

From our **hearts** to yours,
a promise of protection that lasts



中銀人壽
BOC LIFE

您的終身伙伴
YOUR LIFE PARTNER

BOC Group Life Assurance Company Limited (“BOC Life”) is committed to providing you and your family with the most sincere protection. **BOC Life Standard VHIS** (the “Plan”) is a certified plan that has been successfully registered under the Voluntary Health Insurance Scheme (“VHIS”) and has fulfilled the requirement imposed by Food and Health Bureau towards VHIS’s Standard Plan. The Plan offers coverage in basic plan and supplementary rider basis and both offers hospital protection and pre-and post-Confinement/Day Case Procedure outpatient care cover to Insured Person until age 100. You and your beloved one can rest assured with our comprehensive protection.

Plan Features



Certified VHIS-compliant Plan for Tax Deduction

This Plan is a certified plan under VHIS. Policy Holder, as a taxpayer, can apply for deduction concerning salaries tax or tax under personal assessment on paid qualifying premiums of the policies of certified plans for each Insured Person (including yourself and specified relative). 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 relative that are eligible for deduction. For details of tax deductions, please refer to the website of VHIS website or Inland Revenue Department of HKSAR (“IRD”).



Guarantee Renewal up to Age 100

The maximum age for application of this Plan is 80. Once the policy is issued, it will be guaranteed Renewable up to age of 100, regardless of the eventual changes of your health.



No Lifetime Benefit Limit

Different from counting the benefits limits on per disability basis, most of the benefit items⁽¹⁾ under this Plan are paid on per Policy Year basis and no lifetime limit applies. As a result, the Insured Person may receive a higher claims amount under the same disability.



Cover for Unknown Pre-existing Conditions and Congenital Disease

Under this Plan, the Pre-existing Conditions unknown at the time of application will be covered for 25%, 50% and 100% reimbursement for the Eligible Expenses in the 2nd, 3rd Policy Years and from the 4th Policy Year onwards respectively. In addition, for investigation and treatment of congenital conditions which have been manifested or been diagnosed after the policy issuance and on or after the age of 8 of the Insured Person, the claims arrangement is the same as unknown Pre-existing Conditions.



Cover for Pre-and Post-Confinement/Day Case Procedure Outpatient Care⁽²⁾

Along with the advancement of medical technology, more medical treatment can be performed through day case surgery such as cataract surgery and endoscopes. This Plan covers outpatient care for pre-and post-Confinement as well as Day Case Procedure⁽²⁾, enabling you to focus on receiving medical treatment and recovery.



Cover for Prescribed Non-surgical Cancer Treatment⁽³⁾

The Plan covers radiotherapy, chemotherapy, target therapy, immunotherapy and hormonal therapy for cancer treatment, which helps you to relieve the financial burden.



Offer of Other Benefits

The Plan offers special bonus⁽⁴⁾, death benefit due to medical negligence⁽⁵⁾ and compassionate death benefit⁽⁶⁾, providing you with extra protection.



No Claim Discount[^]

To reward your good health, 15% discount on the Renewal premium for this Plan of the subsequent Policy Year will be given if no benefit is paid or payable under this Plan for a period of three consecutive Policy Years.



E-claims Services at Your Fingertips

BOC Life strives for providing convenient policy services to our customers. Under this Plan, the Policy Holder can simply file claims submission via our e-platform and avoid the procedures of filling in and mailing paper-form to us.

[^]If discount on Renewal premium has been granted but a benefit accrued in respect of the concerned preceding period of three consecutive Policy Years becomes payable afterwards, BOC Life shall recalculate the actual eligible discounted premium. The Policy Holder will upon demand by BOC Life immediately pay the balance in excess of the actual discounted premium in full to BOC Life.

Plan Summary (Plan certification number: S00022-01-000-01)

Issue Age (Insured Person's attained age)	15 days to age 80
Plan Type	Basic Plan or Supplementary Rider [#]
Protection Period	1 year and guaranteed Renewable, up to age 100
Policy Currency	HKD
Premium Payment Mode	Annually/Semi-annually/ Quarterly/Monthly
Area of Coverage	Worldwide coverage (except psychiatric treatments)
Room Type	No restriction

[#]Application for this Plan as a supplementary rider must be attached to a basic plan designated by BOC Life.

Benefit Schedule

Benefit items ⁽¹⁾	Benefit limit (in HKD)
(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 category for the surgery/procedure in the Schedule of Surgical Procedures ⁽⁷⁾)	
• Complex	\$50,000
• Major	\$25,000
• Intermediate	\$12,500
• Minor	\$5,000
(g) Anaesthetist's fee	35% of Surgeon's fee payable ⁽⁸⁾
(h) Operating theatre charges	35% of Surgeon's fee payable ⁽⁸⁾
(i) Prescribed Diagnostic Imaging Tests ^{(2), (9)}	\$20,000 per Policy Year, subject to 30% Coinsurance ⁽¹⁰⁾
(j) Prescribed Non-surgical Cancer Treatments ⁽³⁾	\$80,000 per Policy Year
(k) Pre- and post-Confinement/Day Case Procedure outpatient care ⁽²⁾	<ul style="list-style-type: none"> • \$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 ⁽¹¹⁾	\$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
Other benefit	
1. Special bonus ⁽⁴⁾	\$200 per day ; maximum 90 days per Policy Year
2. Death benefit due to medical negligence ⁽⁵⁾	\$100,000
3. Compassionate death benefit ⁽⁶⁾	\$5,000

Notes:

- Eligible Expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above.
- 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.
- Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
- If the Insured Person has been paid by other insurance companies other than BOC Life or Bank of China Group Insurance Company Limited, BOC Life will pay a special bonus for each day of Confinement.
- This benefit as shown in the Benefit Schedule shall be payable to the Beneficiary provided that (a) the death occurs within 30 days of such recorded and proven incident constituting such negligence; and (b) a public admission of such negligence and liability therefor is made by the Hospital concerned and verified and confirmed by the relevant government authority, a court of law, coroner's inquest of the Medical Council of Hong Kong or a body equivalent standing which oversees the authorisation or registration of healthcare professionals in jurisdictions outside Hong Kong; and (c) the death is independent of any other cause.
- If the Insured Person commits suicide, while sane or insane at the material time, within one (1) year from the Policy Effective Date of these Terms and Benefits, no compassionate death benefit shall be payable.
- For the classification of surgery, please refer to Schedule of Surgical Procedures in the policy.
- 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.
- 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.
- Coinurance means 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.
- This benefit shall be payable for the Eligible Expenses charged on the psychiatric treatment during Confinement in Hong Kong as recommended by a Specialist.

Grasp this opportunity! Act now!

Please contact your Financial Consultants for details of the Plan.

 **Enquiry Hotline: (852) 2862 9888**

 **Website: www.boclif.com.hk**

Notes: This Plan is an insurance plan which covers hospitalisation expenses, not including any guaranteed cash value, dividend or maturity benefit. The benefits will only be paid according to insured event when the Insured Person suffers from insured event. No premium will be refunded whenever the policy is surrendered or coverage ends.

Important notes

- The Plan is underwritten by BOC Life.
- 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.
- 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.
- 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.

Other Key risks

Key Exclusions

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

Under these Terms and Benefits, 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, 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 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 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 ninety (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.

Premium Calculation

The payable premiums under this Plan at the time of application and Renewal are determined based on the following factors (if applicable), including but not limited to: gender, issue age, attained age and smoking status and it 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.

Please refer to the product page of this Plan on the website of BOC Life (<http://www.boclif.com.hk>) 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 this Plan upon Renewal. For the avoidance of doubt, 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.

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 be 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 this 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 authorisation under the Insurance Ordinance to write these Terms and Benefits, 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 favorable than the latest version of the Standard Plan Terms and Benefits published by the Government at the time of Renewal, and guaranteed Renewable until the age of 100 of Insured Person. BOC Life should acknowledge the Policy Holder by written Renewal notice not less than 30 days before policy Renewal date.

If BOC Life revises the Terms and Benefits of the Plan upon Renewal, BOC Life shall make available the revised Terms and Benefits to the Policy Holder together with the written Renewal notice.

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 (<http://www.boclif.com.hk>).

Termination of Policy

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

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

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.

Cancellation within cooling-off period

The Policy Holder may exercise the right to cancel the policy with full refund of paid premium within the cooling-off period. The Policy Holder should notify BOC Life by written format requesting cancellation of the policy and the notification should be signed by the Policy Holder and deliver directly to BOC Life within the cooling-off period. No refund can be made if a benefit payment has been made. The cooling off period means within twenty-one (21) days after the following date (i) The day of delivery of the Terms and Benefits and Policy Schedule to the Policy Holder or their representative; or (ii) the issuance of a notice by BOC Life to the Policy Holder or their representative (the notice should state that Terms and Benefits and Policy Schedule are available and specify the expiration date of the cooling-off period), whichever is earlier.

Cancellation

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

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 9888 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.

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 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.