy with polypectomy, several hospital and surgical expenses, chemotherapy and targeted therapy expenses, were fully covered. Under the quality treatment and care provided by the professional medical team, Mr Chan made a good recovery and was discharged.

2. Outpatient Surgery Fee and Cash Benefit

Mrs Chan suffered from gastric ulcer. Following her doctor's advice, she underwent the gastroscopy. As the Plan covers the outpatient surgery fee, an operation was performed in the clinic without confinement in the hospital. The expenses incurred for such operation, including the consultation fee, medication fee, surgeon's fee, anaesthetist's fee and expenses on the use of an operating theatre were fully covered. Moreover, the Plan offered an "Outpatient Surgery Cash Benefit" of HK\$1,600 for such day case procedure to Mrs Chan.

Case (2)

Background: Mr Ho travels abroad frequently because of business needs. He wants a medical health plan with one-stop medical benefits and excellent medical services to make him feel at ease. The Plan is a comprehensive fit for his needs, allowing Mr Ho to keep his mind & concentrate on his work during the trips.

Privileged Medical Coverage across Worldwide

Not long ago, Mr Ho suffered an acute stroke while on a business trip overseas which required emergency treatment. As Mr Ho is insured under the Plan, he can receive professional, reliable and caring medical services, including:

24-Hour Worldwide Emergency Assistance Services:

- Immediately admitted to a local hospital.
- The Emergency Assistance Services Center arranged medical evacuation for Mr Ho to return to Hong Kong.

Pre-approval “Guarantee of Payment for Inpatient Admission Services”⁵:

Upon his return to Hong Kong, Mr Ho’s condition required inpatient care. Mr Ho enjoyed the “Guarantee of Payment for Inpatient Admission Services”⁵. He did not need to settle the bill, enabling him to rehabilitate without the worry and hassle of filing an insurance claim.

Post-hospitalisation for Stroke Rehabilitation Benefit

Mr Ho was discharged from the hospital and received ancillary treatment; the Plan provides the related protection including the consultation with Chiropractor, Physiotherapist, Speech Therapist, Occupational Therapist, Neurosurgeon, Neurologist, and Chinese Medicine Practitioner. Moreover, to help Mr Ho adapt to his new life at home, the Plan offers “Home Facility Enhancement Benefit” which covers expenses for home facility enhancement prescribed by an occupational therapist, such as widening passageways, adapting bathroom facilities and the provision of specialised furniture, etc.. In addition, the Plan provides “Disability Subsidy Benefit” with monthly cash allowance to support Mr Ho for the living expenses during the period of disability as a result of stroke.

Case (3)

Background: Mr and Mrs Cheung, a prudent couple having a comprehensive and financially viable solution to their retirement planning, desire to make the most of the employer-provided group medical benefits while enjoying an all-rounded coverage throughout their life after retirement. Mr and Mrs Cheung are insured with “the Plan – Annual Deductible Option (HK\$80,000) plan” that offers a more competitive premium. By providing Deductible Adjustment Guarantee³, the Plan offers flexible coverage that caters various medical needs at different life stages, ensuring a worry-free post-retirement life for Mr and Mrs Cheung.

1. Second Claim Benefit

Mrs Cheung injured her right knee by accident, and was diagnosed with meniscus tear by her doctor. She first underwent meniscectomy, followed by physiotherapy treatments in a 5-day hospital confinement, costing her HK\$200,000 in total. Her group medical insurance plan only paid HK\$80,000 in this case. Afterwards, Mrs Cheung made a claim to the Plan, which covered the balance of HK\$120,000. Moreover, the Plan offered a “Second Claim Benefit” of HK\$1,600 per day of confinement, and Mrs Cheung received HK\$8,000 in total for the 5-day confinement.

2. Flexible coverage that fits your needs at each major life stage

In addition, given that the medical benefits provided by Mr Cheung’s employer will terminate upon his retirement, Mr Cheung, entitled to the Deductible Adjustment Guarantee³ provision in the Plan, has decided to switch to a lower-deductible plan without having to provide any medical declaration in the policy year following his 60th birthday. Mr Cheung is well-prepared to adapt to another important stage of life with the tailor-made medical benefits offered by the Plan, putting himself at ease after retirement.

Case (4)

Special Coverage of Benefit – “Pre-existing Conditions Benefit”²

Before the enrolment of the Plan	Miss Lee suffered from hemorrhoids. She recovered after undergoing a successful operation to remove hemorrhoids.
Enrolment of the Plan	Miss Lee enrolled in “BOC Worldwide Medical Insurance Plan - Noble Plan”. During her application, she declared the aforementioned medical history. Following the approval process, BOCG Insurance accepted her application and hemorrhoids were listed under the coverage of the “Pre-existing Conditions Benefit” ² clause.

After 3 years being insured by the Plan	Miss Lee suffered a recurrence of hemorrhoids. Due to substantial bleeding, her doctor advised her to undergo another operation to remove the hemorrhoids. As Miss Lee’s policy had been in effect for more than 36 consecutive months, and she had not received any treatment and filed any claim with another insurance policy with regard to her hemorrhoids, the expenses for the operation were covered up to the limit stated in the “Pre-existing Conditions Benefit” ² .
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The above examples are for illustration and reference purposes only. The actual claims amount, the deductible amount (if any) and the applicable terms for each application in a particular case will be subject to the specific circumstances and policy.

Plan Summary

Choice of Plan	Noble Plan (Worldwide)	Elite Plan (Worldwide Excl. USA)	Essential Plan (Asia)
Overall Annual Limit (Per Insured Person)	HK\$22,000,000	HK\$18,000,000	HK\$10,000,000
Overall Lifetime Limit (Per Insured Person)	HK\$66,000,000	HK\$54,000,000	HK\$30,000,000
Covered Area	Worldwide	Worldwide Excluding USA	Asia(Country/ Region) ⁹
Room Level Limit*	Up to the charges for a standard private room	Up to the charges for a standard private room	Up to the charges for a: <ul style="list-style-type: none"> • semi-private room (applicable to hospitals in Hong Kong (China), Macau (China) and Mainland China[^]) • standard private room (applicable to hospitals located outside Hong Kong (China), Macau (China) and Mainland China)
Optional Benefits	Dental/ Outpatient		Nil
Annual Deductible Options	HK\$0/HK\$25,000/HK80,000		
Enrolment Age	15 days to 70 years old		
Policy/Benefit Payment Currency	Hong Kong dollars		
Premium Structure	By attained age		
Premium Payment Mode	Annual		
Policy Renewal	Lifetime Renewal Guaranteed ⁴		

* In respect of a hospital situated in Mainland China, “semi-private room” shall mean the room of normal department, VIP department, Te Xu department and international department, but exclude any “deluxe”, “suite”, “executive” rooms and other upgraded rooms or the equivalence, whereas “standard private room” shall mean any upgraded room of a “semi-private room” or the equivalence.

[^]only includes the hospitals rated Class 2A or above in accordance with the Method of Classification of Hospitals as adopted by the Government of the People’s Republic of China.

LIMIT OF INDEMNITY TABLE

Insured Items and Coverage	Maximum Limit (in HK\$) Per Insured Person		
	Noble Plan (Worldwide)	Elite Plan (Worldwide Excl. USA)	Essential Plan (Asia)
Section 1 - Basic Benefits			
A HOSPITAL AND SURGICAL BENEFITS			
1 Room and Board Fee	Full cover	Full cover	Full cover
2 Doctor's Visit Fee	Full cover	Full cover	Full cover
3 Specialist's Fee	Full cover	Full cover	Full cover
4 Surgeon's Fee	Full cover	Full cover	Full cover
5 Anaesthetist's Fee	Full cover	Full cover	Full cover
6 Operating Theatre Fee	Full cover	Full cover	Full cover
7 Miscellaneous Hospital Expenses	Full cover	Full cover	Full cover
8 Daytime (Outpatient) Surgery Fee	Full cover	Full cover	Full cover
9 Intensive Care Fee	Full cover	Full cover	Full cover
10 Private Nursing Fee	Full cover (up to 60 days per policy year)	Full cover (up to 60 days per policy year)	Full cover (up to 60 days per policy year)
11 Hospital Companion Bed Fee	Full cover	Full cover	Full cover
12 Physiotherapy, Chiropractic and Osteopathy, Complementary Therapy, Dietician Consultation and Speech Therapy	Full cover	Full cover	Full cover
13 Psychiatric Treatment	\$50,000 per policy year (up to 30 days per policy year)	\$50,000 per policy year (up to 30 days per policy year)	\$50,000 per policy year (up to 30 days per policy year)
14 Medical Appliances			
(a) Specified Items (for 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)	Full cover	Full cover	Full cover
(b) Other Prosthetic Devices Items	\$100,000 per policy year	\$100,000 per policy year	\$100,000 per policy year
15 Organ Transplant			
All surgeries of the Insured Person as a receiver (including organ transplantation surgical cost)	Full cover	\$500,000 per event	\$300,000 per event
Surgery of the donor (for organ transplantation of kidney, heart, liver, lung, cornea or bone marrow)	30% of the total organ transplantation of both donor and receiver	30% of the total organ transplantation of both donor and receiver	30% of the total organ transplantation of both donor and receiver
B PRE- and POST-HOSPITALISATION BENEFITS			
1 Pre-hospitalisation/Day Case Procedure Outpatient Benefit (within 30 days preceding the confinement or day case procedure)	Full cover	Full cover	Full cover
2 Pre-hospitalisation/Day Case Procedure Outpatient due to "Pre-existing Conditions Benefit" ² (within 30 days preceding the confinement or day case procedure)	Full cover (up to 1 visit for each Pre-existing Condition)	N/A	N/A

Insured Items and Coverage		Maximum Limit (in HK\$) Per Insured Person		
		Noble Plan (Worldwide)	Elite Plan (Worldwide Excl. USA)	Essential Plan (Asia)
3	Post-hospitalisation/Day Case Procedure Outpatient Benefit	Full cover (within: - 90 days for General Practitioner consultation; - 60 days for Specialist consultation; and - 60 days for psychiatric/clinical psychologist consultation or day psychiatric hospitalisation in Hong Kong; following the confinement or day case procedure)	Full cover (within: - 90 days for General Practitioner consultation; - 60 days for Specialist consultation; and - 60 days for psychiatric/clinical psychologist consultation or day psychiatric hospitalisation in Hong Kong; following the confinement or day case procedure)	Full cover (within: - 60 days for General Practitioner or Specialist consultation; and - 60 days for psychiatric/clinical psychologist consultation or day psychiatric hospitalisation in Hong Kong; following the confinement or day case procedure)
4	Post-hospitalisation Home Nursing Benefit (within 60 days following the confinement)	Full cover	Full cover	Full cover
5	Post-hospitalisation Rehabilitation Benefit (in a rehabilitation centre)	Full cover (up to 60 days per policy year)	Full cover (up to 60 days per policy year)	80,000 per policy year (up to 60 days per policy year)
6	Post-hospitalisation Alternative Treatment (Chinese Medicines, Physiotherapy, Chiropractic and Osteopathy, Complementary Therapy, Dietician Consultation, Speech Therapy) (within 90 days following the confinement)	\$30,000 per confinement	\$30,000 per confinement	\$30,000 per confinement
C CASH BENEFITS				
1	Outpatient Surgery Cash Benefit	\$1,600 per day case procedure (limit of 1 day case procedure per policy year)	\$1,600 per day case procedure (limit of 1 day case procedure per policy year)	\$1,600 per day case procedure (limit of 1 day case procedure per policy year)
2	Second Claim Benefit	\$1,600 per day (up to 30 days per policy year)	\$1,600 per day (up to 30 days per policy year)	\$1,600 per day (up to 30 days per policy year)
3	Private Hospital Room Downgrade Benefit	\$1,600 per day (up to 30 days per policy year)	\$1,600 per day (up to 30 days per policy year)	\$1,600 per day (up to 30 days per policy year)
4	Hospital Cash (Government Hospital) Benefit (this benefit is payable when the Confinement is in general ward of government hospital where no benefits are payable item A "Hospital and Surgical Benefits" and item D6 "Reconstructive Surgery Benefit" under Section 1 - Basic Benefits in this Limit of Indemnity Table)	\$1,600 per day (up to 30 days per policy year)	\$1,600 per day (up to 30 days per policy year)	\$1,600 per day (up to 30 days per policy year)
For "C - Cash Benefits", items C1, C2, C3 and C4 shall not be paid in conjunction.				
D EXTENDED BENEFITS				
1	Prescribed Non-surgical Cancer Treatments¹⁰ (In-/Out-patient)	Full cover	Full cover	Full cover
2	Experimental Cancer Treatment	\$300,000 per policy year	\$300,000 per policy year	\$300,000 per policy year
3	Renal Dialysis (In-/Out-patient)	Full cover	Full cover	Full cover
4	HIV/AIDS Treatment (5 years waiting period)	\$100,000 per policy year \$1,000,000 lifetime limit	\$100,000 per policy year \$1,000,000 lifetime limit	\$100,000 per policy year \$1,000,000 lifetime limit
5	Pregnancy Complications Benefit (1 year waiting period)	Full cover	Full cover	N/A
6	Reconstructive Surgery Benefit (including external or prosthetic device or reconstructive material implanted during the surgery)	\$250,000 per disability	\$250,000 per disability	\$200,000 per disability
7	Stroke Rehabilitation Benefit (following the confinement)	Limit of 1 stroke event per lifetime	Limit of 1 stroke event per lifetime	Limit of 1 stroke event per lifetime

Insured Items and Coverage		Maximum Limit (in HK\$) Per Insured Person		
		Noble Plan (Worldwide)	Elite Plan (Worldwide Excl. USA)	Essential Plan (Asia)
	(a) Home Facility Enhancement Benefit (designated home facility enhancement, such as widening passageways, adapting bathroom facilities and the provision of specialised furniture, etc., which is prescribed by an occupational therapist)	\$50,000 per lifetime	\$50,000 per lifetime	\$50,000 per lifetime
	(b) Post-hospital Stroke Ancillary Benefit (within 12 months following the confinement) i. Chiropractor / Physiotherapist / Speech Therapist / Occupational Therapist/ Neurosurgeon (for consultation) ii. Neurologist/ Chinese Medicine Practitioner (for consultation and medicines prescribed)	\$1,000 per visit and \$100,000 per lifetime (Neurologist/ Chinese Medicine Practitioner consultations are subject to a combined limit of 30 visits per policy year)	\$1,000 per visit and \$100,000 per lifetime (Neurologist/ Chinese Medicine Practitioner consultations are subject to a combined limit of 30 visits per policy year)	\$1,000 per visit and \$100,000 per lifetime (Neurologist/ Chinese Medicine Practitioner consultations are subject to a combined limit of 30 visits per policy year)
	(b) Disability Subsidy Benefit (for disability continued for at least 6 months)	\$5,000 per month (up to 24 months)	\$5,000 per month (up to 24 months)	\$5,000 per month (up to 24 months)
8	Hospice Care	\$120,000 per lifetime	\$120,000 per lifetime	\$100,000 per lifetime
9	Emergency Outpatient (within 24 hours from the date of accident)	Full cover	Full cover	Full cover
10	Emergency Dental (within 14 days from the date of accident)	Full cover	Full cover	Full cover
E PRE-EXISTING CONDITIONS BENEFIT²				
1	Applicable for Noble Plan only	\$100,000 per claim and maximum 3 claims per lifetime This benefit is payable only if the Insured Person has been covered for at least 36 consecutive months of waiting period and there has been no treatment received due to Pre-existing Conditions and no claim made from another insurance policy. (This benefit is effective from the commencement of the policy year next to the waiting period.)	N/A	N/A
F DEATH BENEFITS				
1	Accidental Death Benefit	\$100,000	\$100,000	\$80,000
2	Addition of Compassionate Death Benefit (death in hospital as a result of accident)	\$100,000	\$100,000	\$80,000
G SUPPORTIVE SERVICES				
24-Hour Services Hotline				
1	Worldwide Emergency Assistance Services			
	(a) Emergency Medical Evacuation	Full cover	Full cover	Full cover
	(b) Emergency Medical Repatriation	Full cover	Full cover	Full cover
	(c) Repatriation of Mortal Remains	\$120,000	\$120,000	\$120,000

Insured Items and Coverage		Maximum Limit (in HK\$) Per Insured Person		
		Noble Plan (Worldwide)	Elite Plan (Worldwide Excl. USA)	Essential Plan (Asia)
	(d) Compassionate Visit	One economy class round airfare per event	One economy class round airfare per event	One economy class round airfare per event
	(e) Return of Unattended Minor Children	Economy class one way airfare per event	Economy class one way airfare per event	Economy class one way airfare per event
	(f) Medical Attention Telephone Medical Advice, Evaluation and Referral Appointment	Referral services only	Referral services only	Referral services only
2	Travel Assistance Services	Referral services only	Referral services only	Referral services only
3	Second Medical Opinion ⁶	Referral services only	Referral services only	Referral services only
Section 2 – Optional Benefits				
H DENTAL BENEFITS				
Calculation of reimbursement in accordance with percentage		90%	90%	N/A
1	Dental Examination and Routine Consultation ¹¹ (6 months waiting period. 1 clinical oral examination and scaling per policy year)	\$8,000 per policy year	\$8,000 per policy year	N/A
2	Major Restorative ¹² (12 months waiting period)	\$16,000 per policy year	\$16,000 per policy year	N/A
I OUTPATIENT BENEFITS				
1	Outpatient Consultation (a) General Practitioner	Full cover (up to 30 visits per policy year)	Full cover (up to 30 visits per policy year*)	N/A
	(b) Specialist Practitioner	Full cover (up to 30 visits per policy year)	Full cover (up to 15 visits per policy year*)	N/A
			*General Practitioner and Specialist Practitioner consultations are subject to overall 30 visits per policy year	N/A
2	Diagnostic Procedures and Laboratory Tests	Full cover	Full cover	N/A
3	Prescribed Medicines and Drugs	\$15,000 per policy year	\$10,000 per policy year	N/A
4	Chinese Medicine Practitioner Consultation (including Bonesetter & Acupuncture) (1 visit per day)	\$800 per visit (up to 10 visits per policy year)	\$800 per visit (up to 10 visits per policy year)	N/A
5	Physiotherapy and Chiropractic Consultation (1 visit per day)	\$800 per visit (up to 10 visits per policy year)	\$800 per visit (up to 10 visits per policy year)	N/A
6	Psychiatric Consultation (1 visit per day)	\$1,000 per visit (up to 10 visits per policy year)	\$1,000 per visit (up to 10 visits per policy year)	N/A

Notes:

1. All charges incurred must be Reasonable and Customary.
2. The values of benefits indicated as above are per Insured Person for each policy year unless otherwise specified. During claims processing, the deductible (if any) shall be deducted from the eligible claims amount before the settlement of the claims.
3. All the limits are subject to overall annual limit (except item G “Supportive Services”), including those benefits which indicate “Full cover”. BOCG Insurance will only settle claims for an eligible medical condition and they are subject to 100% Reasonable and Customary charges.

FAQ

1. Q: What is an “Annual Deductible”?

A: Annual Deductible is the total amount of money that, in a policy year, must be borne and paid by the policyholder before any benefit under item A “Hospital and Surgical Benefits”, item B “Pre- & Post-hospitalisation Benefits”, item D “Extended Benefits” and item E “Pre-existing Condition Benefits”² is payable.

2. Q: Where can I get treatment that is covered by the Plan?

A: The Plan will reimburse the eligible expenses of medical treatments you receive from any registered medical practitioner (including general practitioners, specialists or health professionals) operating anywhere within the designated covered area selected among three of them in “Noble Plan(Worldwide)”, “Elite Plan (Worldwide Excluded USA)” or “Essential Plan (Asia)”.

3. Q: Does the Plan cover surgeries that are performed in hospitals only?

A: No. All eligible surgeries specified in the policy are covered regardless of whether they are performed in a hospital or in a clinic.

4. Q: Does the Plan only accept the enrolment for the customer who lives in Hong Kong or Macau for 6 months or above?

A: The basic criterion for the enrolment of the Plan is subject to the Insured Person who lives in Hong Kong or Macau for 6 months or above during the policy year. If the customer lives in Hong Kong or Macau for less than 6 months, he/she can enroll the Plan but BOCG Insurance will underwrite and amend the terms and conditions and reserve right in its sole and absolute discretion to decline such enrolment. Moreover, the immediate notice in writing shall be given to BOCG Insurance if the customer changes his/her place of residence during the policy year. BOCG Insurance reserves the right in its sole and absolute discretion to treat this policy as termination from the inception date of the change of place of residence. BOCG Insurance will not refund any premiums and premium levy paid and reserve right to require repayment of the paid claims.

5. Q: What are the procedures of using the “Guarantee of Payment for Inpatient Admission Services”⁵?

A: The Insured Person can simply call our 24-hour Services Hotline and quote us their name, insurance policy number, the required service information and related authorisation document. Upon confirmation of eligibility, the “Guarantee of Payment for Inpatient Admission Services”⁵ would be arranged accordingly.

6. Q: Can I receive inpatient care or day care treatment without pre-approval?

A: We recommend that you call our 24-hour Services Hotline to obtain approval before receiving in-patient care or day care treatment. By doing so, we can ensure that you are fully aware of your coverage prior to receiving treatment. This is to protect you from unexpected costs that may not be eligible for reimbursement by us. In situations where you are unable to seek our approval in advance, please pay the medical bill first and then file a claim for reimbursement of the eligible expenses.

7. Q: How do I ensure a full reimbursement of my hospital bill?

A: We recommend that you call our Customer Services Hotline before your admission for non-emergency in-patient care or day care treatment. By doing so, we can learn more about the fees involved and inform you of the items that are eligible for full reimbursement.

8. Q: What are the claim procedures for Optional Outpatient Benefit?

A: Optional Outpatient Benefit is applicable to “Noble Plan (Worldwide)” and “Elite Plan (Worldwide Excluded USA)”. After receiving the relevant treatments or services, you are required to submit a completed and signed Claim Form alongside the original copy of your medical receipt (the original copy of the medical receipt should clearly specify the details of each chargeable items) and the relevant documents stated in the Claim Form for us to process and arrange the eligible reimbursement.

9. Q: I have submitted all the relevant documents. When will I receive the reimbursement and how can I check the status of my claim?

A: We will send you the claim payment and the settlement advice within 10 working days after sufficient documentary proof has been received by BOCG Insurance. You can check your claim status and the claims history at anytime by logging in to the BOCG Insurance website and inputting your policy number and password under the tabs “Personal Medical Enquiry System”.

Policy Review Period and Auto-renewal services

- **15-Day Policy Review Period:** If your application is approved instantly and coverage is confirmed to be 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 policy effective date (“Policy Review Period”), you can contact our Customer Services Hotline for the enquiry of the details of the relevant policy provision if necessary. If the insured benefits do not meet your needs, you can terminate your policy by giving a written notice to BOCG Insurance within the 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 the Policy Review Period, the paid premium and premium levy will be fully refunded, and the policy shall be deemed to have been void.
- **Auto-renewal Services:** 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.

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 to adjust standard premiums on an overall portfolio basis and amend the terms and/or benefits limit for all policies covered under the BOC Worldwide Medical Insurance Plan from time to time upon renewal for the coming policy year.**
- **Revision of the plan:**
The Proposer can apply to revise the plan 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:**
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. Upon BOCG Insurance’s approval, 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.
- **Claims:**
For a claims 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 sufficient documentary proof has been received.

Remarks:

1. The Maximum Overall Lifetime Limit per Insured Person for “Noble Plan (Worldwide)” is HK\$66,000,000.
2. “Pre-existing Conditions Benefit” is applicable to “Noble Plan (Worldwide)” only. The maximum limit is HK\$100,000 per claim with a maximum of 3 claims per lifetime of the Insured Person. This benefit is payable only if the Insured Person has been covered for at least 36 consecutive months of waiting period and there has been no treatment received due to Pre-existing Conditions and no claim made from another insurance policy. This benefit is effective from the commencement of the Policy Year next to the waiting period. In addition, to be eligible for subsequent claims of the same “Pre-existing Conditions Benefit”, another interval of 36 consecutive months need to elapse during which there should be no treatment received and no claim from another insurance policy for the aforesaid condition.
3. Deductible Adjustment Guarantee allows the Insured Person to switch to lower annual deductible option without the need to provide health declaration, for once per lifetime only, in the policy year of the 50th, 55th, 60th or 65th birthday. The premium will be adjusted based on the selected annual deductible option and the attained age of the Insured Person.
4. The Plan offers Lifetime Renewal Guaranteed. BOCG Insurance reserves the right to adjust standard premiums on an overall portfolio basis and amend the terms and/or benefits limit for all policies of the “BOC Worldwide Medical Insurance Plan” from time to time upon renewal for the coming policy year.
5. The liability for the Pre-Approval “Guarantee of Payment for Inpatient Admission Services” under the Policy is limited to indemnifying the Insured Person for the eligible medical expenses payable in accordance with the Plan. BOCG Insurance shall recover from the Insured Person the medical expenses settled which fall outside the coverage of the policy (if any).
6. For an Second Medical Opinion, only referral services are provided. The actual expenses should be paid by the Insured Person. BOCG Insurance is not liable for the services or any negligence of the relevant medical service provider.
7. The actual expenses of Medical Concierge Services should be paid by the Insured Person. Some Medical Concierge Services are limited to Hong Kong only. The Medical Concierge Services are provided by the relevant medical service provider. The arrangement of such services will be changed or cancelled from time to time without prior notice. BOCG Insurance is not liable for the services or any negligence of the relevant medical services provider.
8. For “C - Cash Benefits”, items C1, C2, C3 and C4 shall not be paid in conjunction.
9. Asia(Country/ Region) means Afghanistan; Australia; Bangladesh; Bhutan; Brunei; Cambodia; Mainland China; Hong Kong, China; Macau, China; Taiwan, China; India; Indonesia; Japan; Kazakhstan; Kyrgyzstan; Laos; Malaysia; Maldives; Mongolia; Myanmar; Nepal; New Zealand; North Korea; Pakistan; the Philippines; Singapore; South Korea; Sri Lanka; Tajikistan; Thailand; Timor-Leste; Turkmenistan; Uzbekistan; and Vietnam.
10. Prescribed Non-surgical Cancer Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy, hormonal therapy, proton therapy, gamma knife and cyberknife.
11. Routine Dental Treatments only include normal composite fillings, tooth extraction (except removal of wisdom tooth or impacted tooth), X-ray (including oral panoramic X-ray), inlays & onlays (except gold inlays and onlays), and sealant.
12. Major Restorative Treatments only include removal of wisdom tooth or impacted tooth; removal of roots, root canal treatment, removal of solid odontomes, apicectomy, new or repair of bridge work (excluding gold bridge work), new or repair of crowns (excluding all gold crowns), and new or repair of upper and lower dentures.

Important Notes:

1. The Proposer must be aged 18 years or above at the time of application.
2. The Insured Person must be aged between 15 days old and 70 years old (inclusive) at the time of application.
3. Child aged from 15 days to 5 years old must enroll together with an adult. Child means the legal child of the Proposer, including step child, adopted child, or guardian child.
4. The Insured Person should enroll in the Basic Benefits coverage prior to the application for Optional Benefit(s) and such Optional Benefit(s) should be same as the level of the Basic Benefits.
5. The Insured Person(s) under the same policy can apply for different Basic Benefit and Optional

Benefit(s), provided that the plan level of Basic Benefit and Optional Benefit(s) must be the same.

6. Annual Deductible Option applies to Section 1 – Basic Benefits items A to B and D to E.
7. The liability of BOCG Insurance for Pre-Approval “Guarantee of Payment for Inpatient Admission Services”⁵ under the Policy is limited to indemnifying the Insured Person for the eligible medical expenses payable in accordance with the Plan. BOCG Insurance shall recover from the Insured Person the medical expenses settled which fall outside coverage of the Policy (if any).
8. Cover for the following items will be effective after the waiting period commenced from the Policy Effective Date or Insured Person Effective Date or Benefit Effective Date (whichever is the latest).

Items	Waiting Period
“Pre-existing Conditions Benefit” ²	36 months
“HIV/AIDS Treatment”	5 years
“Pregnancy Complications Benefit”	1 year
“Optional Dental Benefits”	
- Dental Examination and Routine Consultation ¹¹	6 months
- Major Restorative ¹²	12 months

9. About the Covered Area:

- (1) The basic criterion for the enrolment of the Plan is subject to the Insured Person who lives in Hong Kong or Macau for 6 months or above during the policy year. If the customer lives in Hong Kong or Macau for less than 6 months, he/she can enroll the Plan and as declared in the proposal form or written notice of change. BOCG Insurance will underwrite and amend the terms and conditions and reserve right in its sole and absolute discretion to decline such enrolment.
- (2) If the insured continuously stays for 6 months in one of the following regions, the medical services and/or treatment provided to the insured in such region will be reduced to 60% of his benefit pay-out amount. Such reduction applies to all items in the benefits schedule except for treatment and/or service is received in an Emergency.

Regions	Countries
North America	United States and Canada
Western Europe	Austria, Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Luxembourg, Monaco, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, United Kingdom and Vatican City

- (3) The immediate notice in writing shall be given to BOCG Insurance if the Insured Person changes his/her place of residence. BOCG Insurance reserves the right in its sole and absolute discretion to treat this policy as termination from the inception date of the change of Place of Residence. BOCG Insurance will not refund any premiums and premium levy paid and reserves rights to require repayment of the paid claims.
 - (4) The Insured Benefits are limited to the designated covered area of the Limit of Indemnity Table (except for emergency treatments), unless otherwise provided under Post-hospitalisation/Day Case Procedure Outpatient Benefit, 24-Hour Worldwide Emergency Assistance Services, Travel Assistance Services and Second Medical Opinion⁶.
 - (5) If a change of place of residence is only found at any claims stage without prior written declaration, no claim will be paid.
10. BOCG Insurance reserves the right for all policies of the “BOC Worldwide Medical Insurance Plan” 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.
 11. The Plan only covers the expenses of the insured person on the following basis:
Duplicate Application: In the event that the Insured Person is covered under more than one policy of “BOC Worldwide Medical Insurance Plan”, 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.

12. Termination

This policy shall be automatically terminated on the earliest of the followings:

(a) BOCG Insurance shall be entitled at any time to terminate this policy, or to subject this policy to different terms, 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

(b) This policy shall terminate forthwith upon the death of the Insured Person. Benefit for any Insured Person under this policy shall terminate forthwith upon the death of that Insured Person without affecting benefit for other Insured Person under this policy; or

(c) Provided one or more premiums and premium levy charged to the policyholder's nominated account have been paid, non-payment of any subsequent premiums and premium levy shall terminate insurance under this policy as from the premium due date; or

(d) When any premium and premium levy remain unpaid at the end of the grace Period; or

(e) When the Insured Person dies; or

(f) Termination of benefits and Termination of policy; or

(g) the benefit coverage of any Insured Person under this policy shall immediately cease when 100% of the overall lifetime limit of such Insured Person is paid ; or

(h) this policy coverage of any Insured Person under this policy shall immediately cease when 100% of the overall lifetime limit of all Insured Person(s) is paid; or

(i) when the benefit coverage and policy coverage of such Insured Person is cancelled due to any circumstance as set out in the "Misstatement of age and/or sex" or "Misrepresentation/Fraud" (as the case may be). It is subject to this policy shall immediately cease from the inception of this policy.

13. The information of this promotion material does not contain the full terms of the policy and the full terms can be found in the policy document.

Major Exclusions (For details, please refer to the policy):

1. Purchase of drugs, treatment or tests which are not Medically Necessary; or are not prescribed or performed by a Physician.
2. Confinement solely for the purpose of general checkup, diagnostic X-ray, advanced imaging, laboratory tests, genetic testing, counselling or physiotherapy.
3. Treatment for congenital condition, heredity condition and developmental condition or complications arising therefrom.
4. Pre-existing conditions (except as otherwise provided in the benefit items "Post-hospitalisation/Day Case Procedure Outpatient due to Pre-existing Conditions Benefit²" or "Pre-existing Conditions Benefit²").
5. Except as otherwise provided in the benefit item "HIV/AIDS Treatment Benefit", expenses directly or indirectly arising from HIV and its related medical condition, including AIDS and/or any mutations, derivation or variations thereof, consequential upon an HIV infection.
6. Treatment or medical condition directly or indirectly arising from or consequent upon the abuse of drugs or alcohol, self-inflicted injuries or attempted suicide, illegal activity, or driving whilst exceeding the prescribed alcohol limit, or venereal and sexually transmitted disease or its sequelae.
7. Except as otherwise provided in the benefit item "Reconstructive Surgery Benefit", any charges in respect of services for beautification purposes (including related and associated medical conditions arising therefrom), hearing tests, routine blood tests, general checkups, vaccinations or inoculations.
8. Except as otherwise provided in the benefit items "Emergency Dental" or "Dental Benefits", dental treatment and oral surgery except for emergency treatment arising from an accident received during Confinement. Follow up treatment from such hospital confinement relating to dental treatment or oral surgery shall not be covered.
9. Except as otherwise provided in the benefit item "Pregnancy Complications Benefit", all investigation, treatment and counselling services, genetic testing relating to maternity and its complications, including diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage; birth control or reversal of birth control; sterilisation of either sex; infertility, etc.

10. Except as otherwise provided in the benefit items “Miscellaneous Hospital Expenses”, “Medical Appliances”, “Reconstructive Surgery Benefit” or “Stroke Rehabilitation Benefit”, purchase of prosthetic devices, durable medical equipment or appliances including but not limited to the purchase or rental of wheelchairs, hospital beds, CPAP machine, exercise equipment, spectacles, hearing aids, special braces, crutches, over-the-counter drugs, air purifiers or conditioners, heat appliances or modifications made to the Insured Person’s home.
11. Except as otherwise provided in the benefit items “Psychiatric Treatment”, “Post-hospitalisation/Day Case Procedure Outpatient Benefit” or “Psychiatric Consultation”, treatment or medical condition directly or indirectly arising from any psychotic, psychological, or psychiatric condition of any and all kinds, and any physiological or psychosomatic manifestations thereof.
12. Treatment of obesity (including morbid obesity), weight control programs or bariatric surgery.
13. Treatment or medical condition directly or indirectly arising from war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, strikes, riots, rebellion, revolution, insurrection or military or usurped power.

Glossary :

1. **Overall Lifetime Limit:** means the maximum aggregate amount of cover under all policies of “BOC Worldwide Medical Insurance Plan” entitled by the Insured Person during his lifetime (including the benefit item F “Death Benefits” which shall be payable to the Insured Person’s designated beneficiary or legal estate (in the absence of beneficiary designation)), regardless of whether any of those policies have been expired, terminated or in force.
2. **Benefit Effective Date:** means, with respect to any addition or upgrade of benefits after the policy effective date, the commencement date of such benefit, subject to the respective waiting period (if any).
3. **Confinement:** means an admission of the Insured Person to a Hospital for a stay as an inpatient for a period of no less than 6 consecutive hours upon the recommendation of a physician in writing for such confinement, except that no minimum period of confinement is required in respect of any expenses incurred at a hospital in connection with any emergency medical services required as a result of (and within 24 hours following) an injury or in respect of fees charged by a qualified medical practitioner for the performance of a surgical procedure, operation, or day case procedure. Throughout the period from the Insured Person’s admission until his discharge, the Insured Person is required to be continuously confined in the hospital without any physical absence or interruption.
4. **Day of Hospital Confinement:** means each continuous 24 hours period that the Insured Person is confined as an inpatient in Hospital for a minimum of 24 hours. It is applicable to items C2 “Second Claim Benefit”, C3 “Private Hospital Room Downgrade Benefit” and C4 “Hospital Cash (Government Hospital) Benefit”
5. **Pre-existing Conditions:** means any injury, sickness, disease or physical condition which (a) has existed before policy effective date, insured person effective date or Benefit Effective Date (as the case may be) in respect of the Insured Person, and (b) has manifested signs or symptoms of which the Insured Person is aware or should have reasonably been aware of.
6. **Congenital Conditions:** means medical abnormalities existing at the time of birth or neo-natal physical and mental abnormalities which become apparent before the Insured Person attains 12 years of age.
7. **Medical Necessary:** means the need to have treatment in accordance with the generally accepted standards of medical practice and such treatment must: (a) require the medical expertise of the qualified medical practitioner; (b) be consistent with the diagnosis and necessary for the treatment of the condition; (c) be rendered in accordance with professional and prudent standards of medical practice, and not be rendered primarily for the convenience or the comfort of the Insured Person, his immediate family member, caretaker or the attending qualified medical practitioner; and (d) be rendered in the most cost-efficient manner and setting appropriate in the circumstances.
8. **Reasonable and Customary:** means a charge for medical care which does not exceed the general level of charges being made by medical services providers of similar standing in the locality where the charge is incurred for similar treatment, services or supplies to individuals of the same sex and age, for a similar disease or injury. The “Reasonable and Customary” charges shall not in any event exceed the actual charges incurred. In determining whether an expense is “Reasonable and Customary”, BOCG Insurance may make reference to the followings (if applicable): (a) the gazette issued by the Hong Kong government which sets out the fees for the private patient services as provided by the hospitals under

the Hospital Authority in Hong Kong; (b) industrial medical fee survey; (c) internal claim statistics; (d) extent or level of benefit insured; and/or (e) other pertinent source of reference.

Terms and Conditions:

1. The Plan is underwritten by Bank of China Group Insurance Company Limited (“BOCG Insurance”).
2. Bank of China (Hong Kong) Limited (“BOCHK”) is the appointed insurance agent of BOCG Insurance for distribution of this Plan. This Plan is a product of BOCG Insurance but not BOCHK.
3. 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 between directly BOCG Insurance and the customer.
4. 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)
5. BOCG Insurance is authorised and regulated by Insurance Authority to carry on general insurance business in Hong Kong Special Administrative Region of the People's Republic of China.
6. 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.
7. BOCG Insurance and/or BOCHK reserve the right to amend, suspend or terminate the above products, services and to amend the relevant terms at any time at its sole discretion without prior notice. In case of any dispute, the decision of BOCG Insurance and/or BOCHK shall be final.
8. 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.
9. Should there be any discrepancy between the English and Chinese versions of this promotion 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

Bank of China Group Insurance Company Limited Company Profile

Bank of China Group Insurance Company Limited, established in 1992 and formerly known as March Insurance Company Limited since 1975, is a wholly owned subsidiary of Bank of China Limited. BOCG Insurance has steadily expanded its business through extensive sales network, strong expertise, and solid financial position. BOCG Insurance currently has four branches, one subsidiary and three affiliates. Over the past years, its business scope and service areas have been expanding continuously, with a full range of insurance products. BOCG Insurance holds the operation licenses for all 17 types of general insurances authorized by the Insurance Authority of Hong Kong. It has expanded its business to many other overseas regions. BOCG Insurance has maintained a sustained and sound growth, and ranked among the top insurance companies in Hong Kong general insurance market. BOCG Insurance has been rated ‘A-’ with a rating outlook of “stable” by rating companies in consecutive years since 2007.

Focusing on the Group's development strategy, BOCG Insurance adheres to the principle of customer-centric and dedicates to providing customers with comprehensive products and services, including: corporate products, such as legal/public liability, employee compensation, group medical care, property insurance, cargo transportation, engineering, fire insurance and guarantee/credit insurance etc.; personal products, such as personal medical care, home, travel, personal accidents, private cars and various comprehensive insurance.

BOCG Insurance will continue to provide high-quality and professional services for customers with diversified products, extensive sales channels, market-oriented development strategies and business policies.