

BOC Group Life Assurance Company Limited

SmartViva Flexi VHIS

Cast off your worries with
great flexibility



中銀人壽
BOC LIFE

您的終身伙伴
YOUR LIFE PARTNER

BOC Group Life Assurance Company Limited (“BOC Life”) always supports you through rain and shine, protecting your health even if you are unfortunately in the face of sudden illnesses. Therefore, BOC Life offers you **SmartViva Flexi VHIS** (the “Plan”). The Plan is a certified plan under Voluntary Health Insurance Scheme (“VHIS”) and is certified by the Health Bureau. The Plan offers a lifetime guarantee renewal¹ with worldwide protection (any area excluding the United States (“U.S.”))² of up to HKD33 million per Policy Year. Besides the full reimbursement³ with no itemised benefit sublimit on the major hospitalisation and surgery expenses, the Plan also offers a range of additional benefits and other benefits, giving you comprehensive protection to enjoy life to the fullest.

Plan Features

The infographic is set against a light beige background with a subtle grid. It features several icons: a globe with a shield, a stethoscope with a shield, a dollar sign with a ruler, a wrench and screwdriver, two checkmarks with lines, a 'TAX' shield with a percentage sign, a briefcase, and two potted plants.

- Worldwide Protection** (any area excluding the U.S.)² with a Lifetime Guaranteed Renewal¹ and No Lifetime Benefit Limit
- Comprehensive Medical Protection** for You
- Flexible Deductible⁵ Options** to Fit Your Budget
- Other Services⁷ for Additional Peace of Mind**
- Certified VHIS-compliant Plan** for Tax Deduction Application



Worldwide Protection (any area excluding the U.S.)² with a Lifetime Guaranteed Renewal¹ and No Lifetime Benefit Limit

The Plan is guaranteed renewable¹ during the lifetime of the Insured Person, with no lifetime benefit limit. Unlike the traditional medical plans, the benefits limits of the Plan are counted based on per Policy Year basis instead of per disability basis. As a result, the Insured Person may get reimbursement for the cross-policy years treatment under the same disability with a reset annual benefit limit. The Plan also offers worldwide coverage (any area excluding the U.S.)², taking care of your medical expenses no matter where you are.



Comprehensive Medical Protection for You



Full Reimbursement³ of Medical Expenses

The Plan offers full reimbursement³ on the major hospitalisation and surgery expenses incurred in any area excluding the U.S.², with no itemised benefit sublimit. Eligible expenses will be paid up to HKD33 million per Policy Year.



Extensive Cover for Cancer Treatments, Face the Hard Times with You

The road to recovery for cancer patients can be tedious and complex. It may involve various auxiliary treatments apart from surgery. These treatments may lead to significant costs and cause a heavy financial burden to the patients and their families. Hence, the Plan offers full reimbursement³ for non-surgical cancer treatments, including chemotherapy, radiotherapy, targeted therapy, immunotherapy and etc., allowing the Insured Person to focus on receiving treatment – without worrying about the medical expenses.



Cover for Unknown Pre-existing Conditions and Congenital Conditions

Unlike other traditional medical plans that generally do not cover for pre-existing conditions and congenital conditions, the Plan also covers the investigation and treatment of pre-existing conditions unknown at the time of application, as well as the congenital conditions manifested or diagnosed after the issuance of the policy (must be manifested or diagnosed on or after the age of 8 of the Insured Person). The relevant benefit will be covered for 100% reimbursement of the eligible expenses, subject to the benefit limit per item in the Benefit Schedule.



Medical Check-up Benefit to Prevent Potential Health Risk

A free medical check-up is available for Insured Person in each Policy Year starting from the 2nd Policy Year and onwards at a designated healthcare services provider in Hong Kong (only applicable for Insured Person aged 18 or above). Alternatively, Insured Person may be reimbursed the aggregate fees charged for 1 or more medical check-up service(s) received at legally registered healthcare services provider(s) in any area excluding the U.S.² up to a maximum benefit limit of HKD4,500⁴ per Policy Year.



Flexible Deductible⁵ Options to Fit Your Budget

The Plan provides 4 deductible⁵ options, including HKD0 / 10,000 / 30,000 / 70,000, to suit your budget. After the first renewal date, the Policy Holder may flexibly change the deductible amount⁵ on each subsequent renewal date. At the age of 50 / 55 / 60 / 65 / 70 / 75 / 80 / 85 of the Insured Person, the Policy Holder may exercise a one-off right to reduce or remove the deductible⁵ without re-underwriting⁶.



Other Services⁷ for Additional Peace of Mind



Cashless Treatment⁸

Customers can enjoy the cashless treatment⁸ by presenting a Bupa HealthPlus card at designated private Hospitals⁹ and appointed service providers¹⁰ (including diagnostic centres, specialist clinics, etc.) in Hong Kong. Bupa will settle the eligible expenses directly with the Hospital or service provider, subject to the pre-approved limit⁸, so that customer can focus on the road to recovery.



24-hour Mental Health Service Hotline¹¹

This service is provided by appointed service providers and their team of qualified and experienced counsellors and clinical psychologists. Through the hotline, counsellors offer free emotional support and personalised advice. They can also arrange face-to-face counselling services with a clinical psychologist. All information provided will be kept in strict confidence.



Health Coaching Services

A variety of personal healthcare support delivered by a team of doctors, qualified nurses and health management professionals, including 24-hour healthline, care manager, second medical opinion, doctor referral, chronic conditions programme, non-emergency global healthcare support and appointment making.



Worldwide Assistance Programme

The free worldwide assistance programme provides 24-hour emergency medical or legal assistance, if the Insured Person requires support while in overseas or mainland China.




Certified VHIS-compliant Plan for Tax Deduction Application

The Plan is a certified plan under VHIS. Policy Holders can apply the Plan for themselves or their specified relatives¹². If the Policy Holder is a taxpayer in Hong Kong and fulfils the requirements set under the Inland Revenue Ordinance announced by the Hong Kong Special Administrative Region Government, the Policy Holder can apply for deduction concerning salaries tax or tax under personal assessment on paid qualifying premiums (excluding premium levy) of the certified plan policies. The maximum deduction for qualifying premiums paid for each Insured Person is HKD8,000 for each assessment year. There is no upper limit on the number of specified relatives that are eligible for deduction. For details of tax deductions, please refer to the relevant information published on the website of VHIS or website of Inland Revenue Department of HKSAR.

Illustrative Example

Bobby and Oscar, both holding stable jobs, are protected by their employers' group medical insurances. However, concerned about the inadequate coverage of their employers' group medical insurances, they enrolled in **SmartViva Flexi VHS** to secure flexible and comprehensive medical coverage and fill up the gaps of their employers' group medical insurances.

Application of SmartViva Flexi VHS (HKD30,000 deductible⁵)




Policy Holder and Insured Person: **Bobby**
Age 45 | Male
Annual premium at the time of application: **HKD13,310**

Policy holder may flexibly change the deductible amount⁵. At age 50, Bobby exercises the right to remove the deductible⁵ of his Plan without re-underwriting⁶ to ease his worries of aging and job instability.

Bobby (at age 50) removes the deductible⁵, the annual premium becomes:

HKD17,367 (HKD30,000 deductible⁵)

HKD28,696 (HKD 0 deductible⁵)



Policy Holder and Insured Person: **Oscar**
Age 30 | Male
Annual premium at the time of application: **HKD7,503**

Oscar (at age 35) remains the deductible⁵ at HKD30,000, the annual premium is:

HKD9,226



Later, both Bobby and Oscar are unfortunately diagnosed with colorectal cancer, and have to undergo surgeries as well as chemotherapy and radiotherapy as recommended by their doctors to reduce the recurrence risk of colorectal cancer. SmartViva Flexi VHIS provides cashless treatment^{7,8}, Bobby and Oscar can focus on receiving treatment without worrying about the burden of the medical expenses. Their eligible expenses are as follows:

Pre-confinement benefits		HKD
Pre-confinement outpatient care (2 visits)		4,000
Prescribed diagnostic imaging tests		40,000
Hospitalisation benefits		
Room and board		25,000
Miscellaneous charges		150,000
Attending doctor's visit fee		25,000
Specialist's fee		25,000
Surgeon's fee (regardless of the surgical category)		160,000
Anaesthetist's fee (regardless of the surgical category)		50,000
Operating theatre charges (regardless of the surgical category)		35,000
Post-confinement benefits		
Prescribed non-surgical Cancer Treatments		500,000
Post-confinement outpatient care (4 visits)		8,000
Total amount		1,022,000



Bobby



Full reimbursement



Only needs to pay HKD30,000 deductible⁵
(Offset by his employer's group medical insurances)



Oscar

With full reimbursement* of medical expenses under SmartViva Flexi VHIS, Bobby and Oscar can focus on the treatment and recovery without worrying about the high medical expenses incurred.

* Oscar may make a claim with his employer's group medical insurances to cover the deductible⁵ payments under SmartViva Flexi VHIS – hence freeing him of any payments for the medical services received.

The above example is hypothetical and for illustrative purpose only, but not a policy proposal. For benefit details, please refer to the Benefit Schedule in this product brochure and the Terms and Benefits of the Plan.

Plan Summary

Type of the Certified Plan	Flexi Plan			
Certification number	HKD0 Deductible ⁵	HKD10,000 Deductible ⁵	HKD30,000 Deductible ⁵	HKD70,000 Deductible ⁵
	F00057-01-000-02	F00057-02-000-02	F00057-03-000-02	F00057-04-000-02
Issue Age (Insured Person's attained age)	15 days to age 80			
Plan Type	Basic plan			
Protection Period	1 year and lifetime guaranteed renewable ¹			
Policy Currency	HKD			
Premium Payment Period	Same as protection period			
Premium Payment Mode	Annually / Monthly			
Premium Structure	<ul style="list-style-type: none"> According to the age of the Insured Person at policy issue and policy renewal and the chosen deductible⁵ option According to the standard premium schedule, the standard premium rates are non-guaranteed 			

Benefit Schedule[^]

Area of Cover	Worldwide excluding the U.S. ²	
Restricted Ward Class ²	Standard private room	
Deductible ⁵ for Benefit Items (a) to (l) of 1) Basic Benefits and (a) to (i) of 2) Enhanced Benefits	HKD0 / 10,000 / 30,000 / 70,000 per Policy Year	
Benefit Items ¹³	Benefit Limit (in HKD)	
1. Basic Benefits		
(a) Room and board	Full cover ³	
(b) Miscellaneous charges	Full cover ³ (subject to limit of benefit item (i) "Prosthetic Device" of 2) Enhanced Benefits)	
(c) Attending doctor's visit fee	Full cover ³	
(d) Specialist's fee ¹⁴		
(e) Intensive care		
(f) Surgeon's fee (regardless of the surgical category)		
(g) Anaesthetist's fee (regardless of the surgical category)		
(h) Operating theatre charges (regardless of the surgical category)		
(i) Prescribed Diagnostic Imaging Tests ^{14, 15}		
(j) Prescribed Non-surgical Cancer Treatments ¹⁶		
(k) Pre- and post-Confinement / Day Case Procedure outpatient care ¹⁴		Full cover ³ for all eligible expenses incurred during the following specified visits: <ul style="list-style-type: none"> • 1 prior outpatient visit or emergency consultation per Confinement / Day Case Procedure taking place more than 30 days before admission or Day Case Procedure; • all prior outpatient visits or emergency consultations per Confinement / Day Case Procedure taking place within 30 days before admission or Day Case Procedure; and • all follow-up outpatient visits per Confinement / Day Case Procedure taking place within 90 days after discharge from Hospital or completion of Day Case Procedure
(l) Psychiatric treatments ¹⁷		Full cover ³

Benefit Items ¹³	Benefit Limit (in HKD)
2. Enhanced Benefits	
(a) Private nursing ¹⁴	HKD1,000 per day (Maximum 90 days per Policy Year)
(b) Companion bed	Full cover ³
(c) Emergency outpatient treatment for accidents	Full cover ³
(d) Day Patient kidney dialysis ¹⁴	Full cover ³
(e) Complications of pregnancy	HKD200,000 per Policy Year
(f) Rehabilitation	HKD3,000 per day (Maximum 90 days per disability per Policy Year) (Subject to pre-approval)
(g) Hospice and palliative care ¹⁴	HKD132,000 per Policy Year
(h) Consultation or acupuncture by a Registered Chinese Medicine Practitioner after Confinement or specific treatments	HKD600 per visit (Maximum 20 visits per Policy Year)
(i) Prosthetic Device ¹⁴	HKD132,000 per item per Policy Year
3. Other Benefits	
(a) Compassionate death benefit ¹⁸	HKD5,000
(b) Medical Check-up Benefit If the Insured Person has been continuously covered (regardless of its deductible ⁵ option) for 12 months or more, the Insured Person can enjoy either one of the following medical check-up benefits per Policy Year	
(i) Redeem 1 free medical check-up service at designated healthcare services providers in Hong Kong by presenting the redemption letter issued by BOC Life (not applicable to Insured Person below age 18); or	
(ii) Reimburse the aggregate fees charged for 1 or more medical check-up service(s) received at legally registered healthcare services provider(s) in any area excluding the U.S. ² up to a maximum benefit limit of HKD4,500 per Policy Year.	
4. Other Limits	
Aggregate benefit limit for benefit items (a) – (i) and (k) of 1) Basic Benefits and (a), (b), (f), (g), (h) and (i) of 2) Enhanced Benefits for organ transplant surgery performed in any area excluding the U.S. and Hong Kong with pre-approval ¹⁹	HKD1,650,000 per Policy Year
Annual benefit limit for all items under 1) Basic Benefits and 2) Enhanced Benefits	HKD33,000,000 per Policy Year
Lifetime Benefit Limit for all items under 1) Basic Benefits and 2) Enhanced Benefits	Nil

[^] Insurance coverage under the Plan shall come into force on the Policy Effective Date. For the details of the Policy Effective Date, please refer to the Policy Schedule. For the avoidance of doubt, the eligible expenses incurred for medical services received before the Policy Effective Date would not be covered.

For details of the comparison between the Plan and BOC Life Standard VHIS, please refer to the “Comparison between SmartViva Flexi VHIS and BOC Life Standard VHIS” on BOC Life’s website (www.boclife.com.hk/en/product/smartviva-flexi-vhis.html).

Notes:

1. The Basic Benefits, Enhanced Benefits and Other Benefits as stated in the Benefit Schedule are lifetime guaranteed renewable as long as the requirements as stated in the renewal provisions of the Terms and Benefits of the Plan are met. Nevertheless, other services are not guaranteed renewable. For details, please refer to notes 7 and 8.

2. The territorial scope of cover of the Plan includes any area excluding the U.S.. For eligible expenses and other expenses incurred in the U.S., the benefits payable under the Plan will be adjusted according to the following: 1) Basic Benefits will be subject to the corresponding benefit limits under the terms and benefits of the Standard Plan (“Standard Plan” shall mean the insurance plan with terms and conditions and the Benefit Schedule equivalent to the minimum compliant product requirements of VHIS, which are from time to time published and subject to regular review by the Government. For details, please refer to the website of VHIS.); 2) no benefits shall be payable under Enhanced Benefits; 3) no benefits shall be payable for psychiatric treatments and Medical Check-up Benefit under the Plan; and 4) the restrictions on the choice of ward class under the Plan will not be applicable.

“Standard Private Room” shall mean a room categorised as single, private or first class room by a Hospital with a private bathroom, but without any kitchen, dining room or sitting room.

If the Insured Person is confined in room of class higher than Standard Private Room (including suite, VIP or deluxe room) for any treatment or service, benefits payable under the Terms and Benefits of the Plan in relation to such days of Confinement shall be subject to the benefit limits of the Standard Plan terms and benefits. The benefits payable under the Terms and Benefits of the Plan shall not be subject to the adjustment in above if the Insured Person is Confined in a room at a higher level ward class as a result of: (i) unavailability of a restricted or lower ward class due to room shortage at the Hospital for Emergency Treatment; (ii) Confinement in isolation that requires a specific ward class; or (iii) any other reason not involving the Insured Person’s own individual preference for the Confined ward class.

For details of the choice of ward class and adjustment for voluntary upgrade and the calculation of benefit payment under the Terms and Benefits of the Plan, please refer to the Supplement 5 of the Terms and Benefits of the Plan for details.

3. The Plan provides full cover for benefit items with no itemised benefit sublimit. The benefit payable shall be subject to the annual benefit limit and aggregate benefit limit for the organ transplant surgery (if applicable). For full coverage items, please refer to the Benefit Schedule in this product brochure and the Terms and Benefits of the Plan.

4. BOC Life shall only pay the fees charged for either one of the medical check-up benefits (being (i) a free medical check-up at a designated healthcare services provider in Hong Kong; or (ii) 1 or more medical check-up service(s) at legally registered healthcare services provider(s) in any area excluding the U.S.) received by the Insured Person in the same Policy Year. If the Insured Person has received both a free medical check-up at a designated health provider in Hong

Kong and the successful reimbursement of expenses incurred for one or more medical check-up service(s) in legally registered healthcare services provider(s) in any area excluding the U.S. within the same Policy Year, the Policy Holder shall repay the total reimbursed amount of medical check-up expenses in respect of the legally registered healthcare services provider(s) to BOC Life immediately upon BOC Life’s reasonable request. The Plan shall not pay for any medical check-up service received in the U.S.

5. After the first renewal date, the Policy Holder may apply to BOC Life in writing at least 30 days before the subsequent renewal date for a variation of the deductible. BOC Life shall approve the application for increasing deductible without any re-underwriting. All applications for reducing or removing deductible are subject to re-underwriting of BOC Life. Approval shall be given subject to the prevailing underwriting guideline of BOC Life.

6. The Policy Holder can exercise a one-off right to reduce or remove the deductible without re-underwriting, provided that

(i) the request is made not less than 30 days prior to the renewal date on or immediately following the date that the Insured Person attains the age of 50, 55, 60, 65, 70, 75, 80 or 85;

(ii) such right to reduce or remove the deductible without re-underwriting can only be exercised once during the lifetime of the Insured Person; and

(iii) the Insured Person has not reduced the deductible within the previous 2 Policy Years and this condition does not apply when the Insured Person exercises the right to remove or reduce the deductible without re-underwriting at the age of 85.

The Policy Holder can choose whether or not to exercise such right and the age to exercise such right.

7. Other services are not part of the VHIS Certified Plan. BOC Life appointed Bupa (Asia) Limited (“Bupa”) to provide and arrange all these other services, and subsequently the services may be provided by third party service providers selected by Bupa and they are not guaranteed renewable. BOC Life and Bupa shall not be responsible for any act, negligence or failure to act on the part of the service provider. BOC Life reserves the right to amend, suspend or terminate these other services, change the service provider and to amend the relevant terms and conditions at any time without prior notice. You may inform BOC Life in writing if you don’t want to receive the other services.

8. Cashless treatment is not applicable to item (k) and item (l) under 1) Basic Benefits and items (c) – (i) listed under 2) Enhanced Benefits in the Benefit Schedule of this product brochure and the Terms and Benefits of the Plan. Bupa HealthPlus card is not applicable to the day case centre of a local private Hospital.

Customers should follow the required procedures and obtain pre-authorisation from Bupa to enjoy cashless treatment. Customers may use Bupa HealthPlus card to pay the eligible medical expenses at the designated private Hospitals and appointed service providers of Bupa Healthplus subject to the credit limit stated in the pre-authorisation letter and the benefit limit available under the policy. Customers are required to pay back BOC Life for any ineligible medical expenses and deductible (if any).

If the pre-authorisation cannot be obtained before the Insured Person receives the relevant medical service due to emergency conditions or Bupa is unable to process the pre-authorisation request outside of Bupa's support hours (which can be found in the policy service guide), the Policy Holder, the Insured Person, the Insured Person's authorised representative and / or the Bupa HealthPlus Appointed Specialist shall submit the pre-authorisation request on the next working day immediately after the day on which the Insured Person receives the test, treatment or procedure. Bupa shall be responsible for ensuring that the Bupa HealthPlus Appointed Specialist is aware of the required information to be included when completing the pre-authorisation request form.

9. Please visit myBupa in Bupa's website (www.bupa.com.hk) for the list of designated private Hospitals in Hong Kong. This list is subject to change from time to time.
10. Please visit myBupa in Bupa's website (www.bupa.com.hk) for the latest list of the appointed service providers. This list is subject to change from time to time.
11. The 24-hour Mental Health Service Hotline is applicable to Insured Person aged 18 or above. Insured Person aged below 18 must be accompanied by the Policy Holder or guardian to use this service. For details, please refer to the Plan's terms and conditions of Other Services. This service does not have any territorial limitation provided that the Insured Person can make the call to the hotline at own costs. Face-to-face counselling services only applicable to Hong Kong. Each Insured Person can enjoy up to a maximum number of 4 face-to-face counselling services per Policy Year. For any visits exceeding the maximum limits per Policy Year or any services recommended by the Clinical Psychologist which are not covered by the policy, the Insured Person shall be responsible for the costs of the services and all fees must be settled with the services provider directly.
12. Specified relatives include spouse, child, Policy Holder's or Policy Holder's spouse's parents, grandparents or siblings, but they must be the holders of Hong Kong Identity Card and meet the designated age

requirements in order to be eligible for tax deduction. For detailed definition, please refer to "Inland Revenue Ordinance" (Cap.112 of the Laws of Hong Kong). If you need any tax advice, please consult your tax consultant.

The Policy Holder and the Insured Person must meet the insurable interest requirements set by BOC Life and complete the "Insurable Interest Declaration Form" at the time of application (if applicable). For details, please contact your Financial Consultants.

13. Unless otherwise specified, eligible expenses or covered expenses incurred in respect of the same item shall not be recoverable under more than one (1) benefit item in the table above.
14. BOC Life shall have the right to ask for proof of recommendation e.g. written referral or testifying statement on the claim form by the attending doctor or Registered Medical Practitioner.
15. 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.
16. Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
17. This benefit shall be payable in lieu of other benefit items (a) – (k) of 1) Basic Benefits. Where a Confinement is not solely for the purpose of psychiatric treatments, this benefit shall only be payable for the Eligible Expenses charged on the medical services related to psychiatric treatments.
18. If the Insured Person commits suicide, while sane or insane at the material time, within one year from the Policy Effective Date of the Plan, no compassionate death benefit shall be payable.
19. The final amount payable for eligible expenses incurred for organ transplant surgery performed in Hong Kong shall be calculated according to the formula as stated in the Terms and Benefits of the Plan. The aggregate benefit limit for organ transplant surgery performed in any area excluding the U.S. and Hong Kong as stated in the Benefit Schedule shall not apply. Please refer to the Terms and Benefits of the Plan for details.

Act now!

Please contact your Financial Consultants for details of the Plan.

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Important notes:

- The Plan is underwritten by BOC Life. Claims related services (except compassionate death benefit) for the Plan are currently provided by Bupa. BOC Life reserves the right to replace this services provider at any time without prior notice.
- BOC Life is authorised and regulated by Insurance Authority to carry on long term business in the Hong Kong Special Administrative Region of the People's Republic of China ("Hong Kong").
- BOC Life reserves the right to decide at its sole discretion to accept or decline any application for the Plan according to the information provided by the proposed Insured Person and the applicant at the time of application.
- The Plan is subject to the formal policy documents and provisions issued by BOC Life. Details of the coverage of the Plan are subject to the terms and conditions stipulated in the policy by BOC Life. Please refer to the policy documents for the details of the insured items and coverage, provisions and exclusions.
- BOC Life reserves the right to amend the Terms and Benefits of the certified plan subject to the prior approval and re-certification by the Health Bureau. The promotion materials have been prepared in both English

and Chinese. Both English and Chinese versions are official versions and neither one shall prevail over the other. Any inconsistency shall be interpreted in favour of the Policy Holder. BOC Life also reserves the right to adjust the standard premium at each policy renewal on a portfolio basis.

- In addition, BOC Life reserves the right to amend, suspend or terminate the other services of the Plan and to amend the relevant terms and conditions of the other services of the Plan at any time without prior notice. In case of dispute(s) regarding other services of the Plan, the decision of BOC Life shall be final.
- Policy Holders may make use of alternative dispute resolution means, including but not limited to mediation and adjudication through the Insurance Complaints Bureau, and other means of mediation and arbitration as mutually agreed between Policy Holders and BOC Life, before a dispute is referred to a Hong Kong court.

Credit Risk

The insurance contract is signed between the Policy Holder and BOC Life, and premiums paid by the Policy Holder will become asset of BOC Life. Therefore, the Policy Holder is subject to credit risk of the insurance company. If the insurance company goes bankrupt, Policy Holder may result in substantial losses.

Other Key risks

Key Exclusions

BOC Life may impose case-based exclusion(s) to a particular sickness or disease to the Terms and Benefits of the Plan by reason of a pre-existing condition or other factor that affects the insurability of the Insured Person notified to BOC Life in the application and any subsequent information or document submitted to BOC Life for the purpose of the application. Eligible expenses subject to the case-based exclusion(s) (if any) will not be payable.

The following is for reference only. For full details of exclusions, please refer to the Terms and Benefits of the Plan.

Under the Terms and Benefits of the Plan, BOC Life shall not pay any benefits in relation to or arising from the following expenses:

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 Policy Holder or the Insured Person at the time of submission of application, including any updates of and changes to such requisite information, no benefit shall be payable for such disability 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 five (5) years after the Policy Effective Date shall be presumed to be contracted or occur before the Policy Effective Date, while manifestation after such five (5) years shall be presumed to be contracted or occur after the Policy Effective Date.

However, the exclusion under this 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 the Terms and Benefits of the Plan 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 one (1) year 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;
 - (c) Treatment for prevention of recurrence or complication of a previous disability; and
 - (d) any Medical Check-up Benefit payable under Sections 2 and 3 of Supplement 3 of the Terms and Benefits of the Plan.
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 the benefit payable under complications of pregnancy, Section 2(e) of Supplement 1 of the Terms and Benefits of the Plan, the 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. Except the benefit payable under consultation or acupuncture by a Registered Chinese Medicine Practitioner after Confinement or specific treatments, Section 2(h) of Supplement 1 of the Terms and Benefits of the Plan, the 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.

Pre-existing condition(s)

Eligible expenses arising from pre-existing condition(s) that are notified to BOC Life in the application and subsequent information or document submitted to BOC Life for the purpose of the application, including any updates of and changes to such requisite information, subject to the case-based exclusion(s) (if any), shall be payable in accordance with the Terms and Benefits of the Plan. BOC Life may impose case-based exclusion(s) to the Terms and Benefits of the Plan by reason of a pre-existing condition or other factor that affects the insurability of the Insured Person notified to BOC Life in the application and any subsequent information or document submitted to BOC Life for the purpose of the application, including any updates of and changes to such requisite information. For the avoidance of doubt, BOC Life shall not have the right to re-underwrite or terminate the policy of the Plan where the Policy Holder and / or Insured Person was not aware and would not reasonably have been aware of the pre-existing condition(s) at the time of submission of application, including any updates of and changes to the required information.

Waiting period

Waiting period is not applicable to the Plan. Eligible expenses shall be payable by BOC Life in accordance with the Terms and Benefits of the Plan for the Unknown pre-existing conditions and investigation and treatment of congenital disease that have been manifested or diagnosed on or after the age of 8 of the Insured Person.

Premium calculation

The payable premiums under the Plan at the time of application and renewal are determined based on the following factors (if applicable), including but not limited to: issue age, attained age, the selected deductible option and standard premium rate and standard premium rate is not guaranteed to remain unchanged. BOC Life reserves the right to review and adjust the premiums payable upon renewal, including but not limited to the gap between actual experience and current expectations. For the avoidance of doubt, BOC Life shall adjust the premium on a portfolio basis.

Please refer to the product page of the Plan on the website of BOC Life (<https://www.boclife.com.hk/en/product/smartviva-flexi-vhis.html>) for the latest premium schedule.

Premium adjustment

BOC Life shall have the right to adjust the standard premium according to the latest premium schedule of the Plan upon renewal. For the avoidance of doubt, BOC Life shall adjust the premium on a Portfolio basis. If the premium loading is set as a percentage of the standard premium (i.e. rate of premium loading), the amount of premium loading payable shall be automatically adjusted according to the change in standard premium.

Premium payment

Policy Holder should pay the policy premium before premium due date. If the premium cannot be settled before the grace period defined by BOC Life (within 31 days after premium due date), the policy may be terminated or invalid upon the premium due date. BOC Life will not settle any compensation before the payable premium has been settled.

Medical protection in other insurance companies

If the Policy Holder has taken out other insurance coverage besides this Certified Plan, the Policy Holder shall have the right to claim under any such other insurance coverage or this Certified Plan. However, if the Policy Holder or the Insured Person has already recovered all or part of the expenses from any such other insurance coverage, BOC Life shall only be liable for such amount of eligible expense, if any, which is not compensated by any such other insurance coverage. Any eligible expenses the Policy Holder has reimbursed from other insurance companies can be used to reduce the remaining balance of the selected deductible for the Policy Year. The Policy Holder should give BOC Life the claims statements from other insurance companies even if the Policy Holder has not claimed such expenses from BOC Life. BOC Life will start paying the eligible expenses after subtracting the selected deductible (whether paid by the Policy Holder or the Policy Holder's other insurance companies).

Medically necessary

Medically necessary shall mean 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 and such medical service must:

- (a) require the expertise of, or be referred by, a Registered Medical Practitioner;
- (b) be consistent with the diagnosis and necessary for the investigation and treatment of the disability;
- (c) be rendered in accordance with standards of good and prudent medical practice, and not be rendered primarily for the convenience or the comfort of the Insured Person, his family, caretaker or the attending Registered Medical Practitioner;
- (d) be rendered in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice for the medical services; and
- (e) be furnished at the most appropriate level which, in the prudent professional judgment of the attending Registered Medical Practitioner, can be safely and effectively provided to the Insured Person.

Reasonable and customary

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 BOC Life in utmost good faith. The reasonable and customary charges shall not in any event exceed the actual charges incurred.

In determining whether a charge is reasonable and customary, BOC Life shall make reference to the followings (if applicable):

- (a) treatment or service fee statistics and surveys in the insurance or medical industry;
- (b) internal or industry claim statistics;
- (c) gazette published by the Government; and / or
- (d) other pertinent source of reference in the locality where the treatments, services or supplies are provided.

Misstatement of personal information and misrepresentation or fraud

Except in case of misrepresentation of health related information or fraud, if the misstatement of non-health related personal information of Insured Person (including but not limited to age, sex or smoking habit) may impact the risk assessment by BOC Life, the relevant Insured Person can still entitled to the protection provided by the policy, but BOC Life has the right to adjust the premium as from the Policy Effective Date according to the accurate information. However, if based on the correct information of the Insured Person and BOC Life's underwriting guidelines, BOC Life considers that the application of the Insured Person should have been rejected, BOC Life shall have the right to declare the policy void as from the Policy Effective Date.

Policy Holder should declare to the best of the knowledge and belief that all the statements and answers are full, complete and true. Policy Holder should understand and agree that if any of the statements and answers given in the application form are inaccurate or any material facts are not disclosed, BOC Life shall reserve the rights to cancel the policy or to re-issue the policy with changes even after the policy has been issued.

Policy renewal

Unless BOC Life has ceased to have the requisite authorization under the Insurance Ordinance to write the Plan, or has ceased to maintain its registration with the Government as a VHIS provider, otherwise renewal shall be arranged automatically with the terms and benefits no less favourable than the latest version of the Flexi Plan terms and benefits published by the Government at the time of renewal, and guaranteed renewable during the lifetime of Insured Person. BOC Life should acknowledge the Policy Holder by written renewal notice not less than 30 days before policy renewal date.

Any revision of the Terms and Benefits of the Plan is subject to prior approval by the Health Bureau. If BOC Life revises the Terms and Benefits of the Plan upon renewal, BOC Life shall make available the revised Terms and Benefits of the Plan to the Policy Holder when sending the written renewal notice.

The Basic Benefits, Enhanced Benefits and Other Benefits as stated in the Benefit Schedule are lifetime guaranteed renewable as long as the requirements as stated in the renewal provisions of the Terms and Benefits of the Plan are met. Nevertheless, other services are not guaranteed renewable. For details, please refer to the Plan's terms and conditions of Other Services.

Payment currency

Any claim for eligible expenses made by the Insured Person in any foreign currency shall be converted to HKD at the opening indicative counter exchange selling rate published by The Hong Kong Association of Banks in respect of that foreign currency for the date on which the actual eligible expenses are settled by the Policy Holder or the Insured Person. If such rate is not available on the date concerned, reference shall be made to the rate as soon as it is available afterwards. If no such rate exists, BOC Life shall convert the foreign currency at the rate certified as appropriate by BOC Life's bankers which shall be deemed to be final and binding.

Claims application

All claims together with all required documents and information shall be submitted to BOC Life within 90 days after the date on which the Insured Person is discharged from the Hospital, or (where there is no Confinement) the date on which the relevant medical service is performed and completed. For this purpose, a claim shall be deemed not valid or complete and benefit shall not be payable.

Claimable amount estimate

The Policy Holder has to complete Part A and Part B of the "Estimated Claimable Amount form" and deliver to BOC Life 5 working days before the Insured Person is admitted to Hospital or receives Day Case Procedure for an estimation on the amount that may be claimed according to the Terms and Benefits of the Plan. The estimation is for reference only and does not constitute a liability. The final claimable amount should be subject to the Terms and Benefits of the Plan.

Please download the "Estimated Claimable Amount form" at the website of BOC Life (<https://www.boclife.com.hk>).

Cancellation within cooling-off period

The Policy Holder may exercise the right of cancellation of the policy of the Plan with full refund of paid premium during

the cooling-off period. The cancellation right is subject to the following conditions:

- (a) The request to cancel must be signed by the Policy Holder and received directly by BOC Life within the cooling-off period. The cooling-off period is the period of twenty-one (21) days immediately following the day of the delivery to the Policy Holder or the nominated representative of the Policy Holder, of (i) the policy of the Plan and the Policy Schedule; or (ii) the cooling-off notice; whichever is the earlier. For the avoidance of doubt, the day of delivery of the policy of the Plan and the Policy Schedule or the cooling-off notice is not included for the calculation of the twenty-one (21) day period. However, if the last day of the twenty-one (21) day period is not a working day, the period shall include the next working day; and
- (b) No refund can be made if a benefit payment has been made, is to be made or impending.
- (c) Return the original of the policy of the Plan and the Policy Schedule; and
- (d) Attach a letter, signed by the Policy Holder (or in other forms accepted by BOC Life), requesting cancellation of the policy of the Plan.

The policy of the Plan shall then be cancelled and the premium paid shall be fully refunded. In such event, the policy of the Plan shall be deemed to have been void from the Policy Effective Date and BOC Life shall not be liable to pay any benefit.

Termination of policy

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

- (a) The day immediately following the death of the Insured Person; or
- (b) If the premium is still unpaid in full at the expiration of the grace period, the policy shall be terminated immediately on the date on which the unpaid premium is first due; or
- (c) BOC Life has ceased to have the requisite authorization under the Insurance Ordinance to write or continue to write the policy.

Cancellation

After the cooling-off period, the Policy Holder can request cancellation of the policy of the Plan by giving thirty (30) days prior written notice to BOC Life, provided that there has been no benefit payment under the Plan during the relevant Policy Year. The cancellation right under this Section shall also apply after the policy of the Plan has been renewed upon expiry of its first (or subsequent) Policy Year.

Inflation risks

The coverage will remain the same during the policy period, but inflation may lead to an increase in medical expenses in the future.

Migration arrangement

Should you have any enquiries related to migration from your existing insurance plan to a policy of VHIS certified plan, please contact BOC Life Customer Service.

Deductible

It shall mean a fixed amount of eligible expenses that, in a Policy Year, the Policy Holder must pay before BOC Life shall reimburse the remaining eligible expenses.

Cost-sharing requirement

The Policy Holder is required to pay for deductible as stated in the Terms and Benefits of the Plan and the Policy Schedule. For the avoidance of doubt, deductible does not refer to any amount that the Policy Holder is required to pay if the actual expenses exceed the benefit limits under the Terms and Benefits of the Plan.

Levy collection arrangement

Insurance companies collect levies from Policy Holder on behalf of the Insurance Authority according to relevant requirement. For your convenience, levy will be collected together with the premium via the same manner (including automatic premium loan (if applicable)) whenever BOC Life collects premium from you.

Enquiry and complaint

Should you have any enquiries or you would like to file a complaint regarding the Plan, you may contact BOC Life customer service hotline at 2862 9889 or email to cs@boclif.com.hk.

These promotional materials have been prepared in both English and Chinese. Both English and Chinese versions are official versions and neither one shall prevail over the other. Any inconsistency shall be interpreted in favour of the Policy Holder.

Important Notice:

You have an option to purchase the Plan as a standalone certified plan under the VHIS without bundling with other type(s) of insurance product.

The product information does not contain the full terms of the policy and the full terms can be found in the policy documents.

This promotion 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 a solicitation of an offer or recommendation to purchase or sale or provision of any products of BOC Life outside Hong Kong. Please refer to the sales documents, including product brochure, benefit illustration and policy documents and provisions issued by BOC Life for details (including but not limited to insured items and coverage, detailed terms, key risks, conditions, exclusions, policy costs and fees) of the Plan. For enquiry, please contact your Financial Consultants.

This promotion material is published by BOC Life.

Standard Premium Schedule III								
Plan Name III	SmartViva Flexi VHIS (HKD70,000 Deductible) III (70,000 III)							
Plan Type II	III III							
VHIS Certification No.	F00057-04-000-02							
Premium Payment Mode	Annual II	Monthly		Annual II	Monthly		Annual II	Monthly
Age II	For Insured Person from Age 0 to 59 Years at Policy Commencement 0 II 59		Age II	For Insured Person from Age 60 to 69 Years at Policy Commencement 60 II 69		Age II	For Insured Person from Age 70 to 80 Years at Policy Commencement 70 II 80	
51	13,474.00	1,172.24						
52	14,166.00	1,232.44						
53	14,893.00	1,295.69						
54	15,660.00	1,362.42						
55	16,465.00	1,432.46						
56	17,448.00	1,517.98						
57	18,490.00	1,608.63						
58	19,594.00	1,704.68						
59	20,761.00	1,806.21						
60 *	21,997.00	1,913.74						
61 *	23,243.00	2,022.14						
62 *	24,556.00	2,136.37						
63 *	25,942.00	2,256.95						
64 *	27,401.00	2,383.89						
65 *	28,940.00	2,517.78						
66 *	30,758.00	2,675.95						
67 *	32,686.00	2,843.68						
68 *	34,728.00	3,021.34						
69 *	36,891.00	3,209.52						
70 *	38,788.00	3,374.56						
71 *	40,150.00	3,493.05						
72 *	41,545.00	3,614.42						
73 *	42,974.00	3,738.74						
74 *	44,434.00	3,865.76						
75 *	45,924.00	3,995.39						
76 *	46,107.00	4,011.31						
77 *	46,270.00	4,025.49						
78 *	46,408.00	4,037.50						
79 *	46,524.00	4,047.59						
80 *	46,615.00	4,055.51						
81 *	46,615.00	4,055.51						
82 *	46,615.00	4,055.51						
83 *	46,615.00	4,055.51						
84 *	46,615.00	4,055.51						
85 *	46,615.00	4,055.51						
86 *	46,615.00	4,055.51						
87 *	46,615.00	4,055.51						
88 *	46,615.00	4,055.51						
89 *	46,615.00	4,055.51						
90 *	46,615.00	4,055.51						
91 *	46,615.00	4,055.51						
92 *	46,615.00	4,055.51						
93 *	46,615.00	4,055.51						
94 *	46,615.00	4,055.51						
95 *	46,615.00	4,055.51						
96 *	46,615.00	4,055.51						
97 *	46,615.00	4,055.51						
98 *	46,615.00	4,055.51						
99+ *	46,615.00	4,055.51						

* Premium for Renewal only.
* 保費只供續保之用。

26 July 2021 Edition
2021年7月26日版本

Notes:
註：

Age shall mean the attained age of the Insured Person.
年齡是指受保人的實際年齡。

The premium amounts are calculated based on the Age of the Insured Person at the time of application and above premium rates. Renewal premium will be determined according to the Age of the Insured Person, the Deductible option and the premium rates then in effect. The premium rates are not guaranteed. You may also consult your insurance intermediary for the then prevailing premium rates. For the avoidance of doubt, we shall adjust the premium on a Portfolio basis. 保費乃按照受保人投保時的年齡及上述保費率計算。續保保費將根據受保人續保時的年齡、自付費選項及保費率計算，惟保費率並非保證。您亦可向您的保險中介人查詢當時之保費率。為免存疑，我們會向同一類別保單而調整保費。

This Standard Premium schedule does not include levy which is collected by the Insurance Authority.
此標準保費表並未包括由保險業監管局徵收的保費徵費。