

CTF Life
周大福人壽

“ChampCare”

Medical Insurance Plan

Health+ Series



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“ChampCare” Medical Insurance Plan

Provider of Voluntary Health Insurance Scheme (“VHIS”) Products Registration No.: 00028
VHIS Certified Product – Flexi Plan Certified Product No.: F00077-01-000-01/ F00077-02-000-01/
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It is essential to establishing comprehensive protection for your lifelong journey timely. Even if facing unexpected substantial medical expenses, you can receive quality treatment with peace of mind to safeguard your lifelong journey.

Chow Tai Fook Life Insurance Company Limited (“CTF Life”) proudly presents **“ChampCare” Medical Insurance Plan** (“ChampCare” / “the Plan”), featuring an **Annual Benefit Limit of up to HKD 30,000,000** and a **Lifetime Benefit Limit of up to HKD 120,000,000**. The Plan **fully covers¹ the eligible medical expenses** under the key basic benefit items, ensuring your treatment is not limited by inadequate group medical coverage or personal financial constraints. Additionally, it offers a wide range of thoughtfully designed enhanced benefits for an all-rounded protection of your physical and mental well-being. Unlike the other general VHIS products, “ChampCare” offers **various options of Deductible² and Benefit Contribution Amount³** to fully support your medical expenses according to your budget and needs.

Main Characteristics



Comprehensive and high benefit limit for full coverage¹ of the eligible medical expenses under the key benefit items

- **Annual Benefit Limit of up to HKD 30,000,000 and Lifetime Benefit Limit of up to HKD 120,000,000**
- **Full coverage¹** of Eligible Expenses for the charges of room and board, surgical expenses and multiple enhanced benefits without itemised benefit sublimit
- Full coverage of Unknown Pre-existing Conditions from the 31st day after Policy Effective Date



Multiple flexible options to meet your protection needs and budget

- **Three Territorial Scopes of Cover¹¹** to match your needs
- **First-in-market⁴ reimbursement mechanism** – offering various options of Deductible² and Benefit Contribution Amount³, with up to 7 Benefit Levels based on the Territorial Scope of Cover, allowing you to manage your premium budget with ease
- **Wavier of Deductible (if applicable) and/or Benefit Contribution Amount⁵ (if applicable) for specific severe major illnesses**



Various enhanced benefits that suit modern medical needs

- **Outpatient care benefit for specific Special Educational Needs⁶ (SEN) conditions and Mental Conditions⁷**, caring for your physical and mental well-being **Special-in-market⁴**
- **Comprehensive inpatient / outpatient Chinese medical benefits⁸**, allowing flexible options for integrated medical solutions of Western and Chinese medical treatment **Special-in-market⁴**



Premium discount⁹ and tax deduction¹⁰

- **Enjoy 16% upfront No Claim Discount upon application**, with total discount up to 20% including Extra No Claim Discount⁹ for family enrolment
- Eligible for **tax deduction¹⁰** making premium more affordable



Comprehensive and high benefit limit for full coverage¹ of the eligible medical expenses under the key benefit items

All-round protection with high coverage and guaranteed renewal

“ChampCare” Medical Insurance Plan provides **an Annual Benefit Limit of up to HKD 30,000,000** and **a Lifetime Benefit Limit of up to HKD 120,000,000**. The renewal eligibility will not be affected by the Insured Person’s health condition or claim history, with **guaranteed renewal up to Insured Person’s age of 128**, ensuring worry-free medical protection.

Full coverage¹ of eligible medical expenses under the key benefit items with no itemised benefit sublimit

Medical expenses involve a myriad of items. The Plan offers **comprehensive medical protection with multiple key benefit items**, including room and board charges, daily doctor’s visit fee, miscellaneous hospital expenses and outpatient surgical expenses etc, which are all **fully covered¹ with no itemised benefit sublimit¹**. Additionally, we cover the expenses for pre- and post-confinement / surgery outpatient consultation and medication, as well as the post-confinement ancillary treatment and rehabilitation. Please refer to the Benefit Schedule for details.

Full coverage of Unknown Pre-existing Conditions from the 31st day after Policy Effective Date

“ChampCare” covers Unknown Pre-existing Conditions at the time of application. The Plan provides full reimbursement of Eligible Expenses subject to the benefit limits, starting from the 31st day after the Policy Effective Date, which is superior to the requirements of VHIS Standard Plan and provides you with better peace of mind.

Policy Year	“ChampCare”	VHIS Standard Plan under Government Requirement
1 st Policy Year	Full reimbursement of Eligible Expenses subject to the benefit limit from the 31 st day after the Policy Effective Date	No coverage
2 nd Policy Year	Full reimbursement of Eligible Expenses subject to the benefit limit	25% reimbursement of Eligible Expenses subject to the benefit limit
3 rd Policy Year		50% reimbursement of Eligible Expenses subject to the benefit limit
4 th Policy Year onwards		100% reimbursement of Eligible Expenses subject to the benefit limit

The above conditions also apply to congenital conditions manifested or Unequivocally Diagnosed when or after the Insured Person attains age 8 or after. For details of Pre-existing Conditions, please refer to “Important Notice” – “Pre-existing Conditions”.



Multiple flexible options to meet your protection needs and budget

3 Territorial Scopes of Cover¹ to flexibly match life planning

Comprehensive medical protection gives you peace of mind against unexpected medical needs wherever you are. The Plan offers **3 Territorial Scopes of Cover¹**, ranging from Asia (including Australia and New Zealand) to worldwide coverage, allowing you to opt for the best choice according to personal needs and future development.

First-in-market⁴ reimbursement mechanism

Furthermore, the Plan features the **First-in-market⁴ reimbursement mechanism**, offering a total of **7 Benefit Levels, allowing you to choose the most suitable protection solution based on your preferred Territorial Scope of Cover¹ with applicable options of Deductible² and Benefit Contribution Amount³**. Both the Deductible² and Benefit Contribution Amount³ are subject to a maximum limit per Policy Year, so you can enjoy comprehensive medical protection within your budget.

Territorial Scope of Cover (Geographical limitation) ¹	Worldwide		Worldwide (excluding USA)		Asia		
	7	6	5	4	3	2	1
Deductible ² (HKD) (per Policy Year)	\$0	\$18,000	\$0	\$18,000	\$0	\$18,000	\$36,000
Benefit Contribution Amount ³ (HKD) (per Policy Year)	The amount the Policy Holder is required to contribute, equivalent to 20% of the Eligible Expenses and / or expenses payable after reducing the Deductible Balance ² , subject to the below maximum limit of Benefit Contribution Amount ³ per Policy Year						
	\$0	\$18,000	\$0	\$18,000	\$0	\$18,000	\$36,000



Tips:

- **Deductible²** is a fixed amount of Eligible Expenses that the Policy Holder must pay before the Plan reimburses the remaining Eligible Expenses in a Policy Year., Its maximum limit varies according to the benefit level.
- If Eligible Expenses have been **reimbursed by any third party**, such reimbursed amount can be used to **offset the Deductible² and Benefit Contribution Amount³** (if applicable).
- After the Deductible Balance² reaches zero in a year, even though the Policy Holder has to contribute the Benefit Contribution Amount³, 80% of the Eligible Expenses will still be reimbursed⁶ (if applicable) until the **Benefit Contribution Amount³ reaches the annual maximum limit. Subsequent claims within the same Policy Year will no longer be subject to the Benefit Contribution Amount³.**
- If the Insured Person is **unfortunately diagnosed with Major Cancer, Severe Heart Attack or Stroke** and requires treatment, the **Deductible Balance and Benefit Contribution Amount** for Eligible Expenses incurred for receiving the related medical services **shall be waived⁵**.

⁶ Eligible Expenses and / or expenses payable shall also be subject to limitations and specified calculation formula. Please refers to Part 4 and Part 5 of the Supplement of the Plan for details.

Example 1:



Policy Holder and Insured Person: Mr. Chan	Enrolled Plan: "ChampCare"	Benefit Level: 4
Deductible ² : HKD18,000 per year	Benefit Contribution Amount ³ : HKD18,000 per year	

Mr. Chan In the 2nd year after the policy is in force, Mr. Chan submits 2 claim applications in the same Policy Year provided that the Eligible Expenses¹ are payable under "ChampCare", the claim results are as follows:

	In the same Policy Year	
	1 st Claim application	2 nd Claim application
Eligible Expenses ¹ (HKD)	\$360,000	\$80,000
Deductible ² to be contributed (HKD)	\$18,000 Deductible Balance ² is reduced to zero after claim settlement	\$0
Benefit Contribution Amount ³ to be contributed (HKD) = (Eligible Expenses - Deductible ² to be contributed) x 20%	$(\$360,000 - \$18,000) \times 20\% = \$68,400$ (as the Benefit Contribution Amount ³ to be contributed exceeds the annual maximum limit, the Benefit Contribution Amount ³ to be contributed = \$18,000)	\$0
	Balance of the Benefit Contribution Amount ³ is reduced to zero after claim settlement	The Benefit Contribution Amount ³ contributed by Mr. Chan has reached the annual maximum limit in the 1 st claim, therefore no further Benefit Contribution Amount ³ is required in the same Policy Year
Expenses to be contributed by Mr. Chan (HKD) = Deductible ² to be contributed + Benefit Contribution Amount ³ to be contributed	\$18,000 + \$18,000 = \$36,000	\$0 + \$0 = \$0
Total benefit payable (HKD) = Eligible Expenses - Deductible ² to be contributed - Benefit Contribution Amount ³ to be contributed	\$360,000 - \$18,000 - \$18,000 = \$324,000	\$80,000 - \$0 - \$0 = \$80,000

Note: Both claim applications above assume Mr. Chan received treatment in Hong Kong and Eligible Expenses and / or expenses were incurred under benefit items (a)-(k) of Basic Benefit and (a)-(j) of Enhanced Benefit and Mr. Chan was not confined in a ward class higher than his entitled ward class under his plan, and "ChampCare" is the only policy for the medical expenses insurance claim.



After the Policy Holder has contributed both the Deductible² and Benefit Contribution Amount³ up to the annual maximum limit, subsequent Eligible Expenses in the same year will no longer be subject to the Benefit Contribution Amount³

Example 2:



Policy Holder and Insured Person:
Ms. Wong
Deductible²: HKD36,000 per year

Enrolled Plan:
"ChampCare"

Benefit Level:
1

Benefit Contribution Amount³: HKD36,000 per year

Ms. Wong

Ms. Wong's employer provides basic group medical insurance plan for employees. After balancing her medical needs and budget, she enrolled in "ChampCare" with Benefit Level 1. In the 3rd year after the policy is in force, she submits 2 claim applications in the same Policy Year, which she first claims from her group medical insurance, and then claim from "ChampCare" for the remaining Eligible Expenses, the claim results are as follows:

	In the same Policy Year	
	1 st Claim application	2 nd Claim application
Medical expenses paid by Ms. Wong (HKD)	\$156,000	\$58,000
Benefit reimbursed by group medical (HKD)	\$36,000	\$18,000
Eligible Expenses* (HKD)	$\$156,000 - \$36,000 = \$120,000$	$\$58,000 - \$18,000 = \$40,000$
Deductible ² to be contributed (HKD)	\$0 The full Deductible ² amount of \$36,000 is offset by group medical benefits and the Deductible Balance ² is reduced to zero after claim settlement	\$0
Benefit Contribution Amount ³ to be contributed (HKD) = (Eligible Expenses* - Deductible ² to be contributed) x 20%	$(\$120,000 - \$0) \times 20\% = \$24,000$	$(\$40,000 - \$0) \times 20\% = \$8,000$ Offset by group medical benefits, the Benefit Contribution Amount ³ to be contributed by Ms. Wong is \$0
	Balance of the Benefit Contribution Amount ³ after claim settlement: $\$36,000 - \$24,000 = \$12,000$	Balance of the Benefit Contribution Amount ³ after claim settlement: $\$12,000 - \$8,000 = \$4,000$
Expenses to be contributed by Ms. Wong (HKD) = Deductible ² to be contributed + Benefit Contribution Amount ³ to be contributed	\$0 (Deductible Balance ² after deducting the group medical benefits reimbursed) + \$24,000 = \$24,000	\$0 (Balance of the Benefit Contribution Amount ³ after deducting the group medical benefits reimbursed) + \$0 = \$0
Total benefit payable under "ChampCare" (HKD) = Eligible Expenses* - Deductible ² to be contributed - Benefit Contribution Amount ³ to be contributed	$\$120,000 - \$0 - \$24,000 = \$96,000$	$\$40,000 - \$0 - \$0 = \$40,000$

Note: Both claim applications above assume Ms. Wong received treatment in Hong Kong and Eligible Expenses and/or expenses were incurred under benefit items (a)–(k) of Basic Benefit and (a)–(j) of Enhanced Benefit, and Ms. Wong was not confined in a ward class higher than her entitled ward class under her plan.
* Eligible Expenses refer to the amount of Eligible Expenses and / or expenses payable for the benefit items under the terms and conditions of the Plan (after deduction of Eligible Expenses reimbursed by any third party).



Although the Policy Holder needs to contribute the Benefit Contribution Amount³, 80% of the Eligible Expenses* are still covered

Waiver of Deductible Balance and / or Benefit Contribution Amount upon Unequivocal Diagnosis of Major Cancer, Severe Heart Attack or Stroke⁵

To alleviate Insured Person's financial burden when facing major illnesses, in the unfortunate event that the Insured Person **is diagnosed with and requires treatment for Major Cancer, Severe Heart Attack or Stroke, we shall waive⁵ the applicable Deductible Balance² and / or Benefit Contribution Amount³ for the medical services related to such illnesses**, allowing the Insured Person to focus on treatment for speedy recovery with peace of mind.

Reduction of Deductible and Benefit Contribution Amount at specific age without additional underwriting¹²

Protection needs may change with different stages of life. Therefore, you may **choose to reduce the annual Deductible² and Benefit Contribution Amount³** (not applicable to benefit levels with zero annual Deductible²) when the Insured Person reaches Age 50, 55, 60, 65, 70, 75 or 80 **without providing proof of insurability¹²**, allowing flexible adjustment to suitable medical protection.



Various enhanced benefits that suit modern medical needs

The Plan focuses on Insured Person's all-round physical and mental well-being, fully supporting the treatment and recovery process of the Insured Person. Understanding treatment needs vary from person to person, the Plan provides comprehensive benefits for Chinese medical treatment. Furthermore, with rapid social development, busy work and studies being common stress factors nowadays, mental health conditions are becoming increasingly prevalent. The Plan specifically provides special-in-market⁴ outpatient care benefit for covered mental conditions, with benefit payable even without hospitalization, so the Insured Person can have the appropriate support as early as possible when needed.

Outpatient care benefit for Covered SEN Conditions in Hong Kong⁶ **Special-in-market⁴**

We understand that parents are very concerned about their children's growth and development, and that mental health is equally important as physical health. The Plan specifically provides Insured Persons aged 6 to 17 with coverage of outpatient care benefit up to 5 visits per Policy Year which cover the **Eligible Expenses incurred for outpatient treatment with an Occupational Therapist, Speech Therapist, Specialist (in neurology, pediatrics or psychiatry) and/or Psychologist in Hong Kong for diagnosed Autism Spectrum Disorder at Severity Level 3, Severe Attention-Deficit / Hyperactivity Disorder (ADHD) or Tourette's Disorder.**

Outpatient care benefit for Covered Mental Conditions in Hong Kong⁷ **Special-in-market⁴**

Mental health is often overlooked by many people. However, in severe cases, it not only affects one's quality of life but also significantly impacts the family. In view of this, in case the Insured Person receives **outpatient treatment with a Specialist in psychiatry or a Psychologist in Hong Kong for diagnosed Severe Major Depressive Disorder, Severe Schizophrenia or Severe Bipolar I Disorder** between age 18 and 55, the Plan will provide benefit for up to 5 visits per Policy Year before the Insured Person attaining age 56, so he / she can receive treatment without worries.

Coverage of inpatient and outpatient Chinese medical treatments⁸

Chinese medical treatments emphasize coordinating overall body functions to help patients recover as quickly as possible, making the integration of Chinese and Western treatment a major trend in recent years. The Hong Kong Government is also actively promoting Chinese medicine development with integrated Chinese-Western medicine clinical services, Chinese medicine inpatient and outpatient services to be provided in the Chinese Medicine Hospital of Hong Kong. In view of this, "ChampCare" specifically provides **coverage for the expenses incurred by Chinese medical consultation, acupuncture treatment and Chinese medicines prescribed during confinement; as well as Post-Confinement / Day Case Procedure Chinese medicine follow-up outpatient visits**, allowing the Insured Person to flexibly choose the appropriate treatment for a speedy recovery.



Premium Discount⁹ and Tax Deduction¹⁰

Total discount rate of up to 20%⁹

16% upfront no claim discount upon successful application

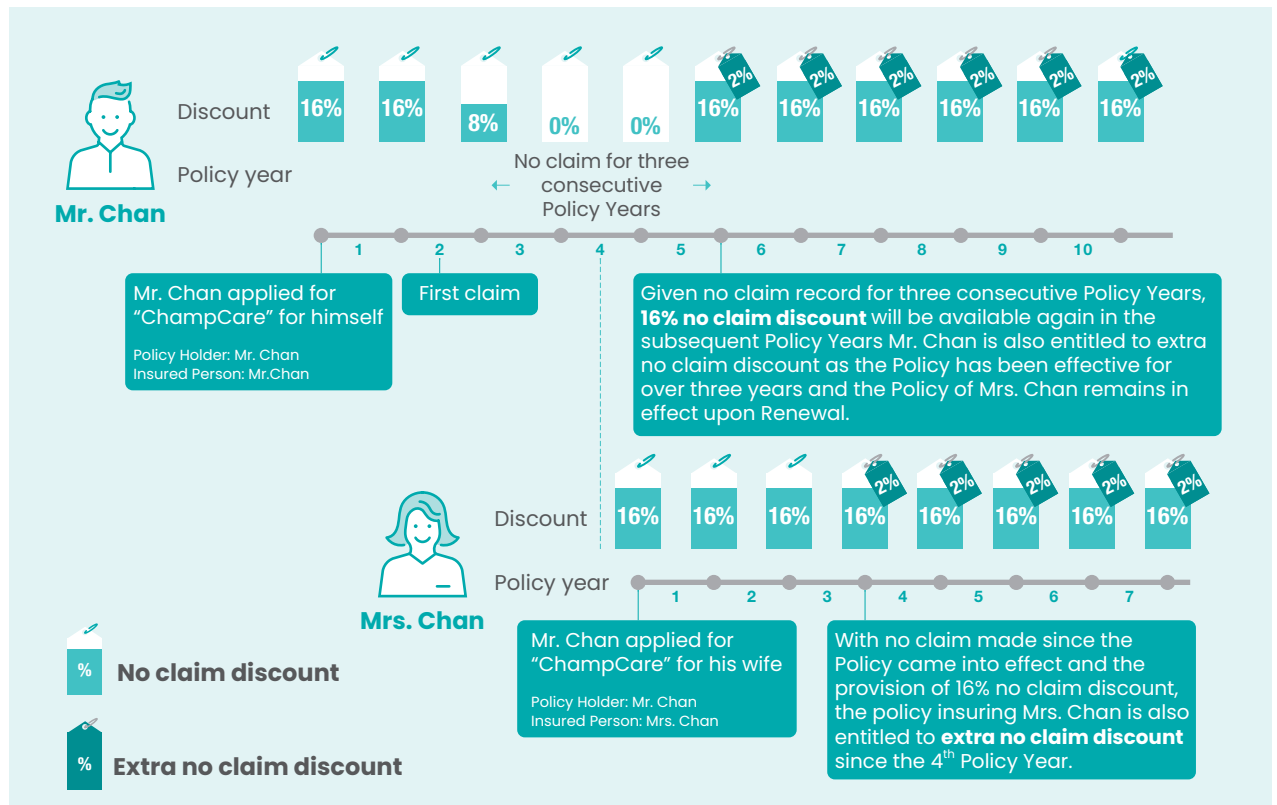
Unlike average medical plans on the market, “ChampCare” offers an **upfront 16% no claim discount⁹ on first year premium**. You can **enjoy this discount for every subsequent Policy Years** until the Renewal Date following your first claim. Outpatient claims under Outpatient care benefit for Covered SEN Conditions in Hong Kong or Outpatient care benefit for Covered Mental Conditions in Hong Kong will not affect your no claim discount^{6,7}. You remain entitled to the 8% no claim discount for the Policy Year immediately after the first claim, and shall pay full premium for subsequent Policy Years. Until no claim is made for 3 consecutive Policy Years, then you are entitled to the 16% no claim discount again based on the above mechanism in the Policy Years immediately afterwards till the next claim, as a constant reward for you to stay healthy.

Extra discounts for family application

CTF Life encourages you to not only care for yourself, but also enroll insurance for your family members to equip them with more comprehensive protection. If you hold more than one effective “ChampCare” policies as the Policy Holder when renewing a “ChampCare” policy (the “Policy”), as long as the Policy i) remains effective for 3 or more consecutive Policy Years before the relevant Renewal Date; and ii) entitles you to a 16% no claim discount on the above Renewal Date, regardless of the claim status or effective period of other policies, the Policy is entitled to **up to 4% extra no claim discount⁹** and a **total discount rate of up to 20%** together with the original no claim discount.

Number of “ChampCare” Policies Held by the Policy Holder upon Policy Renewal	Extra No Claim Discount ⁹	Total Discount Rate upon Renewal of the Policy together with the Original 16% No Claim Discount
2	2%	18%
3	3%	19%
4 or more	4%	20%

Example of No Claim Discount:



Tax Deduction¹⁰

Whether you enroll in a VHIS plan for yourself or for your family members, the qualifying premiums paid for the VHIS plan will be allowed for tax deduction each taxable year. Each Insured Person is entitled to a **tax deductible limit of up to HKD 8,000 per taxable year**, with no cap on the number of family members eligible for tax deduction. Therefore, you can prepare suitable medical protection for family members and enjoy more affordable premium through tax deduction.

Example:

Insured Person	Annual Premium (HKD)	Premium Allowance for Tax Deduction (HKD)	Tax Saving Amount (HKD)	
Yourself	10,000	8,000	x Marginal Tax Rate of 17% ⁺	1,360
Wife	8,000	8,000		1,360
Son	3,000	3,000		510
Father	15,000	8,000		1,360
Total	36,000	27,000		4,590

* Assuming that the net taxable income reaches the designated level, and the tax saving amount is calculated by applying the highest tax rate of 17%



Exclusive Value-added Services for CTF Life Customers

Medical Support Service¹³

To address your medical needs besides protection, this service renders you with one-stop medical services which includes:



PrimeChamp Doctor Network and 24-hour Helpline



Chinese and Western Medicine Cancer Treatment in mainland China and Case Management Services



Claimable Amount Estimate Service



Pre-authorization and Direct Billing Service



Second Medical Opinion Service







China Accompany & VIP Channel Service

For details and terms and condition of Medical Support Service, please refer to CTF Life website or contact your financial consultant.

Free Worldwide Emergency Assistance Services¹³

You will have access to free 24-hour worldwide emergency assistance services for immediate support wherever you may be. The maximum benefit (per incident) reaches up to USD 1,000,000, including arrangements and payment for emergency medical evacuation or repatriation, as well as repatriation of mortal remains and compassionate visits etc., providing you with support at any time.

For more details of the Plan and CTF Life's VHIS series, please browse the Company website at www.ctflife.com.hk.

Annual Premium Table		Comparison Table of CTF Life VHIS Series	Terms and Benefits of CTF Life VHIS Series
HKD	USD		
			

For any enquiry, please contact your financial consultant / call CTF Life Customer Service Hotline at 2866 8898, Partnership Concierge Hotline at 3192 8333 or Premier Business Hotline at 3192 8388.

At-a-Glance Table

Basic Information		
Product core nature	Medical Protection Plan (Reimbursement) and VHIS Certified Plan – Flexi Plan	
Product main objective	Reimburse the medical expenses incurred during Confinement	
Issue Age (age on last birthday)	15 days to age 80	
Coverage Period	Up to 128 years of age	
Policy Category	Basic plan	Rider
Policy Currency	HKD	HKD / USD
Payment Mode	Monthly, semi-annual or annual payment	
Eligible applicants (Insured Persons)	Hong Kong residents (holders of valid identity cards issued by the HKSAR Government and children under age 11 who are Hong Kong residents)	

Benefit Schedule[^]

Please note that any Eligible Expenses and/or expenses **must comply with the principles of “Reasonable and Customary” and “Medically Necessary”**. For details, please refer to point 7 of Important Notice and the Standard Plan Terms and Benefits, which are published and revised by the Government from time to time.

Benefit items ¹	Benefit limit (HKD) ¹						
	7	6	5	4	3	2	1
Territorial scope of cover (Geographical limitation)¹¹							
• Non-Emergency Treatment	Worldwide ¹⁴		Worldwide (excluding USA)		Asia		
• Emergency Treatment	Worldwide						
• Other geographical limitation	Psychiatric treatments, outpatient care benefit for Covered SEN Conditions in Hong Kong and outpatient care benefit for Covered Mental Conditions in Hong Kong: Hong Kong only						
Entitled ward class ¹⁵	Standard Private Room				Hong Kong, Macau, Australia, and New Zealand: Standard Semi-private Room		
					Countries outside Hong Kong, Macau, Australia, and New Zealand: Standard Private Room		
Deductible² for benefit items (a) - (i) of I Basic benefits and (a) - (j) of II Enhanced benefits under this Benefit Schedule (per Policy Year)	\$0	\$18,000	\$0	\$18,000	\$0	\$18,000	\$36,000
Benefit Contribution Amount³ for benefit items (a) - (i) of I Basic benefits and (a) - (j) of II Enhanced benefits under this Benefit Schedule (per Policy Year)	The amount the Policy Holder is required to contribute, equivalent to 20% of the Eligible Expenses and / or expenses payable after reducing the Deductible Balance ² , subject to the maximum limit of Benefit Contribution Amount ³ as below						
	\$0	\$18,000	\$0	\$18,000	\$0	\$18,000	\$36,000

Benefit items ¹	Benefit limit (HKD) ¹						
	7	6	5	4	3	2	1
Annual Benefit Limit for benefit items (a) – (l) of I) Basic benefits, (a) – (j) of II) Enhanced benefits and (a) – (b) of III) Other benefits under this Benefit Schedule (per Policy Year)		\$30,000,000				\$25,000,000	
Lifetime Benefit Limit for benefit items (a) – (l) of I) Basic benefits, (a) – (j) of II) Enhanced benefits and (a) – (b) of III) Other benefits under this Benefit Schedule		\$120,000,000				\$100,000,000	
I) Basic benefits							
(a) Room and board	Fully covered ¹ (subject to the deduction of Deductible and Benefit Contribution Amount, if applicable)						
(b) Miscellaneous charges	Fully covered ¹ (subject to (a) benefit limit of benefit item (h) of II) Enhanced benefits; and (b) the deduction of Deductible and Benefit Contribution Amount, if applicable)						
(c) Attending doctor's visit fee	Fully covered ¹ (subject to the deduction of Deductible and Benefit Contribution Amount, if applicable)						
(d) Specialist's fee[@]							
(e) Intensive care							
(f) Surgeon's fee							
(g) Anaesthetist's fee							
(h) Operating theatre charges							
(i) Prescribed Diagnostic Imaging Tests^{@,16}							
(j) Prescribed Non-surgical Cancer Treatments¹⁷	Fully covered ¹ (subject to the deduction of Deductible and Benefit Contribution Amount, if applicable)						
(k) Pre- and post-Confinement / Day Case Procedure outpatient care[@]	<ul style="list-style-type: none"> • All prior outpatient visits or Emergency consultations (within 30 days before each admission/Day Case Procedure): unlimited visits • All follow-up outpatient visits per Confinement / Day Case Procedure (within 120 days after discharge from Hospital or completion of Day Case Procedure): unlimited visits • All follow-up outpatient visits per Confinement which surgical procedures categorized as major or complex in the Schedule of Surgical Procedure (within 180 days after discharge from Hospital): unlimited visits • Prior outpatient visit or Emergency consultation per Confinement / Day Case Procedure (more than 30 days before each admission / Day Case Procedure): maximum 1 visit • Follow-up outpatient visits for physiotherapy / chiropractic treatment / occupational therapy / speech therapy per Confinement/Day Case Procedure (within 120 days after discharge from Hospital or completion of Day Case Procedure): maximum 3 visits in total 						
(l) Psychiatric treatments¹⁸	\$30,000 per Policy Year (subject to the deduction of Deductible and Benefit Contribution Amount, if applicable)						

Benefit items ¹	Benefit limit (HKD) ¹						
	7	6	5	4	3	2	1
II) Enhanced benefits*							
(a) Hospital companion bed (1 extra bed)	Fully covered ¹ (subject to the deduction of Deductible and Benefit Contribution Amount, if applicable)						
(b) Post-Confinement home nursing[@]	<p>Fully covered¹ (subject to the deduction of Deductible and Benefit Contribution Amount, if applicable)</p> <ul style="list-style-type: none"> • 1 service provided by 1 Licensed or Graduate Nurse per day within 120 days after discharge from Hospital, and maximum 120 days per Policy Year • Eligible Expenses incurred for an admission to an Intensive Care Unit or a surgical procedure performed during a Confinement of the Insured Person are respectively payable under benefit item(s) (e) / (f) of I) Basic benefits. 						
(c) Inpatient / outpatient Chinese medical benefits⁸	<p>i. Expenses charged for attending Chinese Medical Practitioner's visit, acupuncture treatment and / or Chinese medicines prescribed during Confinement</p> <ul style="list-style-type: none"> • Unlimited visits, and \$30,000 per Policy Year 						
	\$1,000 per day			\$800 per day			
	(subject to the deduction of Deductible and Benefit Contribution Amount, if applicable)						
	<p>ii. Chinese medical treatment on follow-up outpatient visits basis after discharge from Hospital or completion of Day Case Procedure</p> <ul style="list-style-type: none"> • Up to 15 visits per Confinement / Day Case Procedure (within 120 days after discharge from Hospital or completion of Day Case Procedure), and maximum 1 visit per day 						
(d) Post-Confinement / Day Case Procedure outpatient ancillary benefit[@]	\$1,300 per visit			\$600 per visit			
	(subject to the deduction of Deductible and Benefit Contribution Amount, if applicable)						
	\$12,000 per Policy Year			\$6,000 per Policy Year			
	(subject to the deduction of Deductible and Benefit Contribution Amount, if applicable)						
(e) Pregnancy complications^{@,19}	<ul style="list-style-type: none"> • Maximum 1 visit per day (within 120 days after discharge from Hospital or completion of Day Case Procedure) • Payable only if the maximum number of visits under benefit item (k) of I) Basic benefits is exhausted 						
	Eligible Expenses and / or expenses payable for Covered Pregnancy Complications shall be subject to the respective limits of (a) – (i) and (k) of I) Basic benefits, and (a) – (c) of II) Enhanced benefits						
(f) Outpatient kidney dialysis^{@,20}	Fully covered ¹ (subject to the deduction of Deductible and Benefit Contribution Amount, if applicable)						
(g) Specified reconstructive surgery fee (due to Accident / breast cancer)²¹	\$400,000 per Policy Year			\$250,000 per Policy Year			
	(subject to the deduction of Deductible and Benefit Contribution Amount, if applicable)						
	Cover Eligible Expenses under benefit items (a) – (i) and (k) of I) Basic benefits incurred for relevant surgical procedures						
(h) Medical implants²²	<p>Specified items: Fully covered¹</p> <p>Non-specified items: \$150,000 per Policy Year (subject to the deduction of Deductible and Benefit Contribution Amount, if applicable)</p>						
(i) Emergency outpatient treatment due to Accident²³	Fully covered ¹						
(j) Emergency outpatient dental treatment due to Accident²³	(subject to the deduction of Deductible and Benefit Contribution Amount, if applicable)						

Benefit items ¹	Benefit limit (HKD) ¹						
	7	6	5	4	3	2	1
III) Other benefits (not subject to Deductible² and Benefit Contribution Amount³)							
(a) Outpatient care benefit for Covered SEN Conditions in Hong Kong⁶ • Covered for Insured Persons aged 6 to 17	Maximum \$1,200 per outpatient visit				Maximum \$1,000 per outpatient visit		
	<ul style="list-style-type: none"> • Maximum 5 visits per Policy Year • Covered the actual expenses incurred for outpatient visits for Unequivocal Diagnosed Autism Spectrum Disorder at Severity Level 3, Severe Attention-deficit / Hyperactivity Disorder or Tourette's Disorder 						
(b) Outpatient care benefit for Covered Mental Conditions in Hong Kong⁷ • Covered for Insured Persons aged 18 to 55	Maximum \$1,200 per outpatient visit				Maximum \$1,000 per outpatient visit		
	<ul style="list-style-type: none"> • Maximum 5 visits per Policy Year • Covered the actual expenses incurred for outpatient visits with Psychologist / Specialist in psychiatry for Unequivocal Diagnosed Severe Major Depressive Disorder, Severe Schizophrenia or Severe Bipolar I Disorder 						
(c) Compassionate death benefit	\$10,000						
IV) Special Options (applicable to Benefit Levels 1, 2, 4, and 6 only)*							
(a) Waiver of Deductible Balance and / or the Benefit Contribution Amount upon Unequivocal Diagnosis of Major Cancer, Severe Heart Attack or Stroke⁵	For Eligible Expenses and / or expenses incurred for Medical Services received for Major Cancer, Severe Heart Attack or Stroke, Deductible Balance ² and Benefit Contribution Amount ³ for calculation of overall benefit payable under benefit items (a) - (l) of I) Basic benefits and benefit items (a) - (j) of II) Enhanced benefits will be reduced to 0						
(b) Reduction of Deductible and Benefit Contribution Amount at specific Age¹²	After the Insured Person has been covered under this Plan continuously for 3 consecutive Policy Years, the Policy Holder may exercise a one-off right to reduce the Deductible ² and Benefit Contribution Amount ³ without proof of insurability at Age 50, 55, 60, 65, 70, 75 or 80 of the Insured Person						

[^] Please contact your financial consultant for the Benefit Schedule in US Dollar.

[@] The Company 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.

^{*} For details of Enhanced benefits and Other benefits, please refer to Part 6 to Part 8 of the Supplement of the Plan.

⁺ The benefit will be changed if you are confined in a different ward class from the entitled ward class. For details, please refer to remark 24.

Please note claims of any Eligible Expenses and / or expenses must comply with the principles of "Reasonable and Customary" and "Medically Necessary". You may also refer to the following information to learn more about (i) medical institutions and common charges, and (ii) frequently asked questions about claims.



Medical Institutions and Common Charges



FAQ about Claims

Notes:

- The product information in this document does not contain the full terms of "ChampCare", which are set out in the Policy Document (including Terms and Conditions, Benefit Schedule (including the Schedule of Surgical Procedures) and any related Supplement(s) as certified by the Government) (hereafter "Terms and Benefits").
- "ChampCare" may be purchased as a standalone plan without bundling with other type(s) of insurance products. You are required to read the relevant product brochure, policy provisions and illustrations of the Plan presented by your licensed insurance intermediary in order to fully understand the details of the definitions, charges, product features, exclusions, and conditions of payment of claims, etc., as well as complete terms and conditions.
- "ChampCare", a VHIS Certified Plan, does not entitle the Policy Holder and related persons to tax deduction in relation to the premium paid for the VHIS plan. The nature of premium for the "ChampCare" VHIS plan depends on the product characteristics and the certification issued by the Health Bureau, not on the individual circumstances of the Policy Holder and related persons.
- Policy Holders and related persons shall meet all the eligibility requirements set out in the Inland Revenue Ordinance of the Inland Revenue Department of the Hong Kong Special Administrative Region in order to apply for the related tax deduction. CTF Life cannot provide any advice or consultancy on taxation, legal or accounting matters. Please visit the Hong Kong Inland Revenue Department website www.ird.gov.hk for tax reduction details. For enquiries, please consult your independent taxation, legal and accounting advisors.

Notes:

1. Eligible medical expenses and / or Eligible Expenses mentioned in this product brochure refer to the amount of Eligible Expenses and / or expenses payable for the benefit items under the Terms and Benefits of the Plan which also includes the VAT and GST (if any) charged or imposed on the Medical Services rendered with respect to a Disability. Unless otherwise specified, the Eligible Expenses and / or expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the Benefit Schedule. Fully covered shall mean no itemised benefit submit. The actual amount of Eligible Expenses and / or expenses payable (after deduction of Deductible and Benefit Contribution Amount, if applicable) shall be subject to the Annual Benefit Limit and Lifetime Limit. Eligible Expenses and / or expenses payable shall also be subject to limitations and specified calculation formula. Claims of any Eligible Expenses and / or expenses must comply with the principles of "Reasonable and Customary" and "Medically Necessary". For details, please refer to Important Notice 7 and the Standard Plan Terms and Benefits, which are published from time to time and subject to regular review by the Government. For details, please refer to the Terms and Benefits.
2. Deductible is a fixed amount of Eligible Expenses that the Policy Holder must pay before the Plan reimburses the remaining Eligible Expenses in a Policy Year. Deductible Balance is the amount of Deductible per Policy Year, reduced by (i) the total amount of Deductible applied for previous claims in the same Policy Year (if any); and (ii) the amount of Eligible Expenses Reimbursed by Third Party of the same Policy Year (if any); should the calculated amount result in a value below zero, the Deductible Balance shall be deemed as zero.
3. Benefit Contribution Amount is 20% of the amount of Eligible Expenses and / or expenses payable for benefit items under the Terms and Benefits of the Plan after deducting the Deductible Balance (and applied adjustment for (i) ward class (if applicable), (ii) treatment in the USA (if applicable), (iii) exclusions (including the amount of Eligible Expenses Reimbursed By Third Party (if any)) (if applicable) and / or (iv) the remaining balance of the benefit limit of individual benefit item(s) per Policy Year (if any)), which is subject to (i) the maximum limit of Benefit Contribution Amount of its Benefit Level per Policy Year; and (ii) further reduced by the difference between the Eligible Expenses Reimbursed By Third Party and the previous Deductible Balance before the assessment of the processing claim (only applicable if the amount of Eligible Expenses Reimbursed By Third Party for the processing claim exceeds such previous Deductible Balance). Should the calculated amount result in a value below zero, the Benefit Contribution Amount shall be deemed as zero. For details, please refer to the Terms and Benefits.
4. Plan features as "Special-in-market", and "First-in-market" are based on a comparison of major VHIS products offered by key life insurance companies in Hong Kong, as of 10 January 2025. For Chinese medical coverage, "Special-in-market" refers to the Chinese medical benefits during Confinement.
5. For Benefit Levels 1, 2, 4, and 6, if (i) the Insured Person is Unequivocally Diagnosed with Major Cancer, Severe Heart Attack or Stroke while the Policy is in force; and (ii) the Insured Person receives Medical Services as a direct result of such Major Cancer, Severe Heart Attack or Stroke upon recommendation from an attending Registered Medical Practitioner in writing; and (iii) benefits shall be payable by the Plan for such Medical Services, applicable Deductible Balance and / or Benefit Contribution Amount in the calculation of overall benefit payable shall be reduced to zero, such reduced amount shall not be reduced from the Deductible Balance or construed as part of the Benefit Contribution Amount of the relevant Policy Year. For the avoidance of doubt, such waiver shall not be applicable to the amount of coinsurance to be contributed by the Policy Holder for Prescribed Diagnostic Imaging Tests payable under benefit item (i) of I) Basic Benefit of the Benefit Schedule. For definitions of covered Major Cancer, Severe Heart Attack or Stroke and details of such calculation, please refer to the Terms and Benefits.
6. This benefit shall mean the outpatient care benefit for Covered SEN Conditions in Hong Kong. Deductible and Benefit Contribution Amount are not applicable to this benefit. If the Insured Person is Unequivocally Diagnosed with Autism Spectrum Disorder at Severity Level 3, Severe Attention-Deficit / Hyperactivity Disorder (ADHD) or Tourette's Disorder by a Specialist in psychiatry in Hong Kong at or after age of 6 and before age of 18 and therefore receive outpatient consultation in Hong Kong, the expenses incurred for (i) diagnostic tests to support the Unequivocal Diagnosis of the Covered SEN Conditions; (ii) treatments provided by an Occupational Therapist, Speech Therapist or Psychologist; and (iii) consultation with, medical treatment performed and western medication prescribed by a Specialist in neurology, pediatrics or psychiatry, will be covered subject to our then prevailing rules and 1-year waiting period. The Insured Person receives the Medical Services as specified in (i) to (iii) above must before attaining the Age 18 while Medical Services specified in (ii) and (iii) above must be recommended and referred in writing by a Specialist in psychiatry. For details, please refer to the Terms and Benefits.
7. This benefit shall mean the outpatient care benefit for Covered Mental Conditions in Hong Kong Deductible and Benefit Contribution Amount are not applicable to this benefit. If the Insured Person is Unequivocally Diagnosed with Severe Major Depressive Disorder, Severe Schizophrenia or Severe Bipolar I Disorder by a Specialist in psychiatry in Hong Kong at or after age of 18 and before age of 56 and therefore receive outpatient consultation in Hong Kong, the expenses incurred for (i) diagnostic tests to support the Unequivocal Diagnosis of the Covered Mental Conditions; (ii) treatments provided by a Psychologist; and (iii) consultation with, medical treatment performed and western medication prescribed by a Specialist in psychiatry, will be covered subject to our then prevailing rules and 1-year waiting period. The Insured Person receives the Medical Services as specified in (i) to (iii) above must before attaining the Age 56 while Medical Services specified in (ii) and (iii) above must be recommended and referred in writing by a Specialist in psychiatry. For details, please refer to the Terms and Benefits.
8. For expenses charged on follow-up outpatient visits to Chinese Medical Practitioner after discharge from Hospital or Day Case Procedure, such outpatient visits must be directly related to the condition arising from the same Disability (including any and all complications thereof) necessitating such Confinement / Day Case Procedure. If the Insured Person has received more than one outpatient visit on the same day, only the visit with the highest Eligible Expenses incurred shall be payable. This benefit will not cover the following Chinese medicines: (i) agaricus blazei murill and agaricus blazei murill powder, (ii) antelope horn powder, (iii) antler, (iv) cordyceps, (v) cubilose, (vi) donkey-hide gelatin, (vii) ganoderma, (viii) all kinds of ginseng, (ix) hippocampus, (x) moschus, (xi) pearl powder and (xii) placenta hominis.
9. The extra no claim discount amount is calculated based on the Renewal premium before deducting the no claim discount. If a claim for a previous Policy Year (claims incurred by III) Other Benefits of the Benefit Schedule should not impact this discount) is paid after the no claim discount and the extra no claim discount (if applicable) are paid, CTF Life will re-assess the Policy's eligibility for the no claim discount and the extra no claim discount (if applicable) for that Policy Year. All no claim discounts and the extra no claim discount (if applicable) provided since that Policy Year will be recalculated, and CTF Life will clawback the difference between the recalculated no claim discount and the no claim discount and the extra no claim discount (if applicable) already provided for the Renewal premium payable. When the no claim discount for any Policy Year is no longer equivalent to 16% after recalculation, the Renewal premium payable in that Policy Year will not be entitled to the extra no claim discount, and the amount of the extra no claim discount already accessed within the Policy Year will be clawed back. For the avoidance of doubt, if any claim of specified benefit is incurred but the actual amount of Eligible Expenses and / or expenses paid is zero due to the reason of the Deductible, it shall not be considered as specified benefits paid.
10. Tax deduction is applicable to VHIS premiums paid by you or your domestic spouse as the Policy Holder for yourself / specified relatives (who must be a Hong Kong resident in the year of assessment). Eligible specified relatives include your spouse, and your and your spouse's children, parents, grandparents, maternal grandparents, and siblings. The insurance eligibility of the specified relatives is subject to the then prevailing administrative regulations of the Company. Eligible premiums paid for VHIS plans are tax deductible each year, subject to a cap of HKD 8,000 per Insured Person per year of assessment. Please refers to Cap. 112 of the Inland Revenue Ordinance (<https://www.elegislation.gov.hk/hk/cap112>).
11. Asia shall mean Afghanistan, Australia, Bangladesh, Bhutan, Brunei, Cambodia, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Mainland China, Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, North Korea, Pakistan, Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan and Vietnam. Worldwide excluding USA shall mean worldwide excluding the United States of America ("USA") and US Minor Outlying Islands. Worldwide shall mean worldwide.

Outside the applicable Territorial Scope of Cover, if the Insured Person covered by Benefit Levels 1 to 5 receives (i) any Emergency treatment, the Eligible Expenses and / or expenses incurred shall be payable in accordance with the Terms and Benefit of this Plan; (ii) any non-Emergency treatment, the Eligible Expenses incurred shall be payable in accordance with the the Standard Plan Terms and Benefits, no benefit shall be payable under (II) Enhanced Benefit (a)-(j) and (III) Other Benefit of the Benefit Schedule. For details, please refer to the Terms and Benefits.

12. Subject to our then prevailing rules and this Plan having been in force for at least 3 consecutive years, Policy Holder may submit a written request to reduce the Deductible and Benefit Contribution Amount by using our prescribed form within 31 days before the Renewal Date that is on or immediately following the Insured Person's 50th, 55th, 60th, 65th, 70th, 75th or 80th birthday without providing further proof of insurability of the Insured Person, subject to the Benefit Levels available at that time (which must include Benefit Levels with zero Deductible and Benefit Contribution Amount, i.e. Benefits Levels of 3, 5 and 7). This right can only be exercised once during the lifetime of the Insured Person. From the relevant Renewal Date, the premium shall be adjusted according to the then prevailing Standard Premium schedule adopted by the Company for such Benefit Level, and any Premium Loading the Policy Holder has agreed for the Policy; and any claims for Eligible Expenses and / or expenses incurred shall be subject to the reduced or zero Deductible and Benefit Contribution Amount. For the avoidance of doubt, the Policy Holder may submit a written request to the Company by using the prescribed form to increase the Deductible and Benefit Contribution Amount upon any Renewal Date, without providing further proof of insurability of the Insured Person.
13. Medical Support Service and Free Worldwide Emergency Assistance Services are provided by the third party service providers and does not constitute part of this Plan. Chow Tai Fook Life Insurance Company Limited reserves the right to change the terms and conditions of Medical Support Service and Free Worldwide Emergency Assistance Services without prior notice and assumes no responsibility of the services provided by the third party service providers. These services do not require additional premium. For details of Medical Support Service, please refer to CTF Life's website or consult your financial consultant.
14. If the Insured Person has stayed in the USA for a period aggregating 183 days or more within 12 consecutive months immediately prior to the Insured Person receiving non-Emergency Treatment which takes place in the USA, an adjustment factor of 60% will be applied to the related Eligible Expenses and / or expenses. This limitation is only applicable to Benefit Levels of 6 and 7. For details, please refer to the Terms and Benefits.
15. Standard Private Room is a standard single occupancy room with adjoining bathroom for the Insured Person 's use during his / her Confinement, but excluding any room of upper class with its own kitchen, dining or sitting rooms in a Hospital. Standard Semi-private Room is a single-bedded with a shared bath / shower room or a room shared by 2 people for the Insured Person's use during his / her Confinement. Hospitals offer various accommodation options with different facilities, and the categorization used by the Hospitals may be different from the definitions above. If you have any doubts, please contact the Company before Confinement.
16. 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.
17. Treatments covered here only include radiotherapy (including proton therapy), chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
18. This benefit shall be payable for the Eligible Expenses incurred for psychiatric treatments received by the Insured Person during Confinement in Hong Kong as recommended by a Specialist. Where the Eligible Expenses involve both psychiatric and non-psychiatric treatments and apportionment of the expenses is not available, the expenses in entirety shall be payable under this benefit if the Confinement is initially for the purpose of psychiatric treatments. If the Confinement initially is not for the purpose of psychiatric treatments, the expenses in entirety shall be payable under the benefit items (a) – (k) of I) Basic Benefits, if applicable. For the avoidance of doubt, 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.
19. Covered Pregnancy Complications shall mean ectopic pregnancy, molar pregnancy, disseminated intravascular coagulopathy, pre-eclampsia, miscarriage, threatened abortion, medically prescribed induced abortion, foetal death, postpartum hemorrhage requiring hysterectomy, eclampsia, amniotic fluid embolism, or pulmonary embolism of pregnancy. The date of Unequivocal Diagnosis of Covered Pregnancy Complications must be after 12 months from the Policy Effective Date. For details, please refer to the Terms and Benefits.
20. This benefit shall be payable for the Eligible Expenses charged for haemodialysis or peritoneal dialysis performed on the Insured Person due to Kidney Failure in a setting for providing Medical Services to a Day Patient. For the avoidance of doubt, relevant expenses incurred during Confinement shall be payable under miscellaneous charges. No benefit shall be payable under benefit item (k) of I) Basic Benefits in Benefit Schedule if this benefit is paid or payable. For details, please refer to the Terms and Benefits.
21. This benefit covers (i) reconstructive oral and maxillofacial surgery for beautification or cosmetic purposes during the period from the 91st day to 12 months after the date of accident which causes damage or defect to a body part of the Insured Person and Surgeon's fee is payable for such Injury; or (ii) breast reconstruction surgery to restore one or both of the Insured Person's breasts for beautification or cosmetic purposes which occurs at the same time or within 12 months from the date of the surgical procedure for breast cancer. For details, please refer to the Terms and Benefits.
22. This benefit shall be payable for the Eligible Expenses incurred for the following medical implants upon benefit item (f) of I) Basic Benefits is payable for such surgical procedure. Specified items refer to the following medical implants implanted inside the Insured Person's body during such surgical procedure: (1) pace maker; (2) stents for percutaneous transluminal coronary angioplasty; (3) intraocular lens; (4) artificial cardiac valve; (5) metallic or artificial joint for joint replacement; (6) prosthetic ligaments for replacement or implantation between bones; and (7) prosthetic intervertebral disc. For the avoidance of doubt, the Eligible Expenses payable under this benefit shall not be payable under (b) Miscellaneous charges of I) Basic Benefits in the Benefit Schedule. For details, please refer to the Terms and Benefits.
23. Emergency outpatient treatment due to Accident benefit shall be payable for the Eligible Expenses for Emergency Treatment received in the outpatient unit of a Hospital within 24 hours of an Accident; whereas emergency outpatient dental treatment due to Accident benefit shall be payable for the Reasonable and Customary charges for Emergency Treatment (including consultation, staunch bleeding, tooth extraction, root canals and x-ray) to the Insured Person's natural teeth (solely as a direct result of an Injury) by a registered dentist in a legally registered dental clinic within 30 days of the Accident. For details, please refer to the Terms and Benefits.
24. 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 ward class adjustment factor set out below shall be applied to the calculation of benefit amount payable:

Entitled ward class as specified in the Benefit Schedule	Actual ward class occupied by the Insured Person during Confinement	Ward class adjustment factor
Standard Private Room	Any room type above Standard Private Room	25%
Standard Semi-private Room	Standard Private Room	50%
	Any room type above Standard Private Room	25%

The ward class adjustment factor shall not be applied under the following circumstances:

- (i) unavailability of the Insured Person's entitled ward class as stated in the Benefit Schedule due to ward or room shortage for Emergency Treatment;
- (ii) isolation reasons that require a specific class of accommodation; or
- (iii) other reasons not involving personal preference of the Policy Holder and / or the Insured Person.

Important Notice

1. Cooling-Off Right

If you wish to exercise your cooling-off right, you can cancel the Policy and obtain a refund of premium and levy paid by giving a written notice to us. Such notice must be signed by you and submitted to our office at 7/F, NEO, 123 Hoi Bun Road, Kwun Tong, Kowloon within 21 calendar days immediately following the day of delivery of the Policy or the Cooling-off Notice to you or your nominated representative (whichever is earlier). The Cooling-off Notice should inform you of the availability of the Policy and expiry date of the cooling-off period.

2. Key Product Risks

i. Non-payment of Premium

If there is any non-payment of premiums on or before the end of the grace period of 31 days from its due date, the Plan will automatically be terminated, and you will lose your protection under the Plan.

ii. Policy Termination

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

- (a) where the Policy is terminated due to non-payment of premiums by the Policy Holder after the grace period subject to the Terms and Benefits of the Plan; or
- (b) the day immediately following the death of the Insured Person; or
- (c) the Company has ceased to have the requisite authorisation under the Insurance Ordinance to write or continue to write the Policy.

Subject to the Terms and Benefits of the policy, we will guarantee to renew the policy for 1 Policy Year (without further evidence of insurability of the Insured Person) on each Renewal date on condition that you pay the premium at the prevailing premium rate at the time of the Policy's Renewal.

The key items of policy termination are listed above. Please refer to the policy provisions for the full list of policy termination.

iii. Inflation Risk

When you review the benefits shown in the Benefit Schedule, please note that the cost of living in the future might be higher than it is today due to inflation. In that case, you will receive less in real terms even if we meet all our contractual obligations under the Policy.

iv. Other Key Product Risks

- "ChampCare" Medical Insurance Plan is issued in Hong Kong dollars or US dollars. You can specify the policy currency at the time of application. Policy currency cannot be altered once the Policy has been issued.
- The premiums received by us in a currency different from your policy currency or the bill of medical expenses in a currency different from your policy currency, will be converted to the policy currency at the prevailing exchange rate determined by us from time to time with reference to market rates. All monies payable under your policy will be paid in Hong Kong dollars, or in the policy currency upon your request. The amount payable by us in a currency different from your policy currency will be converted 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 amount payable is settled by us. If there is no such rate for reference on that date concerned, we will refer to the latest exchange rate immediately after that day. If no such rate exists, we shall convert the foreign currency at the rate certified as appropriate by our bankers which shall be deemed to be final and binding. Therefore, it may be subject to foreign exchange risks in the process of currency conversion.
- "ChampCare" Medical Insurance Plan is an insurance policy issued by us. The insurance benefits are subject to the Company's credit risks.

3. General Exclusions

The Plan shall not cover any benefits in relation to or arising from the following expenses:

- Expenses incurred for treatments, procedures, medications, tests or services which are not medically necessary;
- Expenses incurred for the whole or part of the Confinement solely for the purpose of diagnostic procedures or allied health services;
- Expenses arising from Human Immunodeficiency Virus ("HIV") and its related Disability, which is contracted or occurs before the Policy Effective Date;
- Expenses incurred for Medical Services 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;
- Expenses incurred for beautification or cosmetic services, unless necessitated by injury caused by an Accident and the Insured Person receives the Medical Services within 90 days of the Accident; correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens; preventive treatment and preventive nursing services; dental treatment and oral and maxillofacial procedures; Medical Services and counselling services in relation to maternity conditions and its complications, 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) and sexual dysfunction; durable medical equipment or appliances; experimental or unproven medical technology or procedure;
- Medical service expenses incurred for congenital condition(s) which have manifested or been diagnosed before the Insured Person attained the Age of 8;
- Expenses incurred for traditional Chinese medicine treatment
- Eligible Expenses which have been reimbursed under any law, or medical program or insurance plan provided by any government, company or third party;
- Expenses incurred for treatment arising from war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power;

The above listed items are for reference only. Please refer to the policy Terms and Benefits for the full list of exclusions.

4. Pre-existing Conditions

For the avoidance of doubt, the Company shall not have the right to re-underwrite or terminate the Terms and Benefits where the Policy Holder and / or Insured Person is not aware and should not be reasonably aware of the Pre-existing Condition(s) at the time of application (including any updates of and changes to the required information if so requested by the Company).

Pre-Existing Conditions refer to, in respect of the Insured Person, any sickness, disease, injury, physical, mental or medical condition or physiological degradation, including Congenital Condition, that has existed prior to the Policy Effective Date. An ordinary prudent person shall be reasonably aware of a Pre-existing Condition, where:

- (a) it has been Unequivocally Diagnosed;
- (b) it has manifested clear and distinct signs or symptoms; or
- (c) medical advice or treatment has been sought, recommended or received.

If the Policy Holder or the Insured Person is requested but fails to disclose to the Company upon submission of application (including any updates of and changes to the required information, if so requested by the Company), that the Insured Person is suffering from a Pre-existing Condition, and such Pre-existing Condition has been treated or Unequivocally 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, if so requested by the Company), the Company has the right to declare the Terms and Benefits void, demand repayment of any benefits paid and / or refuse to provide coverage under the Terms and Benefits. In such event, the Company shall refund the premium. The burden of proving the above shall rest with the Company.

5. Coverage Period

If the Policy Holder submits the application of the Plan and is approved by the Company, the Insured Person will be entitled to full coverage immediately in the first Policy Year. Please refer to the Terms and Benefits of the Plan for details.

6. Premium Adjustment and Product Features Revision

i. Premium Adjustment

In order to provide you with continuous protection, we will review the premium of your plan regularly and make adjustment at the end of every Policy Year if necessary. During the review, we may consider factors including but not limited to the following:

- claim costs incurred from all policies under the Plan and the expected claim outgo in the future which reflects medical trends, medical cost inflation and the change in the product features revision
- historical investment returns and the future outlook of the product's backing asset
- policy surrenders and lapses
- expenses directly related to the Policy and indirect expenses allocated to this product

ii. Product Features Revision

In addition to the latest Terms and Benefits announced by the Health Bureau from time to time, we may also update the Terms and Benefits, which will not be less favourable than the original Terms and Benefits. We will issue a written notice to inform you if there is any revision in advance upon policy Renewal or before the end of a Policy Year. You can also browse the Company website at www.ctflife.com.hk for the latest product information.

7. Eligible Medical Expenses

Claims of eligible medical expenses must comply with the definition of "Eligible Expense" including but not limited to the principles of "Reasonable and Customary" and "Medically Necessary". For details, please refer to the Standard Plan Terms and Benefits, which are published and revised by the Government from time to time.

"Reasonable and Customary" means that in relation to a charge for medical service, such level which does not exceed the general range of charges by the relevant service providers in the locality where the charge is incurred for similar treatment, services or supplies for people with similar conditions, e.g. of the same sex and similar age, for a similar Disability, as CTF Life reasonably determines in utmost good faith. The charges shall not in any circumstance exceed the actual charges incurred.

In determining whether a charge is Reasonable and Customary, we shall make reference to the following (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.

"Medically Necessary" refers to the need to receive 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 treatment of the Disability;
- (c) be rendered in accordance with standards of good and prudent medical practice as well as the prudent professional judgement of the attending Registered Medical Practitioner, and not be rendered primarily for the convenience or the comfort of the Insured Person, his / her 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 judgement of the attending Registered Medical Practitioner, can be safely and effectively provided to the Insured Person.

The Company reserves the right to adjust claim settlement based on the above principles. For more details about the Standard Plan Terms and Benefits of VHIS plans, please visit the website: https://www.vhis.gov.hk/doc/en/information_centre/e_standard_plan_template.pdf

8. Claim Procedure

If you wish to make a claim, you must notify us in writing and send us the necessary forms and supporting documents within 90 days of the date on which you are discharged from the Hospital, or (where there is no Confinement) the date on which the relevant medical service is performed and completed. You can browse the Company website at www.ctflife.com.hk ("Claims Support" section) to download the claim forms or get the appropriate claim forms from your financial consultant or call the CTF Life Customer Service Hotline at 2866 8898.

9. Policy Cancellation

After the cooling-off period, you can request cancellation of the policy by giving a 30-day prior written notice to the Company, provided that there has been no benefit payment under your policy during the Policy Year.

The information in this document is intended as a general summary for your reference only and does not constitute financial, investment or taxation advice or advice of whatsoever kind. You are recommended to seek advice from independent professionals if necessary. Please refer to the Terms and Benefits of the Plan for more information. The information about tax in this document is for your reference only and does not constitute any tax or accounting advice. For any tax advice, please consult your tax consultant and accountant.

This document is intended to be distributed in Hong Kong only and shall not be construed as an offer to sell or a solicitation to buy or provision of any of our products outside Hong Kong. Chow Tai Fook Life Insurance Company Limited hereby declares that it has no intention to offer to sell, to solicit to buy or to provide any of its products in any jurisdiction other than Hong Kong in which such offer to sell or solicitation to buy or provision of any product of Chow Tai Fook Life Insurance Company Limited is illegal under the laws of that jurisdiction.

A person who is not a party to the Policy (including but not limited to the Insured Person and the Beneficiary) has no right to enforce any terms of the Policy. The Contracts (Rights of Third Parties) Ordinance does not apply to the Policy or any document issued pursuant to the Policy.

“ChampCare” Medical Insurance Plan – Basic Plan / Rider Plan Premium Table (with No Claim Discount) # (Currency: HKD)

Future premiums will be reviewed and adjusted annually if necessary to reflect continuous medical inflation and overall claim experience under this product. First year premium or current applicable Renewal premium of the cover is based on the premiums stated below according to your current attained age, but cannot be regarded as the actual premiums payable by you in the future. We will inform policyowner about the actual premium payable for the coming year before the end of each policy year.

Benefit Level	1	2	3	4	5	6	7
Territorial Scope of Cover (Geographical limitation)	Asia			Worldwide (excluding USA)		Worldwide	
Deductible / Benefit Contribution Amount (per Policy Year)	36,000/36,000	18,000/18,000	0/0	18,000/18,000	0/0	18,000/18,000	0/0
Attained Age	Annual Standard Premium						
0 - 20	3,036.00	3,373.00	8,749.00	5,725.00	14,709.00	17,071.00	26,886.00
21	3,126.00	3,474.00	8,896.00	6,048.00	15,148.00	18,907.00	29,777.00
22	3,227.00	3,586.00	9,109.00	6,372.00	15,658.00	20,552.00	32,367.00
23	3,352.00	3,711.00	9,378.00	6,695.00	16,236.00	21,998.00	34,645.00
24	3,474.00	3,857.00	9,716.00	7,007.00	16,871.00	23,246.00	36,610.00
25	3,620.00	4,015.00	10,109.00	7,332.00	17,588.00	24,296.00	38,265.00
26	3,779.00	4,183.00	10,571.00	7,644.00	18,375.00	25,148.00	39,607.00
27	3,948.00	4,374.00	11,099.00	7,967.00	19,219.00	25,809.00	40,647.00
28	4,127.00	4,589.00	11,683.00	8,279.00	20,145.00	26,271.00	41,375.00
29	4,318.00	4,802.00	12,336.00	8,592.00	21,126.00	26,536.00	41,792.00
30	4,521.00	5,038.00	13,045.00	8,904.00	22,191.00	26,602.00	41,896.00
31	4,656.00	5,207.00	13,495.00	9,170.00	23,000.00	27,402.00	43,156.00
32	4,768.00	5,353.00	13,900.00	9,402.00	23,787.00	28,313.00	44,590.00
33	4,880.00	5,488.00	14,259.00	9,633.00	24,527.00	29,333.00	46,198.00
34	4,971.00	5,611.00	14,575.00	9,841.00	25,233.00	30,464.00	47,978.00
35	5,038.00	5,724.00	14,844.00	10,026.00	25,902.00	31,712.00	49,944.00
36	5,094.00	5,813.00	14,900.00	10,176.00	26,006.00	32,357.00	50,961.00
37	5,151.00	5,870.00	14,968.00	10,315.00	26,111.00	32,879.00	51,782.00
38	5,185.00	5,927.00	15,025.00	10,419.00	26,215.00	33,276.00	52,407.00
39	5,195.00	5,961.00	15,092.00	10,511.00	26,319.00	33,547.00	52,835.00
40	5,207.00	5,972.00	15,147.00	10,570.00	26,424.00	33,694.00	53,067.00
41	5,410.00	6,196.00	15,654.00	10,974.00	26,932.00	34,473.00	54,292.00
42	5,667.00	6,488.00	16,306.00	11,483.00	27,580.00	35,384.00	55,726.00
43	5,982.00	6,837.00	17,105.00	12,095.00	28,366.00	36,419.00	57,357.00
44	6,365.00	7,242.00	18,049.00	12,801.00	29,291.00	37,579.00	59,184.00
45	6,792.00	7,715.00	19,152.00	13,610.00	30,344.00	38,871.00	61,219.00
46	7,040.00	7,972.00	19,725.00	14,073.00	31,674.00	39,730.00	62,571.00
47	7,276.00	8,198.00	20,230.00	14,478.00	33,200.00	40,523.00	63,821.00
48	7,478.00	8,389.00	20,658.00	14,837.00	34,899.00	41,265.00	64,989.00
49	7,669.00	8,558.00	21,017.00	15,148.00	36,784.00	41,941.00	66,053.00
50	7,827.00	8,693.00	21,298.00	15,415.00	38,855.00	42,557.00	67,023.00
51	8,063.00	9,008.00	21,940.00	15,854.00	40,497.00	44,201.00	69,615.00
52	8,310.00	9,368.00	22,648.00	16,316.00	42,116.00	46,154.00	72,690.00
53	8,569.00	9,761.00	23,424.00	16,814.00	43,722.00	48,409.00	76,241.00
54	8,839.00	10,199.00	24,279.00	17,334.00	45,307.00	50,964.00	80,265.00
55	9,121.00	10,672.00	25,202.00	17,878.00	46,868.00	53,821.00	84,763.00
56	9,592.00	11,189.00	26,483.00	19,023.00	48,591.00	56,170.00	88,464.00
57	10,133.00	11,740.00	27,934.00	20,388.00	50,361.00	58,549.00	92,211.00
58	10,751.00	12,336.00	29,554.00	21,960.00	52,176.00	60,957.00	96,003.00
59	11,436.00	12,977.00	31,341.00	23,753.00	54,027.00	63,394.00	99,842.00
60	12,190.00	13,652.00	33,299.00	25,764.00	55,922.00	65,870.00	103,740.00

"ChampCare" Medical Insurance Plan – Basic Plan / Rider Plan Premium Table (with No Claim Discount) # (Currency: HKD)

Benefit Level	1	2	3	4	5	6	7
Territorial Scope of Cover (Geographical limitation)	Asia			Worldwide (excluding USA)		Worldwide	
Deductible / Benefit Contribution Amount (per Policy Year)	36,000/36,000	18,000/18,000	0/0	18,000/18,000	0/0	18,000/18,000	0/0
Attained Age	Annual Standard Premium						
61	13,180.00	14,856.00	36,481.00	27,973.00	61,323.00	70,846.00	111,579.00
62	14,304.00	16,262.00	40,180.00	30,378.00	67,903.00	76,677.00	120,761.00
63	15,553.00	17,868.00	44,397.00	33,003.00	75,697.00	83,359.00	131,284.00
64	16,925.00	19,692.00	49,143.00	35,824.00	84,670.00	90,900.00	143,160.00
65	18,421.00	21,704.00	54,406.00	38,866.00	94,847.00	99,299.00	156,389.00
66	19,905.00	23,335.00	57,723.00	41,132.00	101,797.00	107,038.00	168,577.00
67	21,457.00	24,976.00	60,738.00	43,272.00	108,468.00	115,138.00	181,333.00
68	23,087.00	26,618.00	63,447.00	45,295.00	114,864.00	123,580.00	194,631.00
69	24,809.00	28,270.00	65,854.00	47,204.00	120,981.00	132,377.00	208,483.00
70	26,596.00	29,936.00	67,957.00	48,995.00	126,820.00	141,526.00	222,893.00
71	27,923.00	31,453.00	71,534.00	51,633.00	133,434.00	148,413.00	233,740.00
72	29,239.00	32,950.00	75,120.00	54,326.00	139,957.00	155,176.00	244,390.00
73	30,531.00	34,434.00	78,730.00	57,068.00	146,398.00	161,820.00	254,855.00
74	31,802.00	35,885.00	82,362.00	59,877.00	152,758.00	168,333.00	265,112.00
75	33,062.00	37,323.00	86,016.00	62,745.00	159,026.00	174,728.00	275,184.00
76	34,288.00	38,741.00	89,683.00	65,659.00	165,212.00	180,999.00	285,060.00
77	35,502.00	40,146.00	93,372.00	68,632.00	171,307.00	187,151.00	294,750.00
78	36,695.00	41,518.00	97,071.00	71,673.00	177,308.00	193,172.00	304,232.00
79	37,864.00	42,880.00	100,805.00	74,760.00	183,229.00	199,076.00	313,530.00
80	39,022.00	44,217.00	104,549.00	77,905.00	189,068.00	204,854.00	322,630.00
Below premiums are for Renewal only							
81	40,000.00	45,275.00	107,530.00	80,057.00	193,786.00	209,788.00	330,401.00
82	40,922.00	46,263.00	110,397.00	82,080.00	198,239.00	214,473.00	337,779.00
83	41,799.00	47,186.00	113,130.00	83,965.00	202,414.00	218,908.00	344,764.00
84	42,620.00	48,030.00	115,750.00	85,723.00	206,310.00	223,078.00	351,332.00
85	43,407.00	48,817.00	118,235.00	87,342.00	209,942.00	227,006.00	357,518.00
86	44,139.00	49,537.00	120,609.00	88,822.00	213,295.00	230,670.00	363,288.00
87	44,813.00	50,189.00	122,846.00	90,174.00	216,371.00	234,084.00	368,666.00
88	45,454.00	50,774.00	124,972.00	91,389.00	219,181.00	237,249.00	373,650.00
89	46,029.00	51,280.00	126,974.00	92,475.00	221,714.00	240,157.00	378,229.00
90	46,568.00	51,730.00	128,852.00	93,424.00	223,967.00	242,807.00	382,404.00
91	47,266.00	52,460.00	130,943.00	94,835.00	227,264.00	245,502.00	386,648.00
92	47,951.00	53,191.00	132,978.00	96,211.00	230,525.00	247,998.00	390,579.00
93	48,625.00	53,923.00	134,946.00	97,575.00	233,751.00	250,296.00	394,199.00
94	49,290.00	54,653.00	136,847.00	98,906.00	236,931.00	252,389.00	397,495.00
95	49,953.00	55,373.00	138,692.00	100,200.00	240,088.00	254,283.00	400,478.00
96	50,594.00	56,093.00	140,479.00	101,484.00	243,198.00	255,980.00	403,149.00
97	51,223.00	56,813.00	142,200.00	102,733.00	246,285.00	257,477.00	405,508.00
98	51,853.00	57,533.00	143,864.00	103,959.00	249,327.00	258,777.00	407,556.00
99	52,460.00	58,240.00	145,461.00	105,162.00	252,346.00	259,871.00	409,279.00
100	53,068.00	58,949.00	147,002.00	106,330.00	255,317.00	260,767.00	410,689.00
101	53,597.00	59,533.00	148,476.00	107,393.00	257,873.00	263,373.00	414,793.00
102	54,136.00	60,129.00	149,960.00	108,468.00	260,452.00	266,009.00	418,945.00
103	54,675.00	60,738.00	151,455.00	109,556.00	263,054.00	268,667.00	423,131.00
104	55,228.00	61,345.00	152,974.00	110,643.00	265,679.00	271,355.00	427,363.00
105	55,778.00	61,951.00	154,502.00	111,753.00	268,339.00	274,071.00	431,642.00

“ChampCare” Medical Insurance Plan – Basic Plan / Rider Plan Premium Table (with No Claim Discount) # (Currency: HKD)

Benefit Level	1	2	3	4	5	6	7
Territorial Scope of Cover (Geographical limitation)	Asia			Worldwide (excluding USA)		Worldwide	
Deductible / Benefit Contribution Amount (per Policy Year)	36,000/36,000	18,000/18,000	0/0	18,000/18,000	0/0	18,000/18,000	0/0
Attained Age	Annual Standard Premium						
106	56,329.00	62,569.00	156,044.00	112,875.00	271,021.00	276,810.00	435,956.00
107	56,891.00	63,200.00	157,606.00	113,996.00	273,739.00	279,578.00	440,315.00
108	57,465.00	63,830.00	159,180.00	115,141.00	276,467.00	282,376.00	444,721.00
109	58,038.00	64,471.00	160,777.00	116,285.00	279,231.00	285,195.00	449,161.00
110	58,623.00	65,111.00	162,386.00	117,453.00	282,029.00	288,052.00	453,660.00
111	59,207.00	65,764.00	164,005.00	118,633.00	284,852.00	290,930.00	458,193.00
112	59,793.00	66,427.00	165,647.00	119,813.00	287,695.00	293,837.00	462,772.00
113	60,400.00	67,091.00	167,300.00	121,016.00	290,575.00	296,774.00	467,398.00
114	60,996.00	67,766.00	168,976.00	122,218.00	293,478.00	299,748.00	472,081.00
115	61,614.00	68,440.00	170,663.00	123,444.00	296,415.00	302,744.00	476,799.00
116	62,222.00	69,126.00	172,372.00	124,682.00	299,376.00	305,769.00	481,564.00
117	62,851.00	69,812.00	174,093.00	125,930.00	302,370.00	308,830.00	486,386.00
118	63,481.00	70,510.00	175,835.00	127,191.00	305,400.00	311,914.00	491,242.00
119	64,111.00	71,218.00	177,590.00	128,463.00	308,453.00	315,035.00	496,156.00
120	64,752.00	71,927.00	179,366.00	129,746.00	311,541.00	318,186.00	501,119.00
121	65,405.00	72,646.00	181,166.00	131,042.00	314,652.00	321,364.00	506,124.00
122	66,056.00	73,377.00	182,976.00	132,349.00	317,797.00	324,580.00	511,189.00
123	66,720.00	74,108.00	184,809.00	133,678.00	320,977.00	327,825.00	516,301.00
124	67,383.00	74,851.00	186,654.00	135,008.00	324,180.00	331,108.00	521,470.00
125	68,058.00	75,604.00	188,520.00	136,361.00	327,430.00	334,419.00	526,685.00
126	68,733.00	76,357.00	190,409.00	137,725.00	330,702.00	337,760.00	531,947.00
127	69,419.00	77,122.00	192,310.00	139,100.00	334,009.00	341,137.00	537,267.00

Remarks:

- The 16% no claim discount is already reflected in the above-stated premiums. For details of no claim discount, please refer to the product brochure of “ChampCare” Medical Insurance Plan.
- Premiums stated above are based on the first year premium or current applicable Renewal premium according to your current attained age (age on last birthday) but cannot be regarded as the actual premium payable in the future. Renewal premium will base on your attained age and the applicable premium table at the time of Renewal. Premiums are non-guaranteed. In order to provide you with continuous protection, we will review and adjust the premium of your plan from time to time and make adjustment at the end of every Policy Year if necessary. During the review, we may consider factors including but not limited to the following: i) claim costs incurred from all policies under this plan and the expected claim outgo in the future which reflects medical trends, medical cost inflation and the change in the product features revision; ii) historical investment returns and the future outlook of the product’s backing asset; iii) policy surrenders and lapses and iv) expenses directly related to the policy and indirect expenses allocated to this product.
- The annual standard premium of this premium table (HKD) does not include levy on insurance premiums collected by the Insurance Authority and for reference only. If the payment mode is not annual, please calculate the Standard Premium by using appropriate modal factor as below. Or please contact your financial consultant for premiums in monthly or semi-annual payment mode. For details of annual premium table in US dollars, please browse CTF Life’s website at www.ctflife.com.hk.

Payment mode	Modal factor
Annual	1
Semi Annual	0.52
Monthly	0.09

“ChampCare” Medical Insurance Plan – Basic Plan / Rider Plan Premium Table (without No Claim Discount) # (Currency: HKD)

Future premiums will be reviewed and adjusted annually if necessary to reflect continuous medical inflation and overall claim experience under this product. First year premium or current applicable Renewal premium of the cover is based on the premiums stated below according to your current attained age, but cannot be regarded as the actual premiums payable by you in the future. We will inform policyowner about the actual premium payable for the coming year before the end of each policy year.

Benefit Level	1	2	3	4	5	6	7
Territorial Scope of Cover (Geographical limitation)	Asia			Worldwide (excluding USA)		Worldwide	
Deductible / Benefit Contribution Amount (per Policy Year)	36,000/36,000	18,000/18,000	0/0	18,000/18,000	0/0	18,000/18,000	0/0
Attained Age	Annual Standard Premium						
0 - 20	3,614.29	4,015.48	10,415.48	6,815.48	17,510.71	20,322.62	32,007.14
21	3,721.43	4,135.71	10,590.48	7,200.00	18,033.33	22,508.33	35,448.81
22	3,841.67	4,269.05	10,844.05	7,585.71	18,640.48	24,466.67	38,532.14
23	3,990.48	4,417.86	11,164.29	7,970.24	19,328.57	26,188.10	41,244.05
24	4,135.71	4,591.67	11,566.67	8,341.67	20,084.52	27,673.81	43,583.33
25	4,309.52	4,779.76	12,034.52	8,728.57	20,938.10	28,923.81	45,553.57
26	4,498.81	4,979.76	12,584.52	9,100.00	21,875.00	29,938.10	47,151.19
27	4,700.00	5,207.14	13,213.10	9,484.52	22,879.76	30,725.00	48,389.29
28	4,913.10	5,463.10	13,908.33	9,855.95	23,982.14	31,275.00	49,255.95
29	5,140.48	5,716.67	14,685.71	10,228.57	25,150.00	31,590.48	49,752.38
30	5,382.14	5,997.62	15,529.76	10,600.00	26,417.86	31,669.05	49,876.19
31	5,542.86	6,198.81	16,065.48	10,916.67	27,380.95	32,621.43	51,376.19
32	5,676.19	6,372.62	16,547.62	11,192.86	28,317.86	33,705.95	53,083.33
33	5,809.52	6,533.33	16,975.00	11,467.86	29,198.81	34,920.24	54,997.62
34	5,917.86	6,679.76	17,351.19	11,715.48	30,039.29	36,266.67	57,116.67
35	5,997.62	6,814.29	17,671.43	11,935.71	30,835.71	37,752.38	59,457.14
36	6,064.29	6,920.24	17,738.10	12,114.29	30,959.52	38,520.24	60,667.86
37	6,132.14	6,988.10	17,819.05	12,279.76	31,084.52	39,141.67	61,645.24
38	6,172.62	7,055.95	17,886.90	12,403.57	31,208.33	39,614.29	62,389.29
39	6,184.52	7,096.43	17,966.67	12,513.10	31,332.14	39,936.90	62,898.81
40	6,198.81	7,109.52	18,032.14	12,583.33	31,457.14	40,111.90	63,175.00
41	6,440.48	7,376.19	18,635.71	13,064.29	32,061.90	41,039.29	64,633.33
42	6,746.43	7,723.81	19,411.90	13,670.24	32,833.33	42,123.81	66,340.48
43	7,121.43	8,139.29	20,363.10	14,398.81	33,769.05	43,355.95	68,282.14
44	7,577.38	8,621.43	21,486.90	15,239.29	34,870.24	44,736.90	70,457.14
45	8,085.71	9,184.52	22,800.00	16,202.38	36,123.81	46,275.00	72,879.76
46	8,380.95	9,490.48	23,482.14	16,753.57	37,707.14	47,297.62	74,489.29
47	8,661.90	9,759.52	24,083.33	17,235.71	39,523.81	48,241.67	75,977.38
48	8,902.38	9,986.90	24,592.86	17,663.10	41,546.43	49,125.00	77,367.86
49	9,129.76	10,188.10	25,020.24	18,033.33	43,790.48	49,929.76	78,634.52
50	9,317.86	10,348.81	25,354.76	18,351.19	46,255.95	50,663.10	79,789.29
51	9,598.81	10,723.81	26,119.05	18,873.81	48,210.71	52,620.24	82,875.00
52	9,892.86	11,152.38	26,961.90	19,423.81	50,138.10	54,945.24	86,535.71
53	10,201.19	11,620.24	27,885.71	20,016.67	52,050.00	57,629.76	90,763.10
54	10,522.62	12,141.67	28,903.57	20,635.71	53,936.90	60,671.43	95,553.57
55	10,858.33	12,704.76	30,002.38	21,283.33	55,795.24	64,072.62	100,908.33
56	11,419.05	13,320.24	31,527.38	22,646.43	57,846.43	66,869.05	105,314.29
57	12,063.10	13,976.19	33,254.76	24,271.43	59,953.57	69,701.19	109,775.00
58	12,798.81	14,685.71	35,183.33	26,142.86	62,114.29	72,567.86	114,289.29
59	13,614.29	15,448.81	37,310.71	28,277.38	64,317.86	75,469.05	118,859.52
60	14,511.90	16,252.38	39,641.67	30,671.43	66,573.81	78,416.67	123,500.00

“ChampCare” Medical Insurance Plan – Basic Plan / Rider Plan Premium Table (without No Claim Discount) # (Currency: HKD)

Benefit Level	1	2	3	4	5	6	7
Territorial Scope of Cover (Geographical limitation)	Asia			Worldwide (excluding USA)		Worldwide	
Deductible / Benefit Contribution Amount (per Policy Year)	36,000/36,000	18,000/18,000	0/0	18,000/18,000	0/0	18,000/18,000	0/0
Attained Age	Annual Standard Premium						
61	15,690.48	17,685.71	43,429.76	33,301.19	73,003.57	84,340.48	132,832.14
62	17,028.57	19,359.52	47,833.33	36,164.29	80,836.90	91,282.14	143,763.10
63	18,515.48	21,271.43	52,853.57	39,289.29	90,115.48	99,236.90	156,290.48
64	20,148.81	23,442.86	58,503.57	42,647.62	100,797.62	108,214.29	170,428.57
65	21,929.76	25,838.10	64,769.05	46,269.05	112,913.10	118,213.10	186,177.38
66	23,696.43	27,779.76	68,717.86	48,966.67	121,186.90	127,426.19	200,686.90
67	25,544.05	29,733.33	72,307.14	51,514.29	129,128.57	137,069.05	215,872.62
68	27,484.52	31,688.10	75,532.14	53,922.62	136,742.86	147,119.05	231,703.57
69	29,534.52	33,654.76	78,397.62	56,195.24	144,025.00	157,591.67	248,194.05
70	31,661.90	35,638.10	80,901.19	58,327.38	150,976.19	168,483.33	265,348.81
71	33,241.67	37,444.05	85,159.52	61,467.86	158,850.00	176,682.14	278,261.90
72	34,808.33	39,226.19	89,428.57	64,673.81	166,615.48	184,733.33	290,940.48
73	36,346.43	40,992.86	93,726.19	67,938.10	174,283.33	192,642.86	303,398.81
74	37,859.52	42,720.24	98,050.00	71,282.14	181,854.76	200,396.43	315,609.52
75	39,359.52	44,432.14	102,400.00	74,696.43	189,316.67	208,009.52	327,600.00
76	40,819.05	46,120.24	106,765.48	78,165.48	196,680.95	215,475.00	339,357.14
77	42,264.29	47,792.86	111,157.14	81,704.76	203,936.90	222,798.81	350,892.86
78	43,684.52	49,426.19	115,560.71	85,325.00	211,080.95	229,966.67	362,180.95
79	45,076.19	51,047.62	120,005.95	89,000.00	218,129.76	236,995.24	373,250.00
80	46,454.76	52,639.29	124,463.10	92,744.05	225,080.95	243,873.81	384,083.33
Below premiums are for Renewal only							
81	47,619.05	53,898.81	128,011.90	95,305.95	230,697.62	249,747.62	393,334.52
82	48,716.67	55,075.00	131,425.00	97,714.29	235,998.81	255,325.00	402,117.86
83	49,760.71	56,173.81	134,678.57	99,958.33	240,969.05	260,604.76	410,433.33
84	50,738.10	57,178.57	137,797.62	102,051.19	245,607.14	265,569.05	418,252.38
85	51,675.00	58,115.48	140,755.95	103,978.57	249,930.95	270,245.24	425,616.67
86	52,546.43	58,972.62	143,582.14	105,740.48	253,922.62	274,607.14	432,485.71
87	53,348.81	59,748.81	146,245.24	107,350.00	257,584.52	278,671.43	438,888.10
88	54,111.90	60,445.24	148,776.19	108,796.43	260,929.76	282,439.29	444,821.43
89	54,796.43	61,047.62	151,159.52	110,089.29	263,945.24	285,901.19	450,272.62
90	55,438.10	61,583.33	153,395.24	111,219.05	266,627.38	289,055.95	455,242.86
91	56,269.05	62,452.38	155,884.52	112,898.81	270,552.38	292,264.29	460,295.24
92	57,084.52	63,322.62	158,307.14	114,536.90	274,434.52	295,235.71	464,975.00
93	57,886.90	64,194.05	160,650.00	116,160.71	278,275.00	297,971.43	469,284.52
94	58,678.57	65,063.10	162,913.10	117,745.24	282,060.71	300,463.10	473,208.33
95	59,467.86	65,920.24	165,109.52	119,285.71	285,819.05	302,717.86	476,759.52
96	60,230.95	66,777.38	167,236.90	120,814.29	289,521.43	304,738.10	479,939.29
97	60,979.76	67,634.52	169,285.71	122,301.19	293,196.43	306,520.24	482,747.62
98	61,729.76	68,491.67	171,266.67	123,760.71	296,817.86	308,067.86	485,185.71
99	62,452.38	69,333.33	173,167.86	125,192.86	300,411.90	309,370.24	487,236.90
100	63,176.19	70,177.38	175,002.38	126,583.33	303,948.81	310,436.90	488,915.48
101	63,805.95	70,872.62	176,757.14	127,848.81	306,991.67	313,539.29	493,801.19
102	64,447.62	71,582.14	178,523.81	129,128.57	310,061.90	316,677.38	498,744.05
103	65,089.29	72,307.14	180,303.57	130,423.81	313,159.52	319,841.67	503,727.38
104	65,747.62	73,029.76	182,111.90	131,717.86	316,284.52	323,041.67	508,765.48
105	66,402.38	73,751.19	183,930.95	133,039.29	319,451.19	326,275.00	513,859.52

“ChampCare” Medical Insurance Plan – Basic Plan / Rider Plan Premium Table (without No Claim Discount) # (Currency: HKD)

Benefit Level	1	2	3	4	5	6	7
Territorial Scope of Cover (Geographical limitation)	Asia			Worldwide (excluding USA)		Worldwide	
Deductible / Benefit Contribution Amount (per Policy Year)	36,000/36,000	18,000/18,000	0/0	18,000/18,000	0/0	18,000/18,000	0/0
Attained Age	Annual Standard Premium						
106	67,058.33	74,486.90	185,766.67	134,375.00	322,644.05	329,535.71	518,995.24
107	67,727.38	75,238.10	187,626.19	135,709.52	325,879.76	332,830.95	524,184.52
108	68,410.71	75,988.10	189,500.00	137,072.62	329,127.38	336,161.90	529,429.76
109	69,092.86	76,751.19	191,401.19	138,434.52	332,417.86	339,517.86	534,715.48
110	69,789.29	77,513.10	193,316.67	139,825.00	335,748.81	342,919.05	540,071.43
111	70,484.52	78,290.48	195,244.05	141,229.76	339,109.52	346,345.24	545,467.86
112	71,182.14	79,079.76	197,198.81	142,634.52	342,494.05	349,805.95	550,919.05
113	71,904.76	79,870.24	199,166.67	144,066.67	345,922.62	353,302.38	556,426.19
114	72,614.29	80,673.81	201,161.90	145,497.62	349,378.57	356,842.86	562,001.19
115	73,350.00	81,476.19	203,170.24	146,957.14	352,875.00	360,409.52	567,617.86
116	74,073.81	82,292.86	205,204.76	148,430.95	356,400.00	364,010.71	573,290.48
117	74,822.62	83,109.52	207,253.57	149,916.67	359,964.29	367,654.76	579,030.95
118	75,572.62	83,940.48	209,327.38	151,417.86	363,571.43	371,326.19	584,811.90
119	76,322.62	84,783.33	211,416.67	152,932.14	367,205.95	375,041.67	590,661.90
120	77,085.71	85,627.38	213,530.95	154,459.52	370,882.14	378,792.86	596,570.24
121	77,863.10	86,483.33	215,673.81	156,002.38	374,585.71	382,576.19	602,528.57
122	78,638.10	87,353.57	217,828.57	157,558.33	378,329.76	386,404.76	608,558.33
123	79,428.57	88,223.81	220,010.71	159,140.48	382,115.48	390,267.86	614,644.05
124	80,217.86	89,108.33	222,207.14	160,723.81	385,928.57	394,176.19	620,797.62
125	81,021.43	90,004.76	224,428.57	162,334.52	389,797.62	398,117.86	627,005.95
126	81,825.00	90,901.19	226,677.38	163,958.33	393,692.86	402,095.24	633,270.24
127	82,641.67	91,811.90	228,940.48	165,595.24	397,629.76	406,115.48	639,603.57

Remarks:

- Premiums stated above are based on the first year premium or current applicable Renewal premium according to your current attained age (age on last birthday) but cannot be regarded as the actual premium payable in the future. Renewal premium will base on your attained age and the applicable premium table at the time of Renewal. Premiums are non-guaranteed. In order to provide you with continuous protection, we will review and adjust the premium of your plan from time to time and make adjustment at the end of every Policy Year if necessary. During the review, we may consider factors including but not limited to the following: i) claim costs incurred from all policies under this plan and the expected claim outgo in the future which reflects medical trends, medical cost inflation and the change in the product features revision; ii) historical investment returns and the future outlook of the product's backing asset; iii) policy surrenders and lapses and iv) expenses directly related to the policy and indirect expenses allocated to this product.
- The annual standard premium of this premium table (HKD) does not include levy on insurance premiums collected by the Insurance Authority and for reference only. If the payment mode is not annual, please calculate the Standard Premium by using appropriate modal factor as below. Or please contact your financial consultant for premiums in monthly or semi-annual payment mode. For details of annual premium table in US dollars, please browse CTF Life's website at www.ctflife.com.hk.

Payment mode	Modal factor
Annual	1
Semi Annual	0.52
Monthly	0.09

CTF Life

周大福人壽

Chow Tai Fook Life Insurance Company Limited
(Incorporated in Bermuda with limited liability)

MKT/PM/0596/GEN/2503