Bolttech Insurance (Hong Kong) Company Limited
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GROUP MEDICAL INSURANCE

Proposal

Preview Only

Product Name	:	Group Medical Insurance Plan
Proposal No.	:	PT002156-5.0
Prospect	:	THE DISTRICT GRAND LODGE OF HONG KONG & FAR EAST
Proposed Effective Date	:	30 Nov 2025
Proposal Issue Date	:	03 Nov 2025 (Valid for 90 days)

Employee Type :	1	1B	1C
Dependant Coverage :	No	No	No
Hospitalisation Benefits	**Cover Limit (HK$)**	**Cover Limit (HK$)**	**Cover Limit (HK$)**
Benefit Level	**Semi-Private**	**Ward**	**Ward**
Hospital Room and Board per day	1,000	600	600
Maximum no. of days per disability	180	180	180
Intensive Care Unit per day	3,000	1,800	1,800
Maximum no. of days per disability	15	15	15
Home Nursing per day	500*	300*	300*
Maximum no. of days per disability	60	60	60
Physician's Visit per day	1,000	600	600
Maximum no. of days per disability	180	180	180
Miscellaneous Hospital Services per disability	14,000	8,400	8,400
Surgeon's Fee per disability			
Complex Operation	66,000	39,600	39,600
Major Operation	22,000	13,200	13,200
Intermediate Operation	11,000	6,600	6,600
Minor Operation	4,400	2,640	2,640
Anaesthetist's Fee per disability			
Complex Operation	19,800	11,880	11,880
Major Operation	6,600	3,960	3,960
Intermediate Operation	3,300	1,980	1,980
Minor Operation	1,320	792	792
Operating Theatre Fee per disability			
Complex Operation	19,800	11,880	11,880
Major Operation	6,600	3,960	3,960
Intermediate Operation	3,300	1,980	1,980
Minor Operation	1,320	792	792
Specialist's Fee per disability	5,000*	3,000*	3,000*
Emergency Outpatient Treatment per disability (Outpatient Treatment in a hospital within 24 hours of an injury)	1,200	720	720
Post Hospitalisation Treatment per disability (Follow-up treatment within 31 days after discharge from Hospital)	1,200	720	720
Daily Cash Benefit per day (For confinement in general ward of Hospital Authority's Hospital in Hong Kong)	500	300	300
Maximum no. of days per disability	60	60	60
Hospital Cash Benefit for Second Claim per day (Primary payer must be other insurer; benefit not available for confinement in general ward of Hospital Authority's Hospital in Hong Kong)	500	300	300
Maximum no. of days per disability	60	60	60
Accidental Death Benefit (For employee only)	10,000	10,000	10,000
Emergency Assistance Services			
Evacuation/Repatriation	USD 1,000,000	USD 1,000,000	-

* Written referral from attending physician is required.

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Proposed Effective Date	:	30 Nov 2025		
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Employee Type	:	1	1B	1C
Dependant Coverage	:	No	No	No
Supplementary Major Medical Benefits		**Cover Limit (HK$)**	**Cover Limit (HK$)**	**Cover Limit (HK$)**
Benefit Level		**Semi-Private**		
Maximum limit per disability		80,000	-	-
Reimbursement %		80%	-	-
Deductible		1,000	-	-

Note:
If confinement is at higher accommodation level than the insured benefit level, the Reimbursement % shall be reduced as follow:
Ward to Semi-Private: 50%
Ward to Private: 25%
Semi-Private to Private: 50%

Supplementary Major Medical Benefits shall not be payable for Hospital Confinement in class of suite/VIP/deluxe room of a hospital.

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Employee Type	:	1	1B	1C
Dependant Coverage	:	No	No	No
Outpatient Benefits		**Cover Limit (HK$)**	**Cover Limit (HK$)**	**Cover Limit (HK$)**
(GP) Consultation at Physician's Office per visit		160	160	160
Reimbursement %		100%	100%	100%
Network co-payment per visit		105#	105#	105#
Maximum no. of visits per policy year		20	20	20
(CM) Chinese Medicine Practitioner's Treatment per visit (including Bonesetter's & Acupuncturist's Treatment)		160^	160^	160^
Reimbursement %		100%	100%	100%
Network co-payment per visit		100#	100#	100#
Maximum no. of visits per policy year		20	20	20
(PC) Physiotherapist's & Chiropractor's Treatment per visit		240*	240*	240*
Reimbursement %		100%	100%	100%
Network co-payment per visit		140#	140#	140#
Maximum no. of visits per policy year		10	10	10
(SP) Specialist's Consultation per visit		320	320	320
Reimbursement %		100%	100%	100%
Network co-payment per visit		210#	210#	210#
Maximum no. of visits per policy year		10	10	10
Overall maximum no. of visits per policy year for items (GP)&(CM)&(PC)&(SP)		**30**	**30**	**30**
(DX) Diagnostic X-Ray & Lab. Tests per policy year		1,800*	1,800*	1,800*
Reimbursement %		100%	100%	100%

^ For Chinese Medicine Practitioner's claim (if applicable), please submit both original receipts and prescription.

* Written referral from attending physician is required.

Network co-payment means the amount the patient required to pay cash at clinics to receive medical services provided by network doctors. The basic medication for each consultation of network doctors includes 3 days medication or 2 packs of Chinese Medicine (if applicable). Network doctors include General Practitioners, Physiotherapist, Chiropractor, Specialist and Chinese Medicine Practitioner excluding acupuncture and Chinese bonesetter treatment unless specified otherwise (if applicable).

Notes:

- The attending doctor's referral letter is valid for six months only unless specified otherwise.
- Consultation visit is subject to a maximum of one visit per day.
- Unless specified otherwise, the above cover limit is the limit per consultation visit.

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	1	1B	1C
Employee Type :	1	1B	1C
Dependant Coverage :	No	No	No
	Annual Premium Rate (HK$)	**Annual Premium Rate (HK$)**	**Annual Premium Rate (HK$)**
Hospitalisation Benefits			
Per Employee	2,320.00	6,376.00	8,682.00
Supplementary Major Medical Benefits			
Per Employee	1,446.00	-	-
Outpatient Benefits			
Per Employee	2,360.00	3,540.00	4,130.00
Total Premium Rate			
Per Employee	6,126.00	9,916.00	12,812.00
No. of Member			
Employee	250	25	25
Annual Premium (HK$)	1,531,500.00	247,900.00	320,300.00

Total Annual Premium	HK$	2,099,700.00
Total Levy (Rate 0.100% / Cap 5,000)	HK$	2,099.70
Grand Total	HK$	2,101,799.70

Levy collected by the Insurance Authority has been imposed on relevant policy at the applicable rate. For further information, please visit www.bolttechinsurance.hk or contact: (852) 3123 3344.

Remarks:

- Insured Members aged 70-79 shall be covered under Employee Type 1B & Type 1C. Coverage is subject to health underwriting.
- No coverage will be provided for Insured Members aged 80 or above.
- Notwithstanding anything to the contrary contained in the Policy, it is hereby declared and agreed that the following conditions for Optional Medical Plan will be applied:
- 1. Employees can be enrolled when the employees become eligible, otherwise, they can only be enrolled at next policy anniversary and subject to our underwriting acceptance.
- 2. Employees can select to enroll on every policy.
- 3. After selecting to enroll, employee is only allowed to withraw at next policy anniversary date.
- 4. Once withdraw, employee is only allowed to select again at the next policy anniversary. Full coverage will be provided subject to satisfactory underwriting result.

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Notes

1. The proposal is issued by Bolttech Insurance (Hong Kong) Company Limited.
2. Premium rates are based on the census data e.g. age, sex and claim experience (if any). If actual data is significantly different, the premium rates may be changed.
3. Cover period is 1 year. Payment mode is annual.
4. Hospitalisation Benefit is basic cover. Optional Cover such as Outpatient, Supplementary Major Medical, Dental or Maternity Benefits (if applicable) must be taken in conjunction with Hospitalisation Benefit.
5. Pre-existing conditions are waived for members transferred as at The policy inception if claim experience is provided.
6. The maximum insured age for employee and spouse is 69 (attained age). If member whose age has reached 70 years old, his/her coverage shall cease upon renewal.
7. For any unmarried insured child aged 19 (attained age) or above (up to 25) (attained age) and registered as full time student, coverage of such insured member can be extended if student evidence is provided. Otherwise, his/her coverage shall cease upon renewal.
8. Top Up Medical and Conversion Privilege are offered to the group size more than 10 employees with Hospitalisation benefits and its Room & Board limit over HK$400.
9. For details of applicable exclusions/conditions to the insured persons and dependants (if any), please refer to the policy.
10. The product information in this proposal is for reference only and does not contain the full terms and conditions and full list of exclusions of the policy. For exact terms and conditions and the full list of exclusions, please refer to the policy provisions of the Plan.

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Important Notes

1. This product is a group indemnity medical insurance plan underwritten and issued by Bolttech Insurance (Hong Kong) Company Limited ("Bolttech Insurance").

2. If dependant coverage is provided, all eligible dependants of the same family must join and enroll in the same plan.

3. The applicant is required to disclose all material facts which is likely to influence the acceptance and assessment of the Application. If the applicant is in doubt whether certain facts are material, the applicant should disclose them. We recommend the applicant to keep a record (including a copy of the completed application form) for future reference of all information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may affect your coverage and may even invalidate the Policy altogether.

4. Medically Necessary Treatment or Service in relation to a Disability means a medical service which 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 Insured Dependant or the Physician, and for which the charges are fair and reasonable for such Disability, and Medically Necessary shall be construed accordingly.

5. Normal and Customary in relation to fees means a sum not exceeding a reasonable average of the fees charged under similar conditions by persons of equivalent experience and professional status in the area in which the service was provided; and when in relation to material or services means a sum not exceeding a reasonable average of the charges for similar material or services in equivalent circumstances of quality and economic consideration in the same area as that in which any such material or services were obtained.

6. **Premium adjustment**
The premium rate is non-guaranteed and may significantly increase due to factors including but not limited to Age, sex, benefit level, job nature, workstation and claims experience.
The policy is renewable annually subject to the consent of Bolttech Insurance upon the payment of the premium, at such premium rates and terms as may be determined by Bolttech Insurance at the time of such renewal. Bolttech Insurance shall have the right to change the rate at which premium shall be calculated, (a) on any Renewal Date, (b) on any premium due date provided the rate that is then being charged has been in effect for at least 12 months, or (c) when the risks being insured against under the Policy have increased, and provided further that the Bolttech Insurance shall notify the Policyholder at least 31 days in advance of the change.

7. **Premium term and non-payment of premium**
The premium payment period of the Policy is same as the benefit term. A grace period of thirty one (31) days following the premium due date shall be allowed to the Policyholder for the payment of each premium and applicable levy after the first. If any premium and applicable levy is not paid before the expiration of the grace period, the Policy shall automatically terminate at the expiration of the grace period. The Policyholder shall be liable to Bolttech Insurance for the premium and applicable levy for the time the Policy was in force during the grace period.

8. **Cancellation conditions**
Bolttech Insurance may cancel the Policy by giving thirty one (31) days notice in writing to the Policyholder subject to the rights of any Insured Person or Insured Dependant in respect of any Disability which had occurred prior to the effective date of cancellation of the Policy. In the event of cancellation the Policyholder is entitled to a refund of any premium and applicable levy paid by him after a deduction of a proportionate part of the period during which the Policy has been in force.
The Policyholder may cancel the Policy at any time by notifying Bolttech Insurance of such intent by posting a registered letter addressed to Bolttech Insurance, specifying the effective date of cancellation of the Policy; and provided that no claim have been paid or are payable under the Policy, he shall be entitled to a refund of a proportionate amount of the premium and applicable levy paid by him less an administration charge of 10% of the annual premium in respect of the Policy.

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9. Termination of insurance of Insured Person/Insured Dependant:

The Insurance of an Insured Person/Insured Dependant shall automatically cease on the earliest of the following dates:

- the date of termination of the Policy;
- the date of expiration of the period for which the last premium payment is made in respect of such Insured Person/Insured Dependant;
- the date on which the Insured Person's relationship with the Policyholder shall cease;
- the date the Insured Dependant ceases to be a Dependant of the Insured Person; and
- the end of Insurance Period following the Insured Person's/Insured Dependant's birthday of the Upper Age Limit as specified in the Policy Schedule.

The product information in this proposal is for reference only and does not contain the full terms and conditions and full list of exclusions of the policy. For exact terms and conditions and the full list of exclusions, please refer to the policy provisions of the Plan.

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Major Exclusions

Unless otherwise specified in the Policy provisions or Policy Schedule, Bolttech Insurance shall not be liable to pay any benefits under the Policy in the following circumstances:

Applicable to Hospitalisation Benefits, Supplementary Major Medical Benefits and Outpatient Benefits:

1. Pre-existing conditions for which the Insured Person or Insured Dependant received medical treatment during the 90 days prior to the date he first becomes insured under the Policy, unless such Insured Person or Insured Dependant affected by these conditions has been insured under the Policy continuously for 12 months;
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 the 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 (unless the benefit is available and specified in the Benefit Schedule);
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) unless the benefit is available and specified in the Benefit Schedule;
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 (unless the benefit is available and specified in the Benefit Schedule);
11. Conditions related to sexually transmitted diseases, sexual dysfunction or their sequela; hormone therapy for climacteric or menopause;
12. Suicide, attempted suicide or intentionally self-inflicted injury; and
13. Any Disabilities arising from the followings: war, civil war, mutiny, civil commotions, insurrection, rebellion, revolution conspiracy, military or usurped power, martial law or state of siege, participation in riots or illegal activities.

Applicable to Dental Benefits:

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; and
6. Oral hygiene instructions, plague control program and dietary instructions.

For all the exclusions under the Policy, please refer to the Policy provisions.