

**QBE****QBE General Insurance (Hong Kong) Limited - Macau Branch**

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FirstCare

A complete healthcare protection solution

FirstCare provides extensive hospital and surgical cover so you don't need to worry about hospital costs becoming a strain on your family's finances. It also provides an optional benefit, supplementary major medical. Choose the cover you need at a budget you can afford and build a flexible policy that's right for you and your family.

Discount offer¹

- 10% premium discount will be offered when you enrol with your spouse and/or your children under the same policy at the same time
- If one of your parents also enrolls in another FirstCare policy, he or she can also enjoy 10% discount

¹ The discount offer is subject to change by us from time to time without prior notice. Please contact us for the prevailing discount offer. In case of disputes arising out of this discount offer, our decision shall be final.

Eligibility

- You are eligible to apply if you are:
 - an HSBC account holder
 - aged 18 to 74 (or up to 64, if Company Top-up plan is selected)
 - Macau SAR resident
- Eligible family members:
 - Spouse: aged 18 to 74 (or up to 64, if Company Top-up plan is selected)
 - Children: aged 15 days to 17 or full time students below the age of 23
- Renewal is arranged automatically and is guaranteed² for life
- No medical check-up is required
- Family members in one policy can choose different plans
- You can insure your child(ren) only under this plan, without the need for an adult to be insured as well

² The premium rates and age groups are not guaranteed. The premium payable upon annual renewal and the terms of any renewal may not be the same as the expiring policy and will be determined by the Company.

Summary of benefits	Maximum limit per Insured Person (HKD/MOP)			
	Basic	Essential	Privilege	Company Top-up
(A) Hospital & surgical benefit				Item (A)1 to (A)14 are subject to an annual overall limit of \$150,000 and 50% reimbursement for each claim. (No item limit is applied)
1. Room and Board				
• Per day	600	1,400	3,800	
• Per disability	100 days	100 days	100 days	
2. Intensive Care				
• Per disability	10,000	12,000	25,000	
3. In-hospital doctor's visit				
• Per day	600	1,400	3,800	
• Per disability	100 days	100 days	100 days	
4. Hospital service charge				
• Per disability	10,000	17,500	30,000	
5. In-hospital specialist's fee				
• Per disability	4,000	6,000	8,000	
6. Surgery fee				
• Per disability				
◦ Complex	36,000	56,000	74,000	
◦ Major	18,000	28,000	37,000	
◦ Intermediate	8,100	12,600	16,650	
◦ Minor	3,600	5,600	7,400	
7. Anesthetist's fee				
• Per disability				
◦ Complex	10,800	16,800	22,200	
◦ Major	5,400	8,400	11,100	
◦ Intermediate	2,430	3,780	4,995	
◦ Minor	1,080	1,680	2,220	
8. Operating theatre charge				
• Per disability				
◦ Complex	10,800	16,800	22,200	
◦ Major	5,400	8,400	11,100	
◦ Intermediate	2,430	3,780	4,995	
◦ Minor	1,080	1,680	2,220	
9. Post-operative consultation/therapy				
• Per disability	1,500	3,000	7,000	
10. Advanced diagnostic imaging				
• Per disability	4,000	6,000	10,000	

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Summary of benefits	Maximum limit per Insured Person (HKD/MOP)			
	Basic	Essential	Privilege	Company Top-up
(A) Hospital & surgical benefit				Item (A)1 to (A)14 are subject to an annual overall limit of \$150,000 and 50% reimbursement for each claim. (No item limit is applied)
11. Home nursing <ul style="list-style-type: none"> • Per day • Per disability 	200 100 days	550 100 days	1,250 100 days	
12. Chemotherapy/Radiotherapy/Renal Dialysis treatment <ul style="list-style-type: none"> • Per disability 	15,000	20,000	26,000	
13. Companion bed <ul style="list-style-type: none"> • Per day • Per disability 	300 100 days	400 100 days	500 100 days	
14. Emergency outpatient treatment (within 72 hours of the accident in the outpatient department of a hospital) <ul style="list-style-type: none"> • Per disability 	1,000	2,000	3,000	
15. Alternative daily public hospital cash ³ <ul style="list-style-type: none"> • Per day • Per disability 	750 50 days	1,000 50 days	1,000 50 days	Not applicable
Annual overall limit (Applicable to Insured Persons aged 75 or above)	150,000	300,000	650,000	Not applicable
(B) Supplementary Major Medical Benefit (Optional) Applicable after the hospital & surgical benefits under Section A is exhausted <ul style="list-style-type: none"> • Per disability • Reimbursement percentage 	150,000 80%	300,000 80%	Option 1 500,000 80% Option 2 500,000 100%	Not applicable
(C) Free remote second opinion service⁴	Not applicable	Remote second opinion service on your medical condition from designated US hospitals		Not applicable
(D) Worldwide Emergency assistance⁵ <ul style="list-style-type: none"> (i) Worldwide emergency and medical helpline (including travel, medical or legal referral services) (ii) Emergency medical evacuation service 	(i) applies	(i) applies	(i) & (ii) applies	(i) applies

³ This benefit is payable in lieu of all other benefits in Part (A).

⁴ The remote second opinion service is provided by a medical service provider which is an independent contractor and is not an agent of the Company. The Company shall not be held responsible for any medical opinions given by the medical service provider.

⁵ These services are provided by a third party service provider ("the Assistance Company") which is an independent contractor and is not an agent of the Company. The Company shall make no representation, warranty or undertaking as to the availability of the Assistance Company's services and shall not be liable to the Policyholder or the Insured Person in any respect of any loss, damage, expense, suit, action or proceeding suffered or incurred by the Insured Person, whether directly or indirectly, arising from or in connection with the services provided or advice given by the Assistance Company or its agents, or the availability of such services. The services are only available outside home country and usual country of residence.

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Premium

Benefits	Annual premium per Insured Person (HKD/MOP)				
	Basic	Essential	Privilege	Company Top-up ⁶	
(A) Hospital & surgical benefits					
Age group (inclusive)					
• 15 days – 17 years	1,464	2,333	4,012		926
• 18 – 29 years	1,670	2,916	5,234		1,038
• 30 – 39 years	2,304	3,977	7,158		1,346
• 40 – 49 years	2,304	3,977	7,158		1,402
• 50 – 59 years	3,260	5,651	10,226		1,950
• 60 – 64 years	4,893	8,366	14,980		2,875
• 65 – 69 years ⁶	4,893	8,366	14,980		3,632
• 70 – 74 years	5,663	9,615	18,130		Not applicable
• 75 years or above ⁷	5,663	9,615	18,130		Not applicable
(B) Supplementary major medical benefits (optional)			Option 1	Option 2	
Age group (inclusive)					Not applicable
• 15 days – 74 years	770	1,150	1,530	2,290	

No Claim Discount (Applicable to Part A and B)

15% discount on Hospital & Surgical Benefit and optional Supplementary Major Medical Benefit (if applicable) will be offered to an Insured member after 3 consecutive years no claim period of that Insured member. Premium will resume normal after a claim is made. 15% discount will be offered on renewal premium if no claim(s) is/are payable during the 3 consecutive years preceding the renewal, and so on and so forth.

⁶ The maximum entry age for the Company Top-up Plan is 64 years old. This plan will be renewed up to 69 years old and switched to Basic plan automatically at the renewal when the Insured Person attains the age of 70.

⁷ This age group is for renewals only.

Main policy exclusions

- Congenital abnormalities
- Pre-existing medical conditions:
 - (a) Disabilities which existed before the effective date and which presented signs or symptoms of which the Insured Person was aware or should reasonably have been aware.
 - (b) The following disabilities when occurring during the first year from the Effective Date (but not to the exclusion of all others):
 - (i) tumours of internal organs
 - (ii) haemorrhoids
 - (iii) diseased tonsils requiring surgery
 - (iv) pathological abnormalities of nasal septum or turbinates
 - (v) hyperthyroidism
 - (vi) cataracts
 - (vii) sinus conditions requiring surgery
 - (viii) hallux valgus
 - (c) The following disabilities when occurring during the first 6 months from the Effective Date (but not to the exclusion of all others):
 - (i) tuberculosis
 - (ii) anal fistulae
 - (iii) gall stones
 - (iv) calculi of kidney, urethra or bladder
 - (v) hypertension, cardiac disease or vascular disease
 - (vi) gastric or duodenal ulcer

(vii) tumours of skin, muscular tissue, bone tumours or malignancies of blood or bone marrow.

(viii) diabetes mellitus

- Cosmetic surgery
- Surgical expenses that are recoverable from a third party
- Pregnancy, childbirth, miscarriage, abortion, pre-natal and post-natal care, surgical, mechanical or chemical contraceptive methods of birth control or treatment for infertility or sterilization of either sex
- Sexually transmitted diseases and HIV related disability if diagnosed within five years from inception of cover
- Mental or behavioral disorders
- Drug addiction, alcoholism or drunk driving
- Suicide, self-destruction, self-inflicted injury

Right to return policy

- If you change your mind about buying this policy within 15 days, you can return your policy for cancellation and your premiums will be refunded in full (provided you haven't made a claim)

Act now!

Get more details about FirstCare today and protect yourself and your family from the costs of medical treatment:

- Visit any HSBC branch

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Frequently asked questions

Will you guarantee to renew the plan if I make a claim? Is the price guaranteed into old age?

Plans are lifetime renewable, except where there has been abuse of cover, overdue payments or shortfall arising from a claim or claims made by deception. However, the premium rates and age groups are not guaranteed. The premium payable upon renewal and the terms of any renewal may not be the same as the expiring policy and will be determined by the Company.

Why are pre-existing conditions not covered?

Pre-existing conditions are commonly excluded in medical and hospitalisation policies because it is not the insurer's intention to cover the cost of an existing condition. So it is usual to exclude injuries or sicknesses which occur, exist, commence or present signs or symptoms before the commencement of policy coverage. The definition of a pre-existing condition is defined in the policy document. Please refer to the policy for details.

Does overseas in-patient coverage only apply to emergencies? What if I emigrate to another country?

Overseas treatment is covered under hospital & surgical benefit, except in the case of the optional Supplementary Major Medical benefit where it will cover only accident or emergency situations. The cover is intended for occasional visits overseas, and different countries have different treatment costs. If you emigrate to another country you may need to see if the coverage is adequate for you, and this is likely to depend upon the country you have chosen.

Is there any cover for laser or plastic surgery?

FirstCare does not cover cosmetic or plastic surgery. However, laser treatment to cure illnesses of covered disabilities will be covered.

If I feel unwell and my doctor refers me to a hospital for further investigation, will this be covered by the policy?

The policy does not cover medical expenses arising from hospitalisation primarily for investigation or physiotherapy. For it to be a legitimate claim, you must receive therapeutic treatment during the hospitalisation in addition to the investigation.

How do you define the surgery classifications, ie complex, major and minor?

We categorise each surgical procedure in this way according to market and government standard. However we may revise or amend the classification schedule as appropriate or necessary from time to time. You can refer to the policy for details or call our hotline for a copy of the classification.

Do I need to renew my FirstCare policy before it expires each year? What if I decide to cancel the policy? Can I cancel it early?

A renewal notice will be sent to you around one and a half month before expiry. If you decide not to renew the policy, you will need to inform us one month before expiry, or the policy will be renewed automatically. For termination of any member under a policy after renewal, premium will be refunded on a pro-rata basis.

How long must I have stayed in hospital for a claim to be eligible?

It depends on the nature of the hospital treatment. For surgical cases, no minimum confinement is required; in other cases, you are required to register as an inpatient in the hospital for at least 12 consecutive hours.

I understand that hypertension is not covered if it occurs within six months of the effective date of the Policy. Will I receive cover for it in future if any treatment ceases for more than 90 days?

No, once a disease or illness has been defined as a pre-existing condition under the Policy, no cover is offered for it in the future no matter how successful your treatment may have been.

Important notes:

Applicant must be HSBC credit card/account holder.

Holder of payment credit card/account must be applicant.

FirstCare Plan is underwritten by QBE General Insurance (Hong Kong) Limited - Macau Branch ("QBE"). The Hongkong and Shanghai Banking Corporation Limited ("HSBC") is registered with Autoridade Monetaria de Macau ("AMCM") as an insurance agent in the Macau SAR.

QBE is authorized and regulated by the AMCM to carry on general insurance business in the Macau SAR. QBE is a member of the worldwide QBE Insurance Group.

The information shown above is intended as a general summary for your reference only. Please refer to the policy provisions for the detailed terms and conditions.