

## 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，並有機會向所有同一類別保單，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) 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合資格費用仍可獲得保障，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）。

### 產品內容改動

保泰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 日以書面通知你。本公司為註冊自願醫保的產品提供者，所有更改後之條款及保障，將不會差於現有版本之條款及保障，或於續保時由政府公佈的最新版本標準計劃之條款及保障。

## 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下有效地進行的傷病治療；
- 治療在保單生效日前感染或出現的人體免疫力缺乏病毒（“HIV”）及其相關的傷病。若無法證明初次感染或出現此傷病的時間，則此傷病於保單生效日起計 5 年內發病，將被推定為於保單生效日前已感染或出現（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；
- 已獲任何法律，或由任何政府、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等候期後生效，詳情如下：

項目	等候期
疾病及意外受傷	不設等候期(即保障會自保單生效日起即時生效)
投保前未知的已有病症 <sup>^</sup>	保單生效日起計的首 1 年

<sup>^</sup> 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(如有)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，但賠償金額受以下等候期與賠償比率限制。

保單年度	賠償比率
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

### 醫療所需治療或服務的合理及慣常費用

保泰只會賠償醫療所需治療或服務所衍生而合理及慣常的費用。

「醫療所需」的治療或服務須符合下列條件 –

- 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保泰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。

有關使用的字詞及表述的所述解釋，請參閱此計劃之條款及細則的「釋義」部分。

## 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 on an overall Portfolio basis, 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 the premium currently reflected.

### 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) the day immediately following the death of the Insured Person;
- (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), eligible expenses incurred for that confinement or treatment will still be covered until the Insured Person is discharged / the treatment is completed, or 30 days after the policy's termination (whichever is earlier).

### Product Features Revision

Bowtie reserves the right to revise the terms and benefits upon policy renewal by giving 30 days' advance written notice. As a registered VHIS provider, we guarantee that the revised terms and benefits will not be less favourable than those under the existing version or the latest version of the terms and benefits of the Standard Plan published by the Government at the time of renewal.

## 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 for Medically Necessary investigation or treatment of a Disability which cannot be effectively performed in a setting for providing Medical Services to a Day Patient;
- Treatment of Human Immunodeficiency Virus (“HIV”) and its related disability, which is contracted or occurs before the Policy Effective Date. If evidence of proof as to the time at which such Disability is first contracted or occurs is not available, manifestation of such Disability within the first 5 years after the Policy Effective Date shall be presumed to be contracted or occur before the Policy Effective Date (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, monitoring, investigation or procedures 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;

- 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 after the waiting periods as follows:

Items	Waiting Period
Illness or accidental injury	No waiting period (i.e. coverage becomes effective immediately from Policy Effective Date)
Unknown Pre-existing Conditions ^	First 1 year 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 in the application are covered, subject to case-based exclusion(s) (if any).

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

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

### Medically necessary treatment or service with expenses predicated on a reasonable and customary basis

Bowtie only covers expenses of medically necessary treatment or service predicated on a reasonable and customary basis.

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

- a) require the expertise of, or be referred by, a registered medical practitioner;
- b) be consistent with the diagnosis and necessary for the investigation and treatment of the Disability;



- c) be rendered in accordance with standards of good and prudent medical practice, and not be rendered primarily for the convenience or the comfort of the Insured Person, his family, caretaker or the attending registered medical practitioner;
- d) be rendered in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice for the medical services; and
- e) 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 Person.

“Reasonable and customary basis” means in relation to the fee charged 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 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.

You should refer to the “Definitions” section in the Terms and Conditions of this plan for the meanings of the words and expressions.