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保障簡介

Bowtie 公司醫療保險計劃 – Pro Bronze

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。

保障範圍

保障範圍	<p>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。</p> <p>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。</p> <p>門診 — 賠償由註冊醫生、註冊中醫師、註冊物理治療師、註冊脊醫、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。</p> <p>牙科 — 賠償牙科服務的實際費用，包括口腔檢查和洗牙。</p> <p>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。</p>
保障地區	全球
賠償方式	<p>一筆過賠償（適用於身故保障） —</p> <ol style="list-style-type: none"> 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。 <p>實報實銷（適用於住院，日間手術，門診及牙科保障） —</p> <ol style="list-style-type: none"> 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。 <p>由我們直接支付（適用於保健保障） —</p> <ol style="list-style-type: none"> 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。

保障表

計劃級別	IV. Pro Bronze 級別
資格要求	所有成員 / 其配偶: 75 歲或以下; 其子女: 15 天至 25 歲 ¹
人壽保障	保障額
(a) 身故保障	港幣 25,000 元
住院及日間手術保障	賠償限額
(b) 病房及膳食	<p>(b) 至 (j) : 合資格費用的 80%; 及 每保單年度合共港幣 25,000 元</p> <p>(b) 及 (d) : 每保單年度各 180 日</p> <p>(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</p>
(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	
(k) 香港公立醫院住院現金	每日港幣 200 元；及 每保單年度 180 日
(l) 日間手術現金保障	每次日間手術 港幣 200 元
(m) 特別獎賞 — 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
門診保障 ²	賠償限額
(n) 至 (t): 受保人每次就診須支付港幣 30 元之自付額 ³	
(n) 普通科醫生	每次就診 港幣 420 元
(o) 中醫 — 中草藥、針灸治療及跌打	每次就診 港幣 270 元
(p) 門診專科醫生	每次就診 港幣 690 元
(q) 脊醫 — 由註冊醫生書面轉介	不適用
(r) 物理治療師 — 由註冊醫生書面轉介	不適用
(s) 診斷影像及化驗 — 由註冊醫生書面轉介	每保單年度港幣 500 元
(t) 精神科相關治療	不適用

牙科保障 ²	賠償限額
(u) 至 (v): 受保人每次就診須支付港幣 30 元之自付額³	
(u) 口腔檢查及洗牙	每次就診 港幣 500 元；及 每保單年度 1 次
(v) 其他牙科門診服務—鑲牙（因意外導致）、補牙及拔牙及牙科 X 光	每次就診 港幣 500 元
保健保障 ⁴	賠償限額
(w) 身體檢查—指定身體檢查計劃	全數保障；及 每保單年度 1 次
(x) 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無限次就診⁵

1. 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。
2. 就門診及牙科保障而言，每保單年度的累計最高就診次數為 30 次，每天每項目最高就診次數為 1 次。
3. 我們將按照賠償限額，支付每個保障項目超過港幣 30 元自付額之合資格費用或實際費用（視乎情況而言）。換言之，就每個保障項目而言，受保人須在每次就診時自行承擔至少港幣 30 元診金。
4. 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
5. 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。

不保事項

除身故保障外，本計劃不會賠償直接或間接、全部或部分因以下任何一項引致的費用：

- (a) **投保前已有病症：**
 - (i) 除下述 (a)(ii) 所述的情況外，將受一(1)年等候期所限，即本計劃不會保障受保人的投保前已有病症，除非該受保人已在此計劃已連續受保一(1)年；或
 - (ii) 若你在保單生效日或保單簽發日（以較早日期為準）緊接之前受保於任何其他保險公司的團體醫保定價產品，則不受等候期所限，即由受保人在本計劃下受保當日起，本計劃將保障受保人的投保前已有病症；
- (b) **純粹的診斷程序：**純粹為接受診斷程序或專職醫療服務而住院或日間手術所招致全部（或部分）費用。這包括但不限於 X-光、先進掃描、化驗及物理治療；
- (c) **療養、監護療養或靜養；**
- (d) **非醫療服務：**非醫療服務，包括但不限於訪客膳食、收音機、電話、影印、稅務、個人物品、醫療報告收費等；
- (e) **HIV 及愛滋病：**任何疾病、傷病、毒素或感染。這包括感染任何人類免疫缺乏病毒 (HIV)及 / 或其任何相關疾病，包括愛滋病及 / 或其任何突變、衍生或變異；
- (f) **精神障礙：**無須住院接受治療的精神障礙、心理或精神病、行為問題或人格障礙（按本計劃條款及細則第 2.4.1(g)條（精神科相關治療）可獲保障的收費除外）；
- (g) **視力矯正：**矯正視力或屈光不正的服務，而該等視力問題可透過驗配眼鏡或隱形眼鏡矯正，包括但不限於眼部屈光治療、角膜激光矯視手術(LASIK)，以及任何相關的檢測、治療程序及服務；
- (h) **疫苗：**疫苗接種、免疫、注射、預防藥物或預防性護理（按本計劃條款及細則第 2.6 條（保健保障）可獲保障的收費除外）；
- (i) **分娩：**驗孕或其後的分娩，墮胎、流產或任何以上事項引致的併發症；節育或恢復生育；不育治療包括體外受精或任何其他人工授孕方法；男性或女性的絕育；性障礙包括但不限於陽萎；

- (j) **整容**：以美容或整容為目的；
- (k) **替代治療**：包括但不限於指壓、推拿、催眠、按摩治療及香薰治療；
- (l) **先天性疾病**：受保人十七 (17) 歲前已出現症狀或病徵或已診斷的先天性疾病；
- (m) **已獲賠償**：費用已獲任何法律，或任何政府、公司或其他第三方提供的醫療或保險計劃賠償的任何治療；
- (n) **毒品、自殺及非法活動**：因倚賴、過量服用，或受以下任何一項影響而產生或導致的傷病：
 - (i) 藥物、酒精、毒品或類似物質；
 - (ii) 故意自殘身體；
 - (iii) 企圖或威脅自殺，不論神智清醒與否；
 - (iv) 參與非法活動；
 - (v) 違法或企圖違法或拒捕；及
 - (vi) 性病和性傳播疾病或其後遺症（愛滋人體免疫力缺乏(HIV)病毒及其相關傷病除外）；
- (o) **非處方藥物及保健品**：非由註冊醫生處方的麻醉藥、非處方藥物及營養補充品；
- (p) **武裝部隊**：參加任何武裝部隊或維和活動；
- (q) **核、生物及化學活動**：核、生物及化學相關活動引致的傷病。這包括但不限於任何核燃料，或核燃料或核武器燃燒產生的核廢料造成的核裂變、核聚變、電離輻射或放射性污染；或任何核、化學或生物恐怖主義行為，包括但不限於使用核、生物或化學武器或制劑；及
- (r) **戰爭及恐怖主義**：革命及戰爭（不論宣戰與否）、恐怖主義行為。

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Benefit Summary

Bowtie Corp Medical Insurance Plan – Pro Bronze

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.

Scope of Coverage

<p>Coverage</p>	<p>Death — Sum Insured payable to the Beneficiary in the event of the Insured Person's death.</p> <p>Inpatient and Day Case Procedure — cover Eligible Expenses for Medically Necessary treatments of a Disability, including Inpatient treatments and Day Case Procedures.</p> <p>Outpatient — cover Eligible Expenses for treatments of a Disability provided by a Registered Medical Practitioner, Registered Chinese Medicine Practitioner, Registered Physiotherapist, Registered Chiropractor, 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.</p> <p>Dental — cover actual expenses for Dental Services, including oral examination, scaling and polishing.</p> <p>Wellness — cover actual expenses for designated health check-up plans and designated influenza vaccination services.</p>
<p>Area cover</p>	<p>Worldwide</p>
<p>Claim method</p>	<p>Lumpsum (applicable to death benefit) —</p> <ol style="list-style-type: none"> We will pay in lumpsum to the Beneficiary in the event of the Insured Person's death. <p>Reimbursement (applicable to Inpatient, Day Case Procedure, Outpatient and Dental benefits) —</p> <ol style="list-style-type: none"> 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. One expense item will only be reimbursable under one benefit item. 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. <p>Direct settlement by us (applicable to Wellness benefits) —</p> <ol style="list-style-type: none"> 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.

Schedule of Benefits

Plan Level	IV. Pro Bronze Level
Eligibility requirements	All Associate / Spouse: Age 75 or below; Child: 15 days to Age 25 ¹
Life insurance benefit	Sum Insured
(a) Death benefit	HKD25,000
Inpatient and Day Case Procedure benefits	Benefit limit
(b) Room and board	<p>(b) to (j): 80% of Eligible Expenses; and Total HKD25,000 per Policy Year</p> <p>(b) & (d): 180 days per Policy Year respectively</p> <p>(i): 1 prior visit and 3 follow-up visits within 90 days after discharge from Hospital or completion of a Day Case Procedure</p>
(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) Hospital cash for Confinement in Hong Kong public Hospital	
(l) Day Case Procedure cash benefit	HKD200 per Day Case Procedure

(m) Special bonus — applicable when the Insured Person first obtains partial or full reimbursements under insurance plans offered by other insurance company	HKD200 per day; and 180 days per Policy Year
Outpatient benefits²	Benefit limit
(n) to (t): subject to HKD30 Co-Payment per visit³	
(n) General practitioner	HKD420 per visit
(o) Chinese medicine practitioner — herbal, acupuncture and bonesetting treatments	HKD270 per visit
(p) Specialist	HKD690 per visit
(q) Chiropractor — as referred in writing by a Registered Medical Practitioner	Not applicable
(r) Physiotherapist — as referred in writing by a Registered Medical Practitioner	Not applicable
(s) Diagnostic Imaging and Laboratory Tests —as referred in writing a Registered Medical Practitioner	HKD500 per Policy Year
(t) Psychiatric-related treatments	Not applicable
Dental benefits²	Benefit limit
(u) to (v): subject to HKD30 Co-Payment per visit³	
(u) Oral examination, scaling and polishing	HKD500 per visit; and Once per Policy Year
(v) Other Dental consultation — Accidental denture treatment, extraction and filling and dental X-ray	HKD500 per visit
Wellness benefits⁴	Benefit limit
(w) Health check-up — designated health check-up plan	Fully covered; and 1 time per Policy Year

(x) Influenza vaccination — designated influenza vaccination service	Fully covered; 1 time per Policy Year
BowtieGo membership	Free membership allowing unlimited visits at member-exclusive price⁵

1. A child between the age of eighteen (18) and twenty-five (25) must be a full-time student with valid proof accepted by us.
2. In respect of Outpatient and Dental benefits, the maximum number of visits in aggregate per Policy Year is **30** and the maximum number of visits per item per day is **1**.
3. Each benefit item is payable for any Eligible Expenses or actual expenses (as applicable) in excess of HKD30 Co-Payment up to the corresponding benefit limit. In other words, for each benefit item, the Insured Person shall bear a minimum cost of HKD30 per visit.
4. 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.
5. 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.

Exclusions

Except for death benefit, no payment will be made under the Plan for expenses caused directly or indirectly, wholly or partly by any of the following:

- (a) **Pre-existing Condition(s):**
 - (i) except for situations under (a)(ii) below, there will be a waiting period of one (1) year i.e. Pre-existing Conditions of an Insured Person will not be covered under this Plan unless such Insured Person has been insured under this Plan continuously for one (1) year; or
 - (ii) where you are covered under another group medical insurance packaged plan of another insurance company immediately before the Policy Issuance Date or the Policy Effective Date, whichever is the earlier, there will be no waiting period i.e. Pre-Existing Conditions of an Insured Person will be covered under this Plan from the date when such Insured Person is first insured under this Plan;
- (b) **Solely diagnostic procedures:** the whole (or part) of the Confinement or Day Case Procedure solely for the purpose of diagnostic procedures or allied health services. This includes, but is not limited to, X-Ray, advanced imaging, laboratory tests and physiotherapy;
- (c) **Convalescence, custodial, rest care and sanatoria care;**
- (d) **Non-medical services:** non-medical services, including but not limited to guest meals, radio, telephone, photocopy, taxes, personal items, medical report charges and the like;
- (e) **HIV and AIDS:** any illness, Disease, ptomaines or infection. This includes infection with any Human Immunodeficiency Virus (HIV) and/or any HIV-related illness including AIDS and/or any mutations, derivations or variations thereof;
- (f) **Mental disorders:** mental disorder, psychological or psychiatric conditions, behavioural problems or personality disorder that do not require Confinement (except for expenses payable under Section 2.4.1(g) (psychiatry-related treatments) of the Plan Terms and Conditions);
- (g) **Visual correction:** correcting visual acuity or refractive errors that can be corrected by the fitting of spectacles or contact lens. This includes, but is not limited to, eye refractive therapy, LASIK and any related tests, procedures and services;
- (h) **Vaccines:** vaccinations, immunization, injections, preventive medication or preventive care (except for expenses payable under Section 2.6 (wellness benefits) of the Plan Terms and Conditions);
- (i) **Childbirth:** diagnostic of pregnancy or resulting childbirth, abortion, miscarriage or any complications from the above; birth control or reversal of birth control; infertility including in-vitro fertilization or any other artificial method of inducing pregnancy; sterilization; sexual dysfunction including but not limited to impotence and the like;
- (j) **Cosmetic treatments:** beautification or cosmetic purposes;

- (k) **Alternative treatments:** including but not limited to acupressure, Tui Na, hypnotism, rolfing, massage therapy and aroma therapy;
- (l) **Congenital Conditions:** congenital conditions that gave rise to signs or symptoms, or was diagnosed, before the Insured Person attains seventeen (17) years of age;
- (m) **Already reimbursed:** treatment for which expenses have been reimbursed under any law, or medical program, or insurance policy provided by any government, company or other third party;
- (n) **Drugs, suicide and illegal activities:** Disability arising from, or consequential upon the dependence, overdose or influence of any of the following:
 - (i) drugs, alcohol, narcotics or similar drugs or agents;
 - (ii) intentional self-inflicted injuries;
 - (iii) attempted or threatened suicide, while sane or insane;
 - (iv) illegal activity;
 - (v) violation or attempted violation of the law, or resistance to arrest; and
 - (vi) venereal and sexually transmitted Disease or its sequelae (except for HIV and its related Disability);
- (o) **Medications and supplements that were not prescribed:** narcotics or over-the-counter medication and nutrient supplement not prescribed by a Registered Medical Practitioner;
- (p) **Armed forces:** participation in any armed force or peace-keeping activities;
- (q) **Nuclear, biological, and chemical activities:** Disability arising from nuclear, biological, and chemical related activities. This includes nuclear fission, nuclear fusion, ionizing radiation or contamination by radioactivity from any nuclear fuel, from nuclear waste resulted from combustion of nuclear fuels or nuclear weapons, or any act of nuclear, chemical or biological terrorism, including but not limited to the use of nuclear, biological or chemical weapons and agents; and
- (r) **War and terrorism:** revolutions and war (declared or undeclared), acts of terrorism.