CTF Life VHIS Series Comparison Table

Name of VHIS Certified Plan	"ChampCare" Medical Insurance Plan		"FlexiCare" Medical Insurance Plan		"TopCare" Medical Insurance Plan		"BetterCare" Medical Insurance Plan		"WiseCare" Medical Insurance Plan
Plan Type	Flexi	Flexi Plan		Flexi Plan		Flexi Plan		Plan	Standard Plan
VHIS Certification No.	Benefit Level 1 (HKD) Benefit Level 2 (HKD)	F00077-01-000-01 F00077-02-000-01	Benefit Level 1 (HKD) Benefit Level 2 (HKD)	F00064-01-000-02 F00064-02-000-02	Benefit Level 1 (HKD)	F00037-01-000-03		F00021-01-000-03	3 3 3 3 3
	Benefit Level 3 (HKD) Benefit Level 4 (HKD)	F00077-03-000-01 F00077-04-000-01			Benefit Level 2 (HKD)	F00037-02-000-03		F00021-02-000-03	
	Benefit Level 5 (HKD) Benefit Level 6 (HKD)	F00077-05-000-01 F00077-06-000-01			Benefit Level 3 (HKD) Benefit Level 4 (HKD)	F00037-03-000-03	Benefit Level 3 (HKD)	F00021-03-000-03	
	Benefit Level 7 (HKD) Benefit Level 1 (USD) Benefit Level 2 (USD)	F00077-07-000-01 F00077-08-000-01 F00077-09-000-01	Benefit Level I (USD)	F00064-03-000-02	Benefit Level 1 (USD)	F00037-05-000-03	Benefit Level 1 (USD) Benefit Level 2 (USD) Benefit Level 3 (USD)	F00021-04-000-03	
	Benefit Level 3 (USD) Benefit Level 4 (USD)	F00077-10-000-01 F00077-11-000-01			Benefit Level 2 (USD)	F00037-06-000-03		F00021-05-000-03	
	Benefit Level 5 (USD) Benefit Level 6 (USD)	F00077-12-000-01 F00077-13-000-01	Benefit Level 2 (USD)	F00064-04-000-02	Benefit Level 3 (USD)	F00037-07-000-03		F00021-06-000-03	
Entitled ward class	Benefit Level 7 (USD) Standard Semi-	F00077-14-000-01 -private Room /	Standard Ward Room /		Benefit Level 4 (USD) Ward / Semi-F	F00037-08-000-03 Private Room /	Ward / Semi-F	private Room /	N/A
Territorial scope of cover	Standard Private Room Asia / Worldwide excluding USA / Worldwide		Standard Semi-private Room Worldwide		Standard Private Room Sto Worldwide		Standard Pr World		Worldwide
Deductible and Benefit Contribution Amount	✓		Not applicable		Not applicable Not		Not app	blicable	Not applicable
No-Claim Discount	✓		✓		✓		✓		-
Extra No-Claim Discount	~		✓		-		-		-
I) Basic benefits									
Sublimit of basic benefits	Not applicable (except for Psychiatric treatments)		Not applicable (except for designated surgical procedures / Pre- and post- Confinement / Day Case Procedure outpatient care / Psychiatric treatments)			able to benefits	Applica all basic		Applicable to all basic benefits
Room and board	×		✓		\checkmark		✓		\checkmark
Miscellaneous charges	✓		\checkmark		\checkmark		~		\checkmark
Attending doctor's visit fee	\checkmark		\checkmark		\checkmark		✓		\checkmark
Specialist's fee	✓		\checkmark		\checkmark		✓		\checkmark
Intensive care	✓		\checkmark		\checkmark		\checkmark		\checkmark
Surgeon's fee	✓		\checkmark		\checkmark		~		\checkmark
Anaesthetist's fee	✓		~		\checkmark		\checkmark		\checkmark
Operating theatre charges	\checkmark		\checkmark		\checkmark		\checkmark		\checkmark
Prescribed Diagnostic Imaging Tests	~		v		v	/	v	/	~

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Prescribed Non-surgical Cancer Treatments	\checkmark	\checkmark	\checkmark	\checkmark	 ✓
Pre- and post- Confinement / Day Case Procedure outpatient care	\checkmark	\checkmark	\checkmark	\checkmark	×
Psychiatric treatments	✓	\checkmark	✓	\checkmark	\checkmark
II) Additional / enhanced / oth	er benefits				
Isolation Room	-	✓ (Included in room & board)	\checkmark	-	-
Hospital companion bed	V	\checkmark	V	V	-
Private nursing care					
(i) Inpatient private nursing care	-	\checkmark	-	-	-
(ii) Post-Confinement home nursing care	\checkmark	\checkmark	\checkmark	\checkmark	-
Inpatient / outpatient Chinese medical benefits	\checkmark	\checkmark	\checkmark	-	-
Additional chronic diseases benefit	(Waiver of Deductible Balance and / or Benefit Contribution Amount upon designated Disabilities)	 ✓ ✓ (Double aggregate limit per Disability per Policy Year for designated Disabilities) 	 (Major Cancer top up benefit and severe urban chronic disease additional benefit) 	-	-
Kidney dialysis (inpatient and outpatient)					
(i) Inpatient	✓ (Included in Miscellaneuous charges)	✓ (Included in Miscellaneuous charges)	✓ (Included in Miscellaneuous charges)	 (Included in Miscellaneuous charges) 	(Included in Miscellaneuous charges)
(ii) Out-patient	\checkmark	\checkmark	-	-	-
Emergency outpatient treatment due to Accident	~	\checkmark	\checkmark	-	-
Emergency outpatient dental treatment due to Accident	\checkmark	\checkmark	\checkmark	-	-
Pregnancy complications	\checkmark	\checkmark	\checkmark	-	-
Post-Confinement / Day Case Procedure outpatient ancillary benefit	~	-	-	-	-
Specified reconstructive surgery benefit	\checkmark	-	-	-	-
Medical implants	\checkmark	(Included in Miscellaneuous charges)	(Included in Miscellaneuous charges)	(Included in Miscellaneuous charges)	(Included in Miscellaneuous charges)
Day Case Procedure cash allowance	-	 (Designated Day Case Procedures only) 	\checkmark	-	-
Hospitalization transportation cash allowance	-	_	~	-	-

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Hospital cash benefit for Confinement below entitled ward class	-	(Private hospitals in HK only)	~	-	-
Special cash allowance	-	\checkmark	✓	-	-
Outpatient care benefit for Covered SEN Conditions in Hong Kong	~	-	-	-	-
Outpatient care benefit for Covered Mental Conditions in Hong Kong	\checkmark	-	-	-	-
Hospice care	-	\checkmark	✓	-	-
Expenses for living organ donor surgery	-	\checkmark	~	-	-
Health tonic cash after organ donation	-	\checkmark	~	-	-
Major medical benefit (subject to an annual maximum limit)		Major medical benefit is not applicable to this plan due to no itemised benefit sublimit*	~	~	-
(i) Room and board			✓	\checkmark	-
(ii) Miscellaneous charges			✓	~	-
(iii) Attending doctor's visit fee			~	~	-
(iv) Specialist's fee			✓	✓	-
(v) Intensive care			✓	✓	-
(vi) Surgeon's fee			✓	✓	-
(vii) Anaesthetist's fee			✓	1	-
(viii)Operating theatre charges	Major medical benefit is not applicable to this plan due to no itemised benefit		~	~	-
(ix) Prescribed Diagnostic Imaging Tests	sublimit#		~	-	-
(x) Isolation Room			\checkmark	-	-
(xi) Hospital companion bed			\checkmark	\checkmark	-
(xii) Post-Confinement home nursing care			~	~	-
(xiii)Emergency outpatient treatment due to Accident			~	-	-
(xiv)Emergency outpatient dental treatment due to Accident			~	-	-
(xv) Pregnancy complications			~	-	-
Loss of income medical booster	-	-	\checkmark	-	-

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Compassionate death benefit	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark		
Additional death benefit for organ donor	-	✓ ✓		\checkmark	\checkmark		
Home country accidental death benefit	-	\checkmark	-	-	-		
Overseas accidental death benefit	-	\checkmark	-	-	-		
Medical negligence benefit	-	\checkmark	\checkmark	-	\checkmark		
III)Other limits							
Aggregate limit per Disability per Policy Year	Not applicable	\checkmark	Not applicable	Not applicable	Not applicable		
Annual Benefit Limit	\checkmark	No Limit	No Limit	\checkmark	\checkmark		
Lifetime Benefit Limit	\checkmark	No Limit	No Limit	No Limit	No Limit		

Note: For full product details, please refer to the product brochures and Terms and Benefits. * FlexiCare has no itemised benefit sublimit. The actual amount of Eligible Expenses and other expenses payable is subject to the Aggregate Limit per Disability per Policy Year. # ChampCare has no itemised benefit sublimit. The actual amount of Eligible Expenses and/or expenses payable (after deduction of Deductible and Benefit Contribution Amount) shall be subject to the Annual Benefit Limit and Lifetime Limit.