

Life Insurance

Lifelong Promise • Lifelong Partner



Healthy Life Medical Insurance Plan series

Healthy Life Medical Insurance Plan series

With your increasing demand on a better living standard, a medical plan with basic coverage can no longer meet your needs. In view of the increasing medical expenses along with your needs to stay in a higher-level ward for treatment, we have prepared the Healthy Life Medical Insurance Plan series (the “Plan”), which provides comprehensive reimbursable medical coverage for well-planning people like you. The Plan is a certified plan under the Voluntary Health Insurance Scheme (VHIS), and is divided into 2 classes, namely Healthy Life Medical Insurance Plan and Healthy Life Premier Medical Insurance Plan, and there are 5 plan levels in total. You can choose one of the plan levels that best fits your budget to enjoy a quality protection.

Plan Features

5 plan levels for your selection

The 5 plan levels include the ward level coverage of Healthy Life Medical Insurance Plan, and the semi-private room or private room coverage of Healthy Life Premier Medical Insurance Plan. If you take up Healthy Life Premier Medical Insurance Plan, you may also select supplementary major medical benefit for higher protection. If the actual medical expenses exceed the benefit limit, the supplementary major medical benefit will pay maximum 80% of the excess amount. This way you can focus on your treatment. For details of the benefit item and amount of each plan level, please refer to the benefit schedule.

Guaranteed renewal ¹to age 100

So long as you have enrolled in the Plan successfully, the Plan is guaranteed to renew to age 100 regardless of your health condition and claim history after enrolment.

No claim discount

There will be a discount on premium if no benefits have been paid in the past 3 consecutive policy years or more. The discount will be 15% of the premium of next policy year and to be deducted upon premium payment.

No lifetime benefit limit whilst covering pre-existing conditions

There is no lifetime benefit limit set in the Plan but it is subject to an aggregate benefit limit for each year. In addition, pre-existing conditions are also covered where certain limitation are applied in the first 3 years after the Plan becomes effective. For more information, please refer to item 6 of the important note stated in this product brochure.

Coverage for hospital confinement and surgical fees

The expenses related to room and board, attending doctor's visit fee, specialist's fee, surgical fees and miscellaneous charges during confinement^{2,3} are covered, releasing you from any kind of financial burden. Please refer to the benefit schedule for the benefit amount of each item.

Extended benefit - outpatient care

The Plan not only provides hospital confinement and surgical benefits, but also covers the expenses related to pre- and post-confinement / day case procedure⁴ outpatient care.

Prescribed non-surgical cancer treatments, prescribed diagnostic imaging tests and psychiatric treatments

The cost for treating cancer is expensive. This is why the Plan offers coverage on prescribed non-surgical cancer treatment procedures, including radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy. Furthermore, the Plan also covers prescribed diagnostic imaging tests (e.g. magnetic resonance imaging (MRI)) for the investigation or treatment of a disability, as well as psychiatric treatments during the confinement in Hong Kong.

Enhanced benefits

Healthy Life Premier Medical Insurance Plan of the Plan also provides the following enhanced benefits:

- Emergency out-patient care (accidental injury) - the insured person is treated as a day patient in the emergency department of a hospital within 24 hours of an accident occurred that causes the disability
- Home nursing (post surgery) – the service is provided at home by a registered nurse⁵ within 60 days from the date on which the insured person is discharged from the hospital
- Organ donor benefit
- Outpatient kidney dialysis
- Rehabilitative care
- Companion bed

Tax deduction

The Plan is a certified plan under VHIS where the policy holder may enjoy a tax deduction. For details on tax deductions, please visit Inland Revenue Department (IRD) of HKSAR website and consult your tax and accounting advisors for tax advice.

Enrollment Terms

Plan type	Indemnity plan
Issue age	15 days to age 80
Benefit term	To age 100 of the insured person
Premium payment term	To age 99 of the insured person
Premium payment mode	Annual or monthly ⁶
Policy currency	HKD
Renewal	Guaranteed renewal ¹

Benefit Schedule

(Policy currency : HKD)

Benefit items ⁽ⁱ⁾	Healthy Life Medical Insurance Plan	Healthy Life Premier Medical Insurance Plan (Semi-private)	Healthy Life Premier Medical Insurance Plan (Semi-private with SMM)	Healthy Life Premier Medical Insurance Plan (Private)	Healthy Life Premier Medical Insurance Plan (Private with SMM)
VHIS flexi plan certification number	F00024-01-000-02	F00030-01-000-02	F00030-01-001-02	F00030-02-000-02	F00030-02-001-02
Entitled ward class⁽ⁱⁱ⁾	Ward	Semi-private	Semi-private	Standard private	Standard private
(a) Room and board	750 per day Maximum 180 days per policy year	1,800 per day Maximum 270 days per policy year	1,800 per day Maximum 270 days per policy year	3,800 per day Maximum 270 days per policy year	3,800 per day Maximum 270 days per policy year
(b) Miscellaneous charges	14,000 per policy year	20,000 per policy year	20,000 per policy year	32,000 per policy year	32,000 per policy year
(c) Attending doctor's visit fee	750 per day Maximum 180 days per policy year	2,000 per day Maximum 270 days per policy year	2,000 per day Maximum 270 days per policy year	4,000 per day Maximum 270 days per policy year	4,000 per day Maximum 270 days per policy year
(d) Specialist's fee ⁽ⁱⁱⁱ⁾	4,300 per policy year	5,600 per policy year	5,600 per policy year	10,400 per policy year	10,400 per policy year
(e) Intensive care	3,500 per day Maximum 25 days per policy year	4,200 per day Maximum 40 days per policy year	4,200 per day Maximum 40 days per policy year	5,000 per day Maximum 40 days per policy year	5,000 per day Maximum 40 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	• 65,000	• 65,000	• 90,000	• 90,000
• Major	• 25,000	• 32,500	• 32,500	• 45,000	• 45,000
• Intermediate	• 12,500	• 16,250	• 16,250	• 22,500	• 22,500
• Minor	• 5,000	• 6,500	• 6,500	• 9,000	• 9,000
					•

Benefit items ⁽ⁱ⁾	Healthy Life Medical Insurance Plan	Healthy Life Premier Medical Insurance Plan (Semi-private)	Healthy Life Premier Medical Insurance Plan (Semi-private with SMM)	Healthy Life Premier Medical Insurance Plan (Private)	Healthy Life Premier Medical Insurance Plan (Private with SMM)
(g) Anaesthetist's fee	35% of surgeon's fee payable ^(vi)	35% of surgeon's fee payable ^(vi)	35% of surgeon's fee payable ^(vi)	35% of surgeon's fee payable ^(vi)	35% of surgeon's fee payable ^(vi)
(h) Operating theatre charges	35% of surgeon's fee payable ^(vi)	35% of surgeon's fee payable ^(vi)	35% of surgeon's fee payable ^(vi)	35% of surgeon's fee payable ^(vi)	35% of surgeon's fee payable ^(vi)
(i) Prescribed diagnostic imaging tests ^{(iii), (iv)}	20,000 per policy year Subject to 30% coinsurance	20,000 per policy year Subject to 30% coinsurance	20,000 per policy year Subject to 30% coinsurance	20,000 per policy year Subject to 30% coinsurance	20,000 per policy year Subject to 30% coinsurance
(j) Prescribed non-surgical cancer treatments ^(v)	80,000 per policy year	100,000 per policy year	100,000 per policy year	200,000 per policy year	200,000 per policy year
(k) Pre- and post-confinement/day case procedure outpatient care ⁽ⁱⁱⁱ⁾	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)	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)	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)	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)	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 ^(vii)	30,000 per policy year	30,000 per policy year	30,000 per policy year	30,000 per policy year	30,000 per policy year

Benefit items ⁽ⁱ⁾	Healthy Life Medical Insurance Plan	Healthy Life Premier Medical Insurance Plan (Semi-private)	Healthy Life Premier Medical Insurance Plan (Semi-private with SMM)	Healthy Life Premier Medical Insurance Plan (Private)	Healthy Life Premier Medical Insurance Plan (Private with SMM)
Other limits					
Annual benefit limit for benefit items (a) – (l)	420,000 per policy year	550,000 per policy year	550,000 per policy year	750,000 per policy year	750,000 per policy year
Lifetime benefit limit for benefit items (a) – (l)	Nil	Nil	Nil	Nil	Nil
Supplementary major medical benefit^(viii)					
Eligible expenses incurred in excess of the amounts payable under items (a) to (l) (including excess over per day limit, maximum number of days per policy year or per policy year limit)					
Maximum benefit per policy year (Attained age 0 - 79)	80,000	Nil	150,000	Nil	300,000
Maximum benefit per policy year (Attained age 80 - 100)	30,000	Nil	50,000	Nil	80,000
Coinsurance	20%	Nil	20%	Nil	20%
Enhanced benefits					
(a) Companion bed	Nil	450 per day Maximum 90 days per policy year	450 per day Maximum 90 days per policy year	650 per day Maximum 90 days per policy year	650 per day Maximum 90 days per policy year
(b) Emergency out-patient (accidental injury)	Nil	6,000 per policy year	6,000 per policy year	12,000 per policy year	12,000 per policy year
(c) Home nursing (post surgery)	Nil	800 per day • Maximum 15 days per policy year • Within 60 days after discharged from the	800 per day • Maximum 15 days per policy year • Within 60 days after discharged from the	1,600 per day • Maximum 15 days per policy year • Within 60 days after discharged from the	1,600 per day • Maximum 15 days per policy year • Within 60 days after discharged from the

Benefit items ⁽ⁱ⁾	Healthy Life Medical Insurance Plan	Healthy Life Premier Medical Insurance Plan (Semi-private)	Healthy Life Premier Medical Insurance Plan (Semi-private with SMM)	Healthy Life Premier Medical Insurance Plan (Private)	Healthy Life Premier Medical Insurance Plan (Private with SMM)
		Hospital maximum 1 time per day	Hospital maximum 1 time per day	Hospital maximum 1 time per day	Hospital maximum 1 time per day
(d) Organ donor benefit ^(ix)	Nil	800,000 per policy year	800,000 per policy year	900,000 per policy year	900,000 per policy year
(e) Outpatient kidney dialysis ^(x)	Nil	50,000 per policy year Maximum 60 days per policy year	50,000 per policy year Maximum 60 days per policy year	75,000 per policy year Maximum 60 days per policy year	75,000 per policy year Maximum 60 days per policy year
(f) Rehabilitative care	Nil	30,000 per policy year	30,000 per policy year	50,000 per policy year	50,000 per policy year
Other benefit					
Compassionate death benefit	10,000	10,000	10,000	10,000	10,000

- (i) Eligible expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above, unless otherwise specified.
- (ii) Ward class adjustment shall apply (if applicable) to the relevant benefit items. Please refer to Important Information item 8 for information.
- (iii) China Life (Overseas) 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.
- (iv) 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. Upon placing a claim of prescribed diagnostic imaging tests, the policyholder has to pay 30% coinsurance of the benefit item.

Example:

The actual expense on the prescribed diagnostic imaging tests = HKD20,000

The coinsurance amount the policyholder has to pay = HKD6,000 (HKD20,000 x 30% coinsurance)

The benefit amount China Life (Overseas) has to pay = HKD140,000 (HKD20,000 – HKD6,000)

After deducting the aforesaid benefit amount paid, a maximum of HKD6,000 is payable for prescribed diagnostic imaging tests in such policy year by China Life (Overseas).

- (v) Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
- (vi) 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.
- (vii) Only the eligible expenses charged on the psychiatric treatments during confinement in Hong Kong as recommended by a specialist is payable under psychiatric treatments.

- (viii) The supplementary major medical benefit shall be payable for the Eligible Expenses incurred in excess of the amounts payable under items (a) – (l) taking into account the information stated on item 8 of Important Information (if applicable), subject to the Coinsurance as stated in the Benefit Schedule. The total amount of the supplementary major medical benefit is subject to the maximum benefit per policy year.
- (ix) If the insured person is a donor in an organ transplantation surgery, and such procedure is undergone in Hong Kong, the Surgeon's fee, Anaesthetist's fee and operating theatre fee charged on the removal of organ or bone marrow will be paid.
- (x) The benefit shall be payable for the Eligible Expenses charged for haemodialysis or peritoneal dialysis performed on the insured person due to chronic and irreversible kidney failure.

Notes:

1. China Life (Overseas) reserves the right to review the premium rates on each policy anniversary and revises the terms and conditions and/or the benefit items of the policy from time to time.
2. Hospital means an establishment duly constituted and registered as a hospital under the laws of the relevant territory in which it is established, which is for providing medical service for sick and injured persons as Inpatients, and which (a) has facilities for diagnosis and major operations; (b) provides 24 hours nursing services by licensed or registered nurses; (c) has 1 or more Registered Medical Practitioners; and (d) is not primarily a clinic, a place for alcoholics or drug addicts, a nature care clinic, a health hydro, a nursing, rest or convalescent home, a hospice or palliative care centre, a rehabilitation centre, an elderly home or similar establishment.
3. Confinement means an admission of the insured person to a hospital that is recommended by a registered medical practitioner for medical service and as an Inpatient as a result of a medically necessary condition for a period of no less than 6 consecutive hours. No minimum period is required for confinement in connection with any emergency treatment in a hospital as a result of an emergency for the performance of a surgical procedure or other medical service in a hospital. Confinement shall be evidenced by a daily room charge invoiced by the hospital and the insured person must stay in the hospital continuously for the entire period of confinement.
4. Day case procedure means a medically necessary surgical procedure for investigation or treatment to the insured person performed in a medical clinic, or day case procedure centre or Hospital with facilities for recovery as a Day Patient.
5. Licensed nurse means an independent person who, upon successful completion of a course at a recognized college or school of nursing, is legally authorized by the government of the geographical area of his or her practice to render nursing services.
6. If the required renewal premium is paid by you within the grace period, the policy shall continue to be in force. For details, please refer to the terms and conditions issued by China Life (Overseas).

Important Information:

This product brochure is for reference only. It does not form a contract between China Life (Overseas) and anyone or any entity else. The detailed terms, conditions and exclusions of the Plan are subject to the relevant policy contract. You are reminded to review the policy contract and all relevant product materials and to seek independent professional advice if necessary. For a copy of the policy contract, please contact China Life (Overseas) for enquiry.

You have the right to purchase the medical insurance product as a standalone plan instead of bundling with other type(s) of insurance product.

1. The Plan is underwritten by China Life Insurance (Overseas) Company Limited ("China Life (Overseas)", the "Company" or "us/we/our"). China Life (Overseas) is responsible for the features, underwriting and benefit payments under the Plan. You should fully understand all of the risks involved in this Plan and consider whether the Plan is affordable and suitable to you before making your application.
2. China Life (Overseas) shall make the final decisions on the underwriting and claims. You are required to declare all requisite information that would affect our underwriting decisions. We have the right to declare the policy void due to any misrepresentation or fraud. We shall rely on your submitted information to assess whether to accept or decline your application, and shall refund any premium and levy (if any) paid without interest for declined cases.
3. This is a non-participating life insurance plan and therefore dividends are not available to the Plan.
4. Exclusions: China Life (Overseas) 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 (if so requested by China Life (Overseas)) such disability shall be generally excluded from any coverage of the policy 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 3 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 policy 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; (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 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; and (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.

In addition, the information stated in this product brochure is for reference only. Please refer to the “terms and conditions” for the exact terms and conditions and limitations and all exclusions.

5. Limitation –limitation of the Plan includes:

a) Coverage of the eligible expenses charged on the specific items will be effective on the following dates:

Items	Effective date (after the policy commencement)
Death benefit (except death due to suicide)	Immediate
Disability (Sickness or Disease or Injury)	Immediate

b) Principle of indemnity

- i. Parts of the benefits under the Plan will only be payable for eligible expenses incurred for medical services provided to the insured. The payable amount of eligible expenses shall not exceed the actual costs of the medical services provided to the insured, subject to the maximum benefit limits stated in the “benefits schedule”; expenses incurred for medical services provided to persons other than the insured person shall not be covered, unless otherwise specified.
- ii. Eligible expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the “benefit schedule”.
- iii. Only the eligible expenses charged on the psychiatric treatments during confinement in Hong Kong as recommended by a specialist is payable under psychiatric treatments.
- iv. If the insured person is voluntarily confined in a ward class of Hospital accommodation higher than his/her entitled ward class as specified in the Benefit Schedule, the benefit amount will be adjusted :

insured person’s entitled ward class as specified in Benefit Schedule	Actual ward class occupied by the insured person during Confinement	Adjustment factor
Ward	Semi-private room	50%
Ward	Standard private room or above	25%
Semi-private room	Standard private room or above	50%
Standard private room	Any ward class above standard private room	50%

Such limitation will not apply if the insured person is confined in a ward class higher than his/her entitlement under the following circumstances:

- (1) unavailability of accommodation at the specified ward class due to ward or room shortage for emergency treatment;
- (2) isolation reasons that require a specific class of accommodation; or
- (3) other reasons not involving personal preference of the Policy Holders and/or the insured persons.

Benefits payable after adjustment shall be no less than the benefit payable according to the Standard Plan Terms and Benefits.

c) "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 the Company 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, the Company shall make reference to the followings (if applicable):

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

d) "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:

- require the expertise of, or be referred by, a registered medical practitioner;
- be consistent with the diagnosis and necessary for the investigation and treatment of the disability;
- 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;
- 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
- 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.

For the purpose of these terms and benefits, without prejudice to the generality of the foregoing, circumstances where a confinement is considered medically necessary include, but not limited to:

- the insured person is having an emergency that requires urgent treatment in hospital;
- surgical procedures are performed under general anaesthesia;
- equipment for surgical procedure is available in Hospital and procedure cannot be done on a day patient basis;
- there is significantly severe co-morbidity of the insured person;
- taking into account the individual circumstances of the insured person, the attending registered medical practitioner has exercised his prudent professional judgment and is of the view that for the safety of the insured person, the medical service should be conducted in hospital;
- in the prudent professional judgment of the attending registered medical practitioner, the length of confinement of the insured person is appropriate for the medical service concerned; and/or
- in the case of diagnostic procedures or allied health services prescribed by a registered medical practitioner, such registered medical practitioner has exercised his prudent professional judgment and is of the view that for the safety of the insured person, such procedures or services should be conducted in hospital.

For the purpose of exercising his prudent professional judgment in (v) to (vii) above, the attending registered medical practitioner shall have regard to whether the confinement:

- is in accordance with standards of good and prudent medical practice in the locality for the medical service rendered, and, in the prudent professional judgment of the attending registered medical practitioner, not rendered primarily for the convenience or the comfort of the insured person, his family, caretaker or the attending registered medical practitioner; and
- is in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice in the locality for the medical service rendered.

e) Double insurance

China Life (Overseas) is not liable for any confinement, surgery and/or medical expenses for which compensation or reimbursement is payable under any law, medical program, or insurance policy provided by any government, company or other insurer except to the extent that such charges are not reimbursed by such law, medical program or insurance policy.

6. Pre-existing condition - China Life (Overseas) may impose case-based exclusion(s) to the policy by reason of a pre-existing condition or other factor that affects the insurability of the insured person notified to China Life (Overseas) in the application and any subsequent information or document submitted to China Life (Overseas) for the purpose of the application, including any updates of and changes to such requisite information. Eligible expenses arising from pre-existing condition(s) that the policy holder and/or insured person was not aware and would not reasonably have been aware of at the time of submission of application, including any updates of and changes to the required information, shall be payable subject to the following waiting period and reimbursement arrangement:

First policy year	no coverage
Second policy year	25% reimbursement
Third policy year	50% reimbursement
Fourth policy year onwards	full coverage

If the policy holder or the insured person is requested but fails to disclose to China Life (Overseas) upon submission of Application, including any updates of and changes to the required information, that the insured person is suffering from a Pre-existing Condition, and such Pre-existing Condition has been treated or diagnosed or has manifested signs or symptoms of which the Policy Holder or the insured person is aware or should have reasonably been aware of at the time of submission of Application, including any updates of and changes to the required information, China Life (Overseas) has the right to declare the policy void, demand repayment of any benefits paid and/or refuse to provide coverage under the Policy.

7. No claim discount – if the commencement date and the end date of such medical services are in different policy years, any benefits paid in respect of such medical services shall be attributed to the policy year in which medical services commenced for the calculation of the amount of no claim discount. While the policy is in force and the premium has been reduced, if a benefit in respect of medical service in the previous 3 policy years becomes

payable under the Plan, the amount of such no claim discount will upon demand immediately be repaid in full to the Company.

8. Non-payment of premium - You should pay premium(s) on time according to the selected premium payment term. If the due premium remains unpaid upon the expiry of the grace period (within 31 days from every premium due date), the policy will be lapsed in accordance to point 3 “grace period” of part 3 “premium clause” under the “the terms and conditions”, and you will lose the related insurance coverage and suffer a financial loss.
9. Cooling-off right - You have the right to cancel the policy within the cooling-off period and obtain a refund of any premiums and premium levy (if any) paid provided that no claim has been made under it. You must submit a written notice signed by you to China Life (Overseas) at 22/F, CLI Building, 313 Hennessy Road, Wan Chai, Hong Kong within 21 calendar days immediately following the delivery of the policy or Notice of Policy Issuance (telling you about the availability of the policy and the expiry date of the cooling-off period) to you or your representative, whichever is earlier.
10. Cancellation right - After the cooling-off period, you can request cancellation of this policy by giving 30 days prior written notice to us, provided that there has been no benefit payment under this policy during the relevant policy year.
11. Claims procedure – If you would file a claim, you must submit completed designated form(s) with relevant proof within 90 days after discharge from hospital or the date on which relevant medical services are performed and completed to China Life (Overseas). You can obtain the claims forms from your financial consultant, by calling China Life (Overseas) customer service hotline: 399 95519 or by visiting any China Life (Overseas) service centre.

What are the key product risks?

Credit risk:

The Plan is a life insurance policy issued by China Life (Overseas). Any premium paid will become part of our assets and our financial strength will affect our ability to meet our contractual obligations to you under the policy. Therefore, you are subject to our credit risk.

Inflation risk:

The cost of living in the future may be higher than expected due to the effects of inflation. Therefore, your current planned benefits and/or returns maybe insufficient to meet your future needs even if we fulfill all of our contractual terms and obligations..

Premium adjustment and renewal :

China Life (Overseas) reserves the right to review and adjust the premium rates on each policy anniversary. Factors leading to premium adjustment include but not limited to the experience in claims, policy surrender, investment return, expenses and medical cost incurred by and/or in relation to the Plan. In addition, the policy is renewable for each policy year in accordance with the terms set out in “Part 4 – renewal provisions” of the policy provision, and the renewal is guaranteed up to the age of 100 of the insured person. For details of the terms, please refer to the policy

provision.

Irrespective of whether China Life (Overseas) revises the policy upon renewal, China Life (Overseas) shall have the right to adjust the standard premium according to the prevailing standard premium schedule adopted by China Life (Overseas) on an overall Portfolio basis. 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.

During each policy year and upon renewal, China Life (Overseas) shall not impose any additional rate of premium loading (or any additional amount of premium loading if the premium loading is set in monetary terms rather than as a percentage of the standard premium) or case-based exclusion(s) on the insured person by reason of any change in the insured person's health conditions.

In addition, China Life (Overseas) reserves the right to review the terms and conditions and/or benefits schedule of the Plan from time to time. China Life (Overseas) will provide you a written notice 30 days before any revision, amendment or modification by ordinary post to your last known address in China Life (Overseas)'s records. In the event you disagree with such revision, you must provide a written request to China Life (Overseas) at any time within 30 days after such revision takes effect and the Plan shall automatically terminate on the premium due date following China Life (Overseas)'s receipt of such notice.

Policy termination:

The policy shall be automatically terminated on the earliest of the followings and at 00:00 hours of the effective date of termination: (a) non-payment of premiums after the grace period; or (b) the day immediately following the death of the insured person; or (c) China Life (Overseas) terminates the policy requested by the policyholder; or (d) China Life (Overseas) has ceased to have the requisite authorization under the Insurance Ordinance to write or continue to write the Plan.

If the policy is terminated under (a) or (c), 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 the policy until (i) the insured person is discharged or the treatment is completed or (ii) 30 days after the termination of the policy, whichever is the earlier.

Effective from 1 January 2018, all policyholders are required to pay a levy on each premium payment made for both new and in-force policies to the Insurance Authority (the "IA"). For levy details, please visit our website at www.chinalife.com.hk or contact our customer service hotline at 399 95519 or visit IA's website at www.ia.org.hk.

This product brochure is for distribution in Hong Kong only and shall not be construed as any provision of or offer to sell or solicitation to buy any insurance product outside Hong Kong. China Life (Overseas) does not provide or offer to sell any insurance product outside Hong Kong. The above information is for reference only. The detailed terms,

conditions and exclusions of the Plan are subject to the terms and conditions of the policy contract of the Plan. For a copy of the terms and conditions of the policy contract, please contact China Life (Overseas) for enquiry.

China Life Insurance (Overseas) Company Limited (incorporated in the People's Republic of China with limited liability)

H143-H147 _202103



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