

主要產品風險

轉換職業

我們根據受保人的職業等級決定是否接受投保及釐定保費。若受保人於保單生效期間轉換職業，請盡快通知我們。我們將因應新職業重新釐定保費。若我們未能為新職業承保，將會終止你的計劃保障。

終止保單

本保單將在以下情況自動終止，以最先者為準 –

- (a) 受保人身故；
- (b) 在保費到期日後起計的31日後仍未繳交保費；
- (c) 緊隨著受保人60歲生日後的計劃週年日
- (d) 保泰不再獲《保險業條例》授權承保或繼續承保本保單。

除非另有說明，否則保單終止不會影響終止前產生的任何索償。我們不會為計劃終止後收到的保費負上任何賠償責任，但我們將退還任何該等保費。

我們取消保單的權利

我們保留絕對權利隨時在不少於30日內以電子方式通知你取消本計劃。我們將退還保單終止時已繳交但保障仍未生效的保費。

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

除恩恤身故保障外，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) 危險活動：參與

- (i) 冬季運動；或
- (ii) 賽車（自行車賽除外）或賽馬；或
- (iii) 涉及使用呼吸器的水下活動；或
- (iv) 攀岩、登山（需使用繩索或導軌）；或
- (v) 足球或橄欖球；或
- (vi) 冰球；或
- (vii) 空中飛行（以付費乘客身份搭乘定期按規定航線飛行的持牌商用飛機除外）；或
- (viii) 任何其他危險活動或運動；

(b) 職業運動：以職業身份參與運動，包括受保人會或可能透過參與該運動獲得報酬的情況；

(c) 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所招致的全部（或部分）費用。這包括但不限於物理治療、職業治療及言語治療。惟若該等程序或服務是在註冊醫生建議下因而進行醫療所需的診斷，或無法以為日症病人提供醫療服務的方式有效地進行的傷病治療，則不屬此項；

(d) 投保前已有病症；

(e) 以整容為目的：以美容或整容為目的的服務。惟受保人因意外而受傷，並於意外後九十(90)日內接受的必要醫療服務則不屬此項；

(f) 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；

(g) HIV及愛滋病：任何疾病、傷病、毒素或感染（直接由意外割傷或創傷引起的感染除外）。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；

(h) 分娩：懷孕、流產、墮胎、分娩或其任何併發症；

(i) 已獲賠償：費用已獲任何法律，或由任何政府、公司或其他第三方提供的醫療或保險計劃賠償的任何傷患治療；

(j) 毒品及非法活動：因以下原因產生或導致的意外：

- (i) 倚賴或過量服用藥物、酒精、毒品或類似物質（或受其影響）；或
 - (ii) 故意自殘身體或企圖自殺；或
 - (iii) 參與非法活動；或
 - (iv) 違法或企圖違法或拒捕；
 - (v) 性病及經由性接觸傳染的疾病或其後遺症（HIV及其相關的傷病除外）；
- (k) 武裝部隊：**參加任何武裝部隊或維和活動；
- (l) 核、生物及化學活動：**核、生物及化學相關活動引致的意外。這包括任何核燃料，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
- (m) 戰爭及恐怖主義：**革命及戰爭（不論宣戰與否）、恐怖主義行為。

若受保人於保單簽發日起計一年內自殺，不論當時神智正常或失常，我們的責任將僅限於退還已繳交的保費。

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

實報實銷意外醫療費用賠償

本計劃只賠償於意外發生後12個月內，受保人因該意外受傷而導致的醫療費用。相關費用必須由受保人意外受傷直接導致，並與其他原因無關。

合理及慣常的醫療所需治療

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士帶來方便而提供；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

Change of occupation

We underwrite your plan and decide your premium based on the occupation class of Insured Person. You must immediately notify us of any change of occupation when the policy is in effect. We will recalculate your premium of your plan based on the class of such new occupation. If the new occupation is not insurable by us, we may cease the coverage of your plan.

Termination

This plan will be terminated on the earliest of the following -

- (a) the death of the Insured Person;
- (b) non-payment of premiums after 31 days from the premium due date;
- (c) the anniversary of this plan immediately following the sixtieth (60th) birthday of the Insured Person; or
- (d) Bowtie has ceased to have the requisite authorisation under the Insurance Ordinance to write or continue to write this policy.

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.

Our right to cancel the plan

We reserve the absolute right to cancel this plan at any time by giving you prior notice of at least 30 days by electronic means. The unearned portion of the premium at the time of termination shall be refunded to you.

Product features 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.

KEY EXCLUSIONS

Except for the compassionate 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) Hazardous activities:** engaging in
 - (i) winter sports, or
 - (ii) racing on wheels (except cycling) or on horse, or
 - (iii) underwater activities involving the use of breathing apparatus, or
 - (iv) rock climbing, mountaineering (which requires the use of ropes or guides), or
 - (v) football or rugby football, or
 - (vi) ice hockey, or
 - (vii) aerial flights other than fare-paying passenger on a licensed carrying commercial aircraft operating in a regular scheduled route or
 - (viii) any other hazardous activities or sports;
- (b) Professional sports:** engaging in a sport in a professional capacity, including where the Insured Person would or could earn remuneration from engaging in such sport;
- (c) Solely diagnostic procedures:** the whole (or part) of the Confinement solely for the purpose of diagnostic procedures or allied health services. This includes, but is not limited to, physiotherapy, occupational therapy and speech therapy. The exception is if such procedure or service is recommended by a Registered Medical Practitioner for Medically Necessary investigation, or for treatment of a Disability which cannot be effectively performed in a setting for providing Medical Services to a Day Patient;
- (d) Pre-existing Condition(s);**
- (e) Cosmetic purposes:** beautification or cosmetic purposes. The exception is if it is necessitated by Injury caused by an Accident, and the Insured Person^[DC1] receives the Medical Services within ninety (90) days of the Accident;
- (f) 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;
- (g) HIV and AIDS:** any illness, Disease, ptomaines or infection (except infection which directly results from an accidental cut or wound). 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;

- (h) **Childbirth:** pregnancy, miscarriage, abortion, childbirth or any complications from the above;
- (i) **Already reimbursed:** treatment of any Injury for which expenses have been reimbursed under any law, or medical program, or insurance policy provided by any government, company or other third party;
- (j) **Drugs and illegal activities:** Accidents arising from, or consequential upon the dependence, overdose or influence of:
 - (i) drugs, alcohol, narcotics or similar drugs or agents, or
 - (ii) self-inflicted injuries or attempted suicide, or
 - (iii) illegal activity, or
 - (iv) violation or attempted violation of the law, or resistance to arrest;
 - (v) venereal and sexually transmitted Disease or its sequelae (except for HIV and its related Disability);
- (k) **Armed forces:** participation in any armed force or peace-keeping activities;
- (l) **Nuclear, biological, and chemical activities:** accidents of 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
- (m) **War and terrorism:** revolutions and war (declared or undeclared), acts of terrorism;

If the Insured Person commits suicide, whether he/she is sane or insane, within one year of the Policy Issuance Date, our liability will be limited to a refund of the premiums paid.

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

Accidental medical expense reimbursement

This plan only covers the medical expenses incurred within 12 months from the date of an accident. The expenses must be directly from the injuries of Insured Person caused by the accident and independently of all other causes.

Medically necessary treatment predicated on a reasonable and customary basis

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.