

BOC Flexi Voluntary Health Insurance Scheme Certified Plan
(Number:F00028)

Bank of China Group Insurance Company Limited (“BOCG Insurance”) registers with the Hong Kong Special Administrative Region Government as a Voluntary Health Insurance Scheme provider.

Healthcare costs are rising with the advancement of technology. An adequate insurance coverage would be needed in your pursuit of an ideal lifestyle. Bank of China Group Insurance Company Limited (“BOCG Insurance”) is delighted to present “BOC Flexi Voluntary Health Insurance Scheme Certified Plan” (“the Plan”). The plan is an individual indemnity hospital insurance plan. Apart from hospital and surgical expenses, the Plan also covers “Extra serious sickness benefit ” and “Pregnancy complications” etc., to provide you with a comprehensive coverage. You can also upgrade the Plan with “Supplementary major medical benefit” and “Upgraded benefits” , it gives you peace of mind and helps you cope with the ever-increasing medical expense.

Product Highlights:

1. **Guaranteed renewal to 100 years old¹**
Period of insurance of the Plan is 1 year, and the Plan offers guaranteed renewal on yearly basis to 100 years old¹. Regardless of the Insured Person’s health conditions or claim history, the Insured Person can rest assured that faces different health conditions. His or her policy will be renewable on the Insured Person after the policy has taken into effect.
2. **Tax deduction²**
The Plan is the Voluntary Health Insurance Scheme Certified Plan. The premium of the Plan can be available for tax deduction² if it fulfills the requirements under “Inland Revenue Ordinance” published by the Hong Kong Special Administrative Region(HKSAR). You can protect family and your own, and reduce the tax burden at the same time.
3. **Coverage extended to include unknown pre-existing conditions**
In accordance with the terms and benefits of the Plan, the coverage is included unknown pre-existing conditions. Waiting period and reimbursement arrangement for First policy year is no coverage; Second policy year is 25% reimbursement; Third policy year is 50% reimbursement; Fourth policy year onwards is full coverage (i.e. 100%).
4. **Coverage of clinical surgery**
Covers day case surgery³ performed in a hospital or clinical surgery at clinic³.
5. **Several additional benefits All-round protection**
To care of different conditions and needs, the Plan provides several additional benefits; you can have more support and protection.

Inpatient :		Outpatient:	Post- Confinement :	During emergency accident :
● Extra bed accommodation fee	● Extra serious sickness benefit	● Renal dialysis (outpatient)	● Post-hospitalisation home nursing fee	● Emergency outpatient fee
● Medical appliances (specific items)	● Pregnancy complications			

6. **Option Benefits More Flexible**
Medical expenses raise frequency in Hong Kong; so the advance medical treatments are expensive. If you hope an adequate protection in the future, you can choose

“Supplementary major medical benefit” and “Upgraded benefits” to upgrade benefit limit of medical appliances and prescribed non-surgical cancer treatments

7. 24-hour worldwide emergency assistance services⁴ (These extra services are in addition to the Plan.)

To provide 24-hour worldwide emergency assistance service, you can enjoy a hospital deposit guarantee of up to HK\$40,000 in the event of emergency hospital confinement outside Hong Kong.

Remarks :

1. The Plan offers guaranteed renewal to 100 years old. BOCG Insurance reserves the right for all policies covered under BOC Flexi Voluntary Health Insurance Scheme Certified Plan to adjust standard premiums on a portfolio basis and amend the terms and/or benefits limit from time to time in accordance with the prevailing VHIS compliance requirements (including obtaining the prior approval from the Food and Health Bureau of the Government of the Hong Kong Special Administrative Region before the change, if applicable) upon renewal for the coming policy year. For details of arrangement, please refer to the policy
2. The Policy Holder must meet all the eligibility requirements set out under the law and by the Hong Kong Internal Revenue Department (IRD) before the Policy Holder can qualify for and receive these tax deductions. For details on tax deductions, please visit www.vhis.gov.hk. Any general tax information is merely being provided for the Policy Holder's convenience, and the Policy Holder should not rely on such information in making any tax-related decisions. The Policy Holder should always consult with an appropriately qualified tax advisor if in doubt. Please note that tax law and regulations are subject to change and may affect the classification of Plan and any related tax benefits including the criteria for eligibility. BOCG Insurance is not responsible for updating the Policy Holder on any such changes in laws, regulations or interpretations. Please refer to the website of the Inland Revenue Department (IRD) or contact the IRD directly for any tax related enquiries.
3. “Day Case Surgery” means any surgery performed in the day case procedure centre or hospital that does not require hospitalisation. “Clinical Surgery” means surgery that can be undertaken at the clinic.
4. 24-hour worldwide emergency assistance services are extra services provided under (but not forming part of the) BOC Flexi Voluntary Health Insurance Scheme Certified Plan. If the Policy Holder wishes to unsubscribe this service, please send a written notice to BOCG Insurance.

Plan Certification Number :

Number	Benefit items
F00028-01-000-02	Basic plan [^]
F00028-01-001-02	Basic plan [^] + upgraded benefits 1
F00028-01-002-02	Basic plan [^] + upgraded benefits 2
F00028-01-003-02	Basic plan [^] + upgraded benefits 3
F00028-01-004-02	Basic plan [^] + supplementary major medical benefit
F00028-01-005-02	Basic plan [^] + supplementary major medical benefit + upgraded benefits 1
F00028-01-006-02	Basic plan [^] + supplementary major medical benefit + upgraded benefits 2
F00028-01-007-02	Basic plan [^] + supplementary major medical benefit + upgraded benefits 3

[^] Basic plan included Part I Basic benefits + Part II Additional benefits

Benefit Schedule

Benefit items ⁽¹⁾	Benefit limit (in HK\$)
Part I – Basic benefits	
(a) Room and board	\$1,450 per day Maximum 180 days per Policy Year
(b) Miscellaneous charges	\$18,000 per Policy Year
(c) Attending doctor's visit fee	\$1,450 per day Maximum 180 days per Policy Year
(d) Specialist's fee ⁽²⁾	\$6,000 per Policy Year
(e) Intensive care	\$4,000 per day Maximum 25 days per Policy Year
(f) Surgeon's fee	Per surgery, subject to surgical category for the surgery/procedure in the Schedule of Surgical Procedures – · Complex \$50,000 · Major \$30,000 · Intermediate \$15,000 · Minor \$6,500
(g) Anaesthetist's fee	35% of Surgeon's fee payable ⁽⁵⁾
(h) Operating theatre charges	35% of Surgeon's fee payable ⁽⁵⁾
(i) Prescribed Diagnostic Imaging Tests ^{(2) (3)}	\$30,000 per Policy Year Subject to 30% Coinsurance
(j) Prescribed Non-surgical Cancer Treatments ⁽⁴⁾	\$100,000 per Policy Year
(k) Pre- and post-Confinement/ Day Case Procedure outpatient care ⁽²⁾	\$650 per visit, up to \$4,000 per Policy Year · 1 prior outpatient visit or Emergency consultation per Confinement/Day Case Procedure · 3 follow-up outpatient visits per Confinement/Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)
(l) Psychiatric treatments (Applicable territorial scope of cover is Mainland China, Hong Kong, Macau only)	\$40,000 per Policy Year
Part II – Additional benefits	
(a) Extra bed accommodation fee	\$800 per day Maximum 180 days per Policy Year
(b) Medical appliances (specific items) (Applicable territorial scope of cover is Mainland China, Hong Kong, Macau only) Including pacemaker, stents for percutaneous transluminal coronary angioplasty, intraocular lens, artificial cardiac valve, metallic or artificial joints for joint replacement, prosthetic ligaments for replacement or implantation between bones, and prosthetic intervertebral disc.	\$20,000 per Policy Year

(c) Extra serious sickness benefit This benefit covers cancer, cardiomyopathy, coma, coronary artery bypass grafting, heart valve replacement, kidney failure, liver failure, major burns, stroke, tuberculosis treatment.	\$50,000 per Policy Year
(d) Renal dialysis (outpatient)	\$100,000 per Policy Year
(e) Pregnancy complications This benefit shall be payable for Eligible Expenses incurred after 1 year from the Policy Effective Date.	\$50,000 per Policy Year
(f) Post-hospitalisation home nursing fee (Applicable territorial scope of cover is Mainland China, Hong Kong, Macau only)	\$500 per day Maximum 180 days per Policy Year
(g) Emergency outpatient fee	\$2,500 per Policy Year

Benefit items ⁽¹⁾		Benefit limit (in HK\$)		
Part III - Optional benefits				
(a)	Supplementary major medical benefit (Applicable territorial scope of cover is Mainland China, Hong Kong, Macau only, but this benefit can be extended to worldwide coverage due to Accident or Emergency.)	Subject to 20% Coinsurance ⁽⁶⁾ (which is equivalent to 80% reimbursement rate) Annual limit: Aged 75 or below: \$400,000 per Policy Year Aged 76 or above: \$100,000 per Policy Year		
(b)	Upgraded benefits	Plan 1	Plan 2	Plan 3
i.	Upgraded medical appliances (Applicable territorial scope of cover is Mainland China, Hong Kong, Macau only)			
	(aa) Specified items Including pacemaker, stents for percutaneous transluminal coronary angioplasty, intraocular lens, artificial cardiac valve, metallic or artificial joints for joint replacement, prosthetic ligaments for replacement or implantation between bones, and prosthetic intervertebral disc	\$100,000 per Policy Year	\$200,000 per Policy Year	\$300,000 per Policy Year
	(bb) Non-specified items For other medical appliances not specified in (aa) above	\$50,000 per Policy Year	\$100,000 per Policy Year	\$150,000 per Policy Year
	Maximum limit for (aa) Specified items and (bb) Non-specified items	\$100,000 per Policy Year	\$200,000 per Policy Year	\$300,000 per Policy Year
ii.	Upgraded Prescribed Non-surgical Cancer Treatments ⁽⁴⁾ (Applicable territorial scope of cover is Mainland China, Hong Kong, Macau only)	\$200,000 per Policy Year	\$400,000 per Policy Year	\$600,000 per Policy Year

Other limits	(in HK\$)
Annual Benefit Limit for benefit items Part I – Part II (76 years old below)	Nil
Annual Benefit Limit for benefit items Part I – Part II (76 years old or above)	\$450,000 per Policy Year
Lifetime Benefit Limit for benefit items Part I – Part III	Nil

Notes -

- (1) Eligible Expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above, unless otherwise specified.
- (2) BOCG Insurance shall have the right to ask for proof of recommendation e.g. written referral or testifying statement on the claim form by attending doctor or Registered Medical Practitioner.
- (3) Tests covered here only include computed tomography (“CT” scan), magnetic resonance imaging (“MRI”

scan), positron emission tomography (“PET” scan), PET-CT combined and PET-MRI combined.

- (4) Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
- (5) The percentage here applies to the Surgeon's fee actually payable or the benefit limit for the Surgeon's fee according to the surgical categorisation, whichever is the lower.
- (6) An adjustment factor shall apply if the Insured Person's average daily room and board charges incurred during such Confinement is higher than the benefit limit per day set forth in the Benefit Schedule for benefit payable under Part I (a).

The adjustment factor shall be calculated as follows:

Benefit limit per day for room & board set forth in the Benefit Schedule ÷

Average daily room and board charges incurred during Confinement

Annual Premium Table^ (HK\$)

Basic plan (Number: F00028-01-000-02)

Attained Age	Male	Female	Attained Age	Male	Female
15 days to 1	5,982	5,060	51	7,670	8,692
2	4,367	3,482	52	8,075	8,982
3	3,713	2,860	53	8,520	9,273
4	3,162	2,360	54	8,995	9,577
5	2,720	1,997	55	9,515	9,857
6	2,342	1,690	56	10,040	10,178
7	2,037	1,463	57	10,592	10,512
8	1,800	1,308	58	11,187	10,872
9	1,620	1,210	59	11,807	11,240
10	1,558	1,555	60	12,510	11,532
11	1,590	1,622	61	13,125	12,373
12	1,673	1,657	62	13,792	12,797
13	1,818	1,732	63	14,490	13,235
14	1,830	1,830	64	15,193	13,698
15	1,902	2,020	65	16,592	14,670
16	1,962	2,158	66	17,312	15,190
17	2,043	2,307	67	18,025	15,750
18	2,135	2,462	68	18,730	16,373
19	2,237	2,620	69	19,510	16,977
20	2,365	2,857	70	21,068	18,292
21	2,480	3,013	71	21,855	19,002
22	2,593	3,168	72	22,657	19,732
23	2,708	3,320	73	23,473	20,497
24	2,820	3,467	74	24,307	21,280
25	2,998	3,690	75	25,843	22,580
26	3,103	3,828	76	25,107	22,285
27	3,205	3,962	77	25,938	23,082
28	3,308	4,093	78	26,747	23,870
29	3,402	4,218	79	27,542	24,648
30	3,337	4,265	80	28,682	25,548
31	3,422	4,377	81*	29,458	26,318
32	3,503	4,488	82*	30,213	27,075
33	3,585	4,605	83*	30,853	27,772
34	3,667	4,725	84*	31,465	28,450
35	3,832	4,985	85*	32,000	28,968
36	3,918	5,108	86*	32,558	29,603
37	4,013	5,237	87*	33,078	30,213
38	4,113	5,377	88*	33,565	30,792
39	4,223	5,525	89*	34,017	31,342
40	4,368	5,722	90*	33,912	31,227
41	4,492	5,913	91*	34,282	31,707
42	4,637	6,087	92*	34,608	32,147
43	4,805	6,277	93*	34,892	32,548
44	4,990	6,475	94*	35,128	32,907
45	5,332	6,905	95*	35,335	33,222
46	5,558	7,125	96*	35,478	33,493
47	5,807	7,355	97*	35,573	33,718
48	6,088	7,598	98*	35,617	33,895
49	6,875	8,042	99*	35,612	34,025
50	7,293	8,415			

*Renewal only

Annual Premium Table^ (HK\$)

Basic plan + upgraded benefits 1(Number: F00028-01-001-02)

Attained Age	Male	Female	Attained Age	Male	Female
15 days to 1	7,398	6,553	51	9,707	12,657
2	5,400	4,508	52	10,240	13,085
3	4,592	3,705	53	10,835	13,503
4	3,908	3,057	54	11,463	13,932
5	3,355	2,578	55	12,068	14,245
6	2,885	2,182	56	12,752	14,698
7	2,508	1,885	57	13,467	15,167
8	2,215	1,685	58	14,265	15,692
9	1,993	1,560	59	15,090	16,233
10	1,937	1,753	60	15,895	16,398
11	1,983	1,823	61	16,655	16,542
12	2,002	1,863	62	17,522	17,107
13	2,032	1,945	63	18,448	17,685
14	2,045	2,062	64	19,388	18,288
15	2,125	2,275	65	21,482	19,567
16	2,195	2,432	66	22,462	20,252
17	2,285	2,602	67	23,430	20,978
18	2,390	2,778	68	24,403	21,825
19	2,505	2,957	69	25,465	22,645
20	2,653	3,230	70	27,850	24,555
21	2,973	3,823	71	28,938	25,523
22	3,112	4,023	72	30,047	26,512
23	3,250	4,225	73	31,175	27,572
24	3,387	4,418	74	32,320	28,658
25	3,613	4,752	75	34,690	30,633
26	3,745	4,940	76	32,742	29,605
27	3,870	5,122	77	33,855	30,687
28	3,997	5,298	78	34,923	31,745
29	4,117	5,470	79	35,980	32,795
30	4,027	5,638	80	37,790	34,237
31	4,132	5,657	81*	38,832	35,283
32	4,237	5,675	82*	39,852	36,312
33	4,343	5,832	83*	40,612	37,213
34	4,448	5,990	84*	41,342	38,090
35	4,652	6,397	85*	42,182	38,920
36	4,765	6,555	86*	42,843	39,745
37	4,883	6,722	87*	43,465	40,537
38	5,018	6,913	88*	44,042	41,293
39	5,162	7,113	89*	44,572	42,012
40	5,342	7,453	90*	44,487	41,953
41	5,493	7,757	91*	44,922	42,583
42	5,677	7,985	92*	45,307	43,168
43	5,903	8,248	93*	45,638	43,702
44	6,148	8,522	94*	45,915	44,183
45	6,630	9,177	95*	46,155	44,608
46	6,933	9,480	96*	46,318	44,980
47	7,260	9,797	97*	46,423	45,292
48	7,640	10,132	98*	46,470	45,545
49	8,695	11,737	99*	46,455	45,738
50	9,212	12,247			

*Renewal only

Annual Premium Table^ (HK\$)

Basic plan + upgraded benefits 2(Number: F00028-01-002-02)

Attained Age	Male	Female	Attained Age	Male	Female
15 days to 1	7,673	6,825	51	10,847	14,940
2	5,602	4,700	52	11,465	15,448
3	4,763	3,867	53	12,170	15,928
4	4,053	3,188	54	12,910	16,420
5	3,470	2,685	55	13,512	16,668
6	2,983	2,268	56	14,298	17,180
7	2,592	1,957	57	15,120	17,710
8	2,290	1,753	58	16,063	18,330
9	2,062	1,627	59	17,038	18,968
10	2,340	1,913	60	17,828	18,830
11	2,207	1,907	61	18,642	18,710
12	2,132	1,952	62	19,638	19,345
13	2,107	2,042	63	20,738	19,980
14	2,122	2,163	64	21,847	20,645
15	2,208	2,390	65	24,645	22,088
16	2,283	2,558	66	25,825	22,840
17	2,377	2,735	67	26,995	23,635
18	2,488	2,923	68	28,183	24,607
19	2,607	3,115	69	29,467	25,552
20	2,767	3,420	70	32,713	27,945
21	3,100	4,052	71	34,052	29,057
22	3,245	4,268	72	35,408	30,192
23	3,392	4,493	73	36,790	31,440
24	3,537	4,710	74	38,190	32,712
25	3,792	5,135	75	41,425	35,280
26	3,933	5,348	76	36,767	32,543
27	4,068	5,558	77	38,042	33,748
28	4,207	5,762	78	39,253	34,922
29	4,342	5,962	79	40,452	36,087
30	4,260	6,265	80	42,777	37,903
31	4,377	6,290	81*	43,975	39,073
32	4,492	6,313	82*	45,148	40,225
33	4,618	6,498	83*	45,933	41,190
34	4,742	6,685	84*	46,692	42,132
35	4,962	7,243	85*	47,757	43,165
36	5,092	7,425	86*	48,438	44,052
37	5,227	7,617	87*	49,080	44,903
38	5,385	7,847	88*	49,673	45,723
39	5,555	8,088	89*	50,220	46,502
40	5,755	8,592	90*	50,148	46,498
41	5,913	9,002	91*	50,595	47,187
42	6,122	9,272	92*	50,988	47,823
43	6,395	9,597	93*	51,325	48,408
44	6,687	9,932	94*	51,607	48,942
45	7,297	10,818	95*	51,848	49,417
46	7,655	11,185	96*	52,010	49,832
47	8,038	11,567	97*	52,110	50,188
48	8,502	11,975	98*	52,152	50,483
49	9,712	13,887	99*	52,130	50,715
50	10,268	14,450			

*Renewal only

Annual Premium Table^ (HK\$)

Basic plan + upgraded benefits 3 (Number: F00028-01-003-02)

Attained Age	Male	Female	Attained Age	Male	Female
5 days to 1	7,842	7,015	51	12,238	17,903
2	5,727	4,843	52	12,962	18,518
3	4,870	3,985	53	13,810	19,077
4	4,145	3,288	54	14,693	19,647
5	3,538	2,760	55	15,278	19,790
6	3,038	2,327	56	16,193	20,378
7	2,638	2,005	57	17,145	20,980
8	2,333	1,802	58	18,282	21,725
9	2,102	1,675	59	19,448	22,487
10	2,387	1,980	60	20,197	21,907
11	2,255	1,975	61	21,070	21,400
12	2,180	2,025	62	22,227	22,120
13	2,157	2,122	63	23,545	22,823
14	2,175	2,252	64	24,875	23,557
15	2,268	2,493	65	28,642	25,217
16	2,347	2,670	66	30,083	26,043
17	2,445	2,858	67	31,517	26,915
18	2,560	3,058	68	32,987	28,043
19	2,683	3,260	69	34,562	29,148
20	2,855	3,605	70	38,993	32,193
21	3,202	4,278	71	40,660	33,488
22	3,350	4,513	72	42,347	34,807
23	3,507	4,767	73	44,062	36,297
24	3,658	5,010	74	45,798	37,810
25	3,952	5,558	75	50,217	41,187
26	4,102	5,807	76	39,790	34,722
27	4,248	6,048	77	41,185	36,020
28	4,402	6,287	78	42,507	37,280
29	4,552	6,520	79	43,812	38,532
30	4,485	7,022	80	46,533	40,637
31	4,618	7,055	81*	47,847	41,898
32	4,750	7,085	82*	49,135	43,143
33	4,897	7,307	83*	49,943	44,153
34	5,042	7,532	84*	50,715	45,138
35	5,283	8,298	85*	51,953	46,332
36	5,435	8,513	86*	52,650	47,263
37	5,593	8,730	87*	53,308	48,160
38	5,782	9,015	88*	53,913	49,025
39	5,983	9,308	89*	54,468	49,847
40	6,203	10,040	90*	54,412	49,892
41	6,377	10,597	91*	54,865	50,620
42	6,613	10,922	92*	55,263	51,298
43	6,947	11,325	93*	55,603	51,922
44	7,297	11,742	94*	55,887	52,492
45	8,080	12,945	95*	56,130	53,002
46	8,512	13,400	96*	56,290	53,453
47	8,968	13,868	97*	56,388	53,843
48	9,538	14,373	98*	56,423	54,170
49	10,947	16,680	99*	56,395	54,435
50	11,550	17,307			

*Renewal only

Annual Premium Table^ (HK\$)

Basic plan + supplementary major medical benefit (Number: F00028-01-004-02)

Attained Age	Male	Female	Attained Age	Male	Female
15 days to 1	9,622	8,515	51	11,913	14,618
2	6,965	5,800	52	12,558	15,120
3	5,902	4,750	53	13,262	15,628
4	5,008	3,905	54	14,012	16,160
5	4,330	3,313	55	14,838	16,668
6	3,713	2,795	56	15,675	17,235
7	3,222	2,412	57	16,557	17,823
8	2,837	2,148	58	17,500	18,447
9	2,548	1,985	59	18,483	19,093
10	2,470	2,228	60	19,588	19,665
11	2,532	2,313	61	20,597	20,187
12	2,558	2,373	62	21,667	20,898
13	2,602	2,487	63	22,777	21,637
14	2,623	2,643	64	23,903	22,412
15	2,727	2,910	65	25,850	23,840
16	2,827	3,122	66	27,000	24,710
17	2,950	3,350	67	28,143	25,635
18	3,095	3,585	68	29,277	26,648
19	3,253	3,827	69	30,503	27,645
20	3,450	4,168	70	32,632	29,563
21	3,878	4,938	71	33,858	30,745
22	4,065	5,202	72	35,112	31,953
23	4,252	5,463	73	36,388	33,212
24	4,433	5,713	74	37,690	34,503
25	4,697	6,057	75	39,818	36,433
26	4,868	6,290	76	38,312	35,687
27	5,032	6,515	77	39,595	36,987
28	5,193	6,735	78	40,843	38,270
29	5,345	6,948	79	42,078	39,547
30	5,190	6,970	80	43,680	40,932
31	5,323	6,997	81*	44,875	42,185
32	5,450	7,022	82*	46,040	43,417
33	5,580	7,205	83*	47,065	44,572
34	5,708	7,393	84*	48,048	45,697
35	5,938	7,748	85*	48,905	46,587
36	6,077	7,943	86*	49,797	47,638
37	6,222	8,145	87*	50,640	48,645
38	6,380	8,363	88*	51,422	49,603
39	6,552	8,592	89*	52,145	50,512
40	6,768	8,875	90*	52,175	50,553
41	6,968	9,162	91*	52,772	51,343
42	7,197	9,430	92*	53,297	52,070
43	7,457	9,722	93*	53,753	52,728
44	7,747	10,028	94*	54,135	53,320
45	8,232	10,615	95*	54,465	53,837
46	8,587	10,957	96*	54,697	54,277
47	8,977	11,315	97*	54,848	54,642
48	9,415	11,695	98*	54,922	54,927
49	10,683	13,542	99*	54,915	55,130
50	11,323	14,150			

*Renewal only

Annual Premium Table^ (HK\$)

Basic plan + supplementary major medical benefit + upgraded benefits 1(Number: F00028-01-005-02)

Attained Age	Male	Female	Attained Age	Male	Female
15 days to 1	10,497	9,310	51	13,507	17,192
2	7,602	6,345	52	14,257	17,782
3	6,442	5,200	53	15,085	18,372
4	5,467	4,277	54	15,962	18,982
5	4,718	3,620	55	16,842	19,478
6	4,043	3,052	56	17,808	20,125
7	3,508	2,630	57	18,822	20,795
8	3,087	2,345	58	19,935	21,527
9	2,773	2,168	59	21,088	22,285
10	3,145	2,548	60	22,252	22,683
11	2,965	2,535	61	23,368	23,052
12	2,865	2,600	62	24,602	23,862
13	2,833	2,723	63	25,902	24,693
14	2,857	2,897	64	27,223	25,563
15	2,970	3,188	65	29,785	27,193
16	3,080	3,422	66	31,155	28,170
17	3,215	3,673	67	32,513	29,205
18	3,375	3,933	68	33,875	30,378
19	3,547	4,198	69	35,340	31,527
20	3,765	4,577	70	38,207	33,902
21	4,227	5,430	71	39,690	35,268
22	4,432	5,722	72	41,207	36,657
23	4,637	6,017	73	42,745	38,132
24	4,835	6,298	74	44,313	39,645
25	5,137	6,728	75	47,187	42,110
26	5,330	6,998	76	44,497	40,653
27	5,508	7,257	77	46,015	42,157
28	5,690	7,510	78	47,478	43,627
29	5,862	7,753	79	48,928	45,093
30	5,702	7,872	80	51,135	46,925
31	5,850	7,903	81*	52,552	48,375
32	5,997	7,935	82*	53,937	49,798
33	6,147	8,150	83*	55,045	51,087
34	6,297	8,370	84*	56,112	52,338
35	6,553	8,855	85*	57,243	53,487
36	6,713	9,080	86*	58,210	54,663
37	6,877	9,312	87*	59,123	55,787
38	7,067	9,572	88*	59,965	56,862
39	7,265	9,845	89*	60,743	57,882
40	7,510	10,262	90*	60,800	57,995
41	7,730	10,647	91*	61,440	58,885
42	7,990	10,958	92*	62,005	59,708
43	8,300	11,315	93*	62,492	60,457
44	8,640	11,685	94*	62,902	61,133
45	9,245	12,468	95*	63,253	61,728
46	9,665	12,880	96*	63,495	62,240
47	10,122	13,310	97*	63,652	62,667
48	10,645	13,768	98*	63,723	63,010
49	12,108	15,950	99*	63,708	63,265
50	12,820	16,633			

*Renewal only

Annual Premium Table^ (HK\$)

Basic plan +supplementary major medical benefit +upgraded benefits 2 (Number:F00028-01-006-02)

Attained Age	Male	Female	Attained Age	Male	Female
15 days to 1	10,775	9,583	51	14,660	19,497
2	7,805	6,538	52	15,495	20,170
3	6,617	5,363	53	16,433	20,822
4	5,612	4,408	54	17,423	21,493
5	4,835	3,727	55	18,300	21,925
6	4,143	3,138	56	19,370	22,632
7	3,593	2,702	57	20,490	23,363
8	3,163	2,415	58	21,750	24,192
9	2,843	2,233	59	23,055	25,048
10	3,225	2,630	60	24,205	25,138
11	3,040	2,618	61	25,377	25,243
12	2,940	2,688	62	26,740	26,123
13	2,910	2,820	63	28,213	27,013
14	2,937	2,998	64	29,708	27,943
15	3,055	3,307	65	32,982	29,742
16	3,168	3,548	66	34,552	30,787
17	3,307	3,808	67	36,115	31,887
18	3,473	4,080	68	37,693	33,188
19	3,650	4,357	69	39,380	34,465
20	3,878	4,768	70	43,118	37,325
21	4,355	5,658	71	44,853	38,838
22	4,567	5,970	72	46,622	40,373
23	4,778	6,287	73	48,418	42,038
24	4,988	6,593	74	50,240	43,740
25	5,317	7,113	75	53,990	46,805
26	5,522	7,410	76	48,562	43,622
27	5,710	7,697	77	50,242	45,248
28	5,903	7,978	78	51,852	46,837
29	6,088	8,250	79	53,443	48,418
30	5,937	8,507	80	56,172	50,630
31	6,095	8,545	81*	57,747	52,203
32	6,257	8,578	82*	59,288	53,752
33	6,425	8,825	83*	60,422	55,105
34	6,593	9,072	84*	61,515	56,420
35	6,867	9,713	85*	62,875	57,775
36	7,045	9,960	86*	63,860	59,012
37	7,227	10,215	87*	64,793	60,197
38	7,437	10,517	88*	65,655	61,337
39	7,663	10,828	89*	66,448	62,415
40	7,928	11,410	90*	66,518	62,583
41	8,157	11,902	91*	67,170	63,533
42	8,440	12,257	92*	67,743	64,410
43	8,797	12,677	93*	68,235	65,212
44	9,185	13,107	94*	68,650	65,940
45	9,920	14,127	95*	69,000	66,582
46	10,395	14,603	96*	69,242	67,142
47	10,908	15,100	97*	69,397	67,613
48	11,513	15,630	98*	69,462	67,998
49	13,133	18,120	99*	69,440	68,292
50	13,887	18,858			

*Renewal only

Annual Premium Table^ (HK\$)

Basic plan + supplementary major medical benefit + upgraded benefits 3 (Number: F00028-01-007-02)

Attained Age	Male	Female	Attained Age	Male	Female
15 days to 1	10,945	9,777	51	16,063	22,490
2	7,932	6,683	52	17,005	23,272
3	6,727	5,482	53	18,090	24,000
4	5,705	4,510	54	19,223	24,752
5	4,903	3,803	55	20,085	25,078
6	4,200	3,200	56	21,283	25,860
7	3,640	2,752	57	22,535	26,667
8	3,207	2,462	58	23,990	27,622
9	2,885	2,283	59	25,488	28,602
10	3,272	2,697	60	26,597	28,247
11	3,090	2,688	61	27,827	27,960
12	2,988	2,763	62	29,355	28,928
13	2,962	2,900	63	31,050	29,885
14	2,988	3,090	64	32,765	30,883
15	3,115	3,410	65	37,017	32,900
16	3,233	3,662	66	38,853	34,022
17	3,378	3,933	67	40,680	35,200
18	3,547	4,215	68	42,545	36,658
19	3,727	4,505	69	44,527	38,095
20	3,968	4,955	70	49,460	41,618
21	4,457	5,888	71	51,528	43,313
22	4,672	6,218	72	53,628	45,037
23	4,895	6,563	73	55,762	46,945
24	5,112	6,895	74	57,925	48,888
25	5,478	7,542	75	62,870	52,772
26	5,692	7,872	76	51,615	45,822
27	5,892	8,192	77	53,418	47,542
28	6,098	8,508	78	55,137	49,218
29	6,300	8,815	79	56,838	50,887
30	6,165	9,270	80	59,965	53,390
31	6,342	9,317	81*	61,658	55,055
32	6,517	9,358	82*	63,315	56,700
33	6,705	9,640	83*	64,470	58,095
34	6,895	9,927	84*	65,580	59,457
35	7,195	10,778	85*	67,115	60,973
36	7,390	11,057	86*	68,115	62,257
37	7,595	11,340	87*	69,063	63,487
38	7,838	11,695	88*	69,935	64,670
39	8,095	12,060	89*	70,737	65,793
40	8,383	12,873	90*	70,823	66,010
41	8,622	13,515	91*	71,483	67,000
42	8,935	13,925	92*	72,060	67,920
43	9,353	14,423	93*	72,557	68,760
44	9,802	14,937	94*	72,973	69,527
45	10,712	16,273	95*	73,325	70,205
46	11,260	16,840	96*	73,567	70,798
47	11,848	17,423	97*	73,717	71,303
48	12,562	18,052	98*	73,777	71,723
49	14,382	20,943	99*	73,748	72,050
50	15,183	21,742			

*Renewal only

^This Standard Premium Schedule does not include levy which is collected by the Insurance Authority("IA"). The IA will collect premium levy from the policyholder at the applicable rate. In order to avoid any legal consequences, the policyholder must pay to the insurance company a prescribed levy for the premium for direct remittance to the IA. The levy amount may be subject to change depending on the applicable rate. For details, please visit IA's website www.ia.org.hk.

General Exclusions

1. Expenses incurred for treatments, procedures, medications, tests or services which are not medically necessary.
2. Expenses incurred for the whole or part of the confinement solely for the purpose of diagnostic procedures or allied health services, including but not limited to physiotherapy, occupational therapy and speech therapy, unless such procedure or service is recommended by a registered medical practitioner for medically necessary investigation or treatment of a disability which cannot be effectively performed in a setting for providing medical Services to a day patient.
3. Expenses arising from Human Immunodeficiency Virus ("HIV") and its related disability, which is contracted or occurs before the policy effective date. Irrespective of whether it is known or unknown to the Insured Person at the time of submission of application, including any updates of and changes to such requisite information such disability shall be generally excluded from any coverage of these terms and benefits if it exists before the policy effective date. If evidence of proof as to the time at which such disability is first contracted or occurs is not available, manifestation of such disability within the first 5 years after the policy effective date shall be presumed to be contracted or occur before the policy effective date, while manifestation after such 5 years shall be presumed to be contracted or occur after the policy effective date.

However, the exclusion under this entire section shall not apply where HIV and its related disability is caused by sexual assault, medical assistance, organ transplant, blood transfusions or blood donation, or infection at birth, and in such cases the other terms of these terms and benefits shall apply.

4. Expenses incurred for medical services as a result of disability arising from or consequential upon the dependence, overdose or influence of drugs, alcohol, narcotics or similar drugs or agents, self-inflicted injuries or attempted suicide, illegal activity, or venereal and sexually transmitted disease or its sequelae (except for HIV and its related disability, where Section 3 of this part applies).
5. Any charges in respect of services for –
 - (a) beautification or cosmetic purposes, unless necessitated by injury caused by an accident and the Insured Person receives the medical services within 90 days of the accident; or
 - (b) correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens, including but not limited to eye refractive therapy, LASIK and any related tests, procedures and services.
6. Expenses incurred for prophylactic treatment or preventive care, including but not limited to general check-ups, routine tests, screening procedures for asymptomatic conditions, screening or surveillance procedures based on the health history of the Insured Person and/or his family members, Hair Mineral Analysis (HMA), immunisation or health supplements. For the avoidance of doubt, this Section 6 does not apply to –
 - (a) treatments, monitoring, investigation or procedures with the purpose of avoiding complications arising from any other medical services provided;
 - (b) removal of pre-malignant conditions; and
 - (c) treatment for prevention of recurrence or complication of a previous disability.
7. Expenses incurred for dental treatment and oral and maxillofacial procedures performed by a dentist except for emergency treatment and surgery during confinement arising from

an accident. Follow-up dental treatment or oral surgery after discharge from Hospital shall not be covered.

8. Except as otherwise provided in Part II (e) “pregnancy complications” of these Terms and Benefits,, expenses incurred for medical services and counselling services relating to maternity conditions and its complications, including but not limited to diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage; birth control or reversal of birth control; sterilisation or sex reassignment of either sex; infertility including in-vitro fertilisation or any other artificial method of inducing pregnancy; or sexual dysfunction including but not limited to impotence, erectile dysfunction or pre-mature ejaculation, regardless of cause.
9. Expenses incurred for the purchase of durable medical equipment or appliances including but not limited to wheelchairs, beds and furniture, airway pressure machines and masks, portable oxygen and oxygen therapy devices, dialysis machines, exercise equipment, spectacles, hearing aids, special braces, walking aids, over-the-counter drugs, air purifiers or conditioners and heat appliances for home use. For the avoidance of doubt, this exclusion shall not apply to rental of medical equipment or appliances during confinement or on the day of the day case procedure.
10. Expenses incurred for traditional Chinese medicine treatment, including but not limited to herbal treatment, bone-setting, acupuncture, acupressure and tui na, and other forms of alternative treatment including but not limited to hypnotism, qigong, massage therapy, aromatherapy, naturopathy, hydrotherapy, homeotherapy and other similar treatments.
11. Expenses incurred for experimental or unproven medical technology or procedure in accordance with the common standard, or not approved by the recognised authority, in the locality where the treatment, procedure, test or service is received.
12. Expenses incurred for Medical Services provided as a result of Congenital Condition(s) which have manifested or been diagnosed before the Insured Person attained the Age of eight (8) years.
13. Eligible expenses which have been reimbursed under any law, or medical program or insurance policy provided by any government, company or other third party.
14. Expenses incurred for treatment for disability arising from war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power.

Policy cooling-off period and auto-renewal service

- **21-day policy cooling-off period**

If your application is approved and the coverage is confirmed in effect, BOCG Insurance will issue your policy about 10 working days after the application and relevant documents have been received. You can contact the customer hotline to enquiry for the policy details. If the insured benefits do not meet your needs, you can terminate your policy by giving a written notice to BOCG Insurance within 21 days after the delivery of the policy (“Cooling-off 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 Cooling-off Period, all paid premium and premium levy will be totally refunded.

- **Auto-renewal service**

The Policy Holder will receive renewal notice stating the renewal terms by BOCG Insurance before the expiry date of every policy year. The policy will be renewed automatically for paying the required premium and premium levy by the Policy Holder 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 is determined in accordance with the sex, the plan selected, the health condition upon application and the age during the period of insurance of the Insured Person. The premium will be adjusted when the Insured Person enters into another pre-set age at the time of policy renewal. Regardless of the Insured Person's health or claim conditions, BOCG Insurance will not charge any additional fees or impose any additional terms on the Insured Person after the policy has taken into effect. **However, BOCG Insurance reserves the right for all policies covered under BOC Flexi Voluntary Health Insurance Scheme Certified Plan to adjust standard premiums on a portfolio basis and amend the terms and/or benefits limit from time to time in accordance with the prevailing VHIS compliance requirements (including obtaining the prior approval from the Food and Health Bureau of the Government of the Hong Kong Special Administrative Region before the change, if applicable) upon renewal for the coming policy year.** For details of arrangement, please refer to the policy.

- **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. If the Proposer requests for addition or enhancement of the benefit items, re-underwriting is required by BOCG Insurance. The new plan, new premium and premium levy will become effective on the first day of the new policy year.

1. Adding optional benefits items ("Supplementary major medical benefit" and/or "Upgraded benefits 1/2/3") ;
2. Enhancing the level of "Upgraded benefits" .

- **Termination of policy and premium refund**

The Proposer can apply to terminate the policy by giving a written notice to BOCG Insurance 30 days prior to the expiry date of each policy year, such termination shall become effective on the day immediate following the expiry of the policy year. If the Proposer terminates the policy within the policy period, the premium will not be refunded and the Proposer should pay 100% of the annual premium.

- **Claims**

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

Important Notes:

- The Proposer must be aged 18 years or above at the time of application.
- The Insured Person must be aged between 15 days and 80 years old (inclusive) at the time of application.
- For the Insured Person below the age of 18 years, the application should be arranged by the parent or legal guardian.
- For the consistency of administration arrangement of BOCG Insurance's policy, only one Policy Holder in each policy.
- Territorial scope of cover:
All benefits items shall be applicable to worldwide except the following items:

Part I – Basic benefits (l) Psychiatric treatments	Applicable territorial scope of cover is Mainland China, Hong Kong, Macau only
Part II – Additional benefits (b) Medical appliances (specific items) (f) Post-hospitalisation home nursing fee	
Part III - Optional benefits (a) Supplementary major medical benefit (This benefit can be extended to worldwide coverage due to Accident or Emergency)	
(b) Upgraded benefits : (i) Upgraded medical appliances (ii) Upgraded Prescribed Non-surgical Cancer Treatments	

- All benefits described in these terms and benefits are available for all ward classes and not subject to any restriction in the choice of healthcare services providers. However, if the Insured Person is covered under Part III(a) supplementary major medical benefit, the adjustment factor is applied to the calculation of the benefit payable for Part III(a) supplementary major medical benefit, when the insured person's average daily room and board charges incurred during such confinement is higher than the benefit limit per day set forth in the benefit Schedule for benefit payable under Part I (a) Room and board
- Part III – Optional benefits (a) “Supplementary major medical benefit” - This benefit shall be payable for the eligible expenses in excess of the amount payable under Part I – Basic benefits (b), (d), (e), (f), (g), (h) and (j) and Part II – Additional benefits(b), (c), and Part III - Optional benefits (b) for confinement, subject to 20% Coinsurance (which is equivalent to 80% reimbursement rate) and up to the benefit limit as stated in the Benefit Schedule.
- Benefit items of Part I (a) - (l) are provided under Voluntary Health Insurance Scheme (“VHIS”) with another set of benefit limits as stated in the VHIS Standard Plan Terms and Benefits. For further details, please visit www.vhis.gov.hk.
- The Insured Person must fill in all underwriting information in the Proposal Form, including but not limited to details of Insured Person, Stated Information for the Proposal Form and Illustration of Stated Information for underwriting purpose.
- During the period of insurance, the Policy Holder shall inform in writing upon renewal to BOCG Insurance of any change of place of residence or occupation of the Insured Person. **BOCG Insurance reserves the right to re-underwrite the policy. The right to re-underwriting must refer to the change of Place of Residence or occupation.** As a result of re-underwriting, BOCG Insurance may terminate the policy, apply new or adjust existing standard premium loading in accordance with the prevailing VHIS compliance requirements (including obtaining the prior approval from the Food and Health Bureau of the Government of the Hong Kong Special Administrative Region Government before the change, if applicable).
- The Plan only covers the expenses of the insured person on the following basis:
Reasonable and Customary: shall mean, in relation to a charge for medical service, such level which does not exceed the general range of charges being charged by the relevant service providers in the locality where the charge is incurred for similar treatment, services or supplies to individuals with similar conditions, e.g. of the same sex and similar age, for a similar disability, as reasonably determined by BOCG Insurance in utmost good faith.
Medically Necessary: shall mean mainly the need to have medical service for the purpose of investigating or treating the relevant disability in accordance with the generally accepted standards of medical practice.

Deductible: shall mean a fixed amount of eligible expenses that, in a policy year, the policy holder must pay before BOCG Insurance shall reimburse the remaining eligible expenses

Coinsurance: shall mean a percentage of eligible expenses the policy holder must contribute after paying the deductible (if any) in a policy year. For the avoidance of doubt, coinsurance does not refer to any amount that the policy holder is required to pay if the actual expenses exceed the benefit limits under these terms and benefits.

- **Termination of Policy:**

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

- where this policy is terminated due to non-payment of premiums and premium levy after the grace period; or
- the day immediately following the death of the Insured Person; or
- BOCG Insurance has ceased to have the requisite authorisation under the Insurance Ordinance to write or continue to write this Policy;

Immediately following the termination of this policy, insurance coverage under this policy shall cease to be in force. No premium and premium levy paid for the current policy year and previous policy years shall be refunded, unless specified otherwise.

In the case where the Insured Person is being confined or is undergoing prescribed non-surgical cancer treatment for a disability suffered before such termination, then, with respect to the confinement or treatment in relation to the same disability, eligible expenses incurred shall continue to be covered under this policy until (i) the Insured Person is discharged or the treatment is completed or (ii) 30 days after the termination of this policy, whichever is the earlier. The terms and benefits applicable shall be those prevailing as at the day immediately preceding the date of termination of this policy.

BOCG Insurance shall have the right to deduct any outstanding premium and premium levy from any benefit payment. For the avoidance of doubt, where this policy includes other additional benefits beyond those under the terms and benefits of this certified Plan, removal or downgrading of any such other additional benefits by BOCG Insurance shall not adversely affect:

- the terms and benefits of this certified plan which shall continue to be in full force and effect; and
- the continuity of these terms and benefits, and shall not adversely affect BOCG Insurance's compliance with the licensing requirement in order to continue to write these terms and benefits.

- **The information of this promotional material does not contain the full terms of the policy and the full terms can be found in the policy document.**

Important Notes to the Agent Bank's Customer

- The Agent Bank is the appointed insurance agent of BOCG Insurance for distribution of the Plan. The Plan is a product of BOCG Insurance but not the Agent bank.
- In respect of an eligible dispute (as defined in the Terms of Reference for the Financial Dispute Resolution Centre in relation to the Financial Dispute Resolution Scheme) arising between the Agent Bank and the customer out of the selling process or processing of the related transaction, the Agent Bank 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.

Terms and Conditions:

- BOC Standard Voluntary Health Insurance Scheme Certified Plan (“The Plan”) is underwritten by Bank of China Group Insurance Company Limited (“BOCG Insurance”).
- BOCG Insurance is authorised and regulated by the Insurance Authority to carry on general insurance business in Hong Kong Special Administrative Region of the People's Republic of China.
- BOCG Insurance reserves the sole right to determine whether any application for the Plan is acceptable or not in accordance with the information submitted at the time of application by the Proposed Insured and/or Insured Person.
- This promotional material is for reference only and is intended to be distributed in Hong Kong only. It shall not be construed as an offer to sell or solicitation of an offer or recommendation to purchase or sale or provision of any products of BOCG Insurance outside Hong Kong. Details of the coverage of the Plan are subject to the terms stipulated in the policy by BOCG Insurance. Please refer to the Policy document for the details of the insured items and coverage, provisions and exclusions.
- Should there be any discrepancy between the English and Chinese versions of this promotional material, the English version shall prevail.

如欲索取此宣傳品的中文版，請致電客戶服務熱線
或 向代理銀行/經紀代理直接查詢

Customer Service Hotline客戶服務熱線：(852) 31875100

BOCG Insurance Website中銀集團保險網址: www.bocgins.com

Best Doctors® Services: Free for Successful Enrolment

Upon successful enrollment in “BOC Voluntary Health Insurance Scheme Certified Plan”(included “BOC Standard Voluntary Health Insurance Scheme Certified Plan” and/or “BOC Flexi Voluntary Health Insurance Scheme Certified Plan”) (named below as “the Plan”), customers can enjoy free and professional Best Doctors® services (“the Services”), offering greater certainty and peace of mind.

Eligible customers can enjoy the Services via phone and online channel, the Services include:

Assistance needs	Scope of Services	Services usage limit
Health Consultation Services		
Looking for general health information when body have symptoms	<ul style="list-style-type: none">● 24 hours Services Hotline : (852) 800 965 804● AskTheExpert Service² Answer general medical questions by over 50,000 worldwide medical specialists.● Doctor Online Service³ General Practitioners provide answers to general medical questions customers submitted from online.	Unlimited
InterConsultation Service ⁴		
An in-depth review of a patient’s medical condition for more serious or long-term sickness cases	A Best Doctors® expert reviews the patient’s medical records and provides a detailed report, with recommendation on treatment.	Per once for each “qualifying sickness” ⁵

Remarks:

1. “Best Doctors® Services” are extra services under the Plan. If the Policy Holder would like to cancel the Services, please send a written notice to Bank of China Group Insurance Company Limited (“BOCG Insurance”).
2. AskTheExpert Service: This service is an answer to an identified need to provide an alternative solution for the Insured Person needing fast answers to medical questions that do not require a review of the Insured Person’s medical records. As such the AskTheExpert Service will not be able to provide any diagnostic recommendations. The designated medical services provider (“Services Provider”) will base on the concerns, medical history and timeframes of the Insured Person to recommend whether AskTheExpert or InterConsultation Service is the most appropriate.
3. Doctor Online Service: This service provides answers through English for informational and educational purposes only, and under no circumstances for the delivery of medical diagnosis or treatment recommendations. This is a reference service available to all Insured Persons in lieu of them searching for information on their own. The answers provided do not imply or result in any kind of contractual or any other type of relationship between the Insured Person and the Services Provider. Furthermore, the answers are not a medical consultation regarding the Insured Person’s specific condition but instead focus on general medical information. This service shall not answer questions about conditions requiring immediate medical attention.
4. InterConsultation Service: If the patient’s medical condition has not first been reviewed and reported by a doctor who is duly qualified and legally registered as such to practice western medicine in Hong Kong, the service shall not be available for the Services Provider’s review.
5. Qualifying sickness is under any medical condition considered to be of a critical, chronic or degenerative nature as well as those that affect the ability of an individual to continue performing their normal daily activity. Exclusions from the InterConsultation services are as follows: acute conditions (of short duration), minor chronic illness, psychiatric conditions, dental problems, and patients currently admitted in hospital.

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Terms and Conditions of “Best Doctors® Services” (“ the Services”):

1. The Services are being provided for a review related to the eligible conditions of the designated medical services provider (“Services Provider”).
2. The medical information and the second opinion as provided by the Services is not a clinical diagnosis, such information and opinion is a reference. The insured person reserves the right to make the final decision.
3. The Services are provided by the Services Provider. The arrangement of such services will be changed or cancelled from time to time without prior notice.
4. The usage of the Services is subject to the terms as specified by the supplier(s).
5. Bank of China Group Insurance Company Limited (“BOCG Insurance”) is not a Services Provider of the Services. Any enquiry or complaint in respect of the Services should be directed to the relevant supplier(s). BOCG Insurance gives no guarantee to the Services of the supplier(s), or does not accept any liability arising in conjunction with the use of the services provided by the supplier(s). BOCG Insurance is not liable for the services or any negligence of the Services Provider.
6. The Services will be terminated automatically if the policy of the insured person is invalid and terminated.
7. BOCG Insurance reserves the right to modify or terminate the Services, amend these terms any time without prior notice.
8. In case of dispute of the Services, BOCG Insurance reserves the right to make final decision.

Important Notes to the Agent Bank’s Customer

- The Agent Bank is the appointed insurance agent of BOCG Insurance for distribution of the Plan. The Plan is a product of BOCG Insurance but not the Agent bank.
- In respect of an eligible dispute (as defined in the Terms of Reference for the Financial Dispute Resolution Centre in relation to the Financial Dispute Resolution Scheme) arising between the Agent Bank and the customer out of the selling process or processing of the related transaction, the Agent Bank 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.

Terms and Conditions:

1. “BOC Voluntary Health Insurance Scheme Certified Plan” (“the Plan”) is underwritten by Bank of China Group Insurance Company Limited (“BOCG Insurance”).
2. BOCG Insurance is authorised and regulated by the Insurance Authority to carry on general insurance business in Hong Kong Special Administrative Region of the People's Republic of China.
3. 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.
4. 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.
5. Should there be any discrepancy between the English and Chinese versions of this promotional material, the English version shall prevail.

如欲索取此宣傳品的中文版，請致電客戶服務熱線
或 向代理銀行/經紀代理直接查詢

Customer Services Hotline客戶服務熱線：

(852) 31875100

BOCG Insurance Website 中銀集團保險網址: www.bocgins.com