

VCare Cancer Protector (For PRC Resident)

Providing you financial support
against medical expenses for
treatment and rehabilitation

CHUBB®

Chubb Life

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Cancer has been ranked as the first of 10 major killers during the past decade¹. Nowadays, medical technologies have been advanced but medical costs are also increasing. VCare Cancer Protector is designed for individuals looking for medical protection against cancer. It relieves you of financial burden by reimbursing the medical expenses on cancer treatment and rehabilitation and providing a series of additional caring benefits.

Comprehensive Protection against Cancer

VCare Cancer Protector provides you comprehensive protection against cancer which include both cancer² and carcinoma-in-situ³ (“Covered Cancer⁴”). It has two plan options for your selection. Upon diagnosis of a Covered Cancer, it provides cover of relevant medical expenses⁵ relating to diagnostic benefit, hospitalisation and surgery, outpatient, reconstructive surgery benefit and monitoring benefit on reimbursement basis, up to a maximum of HK\$1,500,000 per Covered Cancer Limit⁶ or HK\$4,500,000 per Lifetime Limit⁷. You can focus on necessary and proper treatment without worrying about the financial distress that cancer may bring.

A Series of Additional Benefits for Enhanced Protection

The battle with cancer can be frustrating during treatment. VCare Cancer Protector provides a series of additional benefits to cover the medical expense on ancillary services, psychological counselling, home nursing and medical appliances, addressing your physical and mental needs.

Other Benefits

Upon diagnosis of a Covered Cancer of the insured, premium of this plan will be waived for one year. Besides, a lump sum cash benefit will be payable.

In the event of the insured’s death, a compassionate death benefit will be paid to the beneficiary.

Guaranteed Renewal and Protection till Age 100

Regardless of your health conditions and claims history, VCare Cancer Protector is guaranteed renewable annually till age 100 of the insured. The premium, benefit schedule and terms and conditions may be determined by the Company at the time of renewal.

The “Company”, “we”, “our”, or “us” herein refers to Chubb Life Insurance Hong Kong Limited.

Benefit Schedule

Plan	Plan 1	Plan 2
Room Level for Hospital Confinement	Ward	Semi-private
Per Cover Cancer Limit (HK\$)	500,000	1,500,000
Lifetime Limit (HK\$)	1,500,000	4,500,000
Diagnostic Benefit	Full cover subject to per Covered Cancer Limit and per Lifetime Limit	
Hospitalisation and Surgery		
Outpatient		
Reconstructive Surgery Benefit		
Monitoring Benefit (up to 5 years after completion of active treatment)		
Ancillary Services (include Registered Chinese Medicine Practitioner, Registered Physiotherapist and Registered Dietician) - maximum amount (HK\$) per visit - maximum number of visits per Covered Cancer for each type of consultations (One visit per day for each type of the above consultations)	800 15	800 25
Psychological Counselling - maximum amount (HK\$) per visit - maximum number of visits per Covered Cancer (One visit per day shared by the insured and all immediate family members of the insured)	1,000 15	1,000 25
Home Nursing - maximum amount (HK\$) per day - maximum number of days per Covered Cancer	1,000 30	1,000 45
Medical Appliances (HK\$) per Covered Cancer	5,000	7,500
Waiver of Premium per Covered Cancer	Upon the first diagnosis and validated claim of the Covered Cancer, premium within one year from next premium due date will be waived.	
Cash Benefit (HK\$) per Covered Cancer	5,000	15,000
Compassionate Death Benefit (HK\$)	20,000	30,000

VCare Cancer Protector at a Glance

Basic Information	
Product Type	Basic Plan / Rider If you purchase this product as a rider, it must be attached to a basic plan issued by us.
Policy Type	Non-participating policy. No cash value or loan value will be offered.
Issue Age of the Insured	15 days to 70 years old
Policy Term	Up to age 100 of the insured
Renewability	VCare Cancer Protector is guaranteed to be renewed annually as long as you pay the premium. We reserve the right to revise the premium rates, benefit schedule and terms and conditions at the time of such renewal.
Premium Payment Period	Up to age 100 of the insured
Premium Payment Mode	Monthly / Quarterly / Semi-annual / Annual
Premium Structure	Premium will be adjusted according to insured's attained age upon renewal. The premiums in the Premium Table in this product brochure are not guaranteed. Please refer to the "Key Product Risks - Premium adjustment" under the "Important Information" section in this product brochure for premium rate adjustment factors. The Company reserves the right to adjust the premiums from time to time.
Currency	HK Dollar / US Dollar

Remarks:

- Source from Centre for Health Protection, Department of Health (2006-2015).
- Cancer means a malignant tumour characterized by the uncontrolled growth and spread of malignant cells and the invasion of normal tissues. It should be confirmed by histological evidence of malignancy on a pathology report including leukaemia but excluding i) any lesions described as pre-malignant, non-invasive or carcinoma-in-situ; ii) any non melanoma skin cancer of AJCC stage I or below; iii) all tumours in the presence of any human immunodeficiency virus; or iv) Chronic Lymphocytic Leukaemia (CLL) at RAI Stage 0 or less.
- Carcinoma-in-situ means a focal autonomous new growth of carcinomatous cells which has not yet resulted in the invasion of normal tissues. "Invasion" means an infiltration and/or active destruction of tissue or surrounding tissue beyond the basement membrane. Diagnosis of carcinoma-in-situ must be supported by a histopathological biopsy report and confirmed by a registered specialist in the relevant field. Clinical or cytological diagnosis alone does not meet this standard. For Carcinoma-in-situ of Cervix Uteri, it must be at a grading of CIN III - which has been confirmed by histopathology as Carcinoma-in-situ. For Carcinoma-in-situ of Prostate Gland, it must be at a grading of Prostatic Intraepithelial Neoplasia (PIN III) - which has been confirmed by histopathology as Carcinoma-in-situ.
- For more than one Covered Cancer, the latest Covered Cancer will be considered as the single and same Covered Cancer as the immediately preceding Covered Cancer and will share the same per Covered Cancer Limit with the immediately preceding Covered Cancer for the purpose of calculating the benefits payable except:
 - The latest Covered Cancer and the immediately preceding Covered Cancer are of different histopathology, and the date of first diagnosis of the latest Covered Cancer and that of the preceding Covered Cancer are separated by at least one year;
 - The latest Covered Cancer and the immediately preceding Covered Cancer are of the same histopathology, and the latest Covered Cancer is not a recurrence or metastasis of the immediately preceding Covered Cancer, and the date of first diagnosis of the latest Covered Cancer and that of the immediately preceding Covered Cancer are separated by at least one year; or
 - The latest Covered Cancer and the immediately preceding Covered Cancer are of the same histopathology,
 - the latest Covered Cancer is a recurrence or metastasis of the immediately preceding Covered Cancer; and
 - the dates of first diagnosis of the preceding Covered Cancer and the latest Covered Cancer are separated by at least five years; and
 - the immediately preceding Covered Cancer has been once in complete remission within five years (such state is verified by a registered specialist and supported by clinical, imaging or other laboratory investigations).
- Excluding any confinement, surgery and/or medical treatment for which compensation or reimbursement is payable under any law, medical program, or insurance policy provided by any government, company or other insurer except to the extent that such charges are not reimbursed by such law, medical program or insurance policy.
- Per Covered Cancer Limit means the aggregate maximum amount of all benefits (applicable to diagnostic benefit, hospitalisation and surgery, outpatient, reconstructive surgery and monitoring benefit) paid and payable for one Covered Cancer under all in-force and terminated VCare Cancer Protector covering the same insured.
- Per Lifetime Limit means the aggregate maximum amount of all benefits (applicable to diagnostic benefit, hospitalisation and surgery, outpatient, reconstructive surgery benefit and monitoring benefit) paid and payable under all in-force and terminated VCare Cancer Protector covering the same insured.

Important Information

This product brochure is for general reference only and is not part of policy. It provides an overview of the key features of this product and should be read along with other materials which cover additional information about the product. Such materials include but not limited to policy contract that contains exact terms and conditions, benefit illustrations (if any) and policy documents and other relevant marketing materials, which are all available upon request. You might also consider seeking independent professional advice if needed.

VCare Cancer Protector is designed for individuals looking for medical protection against cancer.

Key Product Risks

- **Non-payment of premium**
You should pay premium on time. If a premium is not paid by the end of the prescribed grace period, it will lead to policy lapse and you will lose the insurance coverage.
- **Premium Adjustment**
Based on the expectation and experience on claims of all similar products to VCare Cancer Protector, the Company reserves the right to review and adjust the premium for a certain group of insured lives with a similar risk profile at each renewal from time to time. The Company shall notify changes to you in writing at least 30 days prior to the policy anniversary.
- **Credit Risk**
This insurance plan is issued and underwritten by the Company. You are subject to the credit risk of the

Company. If the Company is unable to satisfy the financial obligation of the plan, you may lose the premium paid and the insurance coverage.

- **Exchange Rate Risk**
For the policy denominated in currencies other than local currency, you are subject to exchange rate risk. The political and economic environment can affect the currency exchange rate significantly. Exchange rate fluctuates and is determined by the Company from time to time. Any transaction in foreign currencies involves risk. You should take exchange rate risk into consideration when deciding the policy currency.
- **Inflation Risk**
Please note that the medical cost in the future is likely to be higher than it is today due to inflation. The benefit and premium of this plan may be adjusted in the future due to the medical inflation.

Termination

If VCare Cancer Protector is purchased as a basic plan, it will be automatically terminated on the occurrence of the earliest of the following:

- lapse;
- the insured's death;
- accumulated benefit paid or payable has reached 100% of the Lifetime Limit;
- the expiry date of this basic plan; or
- your written request for cancellation.

If VCare Cancer Protector is purchased as a rider, it will be automatically terminated on the occurrence of the earliest of the following:

- if the policy has been converted to a reduced paid-up or extended term insurance, surrendered, expired, lapsed, cancelled or terminated for whatever reason;
- the insured's death;
- accumulated benefit paid or payable has reached 100% of the Lifetime Limit;
- the expiry date of this rider; or
- your written request for cancellation

You may cancel your VCare Cancer Protector by submitting the form prescribed by us. You may contact your licensed insurance intermediary or contact our Customer Service Center at +852 2894 9833 to get a copy of the form.

Key Exclusions

If the insured commits suicide, while sane or insane, within two years of the date of issue or any subsequent date of reinstatement whichever is later; the coverage will end.

No benefits will be payable if the Covered Cancer and/or the confinement, treatment and/or charges incurred is/are a direct or indirect consequence of any of the following:

- the Covered Cancer existed before the date of issue of this plan, or before the date of issue of last reinstatement, or before the date of issue of any subsequent endorsement, whichever is the latest;
- the insured suffers from any pre-existing condition, which may be the cause or triggering condition to a Covered Cancer;
- the insured is diagnosed by a registered specialist with a Covered Cancer or the insured has shown signs or symptoms of any illness, disease or physical condition which may be the cause or triggering condition of a Covered Cancer within the first 90 days from the date of issue of this plan, or the date of last reinstatement or date of issue of any subsequent endorsement, whichever is the latest; or
- the confinement, treatment and/or charges incurred relates to or arises as a direct or indirect result of:
 - routine physical examinations or health check-ups not related to the Covered Cancer (whether with or without any positive findings) on the insured;
 - treatment or tests carried out in relation to the insured's Covered Cancer not consistent with customary medical treatment or diagnosis;
 - vaccination and immunisation injections received by the insured for the prevention of a Covered Cancer;

- narcotics used by the insured unless taken as prescribed by a registered medical practitioner;
- treatment or tests performed on the insured that relate to Acquired Immune Deficiency Syndrome (AIDS), any Human Immunodeficiency Virus or any related or associated condition or AIDS related complex;
- mental disorder, psychological or psychiatric conditions, behavioural problems or personality disorder unless such occurrence is covered by psychological counselling;
- any congenital or inherited Covered Cancer (only applicable if the disorder gives rise to signs or symptoms or was diagnosed before the insured reaches age 12) of the insured;
- any services primarily for physiotherapy or for the investigation of signs and/or symptoms with diagnostic imaging, laboratory investigation or other diagnostic procedures unless they are covered by diagnostic benefit;
- any treatment, investigation, services or supplies which are not medically necessary or any charges which exceed the reasonable and customary charges;
- non-medical services, including but not limited to guest meals, radio, telephone, photocopy, taxes, personal items, medical report charges and the like;

- experimental and/or unconventional medical technology / procedure / therapy performed on the insured; or novel drugs / medicines / stem cell therapy not yet approved by the government, relevant authorities and recognised medical association in the locality;
- war, hostilities (whether war is declared or not), rebellion, insurrection, riot, civil commotion, terrorist act, nuclear contamination, biological contamination or chemical contamination;
- genetic testing undertaken to test for a genetic predisposition to Covered Cancer;
- any form of treatment undergone without a definite diagnosis of the presence of a Covered Cancer in the insured's body;
- over-the-counter medication and nutrient supplement not prescribed by a registered medical practitioner, and any of the following traditional Chinese medicines: cordyceps sinensis, seahorse, bezoar, amber, ganoderma, antelope horn, antler, agate, musk, saffron, bird's nest and ginseng; or
- any activity or disease which falls under the exclusion(s) as shown on any endorsement issued by the Company.

Revision of Benefits

The Company shall from time to time, revise the benefits payable and the related terms and conditions under VCare Cancer Protector and the Premium of VCare Cancer Protector will be adjusted. We shall notify changes to you in writing at least 30 days prior to the policy anniversary.

Product Limitation

1. The plan will only cover the medically necessary expenses related to the diagnosis and treatments of the Covered Cancer, and such charges must be reasonable and customary.

“Medically necessary” means the medical services are:

- consistent with the diagnosis and customary medical treatment for the condition;
- in accordance with standards of good medical practice;
- not for the convenience of the insured or the registered medical practitioner;
- for which the charges are fair and reasonable;
- not experimental in nature; and
- provided on the basis of such services or treatments cannot be safely provided without hospital admission in the case of confinement.

“Reasonable and customary charges” means charges for treatment, medical services and/or supplies received by the insured must be medically necessary and do not exceed the usual level of charges for such treatment, medical services and/or supplies in the locality where the expense is incurred. We reserve the right to determine whether the charges for treatment, medical services and supplies are regarded as reasonable and customary charges with reference to but not limited to a combination of our global experience and any relevant publication or information made available, such as the schedule of fees published by the government, relevant authorities and recognised medical association in the locality where the expense is incurred.

2. If the insured's confinement is of a higher level than he/she is entitled as specified in the benefit schedule, whether voluntarily or involuntarily, the benefit payable during the period of confinement will be reduced by multiplying by the following adjustment factor:

- For an upgrade from semi-private level to private level or above: 50%
- For an upgrade from ward level to semi-private level: 50%
- For an upgrade from ward level to private level or above: 25%

Claims

We must be notified in writing within 30 days from the date after the first diagnosis of the covered cancer in the event of any claim other than the claim for compassionate death benefit and failure to do so may invalidate a claim unless it can be shown that it was not reasonably possible to give such notice and that notice was given as soon as was reasonably possible. Admission of any claim will be subject to the proof as required to be provided by you or the insured; and if applicable, such proof for medically necessary expenses must be provided by you or the insured within 30 days from the date such expense was incurred.

The claimant should submit a claim to us in the form prescribed by us and shall at his/her own expense provide to us all necessary information, documents, medical evidence as we may from time to time require in connection with the claim. You may contact your licensed insurance intermediary or contact our Customer Service Center at +852 2894 9833 to get a copy of the form, or you can download it from our Company website at life.chubb.com/hk.

Disclosure

In the event of material misrepresentation, fraud or non-disclosure, we will contest the policy and all the monies paid to us under the policy will be forfeited.

Cooling-off Period (if VCare Cancer Protector is issued as a rider, cooling-off period is not applicable to VCare Cancer Protector which is attached to a policy after policy issuance)

If you are not satisfied with your policy, you have the right to cancel it by submitting a signed notice and return the policy document (if any) to Chubb Life Insurance Hong Kong Limited at 35/F Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong within a period of 21 calendar days immediately following either the day of delivery of the policy or a notice informing you or your nominated representative about the availability of the policy and the expiry date of the cooling-off period, whichever is earlier.

If the last day of the 21-calendar day period is not a working day, the cooling-off period shall include the next working day. Upon such cancellation of this plan, we will refund the total amount of premiums without any interest in the original currency paid by you provided that no claims have been made.

Collection of Premium Levy by Insurance Authority

The Insurance Authority started collecting levy on insurance premiums from policyowners for policies issued in Hong Kong since January 1, 2018. For details of the levy and its collection arrangement, please visit our Company website at life.chubb.com/hk or contact our Customer Service Center at +852 2894 9833. In the event that we refund your premiums, whether in full or in part, e.g. upon cancellation of your policy during the cooling-off period, the proportionate levy paid by you will also be refunded accordingly.

Every Way of Life

CHUBB®

Contact Us

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Hong Kong

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