

## 條款及保障修改通知

從 2022 年 9 月 15 日起，我們將會加強您的保泰粉紅自願醫保計劃保障，而您在下個續保日前的保費、產品風險及不保事項則維持不變。您的保單保費在隨後的續保日將如常按當時生效的標準保費表計算，而本次修訂亦不會影響現時生效的標準保費表。

### 相關產品及已更新的自願醫保認可產品編號：

- 保泰粉紅自願醫保計劃 (半私家房 - HK\$0 自付費) (F00060-01-000-02)
- 保泰粉紅自願醫保計劃 (半私家房 - HK\$20,000 自付費) (F00060-02-000-02)
- 保泰粉紅自願醫保計劃 (半私家房 - HK\$50,000 自付費) (F00060-03-000-02)
- 保泰粉紅自願醫保計劃 (半私家房 - HK\$80,000 自付費) (F00060-04-000-02)
- 保泰粉紅自願醫保計劃 (私家房 - HK\$0 自付費) (F00060-05-000-02)
- 保泰粉紅自願醫保計劃 (私家房 - HK\$20,000 自付費) (F00060-06-000-02)
- 保泰粉紅自願醫保計劃 (私家房 - HK\$50,000 自付費) (F00060-07-000-02)
- 保泰粉紅自願醫保計劃 (私家房 - HK\$80,000 自付費) (F00060-08-000-02)

### 主要修改：

- 加強保泰粉紅自願醫保計劃的保障，內容包括：
  - 提高日間手術現金保障的賠償限額。
  - 提高入院前或出院後 / 日間手術前後的門診護理的住院 / 日間手術前門診或急症診症的最多次數
- 調整未知投保前已有病症的的等候期與賠償比率
  - 未知投保前已有病症引起的合資格費用從第二個保單年度起按保障限額全數賠償
- 下個續保日前的保費，主要產品風險，及主要不保事項將維持不變

### 此次修改將對您帶來甚麼影響？

- 由 2022 年 9 月 15 日起產生的合資格費用，將按已提高的賠償限額及 / 或已調整的未知投保前已有病症的的賠償比率作出賠償

請注意相關產品的條款及細則將於 2022 年 9 月 15 日作出以下修改並於當天起生效，保單的續保日將按保單資料頁所示的並維持不變。根據條款及細則，您可在下個續保日前選擇不接受這些修訂<sup>1</sup>。我們建議您接受這些修改，因為相關產品保障覆蓋範圍會更廣泛，並且不會因文本修訂而減少。如上述提及，新增保障亦不會增加您在下個續保日前的保費。如有任何疑問，請致電 3008-8123 向客戶服務部查詢。

由 2022 年 3 月 1 日起，因應醫務衛生局（前稱食物及衛生局）要求，所有保泰自願醫保計劃的條款及細則已新增第二補充文件，並已就所需醫療費用而收取或徵收的增值稅和商品及服務稅納入為合資格費用。

## I. 保障表 (更新版本)

保障項目 (2)	賠償限額 (港元)
<b>1. 基本保障 (3)</b>	
(k) 入院前或出院後 / 日間手術前後的門診護理 (4)	全數賠償(7)下列診症： <ul style="list-style-type: none"><li>• 住院 / 日間手術前最多 ± 2 <b>NEW</b> 次門診或急症診症</li><li>• 出院 / 日間手術後 90 日內最多 3 次跟進門診</li></ul>
<b>3. 其他保障 (1) (9)</b>	
(a) 日間手術現金保障	每項手術\$800 每項手術\$1,300 <b>NEW</b>

<sup>1</sup> 您可在下個續保日前選擇不接受這些修訂，但所有修訂將在下次保單續保後應用於您的保單。

## II. 保單條款及細則第六部分第 4 節 - 投保前已有病症

### 更新版本

所有在投保申請文件或任何其後就相關申請提交予本公司的資料或文件（若本公司在第一部分第 8 節提出要求，則包括相關必需資料的任何更新及改動）中，向本公司披露的投保前已有病症，除非受個別不保項目（如有）所規限，本公司將按本條款及保障賠償該病症的合資格費用。本公司可因應在投保申請文件或任何其後就相關申請提交予本公司的資料或文件（若本公司在第一部分第 8 節提出要求，則包括相關必需資料的任何更新及改動）中披露的投保前已有病症或影響可保性的因素，對本條款及保障加設個別不保項目。在保單簽發日或保單生效日（以較早日期為準）後，除在第四部分第 4 節列明的情況外，本公司將無權再加設任何個別不保項目。

至於保單持有人或受保人在遞交投保申請文件（若本公司在第一部分第 8 節提出要求，則包括相關所需資料的任何更新及改動）時不察覺，及理應不察覺的投保前已有病症，本公司將按本條款及保障，並以下述的等候期與賠償比率賠償合資格費用 –

首個保單年度	沒有保障
第二個保單年度起	按保障限額賠償百分之二十五 按保障限額全數賠償 <b>NEW</b>
第三個保單年度	按保障限額賠償百分之五十
第四個保單年度起	按保障限額全數賠償

為免存疑，若保單持有人或受保人在遞交投保申請文件（若本公司在第一部分第 8 節提出要求，則包括所需資料的任何更新及改動）時不察覺，及理應不察覺該投保前已有病症，本公司將無權因此重新核保或終止本條款及保障。

若保單持有人或受保人沒有按要求於投保申請文件（若本公司在第一部分第 8 節提出要求，則包括所需資料的任何更新及改動）中披露受保人的投保前已有病症，而該投保前已有病症在投保前已接受治療或被確診，或保單持有人或受保人在遞交投保申請文件（若本公司在第一部分第 8 節提出要求，則包括所需資料的任何更新及改動）時已察覺或理應察覺該病症出現的病徵或症狀，本公司有權因而宣告本條款及保障無效，並有權追討已支付的賠償及/或拒絕提供本條款及保障的保障。在該情況下，本公司將按第二部分第 14 節退還已繳交的保費。本公司必須就此情況負上舉證的責任。

詳情請參閱以下已更新的产品文件:

- [保單條款及細則](#)
- [第一及第二補充文件](#)
- [保障表 \(包括手術表\) 保泰粉紅自願醫保計劃 - 半私家房](#)
- [保障表 \(包括手術表\) 保泰粉紅自願醫保計劃 - 私家房](#)

保泰人壽保險有限公司

2022 年 8 月

## Notice of Terms and Benefits Amendments

Your Bowtie Pink VHIS Plan will be enhanced with effective date on Sep 15, 2022. The enhancement itself will not affect the premium until the upcoming renewal, product risks or exclusions of your Bowtie Pink VHIS Policy, and the premium of your policy upon renewals will be subject to the usual adjustment based on the in force Standard Premium schedule and such Standard Premium schedule will not be affected by the enhancement.

### Relevant product(s) and new VHIS Certification Number

- Bowtie Pink VHIS Plan – Semi-Private Room (F00060-01-000-02)
- Bowtie Pink VHIS Plan – Semi-Private Room (F00060-02-000-02)
- Bowtie Pink VHIS Plan – Semi-Private Room (F00060-03-000-02)
- Bowtie Pink VHIS Plan – Semi-Private Room (F00060-04-000-02)
- Bowtie Pink VHIS Plan – Private Room (F00060-05-000-02)
- Bowtie Pink VHIS Plan – Private Room (F00060-06-000-02)
- Bowtie Pink VHIS Plan – Private Room (F00060-07-000-02)
- Bowtie Pink VHIS Plan – Private Room (F00060-08-000-02)

### Key amendment(s):

- **Enhancing the benefits of our Bowtie Pink VHIS Plan:**
  - Increasing the benefit limit of Day Case Procedure Cash Benefit
  - Increase the Number of prior outpatient visits or Emergency consultations for Pre- and post-Confinement/Day Case Procedure Outpatient Care
- **Adjustment on Waiting Period and Reimbursement Arrangement of Unknown Pre-existing Conditions**
  - Eligible Expenses arising from unknown Pre-existing Conditions shall be payable with full coverage from Second Policy Year onwards
- **There is no change in the premium until the upcoming renewal, key products risk, and key exclusions.**

### How does this affect you?

- All Eligible Expenses incurred on or after Sep 15, 2022, will be payable subject to the increased benefit limit and/or adjusted reimbursement arrangement of unknown Pre-existing Conditions

Please note that the Terms and Conditions of relevant products will be amended with the following changes with effect from September 15, 2022, while the renewal date of your policy will remain the same as stated in your Policy Schedule. Under the Terms and Conditions, you have the right to not accept these amendments before the upcoming renewal<sup>1</sup>. We recommend you accept these amendments, as the benefit coverage is better and will not be reduced due to the textual amendments, with no premium increases for the new benefits until the upcoming renewal, as mentioned above. Please contact our customer service on 3008-8123 if you have any enquiries.

Starting from 1st March 2022, in response to the Health Bureau's (formerly known as Food and Health Bureau) requirement, a new Supplement No. 2 has been added to the terms and conditions of the Bowtie VHIS policies. Value-Added Tax ("VAT") and Goods and Services Tax ("GST") charged or imposed on the relevant medical expenses incurred will be included as Eligible Expenses.

### I. Benefit Schedule (New Version)

Benefit items <sup>(2)</sup>	Benefit limit (in HKD)
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<sup>1</sup> Please note that in any event the enhanced benefits will be applied to your Policy from the next Policy Renewal despite you may elect not to accept them before the Renewal.

<b>1. Basic Benefit<sup>(3)</sup></b>	
(k) Pre- and post-Confinement/Day Case Procedure outpatient care <sup>(4)</sup>	Full cover <sup>(7)</sup> for the following specified visits: <ul style="list-style-type: none"> <li>• <del>± 2</del> <sup>NEW</sup> prior outpatient visits or Emergency consultations per Confinement/Day Case Procedure</li> <li>• 3 follow-up outpatient visits per Confinement/Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)</li> </ul>
<b>3. Other benefits <sup>(1)</sup> <sup>(9)</sup></b>	
(a) Day Case Procedure cash benefit	<del>\$800 per surgical procedure</del> \$1,300 per surgical procedure <sup>NEW</sup>

## II. Terms and Conditions Part 6 Section 4 Pre-existing Condition(s)

### New Version

Eligible Expenses arising from Pre-existing Condition(s) that are notified to the Company in the Application and subsequent information or document submitted to the Company for the purpose of the application, including any updates of and changes to such requisite information (if so requested by the Company under Section 8 of Part 1), subject to the Case-based Exclusion(s) (if any), shall be payable in accordance with these Terms and Benefits. The Company may impose Case-based Exclusion(s) to these Terms and Benefits by reason of a Pre-existing Condition or other factor that affects the insurability of the Insured Person notified to the Company in the Application and any subsequent information or document submitted to the Company for the purpose of the application, including any updates of and changes to such requisite information (if so requested by the Company under Section 8 of Part 1). After the Policy Issuance Date or the Policy Effective Date (whichever is the earlier), the Company shall not have the right to impose any additional Case-based Exclusion(s), save for the limited circumstances stated in Section 4 of Part 4.

Eligible Expenses arising from Pre-existing Condition(s) that the Policy Holder and/or Insured Person was not aware and would not reasonably have 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 under Section 8 of Part 1), shall be payable in accordance with these Terms and Benefits, subject to the following waiting period and reimbursement arrangement –

First Policy Year	no coverage
Second Policy Year onwards	<del>25% reimbursement</del> full coverage <sup>NEW</sup>
<del>Third Policy Year</del>	<del>50% reimbursement</del>
<del>Fourth Policy Year</del>	<del>full coverage</del>

For the avoidance of doubt, the Company shall not have the right to re-underwrite or terminate these Terms and Benefits where the Policy Holder and/or Insured Person was not aware and would not reasonably have been aware of the Pre-existing Condition(s) at the time of submission of Application, including any updates of and changes to the required information (if so requested by the Company under Section 8 of Part 1).

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 under Section 8 of Part 1), that the Insured Person is suffering from a Pre-existing Condition, and such Pre-existing Condition has been treated or 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 under Section 8 of Part 1), the Company has the right to declare these Terms and Benefits void, demand repayment of any benefits paid and/or refuse to provide coverage under these Terms and Benefits. In such event, the Company shall refund the premium in accordance with Section 14 of Part 2. The burden of proving the above shall rest with the Company.

For the details of the amendment, you may refer to the updated product documents below:

- [Terms and Conditions](#)
- [Supplement No.1 and No.2](#)
- [Benefit Schedule \(Bowtie Pink VHIS Plan – Semi-Private Room\)](#)
- [Benefit Schedule \(Bowtie Pink VHIS Plan – Standard Private Room\)](#)

**Bowtie Life Insurance Company Limited**

**August, 2022**