

Comparison between SmartViva Flexi VHIS and BOC Life Standard VHIS

This product comparison is for reference only, does not contain the full terms of the policy and the full terms can be found in the relevant policy documents. Please refer to the relevant sales documents, including product brochure, benefit illustration and policy documents and provisions issued by BOC Group Life Assurance Company Limited (“the Company”) for details (including but not limited to insured items and coverage, detailed terms, key risks, conditions, exclusions, policy costs and fees) of the plans. For enquiry, please contact your financial consultants.

BOC Life Standard VHIS issued by the Company is a standalone certified plan under the VHIS, **you have an option to apply for it as a basic plan or supplementary rider of other basic plan(s) designated by the Company.** SmartViva Flexi VHIS issued by the Company is a standalone certified plan under the VHIS, **you have an option to purchase the plan without bundling with other type(s) of insurance product.** Both plans are certified by the Government, below is the comparison between the plans:

Plan Name	BOC Life Standard VHIS	SmartViva Flexi VHIS
VHIS certified plan type	Standard Plan	Flexi Plan
Certified number	S00022-01-000-02	Deductible HKD 0: F00057-01-000-02 Deductible HKD 10,000: F00057-02-000-02 Deductible HKD 30,000: F00057-03-000-02 Deductible HKD 70,000: F00057-04-000-02
Area of cover	Worldwide (except for psychiatric treatments)	Worldwide but excluding U.S. ¹
Restricted ward class	No restriction	Standard Private Room
Aggregate benefit limit for benefit items (a) – (i) and (k) of 1) Basic benefits and (a), (b), (f), (g), (h) and (i) of 2) Enhanced benefits for organ transplant surgery performed in any area excluding U.S. and Hong Kong with the pre-approval²	Not Applicable	HKD1,650,000 per policy year
Annual benefit limit for all items under 1) Basic	HKD420,000 per policy year	HKD33,000,000 per policy year

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benefits and 2) Enhanced benefits		
Lifetime benefit limit for all items under 1) Basic benefits and 2) Enhanced benefits	Not Applicable	Not Applicable
Deductible for benefit items of 1) Basic benefits and 2) Enhanced benefits	Not Applicable	HKD 0/10,000/30,000/70,000 per policy year
A. Benefit items		
1) Basic benefits³		
Benefit items	Benefit limit (in HKD)	
(a) Room and board	HKD 750 per day Maximum 180 days per policy year	Full cover ⁴
(b) Miscellaneous charges	HKD 14,000 per policy year	Full cover ⁴ (subject to limit of benefit item (i) "Prosthetic device" of 2) Enhanced benefits)
(c) Attending doctor's visit fee	HKD 750 per day Maximum 180 days per policy year	Full cover ⁴
(d) Specialist's fee ⁵	HKD 4,300 per policy year	
(e) Intensive care	HKD 3,500 per day Maximum 25 days per policy year	
(f) Surgeon's fee	Per surgery, subject to surgical category for the surgery/ procedure in the Schedule of Surgical Procedures ⁶ - <ul style="list-style-type: none"> • Complex HKD 50,000 • Major HKD 25,000 • Intermediate HKD 12,500 • Minor HKD 5,000 	
(g) Anaesthetist's fee	35% of Surgeon's fee payable ⁷	

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(h) Operating theatre charges	35% of Surgeon's fee payable ⁷	
(i) Prescribed diagnostic imaging tests ^{5,8}	HKD 20,000 per policy year Subject to 30% coinsurance ⁹	
(j) Prescribed non-surgical cancer treatments ¹⁰	HKD 80,000 per policy year	
(k) Pre- and post-confinement / day case procedure outpatient care ⁵	HKD 580 per visit, up to HKD 3,000 per Policy Year <ul style="list-style-type: none"> • 1 prior outpatient visit or Emergency consultation per Confinement/Day Case Procedure • 3 follow-up outpatient visits per Confinement/Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure) 	Full cover ⁴ for all eligible expenses incurred during the following specified visits: <ul style="list-style-type: none"> • 1 prior outpatient visit or emergency consultation per confinement / day case procedure taking place more than 30 days before admission or day case procedure; • all prior outpatient visits or emergency consultations per confinement / day case procedure taking place within 30 days before admission or day case procedure; • all follow-up outpatient visits per confinement / day case procedure taking place within 90 days after discharge from Hospital or completion of day case procedure
(l) Psychiatric treatments	HKD 30,000 per policy year ¹¹	Full cover ⁴
2) Enhanced benefits		
(a) Private nursing ⁵	Not applicable	HKD 1,000 per day (Maximum 90 days per policy year)
(b) Companion bed	Not applicable	Full cover ⁴
(c) Emergency outpatient	Not applicable	Full cover ⁴

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treatment for accidents		
(d) Day Patient kidney dialysis ⁵	Covered under “Miscellaneous charges” under 1) Basic benefits, only applicable to eligible expenses incurred in hospital confinement and subject to the relevant benefit limit	
(e) Complications of pregnancy	Not applicable	HKD 200,000 per policy year
(f) Rehabilitation	Not applicable	HKD 3,000 per day (Maximum 90 days per disability per policy year) (Subject to pre-approval)
(g) Hospice and palliative care ⁵	Not applicable	HKD 132,000 per policy year
(h) Consultation or acupuncture by a registered Chinese medicine practitioner after confinement or specific treatments	Covered under “Pre- and post-confinement / day case procedure outpatient care” under 1) Basic benefit, subject to the relevant benefit limit	HKD 600 per visit (Maximum 20 visits per policy year)
(i) Prosthetic device ⁵	Covered under “Miscellaneous charges” under 1) Basic benefits, subject to the relevant benefit limit	HKD 132,000 per item per policy year
3) Other benefits		
(a) Special bonus	HKD 200 day Maximum 90 days per policy year	Not applicable
(b) Death benefit due to medical negligence	HKD 100,000	Not applicable

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(c) Compassionate death benefit¹²	HKD 5,000	HKD 5,000
(d) Medical check-up benefit	Not applicable	<p>If the insured person has been continuously covered (regardless of its deductible option) for 12 months or more, the insured person can enjoy either 1 of the following medical check-up benefits per policy year –</p> <p>(i) Redeem 1 free medical check-up service at designated healthcare providers in Hong Kong by presenting the redemption letter issued by the Company (not applicable to insured person below Age 18); or</p> <p>(ii) Reimburse the aggregate fees charged for 1 or more medical check-up service(s) received at legally registered healthcare services provider(s) in any area excluding U.S.¹ within the policy year up to a maximum benefit limit of HKD 4,500 per policy year.</p>
B. No claim discount		
No claim discount	On the renewal date, if no benefit was paid for a period of 3 consecutive policy years and the plan is in force throughout such period, a 15% discount on the renewal premium in the subsequent policy year will be provided.	Not applicable

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C. Other services or option		
Option to reduce or remove the deductible at designated ages	Not applicable	<p>The policy holder can exercise a one-off right to reduce or remove the deductible without re-underwriting, provided that –</p> <ul style="list-style-type: none"> (i) the request is made not less than 30 days prior to the renewal date on or immediately following the date that the insured person attains the age of 50, 55, 60, 65, 70, 75, 80 or 85; (ii) such right to reduce or remove the Deductible without re-underwriting can only be exercised once during the lifetime of the insured person; and (iii) the insured person has not reduced the deductible within the previous 2 policy years and this condition does not apply when the insured person exercises the right to remove or reduce the deductible without re-underwriting at the age of 85. <p>The policy holder can choose whether or not to exercise such right and the age to exercise such right.</p>
Cashless treatment¹³	Not applicable	Applicable
24-hour mental health service hotline¹³	Not applicable	Applicable
Health coaching services¹³	Not applicable	Applicable
Worldwide assistance	Not applicable	Applicable

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programme ¹³		

Note: The above comparison is based on the data compiled on 12 July 2022. The product features will be change from time to time without notification. All are subject to the terms and conditions of the policy and the applicable administrative rules at the time. This product comparison is for reference only, does not contain the full terms of the policy and the full terms can be found in the policy documents. Please refer to the sales documents, including product brochure, benefit illustration and policy documents and provisions issued by the Company for details (including but not limited to insured items and coverage, detailed terms, key risks, conditions, exclusions, policy costs and fees) of the Plan. For enquiry, please contact your financial consultants.

Remarks:

¹ For medical expenses incurred in the U.S., the benefits payable for the benefit items under 1) Basic benefits will be subject to the corresponding benefit limits under the Standard Plan terms and benefits and no benefits shall be payable under 2) Enhanced benefits. In addition, no benefit shall be payable for medical check-up service received in the U.S.. Please refer to the SmartViva Flexi VHIS terms and benefits for details.

² Please refer to the SmartViva Flexi VHIS terms and benefits for details.

³ Unless otherwise specified, eligible expenses or covered expenses incurred in respect of the same item shall not be recoverable under more than 1 benefit item in the table above.

⁴ Full cover shall mean no itemised benefit sublimit. The benefit payable shall be subject to the annual benefit limit and aggregate benefit limit for the organ transplant surgery (if applicable).

⁵ 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.

⁶ For the classification of surgical operations, please refer to the schedule of surgical procedures in the terms and benefits of BOC Life Standard VHIS.

⁷ The percentage here applies to the surgeon's fee actually payable or the benefit limit for the surgeon's fee according to the surgical categorisation, whichever is the lower.

⁸ 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.

⁹ Coinsurance shall mean a percentage of eligible expenses the policy holder must contribute after paying the deductible (if any) in a policy year. For the avoidance of doubt, coinsurance does not refer to any amount that the policy holder is required to pay if the actual expenses exceed the benefit limits under the terms and benefits.

¹⁰ Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.

¹¹ This benefit shall be payable for the eligible expenses charged on the psychiatric treatments during confinement in Hong Kong as recommended by a specialist.

¹² If the insured person commits suicide, while sane or insane at the material time, within 1 year from the policy effective date, no compassionate death benefit shall be payable.

¹³ Other services are not part of the VHIS Certified Plan. The Company appointed Bupa (Asia) Limited (“Bupa”) to provide and arrange all these other services, and subsequently the services may be provided by third party service providers selected by Bupa and they are not guaranteed renewable. The Company shall not be responsible for any act, negligence or failure to act on the part of the service provider. The Company reserves the right to amend, suspend or terminate these other services, replace the services providers and to amend the relevant terms and conditions at any time without prior notice. You may inform BOC Life in writing if you don’t want to receive the other services.