

BOC Standard Voluntary Health Insurance Scheme Certified Plan (Number:S00035-01-000-02)

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.

The population of Hong Kong is aging and the cost of living is high. You need a long term medical insurance to prepare for the future. Bank of China Group Insurance Company Limited (“BOCG Insurance”) is delighted to present “BOC Standard Voluntary Health Insurance Scheme Certified Plan” (“the Plan”). The plan is an individual indemnity hospital insurance plan and its coverage includes hospital and surgical expenses. Ensuring you and your family enjoy the medical treatment and caring when in needs.

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 condition(s)**

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. **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 Standard Voluntary Health Insurance Scheme Certified Plan to adjust standard premiums on a portfolio basis 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 benefits. 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 Standard Voluntary Health Insurance Scheme Certified Plan. If the Policy Holder wishes to unsubscribe this service, please send a written notice to BOCG Insurance.

Benefit Schedule

Benefit items ⁽¹⁾	Benefit limit (in HKD)
	BOC Standard Voluntary Health Insurance Scheme Certified Plan (No. S00035-01-000-02)
(a) Room and board	\$750 per day Maximum 180 days per Policy Year
(b) Miscellaneous charges	\$14,000 per Policy Year
(c) Attending doctor's visit fee	\$750 per day Maximum 180 days per Policy Year
(d) Specialist's fee ⁽²⁾	\$4,300 per Policy Year
(e) Intensive care	\$3,500 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 \$25,000 · Intermediate \$12,500 · Minor \$5,000
(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)}	\$20,000 per Policy Year Subject to 30% Coinsurance
(j) Prescribed Non-surgical Cancer Treatments ⁽⁴⁾	\$80,000 per Policy Year
(k) Pre- and post-Confinement/ Day Case Procedure outpatient care ⁽²⁾	\$580 per visit, up to \$3,000 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	\$30,000 per Policy Year
Other limits	
Annual Benefit Limit for benefit items (a) – (l)	\$420,000 per Policy Year
Lifetime Benefit Limit for benefit items (a) – (l)	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.
- (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.

Annual Premium Table^

Attained Age	Male	Female	Attained Age	Male	Female
15 days to 1	3,648	2,793	51	5,612	6,693
2	2,765	2,050	52	5,932	6,880
3	2,415	1,712	53	6,313	7,115
4	2,322	1,618	54	6,722	7,357
5	2,117	1,450	55	7,150	7,612
6	1,955	1,327	56	7,612	7,870
7	1,832	1,238	57	8,105	8,140
8	1,745	1,195	58	8,447	8,368
9	1,618	1,155	59	8,812	8,608
10	1,532	1,128	60	9,188	8,855
11	1,477	1,128	61	9,577	9,112
12	1,452	1,152	62	9,977	9,378
13	1,442	1,217	63	10,537	9,700
14	1,455	1,300	64	11,100	10,032
15	1,485	1,398	65	11,660	10,377
16	1,532	1,515	66	12,207	10,735
17	1,555	1,572	67	12,740	11,105
18	1,592	1,657	68	13,305	11,678
19	1,627	1,760	69	13,868	12,265
20	1,668	1,862	70	14,417	12,867
21	1,705	1,962	71	14,957	13,612
22	1,745	2,060	72	15,490	14,395
23	1,800	2,147	73	15,942	14,803
24	1,857	2,232	74	16,427	15,242
25	1,962	2,397	75	16,928	15,707
26	2,065	2,562	76	17,435	16,303
27	2,170	2,723	77	17,973	16,907
28	2,223	2,795	78	18,520	17,743
29	2,273	2,863	79	19,060	18,572
30	2,323	2,928	80	19,610	19,387
31	2,607	3,447	81*	20,332	20,023
32	2,657	3,518	82*	21,030	20,617
33	2,742	3,665	83*	21,560	21,278
34	2,832	3,815	84*	22,028	21,903
35	2,918	3,970	85*	22,428	22,483
36	3,013	4,133	86*	22,585	22,872
37	3,112	4,305	87*	22,692	23,222
38	3,197	4,453	88*	22,970	23,563
39	3,290	4,612	89*	23,243	23,898
40	3,390	4,782	90*	23,513	24,225
41	3,503	4,955	91*	23,773	24,548
42	3,625	5,140	92*	24,027	24,868
43	3,778	5,302	93*	24,347	25,152
44	3,947	5,470	94*	24,630	25,398
45	4,130	5,650	95*	24,878	25,605
46	4,337	5,832	96*	25,085	25,772
47	4,565	6,017	97*	25,242	25,898
48	4,792	6,177	98*	25,417	26,025
49	5,043	6,343	99*	25,453	26,068
50	5,317	6,515			

***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. 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 Standard Voluntary Health Insurance Scheme Certified Plan to adjust standard premiums on a portfolio basis 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 changing from BOC Standard Voluntary Health Insurance Scheme Certified Plan to BOC Flexi Voluntary Health Insurance Scheme Certified Plan, 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.

- **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 and premium levy 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: Except for item (l) "Psychiatric treatment" is applicable to Hong Kong only, all benefits items shall be applicable to worldwide.
- All benefits described in these terms and benefits are not subject to any restriction in the choice of ward class in Hospital and healthcare services providers.
- 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.

Enroll Now!

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.

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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.

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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