保障表

Bowtie 公司醫療保險計劃 – Flexi Select 2

本單張為由保泰人壽保險有限公司所提供的Bowtie 公司醫療保險計劃的保障簡介。本單張旨在以簡單方式介紹本計劃，本計劃的最終解釋將以我們發出的保單為準。

請立即透過我們的電子平台細閱所有有關文件，以確保你明白及滿意你的保障。若你有任何疑問，請致電3008-8123，或登入網站www.bowtie.com.hk與我們即時交談。

Bowtie致力環保及實現無紙化，因此我們會盡量採用電子通訊。請定期更新你的聯絡方法，包括你的電郵地址及手機號碼，以便我們在需要時與你聯絡，為你提供最新資訊。

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保障範圍

保障範圍	**身故** — 在受保人身故的情況下向受益人支付相等於保障額的金額。 **住院及日間手術** — 賠償醫療所需的傷病治療的合資格費用，包括住院治療及日間手術。 **門診** — 賠償由註冊醫生、註冊中醫師及註冊專科醫生提供的傷病治療的合資格費用。我們亦會向每名受保人提供BowtieGo會員會籍，供其以會員專享價格於網絡診所就診。 **保健** — 賠償指定身體檢查計劃及指定流感疫苗接種服務的實際費用。
保障地區	**全球**
賠償方式	**一筆過賠償（適用於身故保障）** — 1. 在受保人身故的情況下我們向受益人支付一筆過的賠償。 **實報實銷（適用於住院及日間手術保障）** — 1. 我們將按照下表的保障項目及賠償限額，賠償超過自付額之合資格費用或實際費用（視乎情況而言）。 2. 每項費用最多只按一項保障項目作出賠償。 3. 若受保人從任何其他途徑索償部分或全部的開支，我們只會為餘下的開支作賠償。 **醫療卡（適用於門診保障）**— 1. 受保人可憑 Bowtie 卡於網絡診所接受醫療服務，並須按下表所列支付相關自付額。受保人無需進行任何索償程序。 2. 受保人及保單持有人需要承擔任何憑 Bowtie 卡接受但不在本計劃保障範圍內的服務的費用。 **由我們直接支付（適用於保健保障）** — 1. 我們會按照下表直接向網絡診所支付指定身體檢查計劃及指定流感疫苗接種服務的費用。受保人不需向網絡診所支付費用，亦不需進行任何索償程序。

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保障表

計劃級別	Flexi Select 2 級別
資格要求	**所有**成員 / 其配偶: **75歲**[1]或以下; 其子女: **15 天**至**25歲**[2]
人壽保障	**保障額**
(a) **身故保障**	**港幣10,000元**
住院及日間手術保障[3]	**賠償限額**
(b) **病房及膳食**	(b) 至 (k): 合資格費用的**80%**; 及 每保單年度合共**港幣10,000元** (b) 及 (d): 每保單年度各**180日** (i): 住院 / 日間手術**前最多 1 次**門診; 及 出院 / 日間手術**後 90 日內最多 3 次**跟進門診 (k): 內窺鏡日間手術每保單年度**港幣10,000元;** 病毒疣及皮膚病變去除日間手術每保單年度 **港幣6,000元**
(c) **住院雜項開支**	
(d) **主診醫生巡房費**	
(e) **深切治療**	
(f) **外科醫生費**	
(g) **麻醉科醫生費**	
(h) **手術室費**	
(i) **入院前或出院後 / 日間手術前後門診護理**	
(j) 精神科治療 — 由註冊專科醫生書面轉介	

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(k) 指定日間手術 — 包括內窺鏡及病毒疣及皮膚病變去除	
(l) **香港公立醫院住院現金**	每日**港幣200元**；及 每保單年度**180日**
(m) **日間手術現金保障**	每次日間手術**港幣200元**
(n) **第二索償津貼** — 適用於當受保人先從其他保險公司所提供的保險計劃中得到部分或全數賠償	每日**港幣200元**；及 每保單年度**180日**
網絡下的門診保障 [4]	**賠償限額**
(o) 普通科醫生	每次就診 非網絡：**不適用**； 網絡：**全數**支付合資格之醫療費用[7]，惟須支付**港幣50 元**之自付額 及 每保單年度最高就診次數為10**次**
(p) **中醫** — 中草藥、針灸治療及跌打	每次就診 非網絡：**不適用**； 網絡：**全數**支付合資格之醫療費用[7]，惟須支付**港幣50 元**之自付額 及 每保單年度最高就診次數為10**次**
(q) 門診專科醫生	每次就診 非網絡：**不適用**； 網絡：**全數**支付合資格之醫療費用[7]，惟須支付**港幣100 元**之自付額 及 每保單年度最高就診次數為5**次**
保健保障[5]	**賠償限額**
(r) **身體檢查**—指定身體檢查計劃	**全數**保障；及 每保單年度**1次**

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(s) **流感疫苗**—指定流感疫苗服務	**全數**保障；及 每保單年度**1次**
BowtieGo 會員會籍	**免費獲得會員會籍並可享以會員專享價格於網絡診所及網絡牙科診所無限次就診**[6]
Bowtie 卡	**受保人可憑此醫療卡於網絡診所接受門診醫療服務**

1. 凡於年滿六十五 (65) 歲前已在本計劃下受保之受保人，可繼續享有延續保障至年齡七十五(75) 歲。就年齡介乎六十五(65) 至七十五(75) 歲的受保人，本公司或會徵收附加保費和/或施加個別不保項目。年齡介乎七十(70) 至 七十五(75) 歲的受保人，於每個計劃週年日均須接受核保，而其能否繼續受保將取決於核保結果。
2. 年齡介乎十八 (18) 歲至二十五 (25) 歲的子女必須是全日制學生，並需提供我們接受之有效證明。
3. 就住院及日間手術保障而言，所有保障均不限制醫院病房級別的選擇。然而，若受保人於住院期間入住高於標準普通房級別的病房，就相關住院實際可獲賠償的金額將降低至本應可獲賠償的以下比率：

受保人入住的病房級別	就住院可獲賠償金額的百分比
標準普通房	100%
標準半私家房	50%
高於標準半私家房	25%

例如：

受保人受保於本計劃級別而入院期間的相關合資格費用為港幣 10,000 元，而受保人入住高於標準半私家房級別的病房，則實際可獲賠償為：港幣 10,000 元 x 25% x 80% = 港幣2,000 元。而該保單年度剩餘的保障賠償限額將為：港幣 10,000 元 - 港幣 2,000 元 = 港幣 8,000 元。

4. 門診保障只承保網絡診所的合資格費用，不承保非網絡診所的任何費用。網絡下的診所組成會不時變更，請參閱客戶平台以獲取最新資訊。就門診保障而言，每保單年度的累計最高就診次數為 15 次，每天每項目最高就診次數為 1 次。
5. 保健保障只承保網絡下指定身體檢查計劃及指定流感疫苗服務的費用。請參閱客戶平台以獲取有關指定計劃及服務的資訊。
6. 網絡下的診所組成會不時變更；適用於各醫療專業人士的會員專享價各有不同，亦會不時變更。請參閱客戶平台以獲取最新資訊。請注意：BowtieGo 為獨立的會員優惠計劃，並非保險計劃，不產生任何賠償或墊付責任。此計劃與 Bowtie Card 計劃（持卡人就診時只需繳付墊底費，其餘合資格費用由保險計劃承擔）屬性質不同的獨立安排，敬請注意區分。
7. 網絡診所門診合資格之醫療費用僅包括：
   (a) 普通科醫生：診金及最多2天之處方基本西藥費用；
   (b) 中醫：診金及最多2包之基本中藥費用；及
   (c) 門診專科醫生：診金及最多5天之處方基本西藥費用；

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額外藥物或特別藥物的費用，或需另行收費。

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Benefit Schedule

Bowtie Corp Medical Insurance Plan – Flexi Select 2

This leaflet is a summary of your benefits under Bowtie Corp Medical Insurance Plan offered by Bowtie Life Insurance Company Limited. It is designed to describe the Plan in a simple way and the final interpretation of the Plan is subject to the policy issued by us.

Bowtie would strongly encourage you to read all relevant documents carefully at the start of your coverage. You can conveniently access these anytime from our electronic platform. Please make sure you are familiar with the scope of coverage to ensure you have the cover that you wanted. If you have any questions, please do not hesitate to get in touch by calling us at 3008-8123 or through our live chat on our website www.bowtie.com.hk.

Bowtie strives to be environmentally friendly and tries to be paperless, so we use electronic communications as much as possible. It is essential that you keep us up-to-date with your contact information, including your email address and mobile phone number, so we can reach and update you when it's important to do so.

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Scope of Coverage

Coverage	**Death** — Sum Insured payable to the Beneficiary in the event of the Insured Person's death. **Inpatient and Day Case Procedure** — cover Eligible Expenses for Medically Necessary treatments of a Disability, including Inpatient treatments and Day Case Procedures. **Outpatient** — cover Eligible Expenses for treatments of a Disability provided by a Registered Medical Practitioner, Registered Chinese Medicine Practitioner and Registered Specialist. We also provide each Insured Person with a BowtieGo membership under which he can access our Network clinics with member exclusive price. **Wellness** — cover actual expenses for designated health check-up plans and designated influenza vaccination services.
Area cover	**Worldwide**
Claim method	**Lumpsum (applicable to death benefit)** — 1. We will pay in lumpsum to the Beneficiary in the event of the Insured Person's death. **Reimbursement (applicable to Inpatient and Day Case Procedure benefits)** — 1. We will reimburse the Eligible Expenses or actual expenses (as applicable) incurred beyond the amount of Co-Payment (as applicable) and up to the benefit limit(s) set out in the table below. 2. One expense item will only be reimbursable under one benefit item. 3. If the Insured Person is entitled to reimbursement of all or part of such expenses from other sources and has been so reimbursed, we will only be liable for an amount in excess of the amount recovered from such other sources. **Medical Card (applicable to Outpatient benefits) —** 1. The Insured Person may receive Medical Services at the Network clinics by presenting the Bowtie Card, and paying the relevant Co-Payment as set out in the table below. The Insured Person will not need to carry out any claim procedure. 2. The Insured Person and the Policyholder shall pay any expenses for services received using the Bowtie Card which are not covered by this Plan. **Direct settlement by us (applicable to Wellness benefits) —** 1. We will directly pay the expenses of designated health check-up plans and designated influenza vaccination services to the relevant Network clinic according to the table below. The Insured Person will not need to pay to the relevant Network clinic and will not need to carry out any claim procedure.

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Schedule of Benefits

Plan Level	Flexi Select 2 Level
Eligibility requirements	**All** Associate / Spouse: **Age 75**[1] or below; Child: 15 days to **Age 25**[2]
Life insurance benefit	**Sum Insured**
(a) **Death benefit**	**HKD10,000**
Inpatient and Day Case Procedure benefits[3]	**Benefit limit**
(b) **Room and board**	(b) to (k): **80%** of Eligible Expenses; Total **HKD10,000** per Policy Year (b) & (d): **180 days** per Policy Year respectively (i): **1 prior visit** and **3 follow-up visits** within 90 days after discharge from Hospital or completion of Day Case Procedure (k): Total **HKD10,000** per Policy Year for Day Case Procedure for endoscopy; and Total **HKD6,000** per Policy Year for Day Case Procedure for the removal of viral warts and skin lesions
(c) **Confinement miscellaneous charges**	
(d) **Attending doctor's visit fees**	
(e) **Intensive care**	
(f) **Surgeon's fees**	
(g) **Anaesthetist's fees**	
(h) **Operating theatre charges**	
(i) **Pre- and post- Confinement/Day Case Procedure Outpatient care**	
(j) Psychiatric treatments — as referred in writing by a Registered Specialist	
(k) Designated Day Case Procedures — including endoscopy and the removal of viral warts and skin lesions	
(l) **Hospital Cash for Confinement in Hong Kong public Hospital**	**HKD200** per day; **180 days** per Policy Year
(m) **Day Case Procedure cash benefit**	**HKD200** per Day Case Procedure

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(n) **Second claim subsidy** — applicable when the Insured Person first obtains partial or full reimbursements under insurance plans offered by other insurance company(ies)	**HKD200** per day; **180 days** per Policy Year
Outpatient benefits under the Network [4]	**Benefit limit**
(o) General practitioner	Non-Network: **Not applicable** Network: **Full** cover for eligible medical expenses[7], subject to a Co-Payment of **HKD50** per visit and maximum number of visits per Policy Year is **10 visits**
(p) **Chinese medicine practitioner** — herbal, acupuncture and bonesetting treatments	Non-Network: **Not applicable** Network: **Full** cover for eligible medical expenses[7], subject to a Co-Payment of **HKD50** per visit and maximum number of visits per Policy Year is **10 visits**
(q) Specialist	Non-Network: **Not applicable** Network: **Full** cover for eligible medical expenses[7], subject to a Co-Payment of **HKD100** per visit and maximum number of visits per Policy Year is **5 visits**
Wellness benefits[5]	**Benefit limit**
(r) **Health check-up** — designated health check-up plan	**Fully** covered; **1 time** per Policy Year
(s) Influenza vaccination — designated influenza vaccination service	**Fully** covered; **1 time** per Policy Year
BowtieGo membership	**Free membership allowing unlimited visits to Network clinics and Network Dental clinics at member-exclusive price[6]**
Bowtie Card	**The Insured Person may receive Outpatient Medical Services at the Network clinics by presenting this medical card**

1. Coverage may be extended to Insured Persons up to Age seventy-five (75) if such Insured Persons had been insured under this Plan before attaining Age sixty-five (65). For Insured Persons Aged sixty-five (65) to seventy-five (75), a Premium Loading and/or Case-based Exclusion(s) may be imposed. For Insured Persons Aged seventy (70) to seventy-five (75), underwriting will be required at each Plan Anniversary, and whether such Insured Persons can continue to be insured will depend on the underwriting result.

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2. A child between the Age of eighteen (18) and twenty-five (25) must be a full-time student with valid proof accepted by us.

3. In respect of Inpatient and Day Case Procedure benefits, all benefits are not subject to any restriction in the choice of ward class in a Hospital. However, if the Insured Person is Confined in a room of a level higher than Standard Ward Room, the actual amount of any benefits payable for the Confinement shall be reduced to a percentage of the benefit that would otherwise have been payable. This percentage is set out in the following table:

Level of room in which the Insured Person is Confined	Percentage of benefits payable during Confinement
Standard Ward Room	100%
Standard Semi-Private Room	50%
Above Standard Semi-Private Room	25%

For example:
If the Insured Person covered under this Plan Level is confined in a room of Above Standard Semi-Private Room level, and the relevant Eligible Expenses incurred during Confinement is HKD10,000, the actual benefit payable will be: HKD10,000 x 25% x 80% = HKD2,000. The remaining Policy Year benefit limit for benefit items (b) – (k) in the above table will be: HKD10,000 - HKD2,000 = HKD8,000.

4. Outpatient benefits will only cover Eligible Expenses incurred at Network clinics. Any expenses incurred at non-Network clinics will not be covered. The composition of Network clinics is subject to change from time to time. Please refer to the customer portal for the latest information. In respect of Outpatient benefits, the maximum number of visits in aggregate per Policy Year is 15 and the maximum number of visits per item per day is 1.

5. Wellness benefits only cover expenses for designated check-up plans and designated influenza vaccination services within the Network. Please refer to the customer portal for details of the designated plans and services.

6. The composition of Network clinics is subject to change from time to time; member exclusive price varies by practitioners and is also subject to change from time to time. Please refer to the customer portal for latest information. Please note that BowtieGo is a standalone member benefits programme and does not constitute an insurance plan; it does not give rise to any reimbursement or indemnity obligation. BowtieGo is distinct from the Bowtie Card arrangement, under which cardholders are only required to pay a designated co-payment at the point of consultation, with the remaining eligible expenses covered by the insurance plan. The two arrangements are separate in nature and should not be conflated.

7. Eligible medical expenses for Outpatient services at Network clinics shall be limited to:
   (a) General practitioner: consultation fee and up to 2 days of prescribed basic Western medicine;
   (b) Chinese medicine practitioner: consultation fee and up to 2 packets of prescribed basic Chinese medicine; and
   (c) Specialist: consultation fee and up to 5 days of prescribed basic Western medicine;

   Additional or special medications may incur extra charges.

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