

**SUPPLEMENT NO. 1
(FOR BOWTIE VTHIS FLEXI)**

This Supplement No. 1 (“this Supplement”) is a Supplement to the Terms and Conditions and the Benefit Schedule of this Certified Plan. The purpose of this Supplement is to set out the provisions of the supplementary benefits provided under this Certified Plan, in addition to those benefits under Section 3 of Part 6 of the Terms and Conditions.

Unless otherwise defined in this Supplement, all capitalized terms used in this Supplement will have the meanings ascribed to them in the Terms and Conditions.

1. Enhanced benefits covered

(a) Accident Emergency outpatient treatments

Eligibility and benefit payment

- (i) This benefit shall be payable for the Eligible Expenses charged on Emergency outpatient treatments, once the conditions set out in items (aa), (bb) and (cc) below are satisfied, subject to the limit as stated in the Benefit Schedule:
 - (aa) the Insured Person sustains an Injury resulting in an Emergency;
 - (bb) the Insured Person receives Medical Services as a Day Patient within twenty-four (24) hours of the relevant Accident in an outpatient unit or emergency room of a Hospital;
 - (cc) the Medical Services referred to in item (bb) above are directly related to and as a result of the Injury referred to in item (aa) above.

Benefit payment order

- (ii) Where Eligible Expenses under this benefit are also covered under Section 3 of Part 6 of the Terms and Conditions and Section 1(g) of this Supplement, such Eligible Expenses shall be payable in the following order:
 - (aa) this Section 1(a);
 - (bb) Section 3 of Part 6 of the Terms and Conditions;

(cc) the supplementary major medical benefit under Section 1(g) of this Supplement.

For the avoidance of doubt, Eligible Expenses for Prescribed Diagnostic Imaging Tests shall only be payable under Section 3(i) of Part 6 of the Terms and Conditions and will not be payable under this benefit and Section 1(g) of this Supplement.

(b) Outpatient kidney dialysis

Eligibility and benefit payment

(i) This benefit shall be payable for the Eligible Expenses charged on haemodialysis or peritoneal dialysis, once the conditions set out in items (aa) and (bb) below are satisfied, subject to the limit as stated in the Benefit Schedule:

(aa) the Insured Person receives haemodialysis or peritoneal dialysis as a Day Patient;

(bb) as evidenced in writing, a Registered Medical Practitioner has exercised his prudent professional judgment, recommends the haemodialysis or peritoneal dialysis referred to in item (aa) above.

Benefit payment order

(ii) Where Eligible Expenses under this benefit are also covered under Section 3(k) of Part 6 of the Terms and Conditions and Section 1(g) of this Supplement, such Eligible Expenses shall be payable in the following order:

(aa) this Section 1(b);

(bb) Section 3(k) of Part 6 of the Terms and Conditions;

(cc) the supplementary major medical benefit under Section 1(g) of this Supplement.

(c) Post-Confinement daily home nursing

Eligibility and benefit payment

(i) This benefit shall be payable for the Eligible Expenses charged by the relevant nursing service provider(s) on daily nursing services provided 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 discharged from Confinement;
- (bb) the Insured Person receives daily nursing services provided by one (1) or more Qualified Nurse(s) in the Insured Person's home after the discharge from the Confinement referred to in item (aa) above;
- (cc) the daily nursing services referred to in item (bb) above are provided within the period as stated in the Benefit Schedule;
- (dd) as evidenced in writing, a Registered Medical Practitioner has exercised his prudent professional judgment, recommends the daily nursing services referred to in item (bb) above, and is of the view that the daily nursing services referred to in item (bb) above are directly related to and as a result of the same cause (including any and all complications therefrom) of the Confinement referred to in item (aa) above and is independent of any other cause.

(d) Rehabilitative care

Eligibility and benefit payment

- (i) This benefit shall be payable for the Eligible Expenses charged on rehabilitative care, 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 discharged from Confinement;
 - (bb) the Insured Person has Stayed in a Rehabilitation Centre in Hong Kong after the discharge from the Confinement referred to in item (aa) above;
 - (cc) the Stay referred to in item (bb) above is within the period as stated in the Benefit Schedule;
 - (dd) as evidenced in writing, a Registered Medical Practitioner has exercised his prudent professional judgment, recommends the Stay referred to in item (bb) above, and is of the view that the Stay referred to in item (bb) above is directly related to and as a result of the same cause (including any and all

complications therefrom) of the Confinement referred to in item (aa) above and is independent of any other cause.

Benefit payment order

(ii) Where Eligible Expenses under this benefit are also covered under Section 3(k) of Part 6 of the Terms and Conditions, such Eligible Expenses shall be payable in the following order:

(aa) Section 3(k) of Part 6 of the Terms and Conditions;

(bb) this Section 1(d).

(e) Hospital companion bed

Eligibility and benefit payment

(i) This benefit shall be payable for the expenses charged for the use of one (1) extra bed by one (1) person who accompanies the Insured Person in the same ward class during the Insured Person's Confinement, once the conditions set out in items (aa) and (bb) below are satisfied, subject to the limit as stated in the Benefit Schedule:

(aa) the Insured Person has been Confined;

(bb) the room and board benefit is payable under Section 3(a) of Part 6 of the Terms and Conditions for the Confinement referred to in item (aa) above.

(f) Hospice and palliative care benefit

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.

(g) Supplementary major medical benefit

Eligibility and benefit payment

- (i) This benefit shall be payable once the conditions set out in items (aa) and (bb) below are satisfied, subject to the limit as stated in the Benefit Schedule:
 - (aa) the Eligible Expenses as set out under any of the following provisions of Section 3 of Part 6 of the Terms and Conditions or this Supplement have been incurred -
 - (I) Miscellaneous charges under Section 3(b) of Part 6 of the Terms and Conditions;
 - (II) Specialist's fee under Section 3(d) of Part 6 of the Terms and Conditions;
 - (III) Intensive care under Section 3(e) of Part 6 of the Terms and Conditions;
 - (IV) Surgeon's fee under Section 3(f) of Part 6 of the Terms and Conditions;
 - (V) Anaesthetist's fee under Section 3(g) of Part 6 of the Terms and Conditions;
 - (VI) Operating theatre charges under Section 3(h) of Part 6 of the Terms and Conditions;
 - (VII) Accident Emergency outpatient treatments under Section 1(a) of this Supplement;
 - (VIII) Outpatient kidney dialysis under Section 1(b) of this Supplement;

(bb) for any item referred to under (aa) above, the Eligible Expenses plus any accumulated benefits paid by the Company to the Policy Holder cumulatively during the relevant Policy Year for the relevant item have exceeded the relevant benefit limits as stated in the Benefit Schedule. For the avoidance of doubt, the relevant benefit limit for (III) above relating to intensive care only refers to the day count limit per Policy Year as specified in the Benefit Schedule, and does not refer to the daily benefit limit.

Benefit calculation

(ii) Subject to the limit for this benefit, the benefit payable shall be determined using the following formula –

Benefit payable equals Eligible Expenses in excess of benefit limits of the relevant benefit items (see (i)(aa) and (bb) above)

multiplied by adjustment factor (see (iii) and (iv) below)

multiplied by (1 – 20% Coinsurance) (see the Benefit Schedule)

(iii) Subject to (iv) below, the applicable adjustment factor depends on the ward class of the Insured Person's Confinement as set out below –

Ward class of Insured Person's Confinement	Applicable adjustment factor	
	For Bowtie VHIS Flexi – Regular	For Bowtie VHIS Flexi - Plus
Ward Room	100%	100%
Semi-Private Room	50%	100%
Standard Private Room	25%	50%
Above Standard Private Room	25%	25%

(iv) The adjustment factor referred to in (iii) above is not applicable when the Policy Holder can provide evidence issued by the Hospital at which the Insured Person has been Confined proving that the Insured Person has been Confined in a ward class other than Ward Room as a result of unavailability of ward or room shortage

for Emergency Treatment, isolation reasons requiring Confinement in the higher ward class, or for any other reason not involving the Policy Holder's and/or the Insured Person's personal preference.

2. Other benefits covered

(a) Day Case Procedure cash benefit

Eligibility

- (i) This benefit shall be payable to the Policy Holder once the conditions set out in items (aa) and (bb) below are satisfied:
 - (aa) the Insured Person undergoes any surgical procedure as a Day Case Procedure;
 - (bb) the Surgeon's fee benefit is payable for the procedure referred to in item (aa) above under Section 3(f) of Part 6 of the Terms and Conditions.

Benefit payment

- (ii) The Company shall pay this benefit in the amount as stated in the Benefit Schedule.
- (iii) For the avoidance of doubt, the payment under this benefit shall not affect and/or replace any benefits payable under the Surgeon's fee, the Anaesthetist's fee and the operating theatre charges benefits under Sections 3(f), (g) and (h) respectively of Part 6 of the Terms and Conditions.

(b) Special bonus

Eligibility

- (i) This benefit shall be payable to the Policy Holder once the conditions set out in items (aa) and (bb) below are satisfied:
 - (aa) the Insured Person has been Confined or undergoes any surgical procedure as a Day Case Procedure;
 - (bb) the Insured Person is covered by any other individual or group hospital indemnity insurance plans offered by other insurance company(ies), and the Company reimburses after partial or full reimbursement has been paid by such other insurance company(ies).

Benefit payment

- (ii) This benefit shall be payable in the amount as stated in the Benefit Schedule for each day of the Confinement or Day Case Procedure referred to in item (i)(aa) above.

(c) Medical negligence benefit

Eligibility

- (i) The Company shall pay this benefit to the Policy Holder once the conditions set out in items (aa), (bb) and (cc) below are satisfied:
 - (aa) the Insured Person dies as a direct result of any negligence of a Registered Medical Practitioner or Qualified Nurse in the course of any Medical Services received in a Hospital in Hong Kong and independent of any other cause;
 - (bb) the death referred to in item (aa) above occurs within thirty (30) days after the occurrence of the incident constituting the negligence referred to in item (aa) above as recorded by the relevant Government authority, a court of law, the Medical Council of Hong Kong, or the Nursing Council of Hong Kong;
 - (cc) the negligence referred to in item (aa) above has been confirmed by a relevant Government authority, a court of law (including the Coroner's Court), the Medical Council of Hong Kong or the Nursing Council of Hong Kong;

Benefit payment

- (ii) The Company shall pay this benefit in a lump sum in the amount as stated in the Benefit Schedule once all the conditions set out in (i) above are satisfied. For the avoidance of doubt, this benefit is payable to the Policy Holder or the Policy Holder's estate (if applicable).

(d) Total and Permanent Incapacity income benefit

Definition of Total and Permanent Incapacity

- (i) For the purpose of this Section 2(d), "Total and Permanent Incapacity" means the Insured Person's incapacity to perform any three (3) or more of the following activities of daily living for at least six (6) consecutive months –

- (aa) transfer: getting in and out of a chair, bed or wheelchair on his own and without requiring the assistance of other person(s);
- (bb) mobility: moving from room to room on level surfaces on his own and without requiring the assistance of other person(s);
- (cc) toileting: voluntarily controlling bladder and bowel functions so as to maintain personal hygiene;
- (dd) dressing: putting on and taking off all necessary clothing, correctional or protective braces, artificial limbs and other surgical appliances on his own and without requiring the assistance of other person(s);
- (ee) bathing/washing: washing oneself in a bath or shower (including getting in or out of the bath or shower) or washing oneself by any other means on his own and without requiring the assistance of other person(s);
- (ff) eating: feeding oneself on food on his own and without requiring the assistance of other person(s),

and the Insured Person must be capable of performing the relevant activities of daily living immediately prior to the cause of the Confinement referred to in item (ii)(aa) below.

Eligibility

- (ii) The Company shall pay this benefit to the Policy Holder once the conditions set out in items (aa), (bb), (cc) and (dd) below are satisfied:
 - (aa) the Insured Person has been Confined or discharged from Confinement;
 - (bb) the Insured Person suffers from Total and Permanent Incapacity within eight (8) months after the occurrence of the cause of the Confinement referred to in item (aa) above;
 - (cc) the Insured Person's Total and Permanent Incapacity is directly related to and as a result of the same cause (including any and all complications therefrom) of the Confinement referred to in item (aa) above and is independent of any other cause;

- (dd) as evidenced in writing, a Registered Medical Practitioner has exercised his prudent professional judgment and is of the view that the conditions set out in items (aa), (bb) and (cc) above are satisfied.

Benefit payment

- (iii) The Company shall make the first payment under this benefit once all the conditions set out in (ii) above are satisfied. For the avoidance of doubt, the earliest time the first payment will be made is after six (6) consecutive months of incapacity to perform the activities of daily living noted in (i) above.
- (iv) The Company shall pay this benefit for the entire period stated in the Benefit Schedule. For the avoidance of doubt, even if the Insured Person dies within the period stated in the Benefit Schedule, payments under this benefit will still continue to be paid for that entire period to the Policy Holder or the Policy Holder's estate (if applicable).

3. Supplementary definitions

For the purpose of Sections 1 to 2 in this Supplement, words and expressions used shall have the following meanings -

"Above Standard Private Room" shall mean a room in a Hospital with amenities or furnishings upgraded beyond a Standard Private Room.

"Qualified Nurse" shall mean a nurse,

- (a) who is duly qualified and is registered with the Nursing Council of Hong Kong pursuant to the Nurses Registration Ordinance (Cap. 164 of the Laws of Hong Kong) or a body of equivalent standing in jurisdictions outside Hong Kong (as accepted by the Company); and
- (b) legally authorized for rendering nursing services in Hong Kong or the relevant jurisdiction outside Hong Kong where the nursing services are provided to the Insured Person (as accepted by the Company),

but in no circumstance shall include the following persons – the



Insured Person, the Policy Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder and/or the Insured Person (unless approved in advance by the Company in writing).

“Rehabilitation Centre”

shall mean an establishment other than a Hospital which -

- (a) is duly constituted and registered under the laws of Hong Kong, and
- (b) is for providing physiotherapy, occupational therapy and other rehabilitative treatment for physical injury, physical dysfunction or physical disability, and
- (c) is not primarily a place for alcoholics or drug addicts, a nature care clinic or a health hydro.

“Semi-Private Room”

shall mean a single, twin or double occupancy room in a Hospital with one (1) or two (2) patient beds and a shared bathroom (or a similarly classed Hospital room).

“Standard Private Room”

shall mean a standard single occupancy room in a Hospital with a private bathroom (or a similarly classed Hospital room), other than a suite or VIP/deluxe room.

“Stay” or “Stayed”

shall mean either of the followings –

- (a) the admission of the Insured Person to a Rehabilitation Centre solely for the purpose of receiving Medical Services other than haemodialysis or peritoneal dialysis, where the period of stay in the Rehabilitation Centre is at least six (6) consecutive hours;
- (b) the admission of the Insured Person to a Rehabilitation Centre solely for the purpose of receiving Medically Necessary physiotherapy, occupational therapy or speech therapy provided by relevant registered practitioners, where the period of stay in the Rehabilitation Centre is at least one (1) consecutive hour.



“Terminal Illness”

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.

“Ward Room”

shall mean a room in a Hospital with more than two (2) patient beds.