

主要產品風險

終止保單

本計劃將在以下情況自動終止，以最先者為準 –

- a. 在保費到期日後起計的 31 日後仍未繳交保費；及
- b. 除已登記為 Basic Bronze 級別下的成員外，已登記的成員少於三 (3) 名。

除非另有說明，否則本計劃的終止不應影響在終止之前產生的任何索償。在本計劃終止後支付或接受任何保費，不應對我們產生任何法律責任，但我們將退還任何該等保費，不計利息。

續保或取消的權利

我們有權不續保本計劃及在續保日修改本計劃的保費。只要我們提前至少三十 (30) 天按照你告知我們的最新聯絡方法以電子方式通知你，我們有絕對權利隨時取消或終止本計劃。通知載明的取消或終止生效日期及時間將被視為本計劃期的結束。我們將向你收取（或退還）取消或終止當時之保費調整及已繳交但未到期的保費（如有）。

產品內容改動

我們保留更改條款及保障之權利。如有任何改動，我們會於續保前 30 日通知你。

保費調整風險

標準保費率並非保證，並有機會根據我們的索償、續保經驗、開支、醫療費用通脹及任何適用的保障修訂而改動。因此，續保保費可能較現時展示的保費增加或減少。

信貸及償債能力風險

此計劃的賠償會受保泰的信貸風險及償債能力所影響。假如保泰宣佈無力償債，你可能損失保單的保障及任何已繳保費。

通脹風險

由於通脹有機會導致未來的醫療檢測及治療費用增加，即使我們履行合約責任，本計劃的賠償金額 仍有可能不足以應付你的需要。因此，在選擇計劃時，你應考慮未來醫療通脹帶來的影響。在符合相關法例的情況下，本計劃的賠償金額及/或標準保費率都有可能受調整，以反映醫療通脹。

主要不保事項

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的全部（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；
- 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；
- 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。

上述段落只供參考，有關全部及詳細不保事項，請參閱此計劃之條款及細則的「第 3 部份：不保事項」部分。

產品限制

合理及慣常的醫療所需治療

就住院及日間手術保障及門診保障，我們只會賠償合理及慣常的醫療所需治療所衍生的費用。

「醫療所需」的住院、治療、手術、醫療用品或其他醫療服務須符合下列條件 -

- a. 根據受傷的症狀及發現或診斷及治療判斷為必須、適當及一致；
- b. 符合公認的醫學標準，而非實驗性或調查性質；
- c. 並非為對受保人、保單持有人、註冊醫生或任何其他人帶來方便而提供；及
- d. 不能省卻，否則會對受保人的健康狀況產生不利影響。

「合理及慣常」是指就醫療服務的收費而言，對情況類似的人士（例如同性別及相近年齡），就類似傷病提供類似治療、服務或物料時，不超過當地相關醫療服務供應者收取的一般收費範圍的水平。合理及慣常的收費水平由本公司合理及絕對真誠地決定，在任何情況下，此收費不得高於實際收費。

本公司將參照以下任何或所有資料（如適用）以釐定合理及慣常收費 -

- a. 由保險或醫學業界進行的治療或服務費用統計及調查；
- b. 公司內部或業界的索償統計；
- c. 政府憲報；及 / 或
- d. 提供治療、服務或物料當地的其他相關參考資料。

KEY PRODUCT RISKS

Termination

This policy will be terminated on the earliest of the followings –

- a. non-payment of premiums after 31 days from the premium due date;
- b. excluding Associates enrolled under the Basic Bronze Level, the number of Associates enrolled becomes less than three (3).

Termination of this plan shall not affect any claim arising prior to such termination unless otherwise stated. Any premium paid after the termination of this plan shall not create any liability upon us but we will refund any such premium without interest.

Renewal or Cancellation Right

We reserve the right not to Renew this Plan and to revise the premium payable under this Plan on the date of any Renewal. We have the absolute right to cancel or terminate this Plan at any time by giving you notice by electronic means to the latest contact you have notified to us not less than thirty (30) days in advance. The effective date and hour of cancellation or termination stated in the notice shall be considered the end of the Plan period. Premium adjustment (if any) and the unearned portion of the premium at the time of cancellation or termination shall be paid by (or refunded to) you.

Product Feature Revision

We reserve the right to revise the terms and benefits upon policy renewal by giving 30 days' advance notice.

Premium Adjustment Risk

Standard premium rates are not guaranteed and are subject to change based on our emerging experience in relation to claims, persistency and expenses, medical cost inflation and any change in the benefit structure. Therefore, renewal premiums may be higher or lower than the premium currently reflected.

Credit and Solvency Risk

The payment of benefits under this plan is subject to Bowtie's credit risk and solvency. In the event of Bowtie's insolvency, you may lose the coverage stipulated in this plan in addition to any premiums you have paid.

Inflation Risk

Due to inflation, the costs of medical diagnoses and treatments may rise and the amount of benefit payable may become insufficient to meet your future medical needs even if our full contractual obligations are met. You are advised to consider the likely impact of future medical cost inflation when choosing a plan. Where permitted under the relevant regulations, benefit amounts and/or standard premium rates of this plan may be revised by us from time to time to reflect the impact of medical inflation.

EXCLUSIONS

Except for the 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 sanitaria 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;
- 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;
- 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;

The above paragraphs are for reference only. You should refer to the "Part 3: What is not covered" section in the terms and conditions of this plan for the complete list and details of exclusions.



PRODUCT LIMITATIONS

Medically necessary treatment predicated on a reasonable and customary basis

For Inpatient and Day Case Procedure benefits and Outpatient benefits, we only cover expenses of medically necessary treatment predicated on a reasonable and customary basis.

“Medically necessary” shall mean in respect of Hospital Confinement, treatment, procedure, supplies or other medical services, which are, in Our opinion –

- a. required for, appropriate and consistent with the symptoms and findings or diagnosis and treatment of the Injury;
- b. in accordance with generally accepted medical practice and not of an experimental or investigative nature;
- c. not for the convenience of the Insured Person, the Policy Holder, the Registered Medical Practitioner or any other person; and
- d. not able to be omitted without adversely affecting the Insured Person’s medical condition.

“Reasonable and customary basis” shall mean, in relation to a charge for Medical Service, such level which does not exceed the general range of charges being charged by the relevant service providers in the locality where the charge is incurred for similar treatment, services or supplies to individuals with similar conditions, e.g. of the same sex and similar Age, for a similar Disability, as reasonably determined by us in utmost good faith. The Reasonable and Customary charges shall not in any event exceed the actual charges incurred.

In determining whether a charge is Reasonable and Customary, we will make reference to any or all of the following (if applicable) -

- a. treatment or service fee statistics and surveys in the insurance or medical industry;
- b. internal or industry claim statistics;
- c. gazette published by the Government; and/or
- d. other pertinent source of reference in the locality where the treatments, services or supplies are provided.