

保泰自願醫保 - 靈活計劃保障

# 條款及細則修改通知

VHIS Flexi Plan

Notice of Terms and Conditions  
Amendments

March 2021

## 條款及細則修改通知

從2021年4月1日起，我們將會加強您的保泰自願醫保 - 靈活計劃保障，而您的保費則維持不變。

### 相關產品:

- 保泰自願醫保 - 靈活計劃 - 基本計劃
- 保泰自願醫保 - 靈活計劃 - 升級計劃

### 主要修改:

- 加強保泰自願醫保 - 靈活計劃的保障，內容包括：
  - 提高病房及膳食，及主診醫生巡房費的賠償限額。
  - 新增善終及紓緩治療保障。
  - 將麻醉科醫生費及手術室費的賠償限額計算方式從外科醫生費實際賠償金額或保障限額（以較低者為準）的35%更改為獨立保障限額。而新的獨立保障限額相等於之前的最高賠償上限，這意味著如果您的外科醫生費較低，您將不會因此得到較少的賠償。
- 標準保費表，主要產品風險，及主要不保事項將維持不變

請注意相關產品的條款及細則將於2021年4月1日作出以下修改並於當天起生效。根據自願醫保的業務守則，您可選擇在不接受這些修訂的情況下更新現有保單。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，而新增保障亦不會增加保費。如有任何疑問，或您選擇不接受這些修訂，請致電3008-8123向客戶服務部查詢。

### I. 保障表 (保泰自願醫保 - 靈活計劃 - 基本計劃)

#### 更新版本

| 保障項目 <sup>(1)</sup> | 賠償限額 (港元)   |
|---------------------|---|
| <b>(1) 基本保障</b>     |   |
| (a) 病房及膳食           | 每日 \$880 <sup>(6)</sup> <b>每日 \$1,100<sup>(5) NEW</sup></b>   |
| (c) 主診醫生巡房費         | 每日 \$750 <sup>(6)</sup> <b>每日 \$960<sup>(5) NEW</sup></b>   |
| (g) 麻醉科醫生費          | 外科醫生費的35% <sup>(5)</sup><br><b>每項手術，按手術表劃分的手術分類-<sup>NEW</sup></b> <ul style="list-style-type: none"> <li>• 複雜 <b>\$17,500</b></li> <li>• 大型 <b>\$ 8,750</b></li> <li>• 中型 <b>\$ 4,400</b></li> <li>• 小型 <b>\$ 1,750</b></li> </ul> |

|   |  |
|---|--|
| (h) 手術室費                                      | <b>外科醫生費的35%</b> <sup>(5)</sup><br><b>每項手術，按手術表劃分的手術分類</b> <sup>NEW</sup> <ul style="list-style-type: none"> <li>• <u>複雜</u> \$17,500</li> <li>• <u>大型</u> \$ 8,750</li> <li>• <u>中型</u> \$ 4,400</li> <li>• <u>小型</u> \$ 1,750</li> </ul> |
| <b>(2) 額外保障</b> <sup>(7)(6) NEW</sup>         |  |
| <b>(b) 門診腎臟透析</b> <sup>(2) NEW</sup>          | 每保單年度\$50,000  |
| <b>(c) 出院後每日家中看護費</b> <sup>(2) NEW</sup>      | 每日\$500 <ul style="list-style-type: none"> <li>• 只限出院後180日內提供的每日護理服務</li> </ul>  |
| <b>(d) 康復治療</b> <sup>(2) NEW</sup>            | 每日\$750，每保單年度 \$10,000 <ul style="list-style-type: none"> <li>• 只限出院後90日內的入住</li> </ul>  |
| <b>(f) 善終及紓緩治療</b> <sup>(2) NEW</sup>         | 每保單年度\$20,000 <sup>NEW</sup>   |
| <b>(3) 其他保障</b> <sup>(7)(6)</sup>             |  |
| <b>(d) 完全及永久失去自理能力入息保障</b> <sup>(2) NEW</sup> | 每當受保人完全及永久失去自理能力 – <ul style="list-style-type: none"> <li>• 每星期\$500</li> <li>• 共賠償52星期</li> </ul>   |

註解 –

**(2)** 本公司有權要求有關書面建議的證明，例如轉介信或由主診醫生或註冊醫生在索償申請表內提供的陳述。

**(5)** 此百分比適用於外科醫生費實際賠償的金額或根據手術分類下外科醫生費的保障限額，以較低者為準。

## II. 保障表 (保泰自願醫保 - 靈活計劃 - 升級計劃)

更新版本

| 保障項目 <sup>(1)</sup>                    | 賠償限額 (港元)   |
|--|---|
| <b>(1) 基本保障</b>                        |   |
| (a) 病房及膳食                              | 每日 \$2,000 <sup>(6)</sup> 每日 \$2,200 <sup>(5) NEW</sup>   |
| (c) 主診醫生巡房費                            | 每日 \$1,500 <sup>(6)</sup> 每日 \$2,000 <sup>(5) NEW</sup>   |
| (g) 麻醉科醫生費                             | 外科醫生費的35% <sup>(5)</sup><br>每項手術，按手術表劃分的手術分類- <sup>NEW</sup> <ul style="list-style-type: none"> <li>• 複雜 \$26,250</li> <li>• 大型 \$13,150</li> <li>• 中型 \$ 6,600</li> <li>• 小型 \$ 2,650</li> </ul> |
| (h) 手術室費                               | 外科醫生費的35% <sup>(5)</sup><br>每項手術，按手術表劃分的手術分類- <sup>NEW</sup> <ul style="list-style-type: none"> <li>• 複雜 \$26,250</li> <li>• 大型 \$13,150</li> <li>• 中型 \$ 6,600</li> <li>• 小型 \$ 2,650</li> </ul> |
| <b>(2) 額外保障<sup>(7)(6) NEW</sup></b>   |   |
| (b) 門診腎臟透析 <sup>(2) NEW</sup>          | 每保單年度\$100,000  |
| (c) 出院後每日家中看護費 <sup>(2) NEW</sup>      | 每日\$800 <ul style="list-style-type: none"> <li>• 只限出院後180日內提供的每日護理服務</li> </ul>   |
| (d) 康復治療 <sup>(2) NEW</sup>            | 每日\$1,500，每保單年度 \$20,000 <ul style="list-style-type: none"> <li>• 只限出院後90日內的入住</li> </ul>   |
| (f) 善終及舒緩治療 <sup>(2) NEW</sup>         | 每保單年度\$40,000 <sup>NEW</sup>  |
| <b>(3) 其他保障<sup>(7)(6)</sup></b>       |   |
| (d) 完全及永久失去自理能力入息保障 <sup>(2) NEW</sup> | 每當受保人完全及永久失去自理能力 - <ul style="list-style-type: none"> <li>• 每星期\$800</li> <li>• 共賠償52星期</li> </ul>  |

註解 -

(2) 本公司有權要求有關書面建議的證明，例如轉介信或由主診醫生或註冊醫生在索償申請表內提供的陳述。

(5) 此百分比適用於外科醫生費實際賠償的金額或根據手術分類下外科醫生費的保障限額，以較低者為準。

### III. 第一補充文件 第1部分 – 新增善終及紓緩治療

更新版本

#### (f) 善終及紓緩治療<sup>NEW</sup>

##### 資格及支付賠償

- (i) 一旦符合以下(aa)、(bb)、(cc)及(dd)項列出的條件時，本保障將賠償善終或紓緩治療院舍就該段住宿及提供予受保人的照顧及護理服務所收取的合資格費用及其他費用，並受保障表內的保障限額所規限：
- (aa) 受保人被診斷患上末期疾病；
- (bb) 受保人直接因以上(aa)項所述的末期疾病相關的傷病引致住院並已經出院；
- (cc) 受保人在以上(bb)項所述的出院當日起計九十(90)日內開始入住善終或紓緩治療院舍；
- (dd) 註冊醫生經過審慎的專業判斷，建議以上(cc)項所述的入住善終或紓緩治療院舍，及認為符合以上(aa)、(bb)及(cc)項列出的條件，並以書面證明。

### IV. 第一補充文件 第1部分 – 新增【末期疾病】釋義

更新版本

#### 【末期疾病】<sup>NEW</sup>

受保人明確地確診為極可能在十二（12）個月內身故的疾病。

保泰人壽保險有限公司

2021年3月

## Notice of Terms and Conditions Amendments

Effective April 1, 2021 your VHIS Flexi Plan will be enhanced, with no change to your premium schedule.

### Relevant product(s):

- Bowtie VHIS Flexi - Regular
- Bowtie VHIS Flexi - Plus

### Key amendment(s):

- Enhancing the benefits of our VHIS Flexi plans:
  - o Increasing the benefit limit of Room and Board and Attending doctor' s visit fee.
  - o Addition of a new Hospice and Palliative Care benefit.
  - o Improving the benefit limit of Anaesthetist' s fee, and Operating Theatre charges, to be from 35% of the Surgeon' s fee actually payable or its benefit limit (whichever is the lower) to be an independent benefit limit with an amount equal to the previous maximum. This means you will not be reimbursed less if you have a lower surgery fee.
- There is no change in standard premium schedule, key products risk, and key exclusions.

Please note that the Terms and Conditions of the relevant products will be amended with the following changes with effect from April 1, 2021. Under the VHIS Code of Practice, you have the right to renew your existing policy without accepting these amendments. 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. Please contact our Customer Service team on 3008-8123 if you have any enquiries or choose to not accept these amendments.

### I. Benefit Schedule (Bowtie VHIS Flexi - Regular)

#### New Version

| Benefit items <sup>(1)</sup>     | Benefit limit (in HKD)  |
|----------------------------------|---|
| <b>1. Basic benefits</b>         |   |
| (a) Room and board               | <del>\$880 per day</del> <sup>(6)</sup> <b>\$1,100 per day</b> <sup>(5) NEW</sup> |
| (c) Attending doctor's visit fee | <del>\$750 per day</del> <sup>(6)</sup> <b>\$960 per day</b> <sup>(5) NEW</sup>   |

|  |   |
|--|---|
| (g) Anaesthetist's fee   | <del>35% of Surgeon's fee payable<sup>(5)</sup></del><br><b>Per surgery, subject to surgical category for the <sup>NEW</sup></b><br><u><b>surgery/ procedure in the Schedule of Surgical</b></u><br><u><b>Procedures –</b></u> <ul style="list-style-type: none"> <li>• <u>Complex</u>      \$17,500</li> <li>• <u>Major</u>         \$8,750</li> <li>• <u>Intermediate</u> \$4,400</li> <li>• <u>Minor</u>          \$1,750</li> </ul> |
| (h) Operating theatre charges  | <del>35% of Surgeon's fee payable<sup>(5)</sup></del><br><b>Per surgery, subject to surgical category for the <sup>NEW</sup></b><br><u><b>surgery/ procedure in the Schedule of Surgical</b></u><br><u><b>Procedures –</b></u> <ul style="list-style-type: none"> <li>• <u>Complex</u>      \$17,500</li> <li>• <u>Major</u>         \$8,750</li> <li>• <u>Intermediate</u> \$4,400</li> <li>• <u>Minor</u>          \$1,750</li> </ul> |
| <b>2. Enhanced benefits<sup>(7) (6) NEW</sup></b>                    |   |
| (b) Outpatient kidney dialysis <sup>(2) NEW</sup>                    | \$50,000 per Policy Year  |
| (c) Post-Confinement daily home nursing <sup>(2) NEW</sup>           | \$500 per day <ul style="list-style-type: none"> <li>• Only payable for daily nursing services provided within 180 days after discharge from Confinement</li> </ul>   |
| (d) Rehabilitative care <sup>(2) NEW</sup>                           | \$750 per day, up to \$10,000 per Policy Year <ul style="list-style-type: none"> <li>• Only payable for Stay within 90 days after discharge from Confinement</li> </ul>   |
| (f) <b>Hospice and palliative care benefit<sup>(2) NEW</sup></b>     | <b>\$20,000 per Policy Year<sup>NEW</sup></b>   |
| <b>3. Other benefits<sup>(7) (6)</sup></b>                           |   |
| (d) Total and Permanent Incapacity income benefit <sup>(2) NEW</sup> | Upon each time the Insured Person suffers from Total and Permanent Incapacity – <ul style="list-style-type: none"> <li>• \$500 per week</li> <li>• payable for 52 weeks</li> </ul>  |

Notes –

**(2)** 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.

~~(5) 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.~~

## II. Benefit Schedule (Bowtie VHIS Flexi - Plus)

### New Version

| Benefit items <sup>(1)</sup>   | Benefit limit (in HKD)  |
|--|---|
| <b>1. Basic benefits</b>   |   |
| (a) Room and board   | <del>\$2,000 per day</del> <sup>(6)</sup> <b>\$2,200 per day</b> <sup>(5)</sup>   |
| (c) Attending doctor's visit fee   | <del>\$1,500 per day</del> <sup>(6)</sup> <b>\$2,000 per day</b> <sup>(5)</sup>   |
| (g) Anaesthetist's fee   | <del>35% of Surgeon's fee payable</del> <sup>(5)</sup><br><b>Per surgery, subject to surgical category for the <span style="color: red;">NEW</span></b><br><u>surgery/ procedure in the Schedule of Surgical Procedures –</u><br><ul style="list-style-type: none"> <li>• <u>Complex</u>        \$26,250</li> <li>• <u>Major</u>            \$13,150</li> <li>• <u>Intermediate</u> \$6,600</li> <li>• <u>Minor</u>            \$2,650</li> </ul> |
| (h) Operating theatre charges  | <del>35% of Surgeon's fee payable</del> <sup>(5)</sup><br><b>Per surgery, subject to surgical category for the <span style="color: red;">NEW</span></b><br><u>surgery/ procedure in the Schedule of Surgical Procedures –</u><br><ul style="list-style-type: none"> <li>• <u>Complex</u>        \$26,250</li> <li>• <u>Major</u>            \$13,150</li> <li>• <u>Intermediate</u> \$6,600</li> <li>• <u>Minor</u>            \$2,650</li> </ul> |
| <b>2. Enhanced benefits</b> <sup>(7) (6) <span style="color: red;">NEW</span></sup>                |   |
| (b) Outpatient kidney dialysis <sup>(2) <span style="color: red;">NEW</span></sup>                 | \$100,000 per Policy Year   |
| (c) Post-Confinement daily home nursing <sup>(2) <span style="color: red;">NEW</span></sup>        | \$800 per day<br><ul style="list-style-type: none"> <li>• Only payable for daily nursing services provided within 180 days after discharge from Confinement</li> </ul>  |
| (d) Rehabilitative care <sup>(2) <span style="color: red;">NEW</span></sup>                        | \$1,500 per day, up to \$20,000 per Policy Year<br><ul style="list-style-type: none"> <li>• Only payable for Stay within 90 days after discharge from Confinement</li> </ul>  |
| (f) <u>Hospice and palliative care benefit</u> <sup>(2) <span style="color: red;">NEW</span></sup> | <b>\$40,000 per Policy Year</b> <sup><span style="color: red;">NEW</span></sup>   |
| <b>3. Other benefits</b> <sup>(7) (6) <span style="color: red;">NEW</span></sup>                   |   |



|  |  |
|--|--|
| (d) Total and Permanent Incapacity income benefit <sup>(2) NEW</sup> | Upon each time the Insured Person suffers from Total and Permanent Incapacity – <ul style="list-style-type: none"> <li>• \$800 per week</li> <li>• payable for 52 weeks</li> </ul> |
|--|--|

Notes –

(2) 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.

~~(5) 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.~~

### III. Supplement No.1 Section 1 – Addition of Hospice and Palliative Care Benefit

#### New Version

#### (f) Hospice and palliative care benefit <sup>NEW</sup>

##### Eligibility and benefit payment

- (i) This benefit shall be payable for the Eligible Expenses and other expenses charged by the hospice or palliative care facility on the accommodation, care and nursing services provided by the facility to the Insured Person, once the conditions set out in items (aa), (bb), (cc) and (dd) below are satisfied, subject to the limit as stated in the Benefit Schedule:
- (aa) the Insured Person has been diagnosed with a Terminal Illness;
- (bb) the Insured Person has been discharged from Confinement for a Disability relating directly to the Terminal Illness referred to in item (aa) above;
- (cc) the Insured Person has been admitted to a hospice or palliative care facility within ninety (90) days after the discharge from Confinement referred to in item (bb) above;
- (dd) as evidenced in writing, a Registered Medical Practitioner has exercised his prudent professional judgment, recommends the admission to the hospice or palliative care facility referred to in item (cc) above, and is of the view that the conditions set out in items (aa), (bb) and (cc) above are satisfied.

#### IV. Supplement No.1 – Addition of Definition “Terminal Illness”

##### New Version

“Terminal Illness” <sup>NEW</sup>

shall mean the conclusive unequivocal diagnosis of an illness that is expected to result in the death of the Insured Person within twelve (12) months.

Bowtie Life Insurance Company Limited

March, 2021