

主要產品風險

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，即使保泰履行合約責任，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。

保費調整風險

標準保費率並非保證，並有機會根據保泰的索償、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。

終止保單

本保單將在以下情況時自動終止，以最先者為準 –

- (a) 保單持有人在保費到期日後起計的 31 日後仍未繳交保費；
- (b) 受保人身故翌日；
- (c) 保泰不再獲《保險業條例》授權承保或繼續承保本保單。

若本保單按(a)或(c)終止，而受保人在保單終止前住院或接受訂明非手術癌症治療，則該住院或治療所引致的費用仍可獲得保障，直至受保人出院 / 完成治療，或本保單終止後的 30 日（以較先者為準）。

主要不保事項

按本計劃，保泰不會賠償與下列項目相關或由其引致的費用：

- 任何非醫療所需治療、治療程序、藥物、檢測或服務；
- 純粹為接受診斷程序或專職醫療服務的住院，除非該程序或服務是在註冊醫生建議下進行，或無法以日症方式有效地進行；
- 治療保單生效前或保單繕發後起計 5 年內感染的人體免疫力缺乏病毒（“HIV”）及其相關的傷病（因性侵犯、醫療援助、器官移植、輸血或捐血、或出生時受 HIV 感染所引致的傷病除外）；
- 倚賴或過量服用藥物、酒精、毒品或類似物質（或受其影響）；
- 故意自殘身體或企圖自殺、參與非法活動、或性病及經由性接觸傳染的疾病或其後遺症；
- 以美容或整容為目的的服務，除受保人因意外而受傷，並於意外後 90 日內接受的必要醫療服務；
- 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；
- 預防性治療及預防性護理（為了避免因接受其他醫療服務引起的併發症而進行的治療、監測、檢查或治療程序、移除癌前病變及為預防過往傷病復發或其併發症的治療除外）；
- 牙科醫生進行的牙科治療及口腔頷面手術的費用（因意外引致在住院期間接受的急症治療及手術除外）；
- 與產科狀況及其併發症，或性機能失常相關的醫療及輔導服務；
- 購買屬耐用品的醫療設備及儀器；
- 傳統中醫治療；
- 按接受治療、治療程序、檢測或服務所在地的普遍標準（或尚未經當地認可機構批准）界定為實驗性或未經證實醫療成效的醫療技術或治療程序；
- 受保人年屆八（8）歲前發病或確診的先天性疾病；
- 戰爭、內戰、侵略、外敵行動、敵對行動、叛亂、革命、起義、或軍事政變或奪權事故引致的傷病；
- 由任何法律，政府、僱主或第三方提供的醫療或保險計劃賠償的費用。

上述項目只供參考，有關全部及詳細不保事項，請參閱此計劃之條款及細則的「一般不保事項」部分。

產品限制

等候期

指定項目的保障會於以下日期生效：

項目	等候期
疾病及意外受傷	即時
投保前已有病症 [^]	保單生效日起計的 1 年
針對人體免疫力缺乏病毒的治療 (HIV)	保單生效日起計的 5 年

[^] 賠償詳情（如適用）請參考以下部份

投保前已有病症

保泰可因投保申請文件中披露的投保前已有病症加設個別不保項目。除非受個別不保項目所規限，保泰保障已在投保申請文件中披露的投保前已有病症。

保泰保障受保人於投保前不察覺亦理應不察覺的投保前已有病症，但賠償金額有以下限制。

保單年度	賠償
首個保單年度	沒有保障
第二個保單年度	按保障限額賠償百分之二十五
第三個保單年度	按保障限額賠償百分之五十
第四個保單年度起	按保障限額全數賠償

合理及慣常的醫療所需治療

保泰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」的治療或服務須符合下列條件 –

- (a) 需要註冊醫生的專業知識或轉介；
- (b) 符合該傷病的診斷及治療所需；

- (c) 按良好而審慎的醫學標準及主診註冊醫生審慎的專業判斷提供，而非主要為對受保人、其家庭成員、照顧人員或主診註冊醫生帶來方便或舒適而提供；
- (d) 在環境最適當及符合一般公認的醫療標準的設備下，提供醫療服務；及
- (e) 按主診註冊醫生審慎的專業判斷，以最適當的水平向受保人安全及有效地提供。

「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。

KEY PRODUCT RISKS

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 coverages stipulated in this policy 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 Bowtie's full contractual obligations are met. Policy Holders 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 Bowtie from time to time to reflect the impact of medical inflation.

Premium Adjustment Risk

Standard premium rates are not guaranteed and are subject to change based on the emerging experience of Bowtie 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 currently reflected in the premium rates.

Termination

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

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

If the Insured Person is confined or undergoing Prescribed Non-surgical Cancer Treatment when this policy is terminated due to (a) or (c), expenses incurred for that confinement or treatment will still be covered until the Insured Person is discharged / the treatment is completed, or 30 day after the policy's termination (whichever is earlier).

KEY EXCLUSIONS

Under this plan, Bowtie will not pay any benefit in relation to or arising from the following:

- Treatments, procedures, medications, tests or services which are not Medically Necessary;
- Confinement solely for the purpose of diagnostic procedures or allied health services, unless such procedure or service is recommended by a Registered Medical Practitioner, or cannot be effectively performed in a day case setting;
- Treatment of Human Immunodeficiency Virus (“HIV”) and its related disability, which is contracted before the Policy Effective Date or within 5 years after policy issuance (except cases where HIV and its related disability is caused by sexual assault, medical assistance, organ transplant, blood transfusions or blood donation, or infection at birth);
- Dependence, overdose or influence of drugs, alcohol, narcotics or similar drugs or agents;
- Self-inflicted injuries or attempted suicide, illegal activity, or venereal and sexually transmitted disease or its sequelae;
- Beautification or cosmetic purposes, unless necessitated by injury caused by an Accident and the Insured Person receives the Medical Services within 90 days of the Accident;
- Correction of visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens;
- Prophylactic treatment or preventive care (except treatments with the purpose of avoiding complications, removal of pre-malignant conditions, and prevention of recurrence of complication);
- Dental treatment and oral and maxillofacial procedures performed by a dentist (except for emergency treatment and surgery during Confinement arising from an Accident);
- Medical Services and counselling services relating to maternity conditions and its complications or sexual dysfunction;
- Purchase of durable medical equipment or appliances;
- Traditional Chinese medicine treatment;

- Experimental or unproven medical technology or procedure in accordance with the common standard, or not approved by the recognised authority, in the locality where the treatment, procedure, test or service is received;
- Congenital Conditions which have manifested or been diagnosed before the Insured Person attained the age of 8;
- Treatment for Disability arising from war, civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power; or
- Reimbursements under any law, or medical program or insurance policy provided by any government, company or other third party.

The above list is for reference only. You should refer to the “General Exclusions” section in the Terms and Conditions of this plan for the complete list and details of exclusions.

PRODUCT LIMITATIONS

Waiting Period

Coverage for specific items will be effective on the following dates:

Items	Waiting Period
Illness or accidental injury	Immediately
Pre-existing Conditions [^]	1 Year after Policy Effective Date
Treatments related to Human Immunodeficiency Virus (HIV)	5 Years after Policy Effective Date

[^] Please refer to the following section for details of reimbursement structure (where applicable).

Pre-existing Conditions

Bowtie may impose case-based exclusions by reason of pre-existing conditions that are notified to Bowtie in the application. Expenses arising from pre-existing conditions that are notified to Bowtie are subject to case-based exclusion(s) (if any).

Expenses arising from pre-existing conditions that the insured was not aware of and would not reasonably have been aware of are covered, but are subject to the following reimbursement arrangement.

Time	Reimbursement
1 st Policy Year	No coverage
2 nd Policy Year	25% reimbursement
3 rd Policy Year	50% reimbursement
4 th Policy Year onwards	Full coverage

Medically necessary treatment predicated on a reasonable and customary basis

Bowtie only covers expenses of medically necessary treatment predicated on a reasonable and

customary basis.

“Medically necessary” means that the treatment or service must –

1. require the expertise of, or be referred by, a registered medical practitioner;
2. be consistent with the diagnosis and necessary for the treatment of the Disability;
3. be rendered in accordance with standards of good and prudent medical practice, and, in the prudent professional judgment of the attending registered medical practitioner, not be rendered primarily for the convenience or the comfort of the Insured, his family, caretaker or the attending registered medical practitioner;
4. be rendered in the setting most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice for the confinement, treatments, procedures, tests, examinations or other related services; and
5. be furnished at the most appropriate level which, in the prudent professional judgment of the attending registered medical practitioner, can be safely and effectively provided to the Insured.

“Reasonable and customary basis” means in relation to the fee charged for medically necessary treatment or service, such level which does not exceed the general range of fees being charged by the relevant service providers in the locality where the fee is incurred for similar treatment, services or supplies to individuals of the same sex and similar age, for a similar disability, as reasonably determined by Bowtie in utmost good faith. The reasonable and customary charges shall not in any event exceed the actual charges incurred.