



中銀環球 醫療保障 計劃

BOC Worldwide
Medical Insurance
Plan

主要代理：



中國銀行(香港)
BANK OF CHINA (HONG KONG)



NCB 南洋商業銀行



集友銀行
Citic Banking Corporation Ltd.

承保機構：



中銀集團保險
BOCG INSURANCE



**Comprehensive,
Worry-free
Coverage**

Nowadays, medical techniques have highly advanced. However, advancement in technology comes with a continuous increase in the healthcare costs. Bank of China Group Insurance Company Limited (“BOCG Insurance”) fully understands your need of a medical insurance plan with comprehensive coverage and generous benefits that can give you and your family total peace of mind.

BOCG Insurance specially presents the BOC Worldwide Medical Insurance Plan (the “Plan”) which provides comprehensive, flexible worldwide medical protection and a lifetime benefit of up to HK\$66,000,000. The coverage of the Plan extends beyond hospital and surgical expenses and includes benefits for those suffering from serious illness and rehabilitation services. Ensuring you and your family enjoy the privileged medical treatment and caring in needs anytime, anywhere. In addition, optional Outpatient and Dental Benefits of the Plan are available giving you and your family free to choose your needs.

Key features of the Plan:

Medical One-Stop Medical Protection

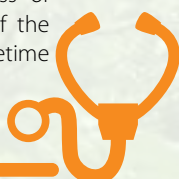
- Full Cover for:
 - Hospital and Surgical Expenses
 - Chemotherapy and Radiotherapy Expenses
 - Eligible Diagnostic Tests
 - Pre- and Post-Hospitalisation Benefits

Flexible Protection

- Optional Outpatient and Dental Benefits
- Your own choice of Maximum Annual Sum Insured, Coverage Area and Annual Deductible Amount

Peace of Mind

- Guaranteed Lifetime Renewal¹: Regardless of medical conditions and claims history of the Insured Person, the Plan is Guaranteed Lifetime Renewal¹ up to 100 years old.
- Pre-Existing Conditions Benefit²



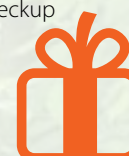
Services Caring Services for You

- Pre-Approval Guarantee of Payment for Inpatient Admission Services³ (Hong Kong and Outside Hong Kong)
- 24-hour Worldwide Emergency Assistance Services
- International Second Medical Opinion⁴
- Medical Concierge Services⁵: e.g. Doctor On-call Services, Delivery of Medication, Healthcare Assistants to accompany Elderly/ Child to and from clinic for consultations, etc.



Privileges Exclusive offers

- Family⁶ enrollment (2 persons or above) entitle to a lifetime 5% premium discount
- Exclusive 25% discount off for Medical Checkup Packages⁷



A close-up photograph of two hands, one adult and one child, gently cupping a small, vibrant green plant with many leaves. The background is a soft, out-of-focus landscape with warm, golden light, suggesting a sunrise or sunset. A solid red rectangle is positioned in the upper left corner of the image.

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 and 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 the Insured Person to focus on receiving worry-free treatments.



Diagnostic Tests Also Covered

Confirming a diagnosis and deciding on a suitable form of treatment usually involve a series of tests, which could be costly. The Plan offers the diagnostic tests coverage to you. Expenses incurred from X-ray, laboratory tests, MRI scans and CT scans are all eligible for reimbursement in full cover and without limits on the number of claims in accordance with the maximum limit of your selected plan.



All-Round Rehabilitation Care and Services Treatment

Precise care and rehabilitative treatment are essential following surgery, treatments or hospitalisation. For this reason, the Plan covers expenses fully for rehabilitation, post-hospitalisation home nursing, post-hospitalisation outpatient for general and specialist practitioners, and so on, so that you can focus on receiving treatments without the burden of extra expenses.



Coverage for All-Inclusive Treatment

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



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 and dental benefits. You can choose the most suitable coverage* for the place you work and other location going frequently, and also select deductible options based on your own needs.

* The Insured Person needs to take note of the requirement of minimum stay of 6 months within the policy year in the designated Place of Residence. For details, please refer to point 10 of Important Notes.



Peace of Mind

Guaranteed Lifetime Renewal¹

The Plan offers guaranteed lifetime renewal¹, 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.

Pre-Existing Conditions Benefit²

One of the main features of the Premier 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 Benefit²:

- **If your Premier Plan (Worldwide) has been in effect for more than 36 consecutive months**
- **If you have not received any treatment and/or made any claim with another insurance company for your Pre-Existing Conditions for at least 36 consecutive months.**
- **You can be entitled to Pre-Existing Conditions Benefit² and claim for the expenses of each eligible treatment up to HK\$100,000. This benefit is payable up to three times per lifetime*.**

* To be eligible for subsequent claims of the same Pre-Existing Conditions Benefit², another interval of 36 consecutive months need to elapse during which there should be no treatment received and/or no claim from any other insurer for the aforesaid condition.

A person wearing a light blue button-down shirt is shown from the chest up, resting their head on their hands. They are sitting on a chair with a light-colored woven backrest. In the background, a window with multiple panes is visible, letting in bright, warm light. A solid red rectangular box is positioned in the upper left corner of the image.

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 opinion. You will be assured of the comprehensive medical treatment and care whenever you need.

Pre-Approval Guarantee of Payment for Inpatient Admission Services³

Simply call our 24-hour Services Hotline before admission to hospital to enjoy the Guarantee of Payment for Inpatient Admission Services³. 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 provides travel assistance services referral. Fees incurred in the process are borne by the Insured Person including essential information on travelling enquiry, flower and gift delivery, golf courses, and limousine arrangements in Hong Kong etc to meet your needs anytime.

International Second Medical Opinion⁴

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

Medical Concierge Services⁵

We offer 24-hour Medical Concierge Services⁵ 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, Dietitian, 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



Privileges

Exclusive Privileges

You can enjoy the above medical protection for your family's peace of mind, as well as the premium discount.

Lifetime 5% Premium Discount



Family⁶ Enrollment on "BOC Worldwide Medical Insurance Plan" (minimum 2 persons, including parents, spouse, parents-in-law and child⁸) entitles you to a perpetual 5% discount on your premium. With one single policy, at the same time safeguard the lifelong health of your whole family⁶.

25% Discount on Medical Checkup Packages⁷



You can enjoy an exclusive offer of a 25% discount on medical checkups by BOCG Insurance designated healthcare centers. For details of the Medical Checkup Packages⁷, please visit <http://www.parkwayhongkong.com/HealthCheckup-boc>

Cases and Suggestions

Case (1): Comprehensive Protection – Full Cover of Hospital and Surgical Expenses

Mr. Chan, aged 40, is found blood in his stool 12 months after his policy of the Plan had come into effect. On his doctor's advice, he had a colonoscopy, which confirmed the diagnosis of colon cancer. Mr. Chan underwent a large bowel resection surgery to partially remove his intestine and subsequently received chemotherapy treatment, which cost more than HK\$1,000,000 in total. Mr. Chan enjoyed the Guarantee of Payment for Inpatient Admission Services³. He did not need to settle medical bill. All the expenses incurred for the pre-admittance clinic, diagnostic tests, several in-patient surgeries, post-surgery appointments, and chemotherapy were also reimbursed in full.

With the quality treatment and consistent care provided by the professional medical team, Mr. Chan recovered from the illness and was discharged from the hospital.

Case (2): Worldwide Protection – Caring Overseas Medical Services

Mr. Ho, aged 50, suffered an acute stroke while on a business trip and required emergency treatment. As Mr. Ho is insured under the Plan, he can receive quality, 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.

Guarantee of Payment for Inpatient Admission Services³:

- Upon his return to Hong Kong, Mr. Ho's condition required hospital care. Mr. Ho enjoyed the Guarantee of Payment for Inpatient Admission Services³. He did not need to settle the bill, enabling him to rehabilitate without the worry and hassle of filing an insurance claim.

Medical Concierge Services⁵:

- When Mr. Ho was discharged from the hospital, his doctor recommended a home nurse to tend to his condition. The associated expenses of Medical Concierge Services⁵ were covered under the Post-Hospitalisation Home Nursing Benefit.
- After returning home, Mr. Ho showed symptoms of flu while in the care of the home nurse. Yet to regain his mobility and with no friends and relatives in Hong Kong, he called Customer Services Hotline for a referral of Doctor On-call Services. He also managed to arrange for a healthcare assistant to escort him to and from the clinic for checkup appointments at a favourable price, and at the same time, he also enjoyed a discount on the consultation fee.



Case (3): Special Coverage of Benefit - Pre-Existing Conditions Benefit²

Feb 2013	Miss Lee was found a stone in her gallbladder by a routine check-up. Since she was asymptomatic and the gallstone was small, no treatment was required.
April 2015	Miss Lee suffered from hemorrhoids. Miss Lee underwent a successful operation to remove hemorrhoids.
Jun 2015	Miss Lee enrolled in BOC Worldwide Medical Insurance Plan - Premier Plan. In her application, she declared her aforementioned medical history. Following the approval process, BOCG Insurance accepted her application and hemorrhoids and cholecystitis were listed to be covered under the Pre-Existing Conditions Benefit ² clause.
Jan 2019	Miss Lee suffered a recurrence of hemorrhoids. Due to substantial bleeding, she was advised to undergo another operation to remove the hemorrhoids. As Miss Lee's policy had been in effect for more than 36 consecutive months, and that she had not received any treatment and/or filed any claim with another insurers for her hemorrhoids, the expenses for the operation were covered up to the limit stated in the Pre-Existing Conditions Benefit ² .
April 2019	Miss Lee was again diagnosed with cholecystitis as a result of gallstones, which prompted her to undergo surgery to remove her gallbladder. As Miss Lee's policy had been in effect for more than 36 consecutive months, and she had not received any treatment and/or filed any claim with another insurer with regard to cholecystitis, the expenses for the operation were covered up to the limit stated in the Pre-Existing Conditions Benefit ² .

The above examples are for illustration and reference purposes only. The actual claims amount and the applicable terms and conditions for each application in a particular case will be subject to the specific circumstances and policy.

Plan Summary

Choice of Plan	Premier Plan (Worldwide)	Supreme Plan (Worldwide Excl. USA)
Overall Annual Limit (Per Insured Person)	HK\$22,000,000	HK\$18,000,000
Overall Lifetime Limit (Per Insured Person)	HK\$66,000,000	HK\$54,000,000
Covered Area	Worldwide	Worldwide Excluding USA
Pre-Existing Conditions Benefit ²	Yes	Nil
Annual Deductible Options	HK\$0 / HK\$15,000	
Optional Benefits	Dental/ Outpatient	
Waiting Period	No Waiting Period (except Pre-Existing Conditions Benefit ² , HIV/AIDS Treatment Benefit, Pregnancy Complications Benefit, Dental Benefit)	
Enrollment Age	15 days to 70 years old	
Period of Coverage	Up to 100 years old	
Place of Residence for the Insured Person	the Mainland of China, Hong Kong, Macau or Taiwan	
Currency of Sum Insured	Hong Kong Dollars	
Premium Structure	By Attained Age Band	
Payment Mode	Annual	
Policy Renewal	Guaranteed Lifetime Renewal ¹	

Limit of Indemnity Table

Insured Items and Coverage		Maximum Limit (in HK\$) Per Insured Person	
		Premier Plan (Worldwide)	Supreme Plan (Worldwide Excl. USA)
Overall Annual Limit		\$22,000,000	\$18,000,000
Overall Lifetime Limit		\$66,000,000	\$54,000,000
Area of Coverage		Worldwide	Worldwide Excluding USA
Annual Deductible Option		\$0 / \$15,000	\$0 / \$15,000
Section 1 - Basic Benefits			
A	HOSPITAL AND SURGICAL BENEFITS		
1	Room & Board Fee	Full Cover (up to the Charges for a Standard Private Room)	Full Cover (up to the Charges for a Standard Private Room)
2	Doctor's Visit Fee	Full Cover	Full Cover
3	Specialist's Fee	Full Cover	Full Cover
4	Surgeon's Fee	Full Cover	Full Cover
5	Anaesthetist's Fee	Full Cover	Full Cover
6	Operating Theatre Fee	Full Cover	Full Cover
7	Miscellaneous Hospital Expenses	Full Cover	Full Cover
8	Daytime (Outpatient) Surgery Fee	Full Cover	Full Cover
9	Intensive Care Fee	Full Cover	Full Cover
10	Private Nursing Fee	Full Cover (up to 60 Days per Policy Year)	Full Cover (up to 30 Days per Policy Year)
11	Hospital Companion Bed Fee	Full Cover	Full Cover
12	Pathology, X-rays and Diagnostic Tests Fee	Full Cover	Full Cover
13	Advanced Imaging (MRI, CT, PET)	Full Cover	Full Cover
14	Physiotherapy, Chiropractic and Osteopathy, Complementary Therapy, Dietician Consultation and Speech Therapy	Full Cover	Full Cover
15	Psychiatric Treatment	\$50,000 (up to 30 Days per Policy Year)	\$50,000 (up to 30 Days per Policy Year)
16	Medical Appliances (a) Specified Items ⁹ (b) Non-Specified Items	Full Cover \$100,000 per Policy Year	Full Cover \$100,000 per Policy Year
17	Organ Transplant	Full Cover	\$500,000 per Event
18	Hospital Cash (Government Hospital) (This benefit is payable when the Confinement is in Government Hospital where no other benefits in Section 1 Items A1 to A17 are payable.)	\$1,000 per Day (up to 30 Days per Policy Year)	\$1,000 per Day (up to 30 Days per Policy Year)
B	PRE- & POST-HOSPITALISATION BENEFITS		
1	Pre-Hospitalisation Outpatient (within 30 Days Preceding the Confinement)	Full Cover	Full Cover
2	Pre-Hospitalisation Outpatient due to Pre-Existing Conditions	Full Cover (up to 1 Visit for Each Pre-Existing Condition)	N/A
3	Post-Hospitalisation Outpatient (within 90 Days for General Practitioner and 60 Days for Specialist Practitioner Following the Confinement)	Full Cover	Full Cover
4	Post-Hospitalisation Home Nursing (within 60 Days Following the Confinement)	Full Cover	Full Cover
5	Rehabilitation (within 30 Days Following the Confinement)	Full Cover	Full Cover
C	EXTENDED BENEFITS		
1	Hospice Care (per Life)	\$100,000	\$100,000
2	Chemotherapy and Radiotherapy	Full Cover	Full Cover
3	Renal Dialysis	Full Cover	Full Cover
4	HIV/AIDS Treatment (5 Years Waiting Period)	\$100,000 per Policy Year Lifetime Limit \$1,000,000	\$100,000 per Policy Year Lifetime Limit \$1,000,000
5	Pregnancy Complications (1 Year Waiting Period)	Full Cover	Full Cover

(Continue)

Insured Items and Coverage		Maximum Limit (in HK\$) Per Insured Person	
		Premier Plan (Worldwide)	Supreme Plan (Worldwide Excl. USA)
D	PRE-EXISTING CONDITIONS BENEFIT		
1	Applicable for Premier Plan only	Maximum Limit \$100,000 per Claim and maximum 3 Claims per Life 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/or no claim made from other insurers. (This benefit is effective from the commencement of the Policy Year next to the waiting period.)	N/A
E	EMERGENCY TREATMENT BENEFITS		
1	Emergency Outpatient (within 24 Hours from the Date of Accident)	Full Cover	Full Cover
2	Emergency Dental (within 14 Days from the Date of Accident)	Full Cover	Full Cover
F	DEATH BENEFITS		
1	Accidental Death Benefit	\$80,000	\$80,000
2	Addition of Compassionate Death Benefit (Death in Hospital as a Result of Accident)	\$80,000	\$80,000
G	SUPPORTIVE SERVICES		
24-Hour Services Hotline			
1	Worldwide Emergency Assistance Services		
	(a) Emergency Medical Evacuation	Full Cover	Full Cover
	(b) Emergency Medical Repatriation	Full Cover	Full Cover
	(c) Repatriation of Mortal Remains	Up to \$120,000 per Policy Year	Up to \$120,000 per Policy Year
	(d) Compassionate Visit	One Economy Class Round Airfare	One Economy Class Round Airfare
	(e) Return of Minor Children	Economy Class One Way Airfare	Economy Class One Way Airfare
	(f) Medical Attention Telephone Medical Advice, Evaluation and Referral Appointment	Referral Services Only	Referral Services Only
2	Travel Assistance Services	Referral Services Only	Referral Services Only
3	International Second Medical Opinion	Referral Services Only	Referral Services Only
Section 2 – Optional Benefits			
H	DENTAL BENEFITS		
Calculation of Reimbursement in Accordance with Percentage		90%	90%
1	Dental Examination and Routine Treatments ¹⁰ (6-Month Waiting Period. 1 Clinical Oral Examination and Scaling per Policy Year.)	Up to \$8,000 per Policy Year	Up to \$8,000 per Policy Year
2	Major Restorative ¹¹ (12-Month Waiting Period)	Up to \$16,000 per Policy Year	Up to \$16,000 per Policy Year
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*
	(b)Specialist Practitioner	Full Cover Up to 30 Visits per Policy Year	Full Cover Up to 15 Visits per Policy Year*
			*General Practitioner and Specialist Practitioner are subject to overall 30 Visits per Policy Year
2	Diagnostic Procedures and Laboratory Tests	Full Cover	Full Cover
3	Prescribed Medicines and Drugs	Up to \$15,000 per Policy Year	Up to \$10,000 per Policy Year
4	Chinese Medical 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
5	Physiotherapy and Chiropractic Treatment (1 Visit per Day)	\$800 per Visit Up to 10 Visits per Policy Year	\$800 per Visit Up to 10 Visits per Policy Year
6	Psychiatric Treatment	\$1,000 per Visit Up to 10 Visits per Policy Year	\$1,000 per Visit Up to 10 Visits per Policy Year

Notes:

- All charges incurred must be Reasonable and Customary.
- The vales 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.
- All the limits are subject to Overall Annual Limit, 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.

Premium Table

Basic Benefits (in HK\$)

Age	Premier Plan (Worldwide)		Supreme Plan (Worldwide Excl. USA)	
	Annual Deductible		Annual Deductible	
	\$0	\$15,000	\$0	\$15,000
15 days - 4 years	\$51,953	\$37,931	\$28,711	\$13,577
5 - 18 years	\$21,445	\$15,657	\$11,851	\$5,604
19 - 25 years	\$24,390	\$17,807	\$13,479	\$6,374
26 - 30 years	\$31,393	\$22,920	\$17,349	\$8,204
31 - 35 years	\$34,376	\$25,444	\$18,997	\$9,357
36 - 40 years	\$36,997	\$28,873	\$20,445	\$11,677
41 - 45 years	\$46,629	\$36,390	\$25,769	\$14,718
46 - 50 years	\$54,816	\$43,143	\$30,293	\$17,695
51 - 55 years	\$65,685	\$53,443	\$36,299	\$23,087
56 - 60 years	\$90,220	\$74,022	\$49,858	\$32,376
61 - 65 years	\$123,658	\$106,029	\$68,337	\$49,310
66 - 70 years	\$158,058	\$141,064	\$87,347	\$69,005
71 - 75 years*	\$181,933	\$166,551	\$100,541	\$83,940
76 - 80 years*	\$236,746	\$213,669	\$130,832	\$107,756
81 - 85 years*	\$257,447	\$234,370	\$142,272	\$119,195
86 - 90 years*	\$291,454	\$268,377	\$161,065	\$137,988
91 - 95 years*	\$333,926	\$310,849	\$184,537	\$161,460
96 - 100 years*	\$376,187	\$353,110	\$207,891	\$184,814

* For Renewal only

Optional Benefit – Dental (in HK\$)

All Ages	Premier Plan (Worldwide)	Supreme Plan (Worldwide Excl. USA)
	\$3,786	

Optional Benefit – Outpatient (in HK\$)

Age	Premier Plan (Worldwide)	Supreme Plan (Worldwide Excl. USA)
15 days - 4 years	\$41,680	\$32,062
5 - 18 years	\$17,205	\$13,235
19 - 25 years	\$19,567	\$15,052
26 - 30 years	\$25,185	\$19,373
31 - 35 years	\$27,579	\$21,214
36 - 40 years	\$29,681	\$22,832
41 - 45 years	\$37,409	\$28,776
46 - 50 years	\$43,977	\$33,828
51 - 55 years	\$52,696	\$40,536
56 - 60 years	\$72,380	\$55,677
61 - 65 years	\$110,229	\$84,792
66 - 70 years	\$134,636	\$103,566
71 - 75 years*	\$147,326	\$113,328
76 - 80 years*	\$199,929	\$153,791
81 - 85 years*	\$217,410	\$167,239
86 - 90 years*	\$246,128	\$189,329
91 - 95 years*	\$281,996	\$216,920
96 - 100 years*	\$317,684	\$244,372

* For Renewal only



Payment methods for premiums

1. Auto-pay through bank account with Bank of China (Hong Kong) Limited, Nanyang Commercial Bank, Limited or Chiyu Banking Corporation Limited (referred to here as "Agent Banks")

Please complete the Direct Debit Authorisation Form and settle the first-year premium by cash or a crossed cheque payable to "Bank of China Group Insurance Company Limited" upon application at any branch of the Agent Banks in the Hong Kong Special Administrative Region (HKSAR).

2. Payment made by credit card

(1) Please complete the Credit Card Authorisation Form to settle the premium upon application at any branch of the Agent Banks in the HKSAR.

(2) If you choose to settle the premium by BOC Credit Card 12-Month Interest-free Monthly Installment, please complete the Interest-free Monthly Installment Direct Debit Authorisation Form and swipe the card for confirmation upon application.

3. Payment made by cheque

Please settle the premium by a crossed cheque payable to "Bank of China Group Insurance Company Limited" upon application at any branch of the Agent Banks in the HKSAR.

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 confirmation date of the coverage ("Policy Review Period"), you can download the policy document and major exclusions via BOCG Insurance's website (www.bocgroup.com/bocg-ins/). 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 will be fully refunded.

- **Auto-Renewal Services:** If you do not receive any notice of amendments on renewal terms by BOCG Insurance before the expiry date of every policy year, your policy will be renewed automatically by paying the required premium for the next policy year.

Revisions, notice of termination and claims

- **Premium, terms and maximum limit:** Premium, terms and maximum limit are determined according to the plan selected on the day of application and by the age and the health condition 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 underwrite, amend the terms and/or adjust the premium and maximum limit for all policies covered under the BOC Worldwide Medical Insurance Plan.**
- **Revision of the plan:** The Proposed Insured can revise the policy by giving a written notice to BOCG Insurance 30 days prior to the expiry date of the policy. The new plan and premium will become effective on the first day of the new policy year.
- **Termination of policy and premium refund:** If the Proposed Insured terminates the policy or any one of the Insured Persons' benefits within the policy period, the premium will not be refunded and the Proposed Insured 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. Claims payment and the settlement advice will be sent to the Proposed Insured within 10 working days after sufficient documentary proof has been received by BOCG Insurance.

FAQ

1. Q: What is an “Annual Deductible”?

A: Annual Deductible is the portion of the eligible cost that the policyholder or the insured person pays for covered expenses. The amount will be deducted from the reimbursement amount for each claim. Annual Deductible applies to the following items under the Basic Benefits of the Plan: Item A. Hospital and Surgical Benefit, Item B. Pre- & Post-Hospitalisation Benefits, Item C. Extended Benefits, Item D. Pre-Existing Conditions Benefits and Item E. Emergency Treatment Benefits.

2. Q: Where can I get treatment that is covered by BOC Worldwide Medical Insurance?

A: BOC Worldwide Medical Insurance 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 chosen Coverage Area in your policy.

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: Can the customer enroll in the BOC Worldwide Medical Insurance Plan if he/she just migrates to the Mainland of China, Hong Kong, Macau or Taiwan and lives in such same place less than 6 months?

A: The customer can enroll in the BOC Worldwide Medical Insurance Plan if he/she will live in the Mainland of China, Hong Kong, Macau or Taiwan (in the same place) not less than 6 months during the policy year. Moreover, the immediate notice in writing shall be given to BOCG Insurance if the customer 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 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?

A: The Insured Person can simply call our 24-hour Services Hotline and quote us their name and insurance policy number. Upon confirmation of eligibility, the Guarantee of Payment for Inpatient Admission Services³ 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: You have the choice of using the outpatient services of network doctors or non-network doctors. For network doctors, you can enjoy your selected medical protection simply by presenting your medical card for verification and registration. For non-network doctors, you are required to submit a completed and signed the 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 we receive all the necessary documents for proof. You can check your claim status and the claims history at anytime by logging onto the BOCG Insurance website and inputting your policy number and password under the tabs “Personal Medical Enquiry System”.

Remarks:

1. The Plan offers Guaranteed Lifetime Renewal for up to 100 years old. BOCG Insurance reserves the right to underwrite, amend the terms and/or adjust the premium and maximum limit of benefits for all policies of the BOC Worldwide Medical Insurance Plan.
2. The Pre-Existing Conditions Benefit is applicable for the Premier Plan (Worldwide) only. The maximum limit is HK\$100,000 per claim with a maximum of 3 claims per policy. 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/or no claim made from other insurers. (This benefit is effective from the commencement of the Policy Year next to the waiting period). In addition, for each Pre-Existing Conditions Benefit claim, the waiting period of 36 consecutive months will be reinstated after each claim.
3. 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).
4. For an International 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 services provider.
5. Some Medical Concierge Services are limited to Hong Kong only. The fees incurred will be borne by the Insured Person. BOCG Insurance is not liable for the services or any negligence of the relevant medical services provider.
6. "Family" refers to the Proposed Insured and/or parents and/or legal spouse and/or parents-in-law and/or child(ren) of the Proposed Insured.
7. The Medical Checkup Package discount offer is provided by a medical services provider designated by BOCG Insurance. For details, please refer to the User Guide which accompanies the Policy sent to the Insured Person. BOCG Insurance is not liable for the services or any negligence of the relevant medical services provider. BOCG Insurance reserves the right of any alternation or termination of Medical Checkup Services and Package discount offer.
8. Child refers to the unmarried, not gainfully employed legal dependent of the Proposed Insured, including step child, adopted child, or wards, aged from 15 days to 17 years old or 23 years of age or below if studying full-time at school, college or university, on the effective date of the policy year.
9. Specified Items of Medical Appliances include 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. Routine Dental includes Normal Composite fillings, Tooth Extraction (Except Removal of Wisdom Tooth or Impacted Tooth), X-ray, Inlays & Onlays and Sealant.
11. Major Restorative includes removal of wisdom tooth or impacted tooth; removal of roots; root canal treatment; removal of solidodontomes; 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 Proposed Insured 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.
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). 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 E.
7. **If the Insured Person is covered by another insurance policy or healthcare plan, this must be disclosed to BOCG Insurance when claiming reimbursement, and the indemnity of the cover under the Plan shall be secondary to any such other insurance policy or healthcare plan.**
8. The liability of BOCG Insurance for Pre-Approval Guarantee of Payment for Inpatient Admission Services³ 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).
9. No waiting period is applied to the Plan (except for Pre-Existing Conditions Benefit², HIV/AIDS Treatment Benefit, Pregnancy Complications Benefit and Dental Benefit).
10. **About the Coverage Area:**
 - (1) **The Place of Residence of all Insured Person(s) must be in Mainland China, Hong Kong, Macau or Taiwan whereby the Insured Person will live for at least 6 months in the same place within policy year and as declared in the proposal form or written notice of change.**
 - (2) **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 paid and reserves rights to require repayment of the paid claims.**
 - (3) **If Supreme Plan (Worldwide Excl. USA) is selected, the plan will not provide any cover in USA except for 24-Hour Worldwide Emergency Assistance Services, Travel Assistance Services and International Second Medical Opinion⁴.**
 - (4) **If a change of Place of Residence is only found at any claims stage without prior declaration, no claim will be paid.**
11. BOCG Insurance reserves the right to underwrite, amend the terms and/or adjust the premium and maximum limit of benefits for all policies of the BOC Worldwide Medical Insurance Plan.

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 not 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 any complication arising therefrom.
4. Pre-Existing Conditions except as otherwise provided in "Pre-Existing Conditions Benefit".
5. Except as otherwise provided in the Plan for "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. 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 Plan for "Emergency Dental Benefit" 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 Plan for "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 Plan for "Miscellaneous Hospital Expenses Benefit" or "Medical Appliances 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 Plan for "Psychiatric Treatment Benefit", 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 to the Insured Person during his lifetime, regardless of whether any of those policies have been expired, terminated or in force.
2. **Benefit Effective Date:** means in 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 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 treatment 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 or operation, or in respect of an operation received in day case procedure.
4. **Pre-Existing Conditions:** means any injury, sickness, disease or physical condition which a) has existed before Policy Effective Date, Insured 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.
5. **Congenital Conditions:** means medical abnormalities existing at the time of birth or neo-natal physical and mental abnormalities which become apparent within 12 years of birth.
6. **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 his attending qualified medical practitioner; and (d) be rendered in the most cost-efficient manner and setting appropriate in the circumstances.
7. **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", the Company 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 in public hospitals 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:

1. The Plan is underwritten by Bank of China Group Insurance Company Limited ("BOCG Insurance"), Bank of China (Hong Kong) Limited ("BOCHK"), Nanyang Commercial Bank, Limited and Chiyu Banking Corporation Limited are the appointed insurance agents of BOCG Insurance.
2. BOCG Insurance is authorised and regulated by Office of the Commissioner of Insurance to carry out general insurance business in the Hong Kong Special Administrative Region of the People's Republic of China.
3. BOCG Insurance reserves its 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 Proposed Insured and/or Insured Person.
4. BOCG Insurance reserves the right to amend, suspend or terminate the above product, 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 shall be final.
5. This promotion material is for reference only. It shall not be construed as an offer to sell or a solicitation of an offer or recommendation to purchase or sale or provision of any products of BOCG Insurance. Details of the coverage of the Plan are subject to the terms and conditions 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.
6. 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 hotlines or visit the following websites:

Bank of China (Hong Kong) Limited

Personal Customer Hotline: (852) 3988 2388

Website: www.bochk.com

Nanyang Commercial Bank, Limited

Customer Service Hotline: (852) 2622 2633

Website: www.ncb.com.hk

Chiyu Banking Corporation Limited

Customer Service Hotline: (852) 2843 2773

Website: www.chiyubank.com



Company Profile

Bank of China Group Insurance Company Limited (hereinafter referred to as the “Company” or “BOCG Insurance”), registered in Hong Kong on July 23, 1992, is a wholly owned subsidiary of Bank of China Limited.

Since its inception in 1992, BOCG Insurance has steadily expanded its business through the extensive sales network, strong expertise and solid financial position of Bank of China Group. The Company had three branches, one business centre, one subsidiary and three affiliates by the end of 2013. It has expanded its business to Mainland China, Hong Kong, Macau, Taiwan and many other regions. Over the past years, BOCG Insurance continued to optimize business structure and procedures, strictly control risk, train talents and strengthen bancassurance. Thus, the Company has sustained growth in business, and ranked among the top in Hong Kong’s general insurance market and came in the first place in Chinese insurance companies.

BOCG Insurance has expanded its business scope from traditional insurance only to a full range of insurance

products, which mainly includes insurance of Fire, Property All-Risk, Money, Hull, Burglary, Cargo (by sea, land or air routes), Motor, Employee’s Compensation, Public Liability, Contractor’s All Risk, Travel, Home Comprehensive, Personal Accident, Individual Medical, Group Medical, Domestic Helper, Golfer Insurance, Business Interruption, Directors’ Liability, Professional Indemnity, etc. The Company also continued to work with Bank of China Hong Kong in research and development of new bancassurance products.

Against the backdrop of a competitive and ever-changing market, BOCG Insurance continued to enhance its competitive edge by optimizing working procedures, adopting advanced technology, facilitating communication, strengthening back-office support and improving service quality. After years of efforts and structural improvement, the Company has built a good reputation in insurance industry and in the society. It has won wide support from the public and earned respect from peers. The renowned rating agency Standard and Poor’s rated BOCG Insurance as A- with a stable outlook for several years in a row. The Company passed the ISO9001:2000 quality authentication for many years and ranked among the top in service quality. All these show that BOCG Insurance has reached international standards in its expertise, operation strategy and risk management.

BOCG Insurance will continue to offer clients quality service through product diversification, multiple sales channels, and market-oriented development strategy and business guidelines.



HEM-L-2015-Y00



香港中環德輔道中71號永安集團大廈9樓
9/F., Wing On House, 71 Des Voeux Road Central, Hong Kong.
www.bocgroup.com/bocg-ins/