CARING Family Medical Insurance Policy

Whereas the Policyholder by an Application which shall be the basis of this contract has applied to Bolttech Insurance (Hong Kong) Company Limited (hereafter called the Company) for the insurance contained in this Policy.

In consideration of the Application and the Premium, the Company will subject to the terms, conditions, limitations, exclusions and definitions contained in this Policy, reimburse the Policyholder in respect of medical fees, charges and expenses incurred

(1) by any of the Insured Persons

(2) during the Period of Insurance

for Medically Necessary Services for Disabilities covered by this Policy.

The Application, all Schedules and endorsements (if any) attached hereto and issued by the Company from time to time shall, unless superceded or cancelled by the Company, form an integral part of this Policy and shall have the same force and effect as if expressly set out in the body of this Policy and any reference to this Policy shall include such Application, Schedules and endorsements as the same are or may be renewed or amended from time to time.

Online Security

The Company is always concerned about security. It is important that you should be alert to any emails asking for your personal information; here we provide some information to help you to protect yourself:-

"Phishing attack" is an online fraud technique which involves sending official-looking email messages with return addresses, links and branding that all appear to come from legitimate banks, insurance companies, retailers, credit card companies, etc. Such emails typically contain a hyperlink to a spoof website and mislead account holders to enter customer names and security details on the pretense that security details must be updated or changed. Once you give them your information it can be used on legitimate sites to take your personal information.

To protect yourself, you should be aware of the following:

- The Company will not send you emails asking you to update, verify or confirm your personal security details e.g. PIN, bank account number, ID Card number and passport number.
- You should pay close attention to the URL (website address) of the site you are visiting to make sure it is actually the site you believe it to be.

Should you have further enquiries, or you would like to report on suspected phishing cases relating to the Company, please refer to the Company website bolttechinsurance.hk or call our Customer Service Hotline at (852) 2603 9435.

Important Notice

Please examine this Policy carefully. If there are any errors or if it does not meet your requirements, please contact the Company or your Insurance Broker / Agent immediately.

The Chinese version of this Policy is for reference only. In case of any discrepancy or conflict between the English and Chinese versions of this Policy, the English version shall prevail.

Benefit Schedule

The Cover Limits applicable to each Insured Person for a covered Disability will depend on the benefits sets and the cover levels elected as specified in the Policy Schedule of this Policy.

Section 1 – Basic Hospitalisation Benefits	Cover Limit per Disability (HK$)			
Cover Level Codes Benefit Level	HS700Z	HS1500Z	HS2000Z	HS2800Z
	Ward	Semi-Private	Private	Private
1 Hospital Room & Board per day	700	1,500	2,000	2,800
Maximum number of days	180	180	180	180
2 Physician's Visit per day	700	1,500	2,000	2,800
Maximum number of days	180	180	180	180
3 Miscellaneous Hospital Services	15,000	17,000	20,000	25,000
4 Surgeon's Fee (Subject to Surgical Schedule)				
Complex Operation	72,000	87,000	102,000	126,000
Major Operation	24,000	29,000	34,000	42,000
Intermediate Operation	12,000	14,500	17,000	21,000
Minor Operation	4,800	5,800	6,800	8,400
5 Anaesthetist's Fee				
Complex Operation	25,200	30,450	35,700	44,100
Major Operation	8,400	10,150	11,900	14,700
Intermediate Operation	4,200	5,075	5,950	7,350
Minor Operation	1,680	2,030	2,380	2,940
6 Operating Theatre Fee				
Complex Operation	25,200	30,450	35,700	44,100
Major Operation	8,400	10,150	11,900	14,700
Intermediate Operation	4,200	5,075	5,950	7,350
Minor Operation	1,680	2,030	2,380	2,940
7 Specialist's Fee (Upon recommendation by the attending Physician)	5,500	7,500	9,000	11,000
8 Intensive Care Unit per day	5,000	6,000	7,000	8,000
Maximum number of days	20	20	20	20
9 Post Hospitalisation Treatment (Follow-up treatment within 31 days after discharge from Hospital)	1,200	1,500	2,000	3,000
10 Accidental Dental Treatment (within 31 days after the Accident)	2,000	3,000	4,000	5,000
11 Emergency Outpatient Treatment (Accident) (Outpatient treatment in a Hospital within 24 hours of an injury)	1,000	1,500	2,000	3,000
12 Home Nursing per day (Upon recommendation by the attending Physician)	200	300	400	500
Maximum number of days	60	60	60	60
13 Companion's Bed for Child per day	200	300	400	500
Maximum number of days	60	60	60	60
Overall Limit per Disability	523,100	874,400	1,118,400	1,493,400
14 Daily Cash Benefit (for HospitalConfinement in general ward of Hospital Authority hospital)	250	350	450	550

Maximum number of days	60	60	60	60
15 **Daily Hospital Cash for Second Claim** (primary payer must be other insurer; benefit not available for confinement in general ward of Hospital Authority's Hospital in Hong Kong)	250	350	450	550
Maximum number of days	60	60	60	60
16 **Accidental Death Benefit**	20,000	30,000	40,000	50,000

	Cover Limit
Emergency Assistance Services (Applicable to insured aged 75 or below)	
Evacuation/Repatriation	**Up to US$1,000,000**

Section 2 – Supplementary Major Medical Benefits

If the medical fees, charges and expenses incurred under any of the benefit items 1 to 8 (inclusive of Section 1 — Basic Hospitalisation Benefits) exceeds the amount of benefit payable thereunder, the Company shall reimburse **80% of the excess amount**, but the maximum amount payable by the Company in respect of each Disability shall not exceed the Cover Limit per Disability specified hereunder:

	Cover Limit per Disability (HK$)			
Cover Level Codes	**MZ1**	**MZ2**	**MZ3**	**MZ4**
Benefit Level	**Ward**	**Semi-Private**	**Private**	**Private**
Cover Limit per Disability	60,000	120,000	180,000	240,000

Notes:

1. The Supplementary Major Medical Benefits are only enforceable and applicable if such Benefits are specified in the Policy Schedule.
2. If the Hospital Confinement is at a higher accommodation level than the insured benefit level specified above, the Reimbursement % shall be reduced as follow:
   - Ward to Semi-Private : 50%
   - Ward to Private : 25%
   - Semi-Private to Private : 50%

   No benefit will be paid for confinement in VIP suite or deluxe suite

Section 3 – Supplementary Outpatient Benefits

	Cover Limit (HK$)			
Cover Level Code	OP220Z	OP260Z	OP320Z	OP400Z
Benefit Level	Economy	Economy	Standard	Standard
1. Consultation at Physician's Office per visit per day	220	260	320	400
Reimbursement %	100%	100%	100%	100%
Maximum number of visits per policy year	25	25	25	25
2. Physiotherapist's & Chiropractor's Treatment per visit per day	220	260	320	400
Reimbursement %	100%	100%	100%	100%
Maximum number of visits per policy year	10	10	10	10
3. Specialist's Consultation per visit per day	330	400	480	600
Reimbursement %	100%	100%	100%	100%
Maximum number of visits per policy year	10	10	10	10
4. Chinese Medicine Practitioner's Treatment (Including Bonesetter's & Acupuncturist's treatment per visit per day)	180	220	250	300
Reimbursement %	100%	100%	100%	100%
Maximum number of visits per policy year	10	10	10	10
5. Diagnostic X-Ray & Laboratory Tests per policy year	1,600	2,000	2400	2800
Reimbursement %	100%	100%	100%	100%
6. Prescribed Western Medicines and Drugs per policy year (From any legitimate source outside clinic)	2,400	3,000	3,600	4,200
Reimbursement %	100%	100%	100%	100%

Notes:

1. The Supplementary Outpatient Benefits are only enforceable and applicable if such Benefits are specified in the Policy Schedule.
2. Written referral by the attending physician is required for Physiotherapist's & Chiropractor's treatment, Specialist's Consultation, Diagnostic X-Ray and Laboratory Tests, Prescribed Western Medicines and Drugs. Referral letter for dermatologist, ophthalmologist, gynaecologist, orthopaedist & traumatologist, otorhinolaryngologist and paediatrician is waived.

Section 4 – Supplementary Dental Benefits

		Cover Limit (HK$)	
Cover Level Code		DE500Z	DE800Z
Benefit Level		Economy	Standard
1.	Routine Oral Examination per visit (Including Scaling and Polish & Prophylaxis) (one visit per year)	500	800
	Reimbursement %	100%	100%
2.	X-rays required prior to the performance of dental service (Each Film)	150	200
	Reimbursement %	80%	80%
3.	Abscesses (Each abscess)	500	800
	Reimbursement %	80%	80%
4.	Filings (Each tooth)	500	800
	Reimbursement %	80%	80%
5.	Extractions (Each tooth)	500	800
	Reimbursement %	80%	80%
	Overall maximum limit per year	5,000	8,000

Notes: The Supplementary Dental Benefits are only enforceable and applicable if such Benefits are specified in the Policy Schedule.

Emergency Assistance Services Agreement

These Emergency Assistance Services are provided by assistance services provider to the Insured Members who are insured under the Policy with Bolttech Insurance (Hong Kong) Company Limited (hereinafter called "the Company").

1. Definitions

For the purpose of this Emergency Assistance Services Agreement ("this Agreement"):-

1.1 "Insured Member" refers to any person who is the Insured Person under the policy (hereinafter called "Policy"), whose name is specified in the Schedule / Policy Schedule or in an endorsement issued by the Company, and who is provided with the emergency assistance services as specified in the Schedule / Benefit Schedule of the Policy.

1.2 "Act of Terrorism" refers to an act, including but not limited to the use of force or violence and/or threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or ethnic purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

1.3 "Close Relative" refers to the Insured Member's spouse, father, mother, his/her child(ren), brother(s) or sister(s).

1.4 "Home Country" refers to country of citizenship.

1.5 "Limit of Indemnity" refers to the maximum amount of third party expenses for which assistance services provider shall be responsible in the provision of a Service to the Insured Member during any one event, subject to the terms and conditions as defined hereunder.

1.6 "Pre-Existing Condition" refers to any medical condition in respect of which the Insured Member has been hospitalised during the 12-month period immediately prior to the first day the Insured Member is included in the programme; or any medical condition that has been diagnosed or treated by a medical practitioner including prescribed drugs within the 6-month period immediately prior to the first day the Insured Member is included in the programme.

1.7 "Services" refers to the assistance services to be provided by assistance services provider as the Company nominated.

1.8 "Serious Medical Condition" refers to a condition which in the opinion of assistance services provider constitutes a serious medical emergency requiring urgent remedial treatment to avoid death or serious impairment to the Insured Member's immediate or long-term health prospects. The seriousness of the medical condition will be judged within the context of the Insured Member's geographical location, the nature of the medical emergency and the local availability of appropriate medical care or facilities.

1.9 "Usual Place of Residence" refers to Hong Kong unless it is agreed otherwise by the Company under the Policy.

2. Geographical Scope of Services

2.1 The Services provided under article 4.4 of this agreement are rendered on a worldwide basis. The Services provided under article 4.5 of this agreement are rendered within China. Assistance services provider shall endeavour on a best effort basis to provide the Services by any assistance service and intervention depends upon, and is subject to local and/or international resource availability and must remain within the scope of national and international law and regulations. Intervention may depend on assistance services provider being able to attain the necessary authorizations issued by the various authorities concerned which is outside of the control or influence of assistance services provider.

2.2 shall not be required to provide Services to the Insured Member(s), who in the sole opinion of assistance services provider are located in areas which represent conditions such as to make such Services impossible, reasonably impracticable or unsafe, including but not limited to geographical remoteness war risks or political unrest.

3. Limits of Indemnity

The Limit of Indemnity for any Insured Member during any one event shall be as follows:

Emergency Medical Evacuation, Emergency Medical Repatriation and Repatriation of Mortal Remains	-	Up to US$1,000,000
Compassionate Visit and Accommodation of	-	One Economy Class Return Airfare and Hotel
Hotel Accommodation	-	US$1,000 subject to a sub-limit of US$250 per day
Return of Minor Children	-	One Economy Class One Way Airfare
Convalescence Expenses	-	US$1,000 subject to a sub-limit of US$250 per day
Return of Insured Member to Original Work Site	-	One Economy Class One Way Airfare
Unexpected Return to Usual Place of Residence	-	One Economy Class Return Airfare

4. Scope of Services

4.1 Assistance services provider shall maintain verified and updated information regarding service providers at all times. Assistance services provider shall review and update regularly its information regarding names, addresses, specialties, office hours and language proficiency. Assistance services provider shall instruct its agents to report newly obtained relevant information promptly upon its receipt, including information about the quality of services provided, new listings and updates of addresses and telephone numbers. In response to inquiries, Insured Members will be provided with the latest updated information on service providers and their services.

4.2 Assistance services provider shall provide Insured Members with 24 hours a day, 7 days a week access to Cantonese, Mandarin and English speaking operations coordinators via a fully-manned assistance centre in Hong Kong.

4.3 When immediately available, assistance services provider shall provide the Services to the Insured Member whilst the Insured Member is on the telephone. In all other cases, assistance services provider will provide the information by the quickest possible means.

4.4 Assistance services provider shall, subject to the terms and conditions as defined hereunder, provide the following Services to any Insured Member calling assistance services provider when he/she travels outside the Home Country or Usual Place of Residence for periods not exceeding 90 consecutive days per trip:

(a) Medical Assistance

(i) Telephone Medical Advice

Assistance services provider will arrange for the provision of medical advice to the Insured Member over the telephone.

(ii) Arrangement of Hospital Admission and Guarantee of Hospital Admission Deposit

If the medical condition of the Insured Member is of such gravity as to require hospitalisation, assistance services provider will assist such Insured Member in the hospital admission. In case of hospital admission duly approved by assistance service provider and the Insured Member is without means of payment of the required hospital admission deposit, assistance services provider will on behalf of the Insured Member guarantee or provide such payment up to US$5,000. The provision of such guarantee by assistance services provider is subject to assistance services provider first securing payment from the Insured Member through the Insured Member's credit card or from the funds from the Insured Member's family. Assistance services provider shall not be responsible for any third party expenses which shall be solely the Insured Member's responsibility.

(iii) Delivery of Essential Medicine

Assistance services provider will arrange to deliver to the Insured Member essential medicines, drugs and medical supplies that are necessary for an Insured Member's care

and/or treatment but which are not available at the Insured Member's location. The delivery of such medicines, drugs and medical supplies will be subject to the laws and regulations applicable locally. Assistance services provider will not pay for the costs of such medicines, drugs or medical supplies and any delivery costs thereof.

(iv) Arrangement and Payment of Emergency Medical Evacuation

Assistance services provider will arrange for the air and/or surface transportation and communication for moving the Insured Member when in a Serious Medical Condition to the nearest hospital where appropriate medical care is available. Assistance services provider shall pay for the medically necessary expenses of such transportation and communications and all usual and customary ancillary charges incurred in such services arranged by assistance services provider.

Assistance services provider retains the absolute right to decide whether the Insured Member's medical condition is sufficiently serious to warrant Emergency Medical Evacuation. Assistance services provider further reserves the right to decide the place to which the Insured Member shall be evacuated and the means or method by which such evacuation will be carried out having regard to all the assessed facts and circumstances of which assistance services provider is aware at the relevant time.

(v) Arrangement and Payment of Emergency Medical Repatriation

Assistance services provider will arrange for the return of the Insured Member to the Usual Place of Residence by air and/or surface transportation following an Emergency Medical Evacuation where the Insured Member is evacuated to a place outside the Usual Place of Residence for in-hospital treatment. Assistance services provider shall pay for the expenses necessarily and unavoidably incurred in the services so arranged by assistance services provider.

Assistance services provider reserves the right to decide the means or method by which such repatriation will be carried out having regard to all the assessed facts and circumstances of which assistance services provider is aware at the relevant time.

(vi) Arrangement and Payment of Transportation of Mortal Remains

Assistance services provider will arrange for transporting the Insured Member's mortal remains from the place of death to the Home Country or Usual Place of Residence and pay for all expenses reasonably and unavoidably incurred in the air and/or surface transportation so arranged by assistance services provider or alternatively pay the cost of burial at the place of death as approved by assistance services provider, subject to any governmental regulations.

(vii) Arrangement and Payment of Compassionate Visit and Hotel Accommodation

Assistance services provider will arrange and pay for one economy class return airfare and hotel accommodations for a relative or a friend of the Insured Member to join the Insured Member who, when travelling alone, is hospitalised outside the Home Country or Usual Place of Residence for a period in excess of seven (7) consecutive days, subject to the prior approval by the assistance service provider and only when judged necessary by assistance services provider on medical and compassionate grounds.

(viii) Arrangement and Payment of Return of Minor Children

Assistance services provider will arrange and pay for the economy class one-way airfare for the return of minor children [aged 18 years old and below, unmarried] to the Usual Place of Residence if they are left unattended as a result of the accompanying Insured Member's illness, accident or Emergency Medical Evacuation. Escort will be provided, when required, at no charge.

(ix) Arrangement and Payment of Convalescence Expenses

Assistance services provider will arrange and pay for the additional hotel accommodation expenses necessarily and unavoidably incurred by the Insured Member related to an incident requiring Emergency Medical Evacuation, Emergency Medical Repatriation or hospitalisation. Prior approval by the Assistance service provider, subject to its determination on medical grounds, is required in respect of such payment.

(x) Arrangement and Payment of Unexpected Return to the Usual Place of Residence

In the event of the death of the Insured Member's close relative in his/her Usual Place of Residence while the Insured Member is travelling overseas and necessitating an unexpected return to his Usual Place of Residence, assistance services provider will arrange and pay for one economy class return airfare for the return of the Insured Member to his/her Usual Place of Residence.

(xi) Arrangement and Payment of Return of Insured Member to Original Work Site

Following the Insured Member's Emergency Medical Evacuation or Emergency Medical Repatriation and within one (1) month period, assistance services provider will, upon the Insured Member's request, arrange and pay for a one-way economy class airfare to return the Insured Member to the original work location.

The above Service [item (i)] is purely on referral or arrangement basis. Assistance services provider shall not be responsible for any third party expenses which shall be solely the Insured Member's responsibility.

The above Services [items (ii) & (iii)] are charged on a case by case basis. The provision of financial guarantees by assistance services provider is subject to assistance services provider first securing payment from the Insured Member through the Insured Member's credit card or from the funds from the Insured Member's family. Assistance services provider shall not be responsible for any third party expenses which shall be solely the Insured Member's responsibility.

The above Services [items (iv) to (xi)] are subjected to the customary exclusions listed in article 5.

(b) Travel Assistance

(i) Inoculation and Visa Requirement Information

Assistance services provider shall provide information concerning visa and inoculation requirements for foreign countries, as those requirements are specified from time to time in the most current edition of World Health Organization Publication "Vaccination Certificates Requirements and Health Advice for International Travel" (for inoculations) and the "ABC Guide to International Travel Information" (for visas). This information will be provided to the Insured Member at any time, whether or not the Insured Member is travelling or an emergency has occurred. Assistance services provider shall inform the Insured Member requesting such information that assistance services provider is simply communicating the requirements set forth in a document and assistance services provider shall name the document.

(ii) Lost Luggage Assistance

Assistance services provider will assist the Insured Member who has lost his/her luggage while travelling outside the Home Country or Usual Place of Residence by referring the Insured Member to the appropriate authorities involved.

(iii) Lost Passport Assistance

Assistance services provider will assist the Insured Member who has lost his/her passport while travelling outside the Home Country or Usual Place of Residence by referring the Insured Member to the appropriate authorities involved.

(iv) Legal Referral

Assistance services provider will provide the Insured Member with the name, address, telephone numbers, if requested by the Insured Member and if available, office hours for referred lawyers and legal practitioners. Assistance services provider will not give any legal advice to the Insured Member.

Although assistance services provider shall make such referrals, it cannot guarantee the quality of the service provider and the final selection of a service provider shall be the decision of the Insured Member. Assistance services provider, however, will exercise care and diligence in selecting the service providers.

(v) Emergency Travel Service Assistance

Assistance services provider shall assist the Insured Member in making reservations for air ticket or hotel accommodation on an emergency basis when travelling overseas.

The above Services [items (i) to (v)] are purely on referral or arrangement basis. Assistance services provider shall not be responsible for any third party expenses which shall be solely the Insured Member's responsibility.

4.5 Assistance services provider shall, subject to the terms and conditions as defined hereunder, provide the following Services to any Insured Member calling assistance services provider when he/she travels outside the Home Country or Usual Place of Residence to China for periods not exceeding 90 consecutive days per trip:-

China Medical Card Services

Guarantee of Hospital Admission Deposit

Assistance services provider will, upon the Insured Member's request, assist the Insured Member in the admission to designated hospitals in the People's Republic of China and will arrange and provide guarantee for any required hospital admission deposit. Assistance services provider shall not guarantee nor be responsible for the quality of such hospital and the services provided to the Insured Member. The final selection of a hospital shall be the decision of the Insured Member.

The provision of financial guarantees by assistance services provider is subject to assistance services provider first securing payment from the Insured Member through the Insured Member's credit card or from the funds from the Insured Member's family. Assistance services provider shall not be responsible for any third party expenses which shall be solely the Insured Member's responsibility.

5. Exclusions

The following treatment, items, conditions, activities and their related or consequential expenses are excluded:-

(1) Any expenses incurred as a result of a Pre-Existing Condition unless such Pre-Existing Condition is covered under the relevant insurance Policy.

(2) More than one emergency evacuation and/or repatriation for any single medical condition of the Insured Member during the term of this Agreement, subject to a maximum of one year.

(3) Any costs or expenses not expressly covered by the program and not approved in advance and in writing by assistance services provider and/or not arranged by assistance services provider. This exception shall not apply to Emergency Medical Evacuation from remote or primitive areas when assistance services provider cannot be contacted in advance and delay might reasonably be expected in loss of life or harm to the Insured Member.

(4) Any event occurring when the Insured Member is within the territory of his/her Home Country and Usual Place of Residence, and where the Insured Member's Usual Place of Residence is Hong Kong, an exception will be made for any event occurring in China to the extent stipulated in article 4.5.

(5) Any expenses for Insured Members who are travelling outside their Home Country or Usual Place of Residence contrary to the advice of a medical practitioner, or for the purpose of obtaining medical treatment or for rest and recuperation following any prior accident, illness or Pre-existing Condition.

(6) Any expenses for medical evacuation or repatriation if the Insured Member is not suffering from a Serious Medical Condition, and/or in the opinion of the assistance services provider's physician, the Group 1 Insured Member can be adequately treated locally, or treatment can be reasonably delayed until the Insured Member returns to his/her Home Country or Usual Place of Residence.

(7) Any expenses for medical evacuation or repatriation where the Insured Member, in the opinion of the assistance services provider's physician, can travel as an ordinary passenger without a medical escort.

(8) Any treatment or expenses related to childbirth, miscarriage or pregnancy. This exception shall not apply to any abnormal pregnancy or vital complication of pregnancy which endangers the life of the mother and/or unborn child during the first twenty-four (24) weeks of pregnancy.

(9) Any expenses related to accident or injury occurring while the Insured Member is engaged in caving, mountaineering or rock climbing necessitating the use of guides or ropes, potholing, skydiving, parachuting, hang gliding, deep sea diving utilizing hard helmet with air hose attachments, rallying, racing of any kind other than on foot, and any organized sports undertaken on a professional or sponsored basis.

(10) Any expenses incurred for emotional, mental or psychiatric illness.

(11) Any expenses incurred as a result of a self-inflicted injury, suicide, drug addiction or abuse, alcohol abuse, sexually transmitted diseases.

(12) Any expenses incurred as a result of Acquired Immune Deficiency Syndrome (AIDS) or any AIDS related condition or disease.

(13) Any expenses related to the Insured Member engaging in any form of aerial flight except as a passenger on a scheduled airline flight or licensed charter aircraft over an established route.

(14) Any expenses related to the Insured Member engaging in the commission of, or the attempt to commit, an unlawful act.

(15) Any expenses related to treatment performed or ordered by a non-registered practitioner not in accordance with the standard medical practice as defined in the country of treatment.

(16) Any expenses incurred as a result of the Insured Member engaging in active service in the armed forces or police of any nation; active participation in war (whether declared or not), invasion, act of foreign enemy, hostilities, civil war, rebellion, riot, revolution or insurrection.

(17) Any expense, regardless of any contributory cause(s), involving the use of or release or the threat thereof of any nuclear weapon or device or chemical or biological agent, including but not limited to expenses in any way caused or contributed to by an Act of Terrorism or war.

(18) Any expenses incurred for or as a result of any activity required from an off-shore location.

(19) Any expenses in respect of the Insured Member more than 75 years old at the date of intervention.

(20) Any expenses which is a direct result of nuclear reaction or radiation.

6. Reasonable Precautions

The Insured Member shall take all reasonable precautions to prevent and minimise any accident, injury, death or expenses.

7. Request for Assistance

In case of any request for assistance, and prior to taking personal action where reasonable, the Insured Member or his representative shall call the assistance services Centre whose contact number is listed below:

HONG KONG: (852) 2456 5400

and should state:

- His name, the number of his policy and his I.D. card or passport number and,
- The name of the place and the telephone number where assistance services provider can reach the Insured Member or his representative and,
- A brief description of the accident and the nature of help required.

8. Examinations

Assistance services provider shall have the right and opportunity through its medical representative to examine the Insured Member whenever and as often as may reasonably be required.

9. Undertakings

9.1 Assistance services provider undertakes to exercise due care and diligence in the appointment and/or referral of any service provider to assist the Insured Member. Assistance services provider assumes no responsibility for any advice given by any service provider and the Insured Member shall not have any recourse against assistance services provider by reason of its referral of or contact with a service provider or other determination resulting therefrom.

9.2 The Insured Member undertakes not to have any recourse against assistance services provider or the Company for any indirect or consequential loss suffered by the Insured Member arising from the Services.

10. Force Majeure

Assistance services provider shall not be liable for failure to provide Services and/or delays caused by acts of God, strikes, or other conditions beyond its control, including but not limited to, flight conditions or situations where the rendering of Services is prohibited or delayed by local laws, regulators or regulatory agencies.

11. Contract

Notwithstanding any other provisions in the Policy, it is hereby declared by assistance services provider that the above Services are made available to the Insured Member by the Company on behalf of assistance services provider who is the principal party in providing the Services to the Insured Member under this Agreement. There is no privity of contract between the Company and the Insured Member in this Agreement and the Company shall assume no liability in any default of the provision of the Services or for any indirect or consequential loss suffered by the Insured Member arising from the Services.

12. Termination

This agreement shall cease when the Policy is terminated.

Definitions

In this Policy where consistent with the contents the singular shall include the plural and vice versa; words importing the masculine gender shall include the feminine and neuter genders and vice versa; and the following words shall have the meanings set opposite them below:

1. **Accident** means an unforeseen, unexpected, violent, and involuntary external event or contiguous series of events of accidental and visible nature which shall be the sole and direct cause of a bodily injury and independently of any other causes including but not limited to illness or any naturally occurring condition or degenerative process while this Policy is in force.

2. **Age** means the attained age of the Insured Person.

3. **Anaesthetist** means an independent person (other than the attending Physician or Surgeon operating on the Insured), who is licensed and registered under anaesthesiology of the Specialist register of the Medical Council of Hong Kong or equivalent to perform anaesthesiology services in accordance with the laws of the location where the Eligible Expenses are incurred, and who is acceptable to the Company.

4. **Application** means the form of application prescribed by the Company and completed and signed by the Policyholder pursuant to which this Policy is issued.

5. **Benefit Schedule** means the benefit schedule attached to this Policy which may be amended or renewed from time to time.

6. **Child** means any unmarried person who is more than 14 days but less than 18 years of age, or up to the age of 23 years if registered as a full-time student at a recognized educational institution.

7. **Chinese Medicine Practitioner** means a person who practices Chinese medicine and is licensed and registered under the Chinese Medicine Ordinance of Hong Kong or otherwise legally authorized and having at least equivalent qualification to perform Chinese medicine treatment in accordance with the laws of that geographical area in which his service as a Chinese Medicine Practitioner is provided, and acceptable to the Company.

8. **Commencement Date** means the date of Period of Insurance commencing and the date used for determining the issue age of the Insured and is shown in the Policy Schedule.

9. **Company** means Bolttech Insurance (Hong Kong) Company Limited.

10. **Congenital Conditions** means abnormalities existed at the time of birth or developed within 6 months of birth, and shall include (without limitation):

    a) Hernias of all types;

    b) Epilepsy (excluding epilepsy caused by a trauma);

    c) Strabismus; and

    d) Hydrocephalus.

11. **Cover Limit** means limit of the Company's liability for each item of benefit specified in the Benefit Schedule.

12. **Covered Person** includes the Insured, the Insured's spouse, and any unmarried Child of the Insured or Insured's spouse whose name(s) in each case is specified in the Policy Schedule or in an endorsement issued by the Company and attached to this Policy for the time being and a Covered Person shall be construed accordingly.

13. **Dentist** means a person duly licensed or registered in the geographical area of his practice to render dental services.

14. Disability means Sickness, Disease or an Illness or an Injury. Two or more Disabilities including any and all complications therefrom shall be treated as one Disability unless they are

    a) due to causes unrelated to each other or

    b) separated by at least 90 days from the date of discharge from the hospital or the date of last treatment by the Physician, whichever is the later.

    Sickness, Disease or Illness means a physical or medical condition marked by a pathological deviation from the normally healthy state.

    Injury means bodily injury caused by external, physical, visible, accidental and involuntary means.

15. Eligible Expenses means only those reasonable and customary amount(s) incurred by the Insured for the Medically Necessary treatment or services in respect of Illness or Injury as provided under this Policy for which the Insured is able to provide written proof to the Company including original receipts and itemized bills.

16. Hospital means an establishment duly registered as a hospital for the care and treatment of sick and injured persons as bed paying patients and which:

    a) has facilities for diagnosis and major operations, or is a public hospital as defined in the Hospital Authority Ordinance (Cap.113 of the Laws of Hong Kong) or a hospital for which a licence is issued under the Private Healthcare Facilities Ordinance (Cap 633 of the Laws of Hong Kong);

    b) provides 24 hours nursing services by registered nurses;

    c) is under the supervision of a Physician; and

    d) is not primarily a clinic, a place for alcoholics or drug addicts, a nature care clinic, a health hydro clinic/centre, a nursing, rest or convalescent home, a hospice or palliative care centre, a rehabilitation centre, a home for the aged or similar establishment.

17. Hospital Confinement/ Confinement means any hospital confinement of the Insured that is recommended by a Physician or Surgeon for Medically Necessary Treatment as a result of Accident, Illness or Injury with hospital room and board charge incurred. Throughout the confinement period, the Insured is required to be continuously confined in the Hospital without any physical absence or interruption.

18. Insured/ Insured Person/ Insured Member means the insured whose name(s) is specified in the Policy Schedule, which may include the Policyholder, the Policyholder's spouse, and any Child of the Policyholder or the Policyholder's spouse whose name(s) in each case is specified in the Policy Schedule or in an endorsement issued by the Company and attached to this Policy for the time being and an Insured Person shall be construed accordingly.

19. Medically Necessary/ Medically Necessary Treatment or Service in relation to a Disability means a medical service which is necessary and recommended by a Physician or Surgeon and is consistent with the diagnosis and customary medical treatment for such Disability in accordance with standards of good medical practice; not for the convenience of the relevant Insured Person or the Physician, and for which the charges are fair and reasonable for such Disability, and Medically Necessary shall be construed accordingly.

20. Place(s) of Residence means the jurisdiction(s) in which a person legally has the right of abode. A change in the Place(s) of Residence refers to the situation where a person has been granted the right of abode of additional jurisdiction(s), or has ceased to have the right of abode of existing jurisdiction(s). The above definition of "Place(s) of Residence" is used solely for the purpose of these Terms and Benefits. For the avoidance of doubt, a jurisdiction in which a person legally has the right or permission of access only but without the right of abode, such as for the purpose of study, work or vacation, shall not be treated as a Place of Residence.

21. Period Of Insurance means the period of time during which this Policy is in force, which is specified as "Insurance Period Of Insurance" in the Policy Schedule.

22. "Physiotherapists" and "Chiropractors" mean a person,

a) who is duly qualified and is registered with the Medical Council of Hong Kong pursuant to the Medical Registration Ordinance (Cap. 161 of the Laws of Hong Kong) or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith); and

b) legally authorised for rendering relevant Medical Service in Hong Kong or the relevant jurisdiction outside Hong Kong where the Medical Service is provided to the Insured Person,

but in no circumstance shall include the following persons - the Insured Person, the Policyholder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policyholder and/or the Insured Person (unless approved in advance by the Company in writing). If the person is not duly qualified and registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall exercise reasonable judgment to determine whether such person shall nonetheless be considered qualified and registered.

23. Policy means the contract between the Policyholder(s) and the Company including but not limited to these Terms and Conditions, Benefit Schedule, Application, declarations, Policy Schedule and any Supplement(s), if applicable, that is underwritten and issued by the Company.

24. Policy Effective Date means the commencement date of these Terms and Benefits which is specified as "Policy Effective Date" in the Policy Schedule.

25. Policyholder means the policyholder whose name is specified in the Policy Schedule.

26. Pre-existing Condition(s) means any physical or medical condition of an Accident, Illness or Injury

a) which existed whether it was known or unknown to the Policyholder or Insured before the date on which an Insured Person was first insured under this Policy or

b) which had shown signs or symptoms before the date on which such Insured Person was first insured under this Policy and such Insured Person was aware of or should have reasonably been aware of such signs or symptoms.

27. Reasonable and Customary – shall mean the following:

a) in relation to a fee, a charge or an expense, shall mean any fee or expense which (a) is actually charged for treatment, supplies or medical services that are Medically Necessary and in accordance with standards of good medical practice for the care of an ill or injured person under the care, supervision or order of a Physician; (b) does not exceed the usual or reasonable average level of charges for similar treatment, supplies or medical services in the location where the expense is incurred; (c) does not include charges that would not have been made if no insurance existed; and (d) does not exceed the actual fee, charge or expense incurred. The Company reserves the right to determine whether any particular charge is Reasonable and Customary with reference but not limited to, any relevant publication or information made available, such as schedule of fees, by the government, relevant authorities and recognized medical association at the location where the Eligible Expense is incurred. The Company reserves the right to adjust any and all benefits payable under this Policy which in our opinion is not Reasonable and Customary;

b) in relation to a Confinement shall mean the admission and length of a Confinement, and medical services and treatment received during which, are in accordance with generally accepted professional standards of medical practice, and do not exceed the usual standard for the treatment of similar Illness or Injury at the location where such Confinement is made.

28. Renewal means a renewal of this Policy without any lapse of time upon expiry of the current Period of Insurance and Renewal Date and Renewed Policy shall be construed accordingly.

29. Renewal Date means the effective date of Renewal. The first Renewal Date shall be the date as specified in the Policy Schedule (which shall not be later than the first anniversary of the Policy Effective Date) and the subsequent Renewal Date(s) shall be the anniversary(ies) of the first Renewal Date.

30. Registered Clinic means any premises used for the medical diagnosis or treatment of persons, which is
    a) registered with the Registrar of Clinics of Department of Health of Hong Kong pursuant to the Medical Clinics Ordinance (CAP. 343) of the laws of Hong Kong or in relation to jurisdictions outside of Hong Kong, the body of equivalent standing, and
    b) b) legally authorized in the geographical area of such premises. The Company reserves the right to determine which health authorities are the appropriate authorities for the purpose of this Policy.

31. Registered Medical Practitioner, Physician or Surgeon means a person duly licensed or registered with the Medical Council of Hong Kong pursuant to the Medical Registration Ordinance (Cap. 161 of the Laws of Hong Kong) or otherwise with equivalent qualifications in the geographical area (as reasonably determined by the Company in utmost good faith) and legally authorized to practice western medicine and surgical services in which his service as a Registered Medical Practitioner, Physician or Surgeon is provided.

32. Registered Nurse means any person other than the Insured Person, the Policyholder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policyholder and/or the Insured Person (unless approved in advance by the Company in writing) 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 reasonably determined by the Company in utmost good faith) and legally authorised for rendering relevant medical service in Hong Kong or the relevant jurisdiction outside Hong Kong where the medical service is provided to the Insured Person.

33. Semi-private Room means a room categorised as a semi-private room by a Hospital. When there is no such corresponding ward class categorisation, a Semi-private Room shall mean a room with one (1) or two (2) patient beds and with shared bathroom in a Hospital.

34. Specialist means a Physician licensed and registered as a Specialist with the Medical Council of Hong Kong pursuant to the Medical Registration Ordinance (Cap. 161 of the Laws of Hong Kong) or otherwise with equivalent qualifications in the geographical area and legally authorized to provide medical service as a special expertise in specified fields of medicine in accordance with the laws of the location (as reasonably determined by the Company in utmost good faith).

35. Standard Private Room means a room categorised as a standard private room by a Hospital. When there is no such corresponding ward class categorisation, a Standard Private Room shall mean a single occupancy room with a private bathroom but not kitchen, dining room or sitting room in a Hospital. For the avoidance of doubt, suites, deluxe rooms, executive rooms and VIP suites or equivalent with better facilities are excluded.

36. Surgical Schedule means the surgical schedule incorporated herein as may be amended from time to time.

37. Ward Room means a room categorised as a standard room or a general ward by a Hospital. When there is no such corresponding ward class categorisation, a Ward Room shall mean a room with more than two (2) patient beds in a Hospital.

Conditions

1. The Contract

This Policy, all Schedules and endorsements (which form part of this Policy) shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of this Policy or of the Schedule shall bear such specific meaning whenever it may appear. No agent has the authority to amend or alter this Policy or to waive any of its provisions. No amendment or alteration to this Policy shall be valid unless approved by the Company and evidenced by endorsement hereon, or by amendment hereto signed by the Company.

2. Age Limit

This Policy does not cover any person under the age of 15 days or having attained the age of 100 years unless in respect of the latter, the 100th birthday falls within the Period of Insurance.

3. Certificate, Information and Evidence

All certificates, information and evidence required by the Company shall be furnished at the expense of the Policyholder or Insured Persons and shall be in such form and of such nature as the Company shall prescribe. An Insured Person shall submit a medical examination whenever such is deemed necessary and required by the Company.

4. Changes of Circumstances Affecting Insurance

The Policyholder shall give immediate written notice to the Company as soon as he is aware of any change in the occupation or duties or pursuits of an Insured Person.

5. Fulfillment of Terms

The due observance and the fulfillment of the terms and conditions of this Policy by the Policyholder and each of the Insured Persons in so far as they relate to anything to be done or complied with by the Policyholder or Insured Persons under this Policy, and the truth of the statements and answers in the Application or in respect of any claim shall be conditions precedent to any liability of the Company to make payment under this Policy.

6. Governing Laws

This Policy shall be governed by the laws of Hong Kong.

7. Grace Period

The Company shall allow a grace period of 31 days following the premium due date for payment of each premium after the first. If any premium is still unpaid at the expiration of the grace period, this Policy shall cease to be in effect as from the due date for payment of such premium.

8. Other Insurance

If required by the Company, the Policyholder shall advise the Company of any other medical or life insurance effected by or on behalf of the Policyholder or any Insured Person covering any of the benefits under this Policy.

9. Ownership of Policy

Unless otherwise expressly provided for by an endorsement issued by the Company and attached to this Policy, the Company shall be entitled to treat the Policyholder as the sole owner of the Policy free from any third party rights or encumbrances. The Company shall not be bound to recognize any equitable or other claim to or interest in this Policy and the receipt of any payment by the Policyholder hereunder (or by his legal or authorized representative) alone shall be an effective discharge of all obligations and liabilities of the Company to make such payment under this Policy.

For the avoidance of doubt, any person or entity who is not a party to this Policy shall have no rights under the

Contracts (Rights of Third Parties) Ordinance (Cap 623 of the Laws of Hong Kong) to enforce any terms of this Policy.

10. Renewal

The Company will send Policyholder a renewal notice with the renewal terms (the terms may be different from this Policy). Subject to the Insured's age not exceeding 100, this Policy will be guaranteed to be renewed if the required premium and documents for renewal are received by the Company in accordance with the renewal terms. The renewal of the Policy shall not constitute any waiver of the Company's right under this clause and/or the renewed Policy.

11. Termination of Cover

Unless renewed, any cover or benefits under this Policy during a Period of Insurance shall terminate at mid-night (Hong Kong time) on the last day of that Period of Insurance provided that if an Insured Person is confined in a Hospital on account of a Disability at the time of such termination, then the time of termination of cover shall be extended in favour of such Insured Person only until he is discharged from Hospital or until his benefits for such Disability shall have been exhausted, whichever shall first occur.

12. Upgraded Policies

If any cover or benefits in relation to an Insured Person under this Policy is upgraded at the time of Renewal by way of increase in the Cover Limits applicable to such Insured Person and if such Insured Person shall have been afflicted with a Disability prior to or at the time of such Renewal (whether or not known to the Company), the Cover Limits applicable to such Insured Person in relation to such Disability under the Renewal Policy shall not (notwithstanding any contrary provisions contained in any Benefit Schedule) exceed the Cover Limits applicable to such Insured Person in relation to such Disability prior to such Renewal and this shall continue to be the case for a period of twelve months after the date of such Renewal.

13. Cancellation

(i) The Company may cancel this Policy by giving 31 days notice in writing to the Policyholder subject to the rights of any Insured Person in respect of any Disability which had occurred prior to the effective date of cancellation of this Policy. In the event of cancellation the Policyholder is entitled to a refund of any premium paid by him after a deduction of a proportionate part for the period during which this Policy has been in force.

(ii) The Policyholder may cancel this Policy at any time by given notice to the Company by a registered letter addressed to the Company, specifying the effective date of cancellation of this Policy; and provided that no claims have been paid or are payable under this Policy, he shall be entitled to a refund of a proportionate amount of the annual premium paid by him less an administration charge of 10% of the annual premium in respect of this Policy. If the premium is paid by installment, no unearned premium paid for the Period Of Insurance of this Policy shall be refunded. An administration charge of 10% of the annual premium shall be charged to the Policyholder.

(iii) The coverage of the Insured shall be ceased after the date of death of the Insured under this Policy and no unearned premium paid of the deceased for the Period Of Insurance of this Policy shall be refunded.

14. Event leading to Claim

The Insured Person or, in the case of the Insured Person being a minor, the Policyholder shall immediately procure and act on proper medical advice in relation to a Disability of any Insured Person and the Company shall not be liable for expenses incurred or treatment of or for service in relation to such Disability which becomes necessary due to failure of the Insured Person or the Policyholder, as the case may be, to do so.

15. Notice and Proof of Claim

Written notice of Disability on which a claim may be based must be given to the Company within 31 days after the Disability was first treated. Written proof including original receipts and itemized bills together with a fully completed claim form prescribed by the Company for which an indemnity claim is made must be furnished to the Company within 90 days after the Disability was first treated. If proof was not given within the time specified, it must be shown that proof was given as soon as was reasonably possible, or the Company will not

pay the benefit.

16. Suits against Third Parties

Nothing in this Policy shall render the Company liable to be joined as a party in any way whatsoever to any suit for damages which may be instituted by the Policyholder or an Insured Person against any provider of medical services or treatments, wherein such may sue the same for reasons of neglect, malpractice or other causes arising from his/their acts or omissions in the treatment or examination of any Insured Person under the terms of this Policy.

17. Currency

All payments made under this Policy shall be made in the legal currency of Hong Kong including payment of premiums and payments of claims for expenses, costs and fees incurred in foreign currencies which shall be converted into Hong Kong dollars by the Company at the rate of exchange current on the date on which the expenses, costs and fees being claimed were incurred, as quoted by a licensed bank in Hong Kong to the Company.

18. Territorial Limits

Insurance cover and benefits are applicable without geographical limitation.

19. Incorrect Disclosure or Non-Disclosure

Incorrect disclosure or non-disclosure of any material facts which, in bolttech Insurance GI's opinion, may affect bolttech Insurance GI's risk assessment, including but not limited to, age, gender and other material facts declared on the relevant application form or otherwise provided in the Policy application process, may result in retrospective premium adjustment or even render this Policy void from the Policy Date, unless bolttech Insurance GI confirms otherwise in writing. In case of retrospective premium adjustment bolttech Insurance GI shall have collect the premium shortfall with interest or refund the excess premium without interest. In case of void of the Policy, bolttech Insurance GI's liability shall be limited to the amount of total premiums paid and total insurance levy paid without interest, less any benefit which has been paid under this Policy.

20. Sanction Exclusion

Notwithstanding anything to the contrary in the Policy the following shall apply:
If, by virtue of any law or regulation which is applicable to the Company at the inception of this Policy or becomes applicable at any time thereafter, providing coverage to the Insured is or would be unlawful because it breaches any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, United States of America or The People's Republic of China/Hong Kong SAR, that the Company shall provide no coverage or benefit or have no liability whatsoever to the Insured, to the extent that it would be in breach of such law or regulation.

Description Of Benefits

The items of benefits and their respective Cover Limits under this plan are specified in the Benefit Schedule. The Cover Limits applicable to each Insured Person for a covered Disability will depend on the benefits sets and the cover levels elected as specified in the Policy Schedule of this Policy.

Section 1 – Basic Hospitalisation Benefits

1. Hospital Room and Board

The Company shall reimburse the daily charges for room and board (inclusive of general nursing services) incurred by any Insured Person as a registered bed paying patient in a Hospital, but not to exceed the Cover Limit for each day of Hospital Confinement and the maximum number of days per Disability applicable to such charges as specified in the Benefit Schedule.

2. Physician's Visit

The Company shall reimburse the fees incurred by any Insured Person and charged by a Physician for visiting

such Insured Person as a registered bed paying patient during Hospital Confinement, but not to exceed the Cover Limit for each day and the maximum number of days per Disability applicable to such fees as specified in the Benefit Schedule.

3. Miscellaneous Hospital Services

The Company shall reimburse the expenses incurred by any Insured Person for Medically Necessary Treatments or Services incurred during Hospital Confinement for the following treatments or services, but not to exceed the Cover Limit per Disability applicable to such charges as specified in the Benefit Schedule.

(i) Drugs and medicines;
(ii) Dressings, braces, splints, plaster casts and rental of wheelchair;
(iii) Physical therapy;
(iv) X-Ray examinations and laboratory tests;
(v) Blood or blood plasma and its administration;
(vi) Oxygen and its administration;
(vii) Ambulance services to and/or from the Hospital and
(viii) Day case chemotherapy, radiotherapy and kidney dialysis conducted in either a Hospital or a Registered Clinic

4. Surgeon's Fee

The Company shall reimburse the fees incurred by any Insured Person and charged by a Surgeon for surgical operation conducted in either a Hospital or a Registered Clinic, subject to the following conditions:

(i) The reimbursement for any surgical operation for each Disability shall not exceed the Cover Limit specified in the Benefit Schedule for the classification of such surgical operation in the Surgical Schedule. If more than one surgical operations are performed for the same Disability irrespective of whether or not such operations are performed during the same or different surgical sessions, the reimbursement shall not exceed the highest Cover Limit applicable.
(ii) If a surgical operation is performed which is not listed in the Surgical Schedule, the Company shall pay such an amount as would be payable for a surgical operation listed in the Surgical Schedule which, in the opinion of the Company, has a degree of severity equivalent to that of the first mentioned surgical operation.
(iii) If more than one surgical operations are performed through a single incision in respect of unrelated Disabilities, the reimbursement shall not exceed the highest Cover Limit applicable.
(iv) If more than one surgical operations are performed at the same surgical session through different incisions in respect of unrelated Disabilities, the reimbursement shall not exceed (a) 100% of the highest Cover Limit applicable and (b) 50% of other Cover Limits applicable.

5. Anaesthetist's Fee

The Company shall reimburse the fees incurred by any Insured Person and charged by the anaesthetist for the service provided during the surgical operation, subject to the same conditions (i) to (iv) as described under Surgeon's Fee herein.

6. Operating Theatre Fee

The Company shall reimburse the operating theatre fees incurred by any Insured Person for the use of operating theatre and equipment or materials during the surgical operation, subject to the same conditions (i) to (iv) as described under Surgeon's Fee herein.

7. Specialist's Fee

The Company shall reimburse the consultation fees incurred by any Insured Person and charged by a Specialist during Hospital Confinement provided that such consultation has been recommended in writing by the attending Physician, but not to exceed the Cover Limit per Disability applicable to such fees as specified in the Benefit Schedule.

8. Intensive Care Unit

The Company shall reimburse charges incurred by any Insured Person for an Intensive Care Unit in a Hospital,

provided that it is certified Medically Necessary by the attending Physician or Surgeon that the Insured Person should be confined to such unit, but not to exceed the Cover Limit for each day of confinement and the maximum number of days per Disability applicable to such charges as specified in the Benefit Schedule.

9. Post Hospitalisation Treatment

The Company shall reimburse the charges incurred by any Insured Person for follow-up treatments by the attending Physician or Surgeon within 31 days immediately after such Insured Person has been discharged from Hospital, but not to exceed the Cover Limit per Disability applicable to such charges as specified in the Benefit Schedule.

10. Accidental Dental Treatment

The Company shall reimburse the charges incurred by any Insured Person for treatment to sound natural teeth as a direct result of an Injury, provided that such treatment is taken within 31 days of the Injury and in a legally registered dental clinic or Hospital, but not to exceed the Cover Limit per Disability applicable to such charges as specified in the Benefit Schedule.

11. Emergency Outpatient Treatment (Accident)

The Company shall reimburse the charges incurred by any Insured Person for emergency outpatient treatment of an Injury in a Hospital within 24 hours of the Injury, but not to exceed the Cover Limit per Disability applicable to such charges as specified in the Benefit Schedule.

12. Home Nursing

The Company shall reimburse the fees incurred by any Insured Person and charged by a registered nurse for services rendered at the home of such Insured Person immediately following the discharge from Hospital provided that it has been recommended in writing by the attending Physician, but not to exceed the Cover Limit for each day and the maximum number of days per Disability applicable to such charges as specified in the Benefit Schedule.

13. Companion's Bed for Child

The Company shall reimburse the charges incurred by any Insured Person for companion's bed during Hospital Confinement of an insured Child of such Insured Person, but not to exceed the Cover Limit for each day and the maximum number of days per Disability applicable to such charges as specified in the Benefit Schedule.

14. Daily Cash Benefit

The Company shall pay the Daily Cash Benefit of amount as specified in the Benefit Schedule for each day of Hospital Confinement if any Insured Person is confined in the general ward of a Hospital Authority hospital in Hong Kong, but not to exceed the maximum number of days per Disability as specified in the Benefit Schedule.

15. Daily Hospital Cash for Second Claim

The Company shall pay the Daily Hospital Cash for Second Claim of amount as specified in the Benefit Schedule, if the Company is the secondary payer for any claims involving Hospital Confinement (except for Hospital confinement in the general ward of a Hospital Authority hospital in Hong Kong), but not to exceed the maximum number of days per Disability as specified in the Benefit Schedule. This only applies to the policy that was not established through the arrangement of top-op or conversion and the claims where the primary payer is an insure (other than the Company) under either an individual or a group medical policy.

16. Accidental Death Benefit

The Company shall pay the Accidental Death Benefit of amount as specified in the Benefit Schedule to the Insured Person's legal personal representative if during the Period of Insurance the Insured Person is suffered from an accidental death which is solely caused by Injury. For the purpose of this item of benefit, the Company shall not be liable to pay the benefit in the event of death of the Insured Person in respect of or resulting from the General Exclusions as specified in this Policy.

Section 2 – Supplementary Major Medical Benefits

If the medical fees, charges and expenses (hereinafter called "charges") incurred under any of the benefit items 1 to 8 (inclusive) of Section 1 (Basic Hospitalisation Benefits) exceeds the amount of benefit payable thereunder, the Company shall reimburse the excess amount incurred by any Insured Person during Hospital Confinement, subject to the reimbursement % as determined hereunder, but not to exceed the Cover Limit per Disability as specified in the Benefit Schedule.

(i) If the Hospital Confinement in respect of which such charges have been incurred is at the same or lower level of accommodation than the Benefit Level insured and specified under the Hospitalisation Benefits, the Reimbursement % shall be 80%.
(ii) If the Hospital Confinement in respect of which such charges have been incurred is at the Private level and the Benefit Level insured and specified under the Hospitalisation Benefits is at the Semi-Private level, the Reimbursement % shall be 50%.
(iii) If the Hospital Confinement in respect of which such charges have been incurred is at the Semi-Private level and the Benefit Level insured and specified under the Hospitalisation Benefits is at the Ward level, the Reimbursement % shall be 50%.
(iv) If the Hospital Confinement in respect of which such charges have been incurred is at the Private level and the Benefit Level insured and specified under the Hospitalisation Benefits is at the Ward level, the Reimbursement % shall be 25%.

Section 3 – Supplementary Outpatient Benefits

1. Consultation at Physician's Office

The Company shall reimburse subject to the percentage specified in the Benefit Schedule the charges incurred by any Insured Person for the consultation fee and cost of medicine in respect of treatment provided by the Physician subject to a maximum of one visit per day, but not to exceed the Cover Limit per visit and the maximum number of visits per policy year applicable to such charges as specified in the Benefit Schedule.

2. Physiotherapist's and Chiropractor's Treatment

The Company shall reimburse subject to the percentage specified in the Benefit Schedule the charges incurred by any Insured Person for the treatment provided by a Physiotherapist or Chiropractor subject to a maximum of one visit per day, but not to exceed the Cover Limit per visit and the maximum number of visits per policy year applicable to such charges as specified in the Benefit Schedule provided that such Insured Person was referred to such Physiotherapist or Chiropractor by the attending Physician in writing.

3. Specialist's Consultation

The Company shall reimburse subject to the percentage specified in the Benefit Schedule the charges incurred by any Insured Person for the consultation fee and cost of medicine in respect of treatment provided by a Specialist subject to a maximum of one visit per day, but not to exceed the Cover Limit per visit and the maximum number of visits per policy year applicable to such charges as specified in the Benefit Schedule provided that such Insured Person was referred to such Specialist by the attending Physician in writing.

4. Diagnostic X-Ray and Laboratory Tests

The Company shall reimburse subject to the percentage specified in the Benefit Schedule the charges incurred by any Insured Person for X-Ray examinations or laboratory tests that are referred by the attending Physician in writing for diagnostic purpose, but not to exceed the Cover Limit per policy year applicable to such charges as specified in the Benefit Schedule.

5. Prescribed Western Medicines and Drugs

The Company shall reimburse subject to the percentage specified in the Benefit Schedule the charges, other than when confined in a Hospital, incurred by any Insured Person for Western medicines and drugs as prescribed on a written basis by the attending Physician and purchased from a pharmacy or dispensary (not being the one within the attending Physician's clinic), but not to exceed the Cover Limit per policy year applicable to such charges as specified in the Benefit Schedule.

6. Chinese Medicine Practitioner's Treatment

The Company shall reimburse subject to the percentage specified in the Benefit Schedule the charges incurred by any Insured Person for the consultation fee in respect of treatment provided by a Chinese Medicine Practitioner (including Bonesetter and Acupuncture) subject to a maximum of one visit per day, but not to exceed the Cover Limit per visit and the maximum number of visits per policy year applicable to such charges as specified in the Benefit Schedule.

Section 4 – Supplementary Dental Benefits

The Company shall reimburse the dental charges incurred by the Insured for the following treatments as a result of Sickness or Injury[1] or the oral service provided by a Dentist, but not to exceed the Cover Limit applicable to such charges as specified in the Benefit Schedule.

(i) Routine Oral Examination & Scaling
(ii) Dental X Rays
(iii) Abscesses
(iv) Fillings
(v) Extraction

Injury[1] in Section 4 – Supplementary Dental Benefits refers to damage to sound natural teeth (and/or dentures/bridges when applicable) caused solely by external, physical, visible, accidental and involuntary means.

General Exclusions

The following exclusions apply to :

- Section 1 – Basic Hopitalisation Benefits
- Section 2 - Supplementary Major Medical Benefits
- Section 3 - Supplementary Outpatient Benefits

Notwithstanding any contrary provisions in this Policy, the Company shall not be liable to pay or settle any claim for expenses incurred by a Insured Person in respect of or resulting from:

1. i) Pre-existing Conditions;
   ii) The following Disabilities or surgery when occurring during the first 180 days after an Insured Person was first insured under this Policy: circumcision; tumors, warts, cysts or polyps of any kind.

2. Disabilities arising as a result of or in connection with AIDS (Acquired Immune Deficiency Syndrome) and ARC (AIDS Related Complex) or any sequela, contracted before participation in this plan;

3. Care or treatment for which payment is not required or is waived or is recoverable from a third party or under any other insurance including (without limitation) Employees' Compensation Insurance;

4. Any charges of services for beautification purposes, cosmetic surgery or treatment, fitting of eye glasses or lens, any surgery and related services for the purpose of correcting visual acuity or refractive error, hearing aids and prescriptions therefor, purchase of artificial limbs and prosthetic devices.

5. Dental care and treatment, except necessitated by accidental Injuries to sound natural teeth;

6. Disabilities arising out of consumption of alcohol or narcotics or similar drugs or agents;

7. Congenital Conditions;

8. Pregnancy (including pregnancy test), childbirth (including surgical delivery), abortion, miscarriage, pre-natal or post-natal care and conditions arising from surgical, mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility;

9. Psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations);

10. Routine physical examinations, vaccinations, health check-ups or tests not incidental to treatment or diagnosis of a Disability or any elective treatments or services which are not Medically Necessary, or any alternative treatment including but not limited to homeopathy or any services rendered by a Podiatrist or any preventive treatments, medicines or examinations;

11. Conditions related to sexually transmitted diseases, sexual dysfunction or their sequela; hormone therapy for climacteric or menopause;

12. Disabilities arising from racing of any kind (except foot racing), skydiving, underwater activities requiring breathing apparatus, mountain/rock climbing, winter sports, professional sports;

13. Suicide, attempted suicide or intentionally self-inflicted injury;

14. Any Disabilities arising from the followings:

    (i) war, invasion, acts of foreign enemy, hostilities or warlike operations (whether war be declared or not);
    (ii) civil war, mutiny, civil commotions assuming the proportions of or amounting to military rising, insurrection, rebellion, revolution conspiracy, military or usurped power;
    (iii) any act of any Insured Person acting on behalf of in connection with any organization with activities directed towards the overthrow by force of any de jure or de facto Government or to the influencing of it by terrorism or violence or loot sack or pillage in connection with any of the abovementioned occurrences;
    (iv) martial law or state of siege or any of the events or cases which determine the proclamation or maintenance of martial law or state of siege; and
    (v) participation in riots or illegal activities.

General Exclusions

The following exclusions apply to:

- Benefit Section 4 - Supplementary Dental Benefits:

Notwithstanding any contrary provisions in this Policy, the Company shall not be liable to pay or settle any claim for expenses incurred by an Insured Person in respect of or resulting from:

1. Care or treatment for which payment is not required or is waived or is recoverable from a third party or under any other insurance including (without limitation) Employees' Compensation Insurance;

2. Self-inflicted injury;

3. Cosmetic treatment (including but not limited to orthodontic treatment and bleaching);

4. Conditions or injury arising out of consumption of alcohol or narcotics or similar drugs or agents;

5. Conditions or injury caused by declared or undeclared war, civil commotions, rebellion, revolution conspiracy, military, riot, strikes or illegal acts;

6. Oral hygiene instructions, plaque control program and dietary instructions.

Surgical Schedule

Each of the "Classification" shown in this Surgical Schedule is shown for the sole purpose of determining the maximum amount payable by the Company hereunder in respect of the surgical operation set opposite thereto by way of reimbursement of surgeon fee and shall not otherwise affect the interpretation of this Policy.

		Classification
Abdomen	Appendectomy	Intermediate
	Removal of gall bladder and exploration of common bile duct	Major
	Cholecystectomy	Major
	Gastro-enterostomy	Major
	Partial Gastrectomy	Major
	Total Gastrectomy	Complex
	Gastroscopy with/without biopsy, with/without polypectomy	Minor
	OGD with/without biopsy, with/without removal of foreign body	Minor
	Colonscopy with/without biopsy, with/without polypectomy	Minor
	Laparoscopy	Intermediate
	Hemicolectomy	Major
	Total Colectomy	Complex
	ERCP (Endoscopic Retrograde Cholangio-pancreatography)	Intermediate
	A-P Resection	Complex
	Oesophagogastrostomy, Oesophagectomy	Complex
	Any operation on the Pancreas	Complex
	Splenectomy	Major
	Hepaticoduodenostomy	Complex
	Lobectomy of liver / Resection of liver / Hemihepatectomy	Complex
	Liver Transplant	Complex
	Anterior resection of rectum	Major
Arteries and Veins	Any operation on the Aorta or Iliac Arteries	Complex
	Portocaval Anastomosis	Complex
	Splenorenal Anastomosis	Complex
	Coronary artery bypass graft	Complex
Breast	Breast cyst(s) aspiration / fine needle biopsy of breast lesion	Minor
	Incision and Drainage of breast abscess	Minor
	Excision of breast lesion	Intermediate
	Simple mastectomy	Intermediate
	Radical mastectomy	Major
Bone and Joints	Amputation of thigh, leg	Major
	Amputation of upper arm, forearm, entire hand or foot	Intermediate
	Amputation of fingers or toes	
	Fewer than three	Minor
	Three or more	Intermediate
	Close reduction of fracture of finger, hand or toe without internal fixation	Minor
	Close reduction of fracture without internal fixation (except finger/hand/toe)	Intermediate
	Close reduction of dislocation of joint	Intermediate
	Open reduction with internal fixation of fracture of finger, hand or toe	Intermediate
	Open reduction with internal fixation of fracture (except finger, hand or toe)	Major
	Close reduction of dislocation of hip	Major
	Removal of implants from bone (except bone of thigh)	Minor
	Removal of implants from bone of thigh	Intermediate
	Joint aspiration / injection	Minor
	Muscle biopsy	Minor
	Arthroscopy	Intermediate
	Arthroscopic meniscectomy	Major
	Repair of meniscus	Major
	Partial hip replacement	Major
	Total hip replacement	Complex
	Total shoulder replacement	Complex

Chest	Complete thoracoplasty, transthoracic approach to stomach, diaphragm esophagus, sympathectomy or laryngectomy	Major
	Close (percutaneous) (needle) biopsy of lung	Minor
	Endoscopic biopsy of lung / Percutaneous biopsy (needle) of lung	Minor
	Fiber-Optic Bronchoscopy	Minor
	Thoracentesis / chest tapping	Minor
	Thorascopy	Intermediate
	Excision of lesion or tissue of diaphragm	Major
	Resection / Excision / Incision of lung	Major
	Segmental resection of lung	Major
	Lobectomy of lung	Major
	Complete pneumonectomy	Complex
Ear, Nose or Throat	Excision / destruction of lesion of external ear	Minor
	Any operation on the inner ear	Major
	Incision of middle ear	Intermediate
	Mastoidectomy, one or both sides, simple or radical	Major
	Suture of auricle / laceration of external ear	Minor
	Myringotomy	Minor
	Myringoplasty	Intermediate
	Tympanoplasty	Major
	Antral puncture and wash-out	Minor
	Nasal / Sinus endoscopy	Minor
	Excision of pre-auricular sinus	Minor
	Excision of lesion of maxillary sinus	Intermediate
	Functional endoscopic sinus surgery	Major
	Sinus operation by cutting (puncture of antrum excepted)	Intermediate
	Submucous resection of nasal septum	Minor
	Tonsillectomy, adenoidectomy or both	Intermediate
	Tracheotomy	Minor
	Open operation on the larynx or pharynx	Major
	Excision of malignant tumor, mandible	Major
	Excision of Accoustic Neuroma	Complex
Eye	Excision / curettage / cryotherapy of lesion of eyelids	Minor
	Exploration of conjunction (including removal of foreign body)	Minor
	Operation on pterygium	Minor
	Laser photocoagulation / cryotheray / radiotherapy lesion of retina (and bilateral)	Intermediate
	Operation for detached retina, one or both eyes	Major
	Probing with / without syringe of lacrimal canaliculi / nasolacrimal duct	Minor
	Removal of cataract	Intermediate
	Removal of cataract and insertion of intraocular lens	Major
	Any other cutting operation into eyeball (through the cornea or sclera) or cutting operation on eye muscles	Intermediate
	Removal of eyeball	Intermediate
Genito-Urinary Track	Circumcision	Minor
	Cystoscopy	Minor
	Cystoscopic insertion of ureteric stent or catheter	Intermediate
	Removal of tumors or stones in ureters or bladder	
	by cutting operation	Major
	by endoscopic means	Intermediate
	by ESWL (Extra-corporeal Shock Wave Lithotripsy)	Intermediate
	Removal of prostate	
	by open operation	Major
	by endoscopic means	Major
	Re-implantation of ureters	Major
	Vesicocele, hydrocele, orchidectomy or epididymectomy	Intermediate
	Fixation of kidney	Major

	Removal of, or cutting into, kidney	Major
	Total Cystectomy	Complex
	Transplantation of kidney	Complex
Goitre	Aspiration of thyroid gland	Minor
	Hemi-thyroidectomy	Intermediate
	Removal of adenoma or benign tumor of thyroid	Intermediate
	Total or bilateral subtotal Thyroidectomy	Major
Gynecological	Cone biopsy of cervix uteri (including laser)	Minor
	Dilatation and curettage (non-puerperal), cervix cauterization or conization, polypectomy or any combination of these	Minor
	Cervix amputation	Intermediate
	LEEP	Intermediate
	Laparoscopic uterine myomectomy	Intermediate
	Laparoscopy and therapeutic procedures including laser, diathermy and destruction e.g. endometriosis adhesiolysis, tubal surgery	Intermediate
	Hysterectomy with / without sapingo-oophorectomy	Major
	Ovarian cystectomy	Intermediate
	Salpingo-oophorectomy, bilateral / unilateral (open / laparoscopic)	Intermediate
	Vaginal plastic, operation for cystocele or rectocele	Intermediate
Heart	Cardiac Catheterization	Intermediate
	Insertion / replacement of pacemaker	Intermediate
	Open Heart	Complex
	Percutaneous Transluminal Coronary Angioplasty	Major
	Pulmonary Valvotomy	Major
	Replacement of Valve	Complex
	Transluminal laser / Transluminal Radiofrequency	Major
Hernia	Single hernia	Intermediate
	More than one hernia	Major
Ligaments and tendons	Cutting or transplant	
	single	Intermediate
	multiple	Major
	Suturing of tendon	
	single	Minor
	multiple	Intermediate
	Excision of ganglion lesion of tendon sheath	Intermediate
	Release of tendon sheath by incision	Minor
Rectum	Cutting operation for thrombosed hemorrhoids	Minor
	Cutting operation for fistula in ano	Intermediate
	Hemorrhoidectomy	Intermediate
	Injections, banding or ligation of hemorrhoids (complete procedure)	Minor
Skin	Primary suture of wound with involvement of deeper tissue	Minor
	Removal of foreign body in deeper tissue	Minor
	Wedge resection of in-growing toe nail	Minor
Skull	Any operation on Brain or Meninges or Cerebral vessels	Complex
	Craniotomy	Major
	Excision of pituitary gland, transsphenoidal approach	Complex
	Trephine	Intermediate
Spine or Spinal Cord	Any operation on spinal cord or spinal Meninges	Complex
	Lamnectomy	Major
	Lumbar puncture	Minor
	Operation for spinal cord tumor	Major

	Operation with removal of portion of vertebra or vertebrae	Major
	Removal of part or all of coccyx or of transverse or spinose process	Major
	Rhizotomy	Major
Tumors	Benign or superficial tumors and cysts or abscesses	Minor
	Intra-abdominal, Intra-thoracic tumors	Major
	Malignant tumors of face, lip or skin	Intermediate
	Retro-peritoneal tumors	Major
Varicose Veins	Cutting operation, complete procedure, one or both legs	Intermediate
	Injection treatment, complete procedure, one or both legs	Minor

Personal Information Collection Statement ("PICS")

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Please scan the following QR code for review of Bolttech Insurance (Hong Kong) Company Limited's (the "Company") PICS. You can also request a copy of the PICS by calling the Company's Customer Service Hotline at 2603 9435.

請掃描以下二維碼查看保特保險(香港)有限公司(「本公司」)的收集個人資料聲明。您亦可致電本公司的客戶服務熱線 2603 9435 **索取收集個人資料聲明副本。**

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