

# Bupa CarePro / Bupa Care Kid Health Insurance Scheme Application Form

## 保柏卓康健 / 保柏童康健醫療保障計劃申請表



To ensure your cover can take effect on the first day of the following month, please send us the completed application form at least 5 working days prior to the end of the month. Applications are subject to underwriting.

如欲合約在下月一號生效，請將填妥的申請表於月底前最少5個工作天寄回保柏。所有申請必須通過核保始能生效。

Please complete this form in **ENGLISH and BLOCK LETTERS**. Please tick as appropriate.  
請以**英文正楷**填妥本申請表，並於適用地方加「✓」號。

All ages described in this form refer to the age as at the Coverage Commencement Date.  
本申請表內所有歲數以保障開始日當日之歲數計算。

Application for 投保計劃：

**Bupa CarePro 保柏卓康健** (Applicable to aged 18 or above 適用於18歲以上人士)

**Bupa Care Kid 保柏童康健** (Applicable to unmarried children aged between 15 days - 17 years inclusive 適用於出生15天至17歲的未婚子女)

For Bupa  
use only  
保柏專用

Reference No. :  
參考編號

Effective Date :  
生效日期

DD 日 MM 月 YYYY 年

### Personal Details of Applicant 申請人資料 (Applicant's age must be 18 years or above 申請人年齡必須為18歲或以上)

Title 稱謂 Name of Applicant (same as HKID Card) 申請人姓名 (與香港身份證相同)

Mr 先生 Surname 姓  
 Mrs 太太  
 Ms 女士 Given Name 名  
 Miss 小姐

HKID Card No. / Passport No.  
香港身份證號碼 / 護照號碼

Sex 性別  M 男  F 女

Date of Birth 出生日期  
DD 日 MM 月 YYYY 年

### Contact Details of Applicant 申請人聯絡資料

Correspondence Address\* 通訊地址\* (Please complete in ENGLISH and BLOCK LETTERS 請以英文正楷填寫)

Flat 單位 / Room 室 / Floor 層數

Block 座 / Building 大廈 / Mansion 閣 / House 樓 / Estate 屋苑

Street 街 / Road 道

District 地區  HK 香港  Kln 九龍  NT 新界

Email Address# 電郵地址#

Contact No. 聯絡電話 Fax No. 傳真號碼 Mobile No. 流動電話號碼

Country of Residence 居住國家^  
(If not in Hong Kong 如非香港)

\* P. O. Box, hotel address and overseas address are not acceptable. 郵政信箱、酒店地址及海外地址恕不接納。

# You can access our e-Services through **myBupa**, our online and mobile platform, to view and download some of your policy-related documents. To access these e-documents\*\*, you are required to register for a **myBupa** account and provide an email address where you will receive email notifications when a document is ready for you to access from your **myBupa** account. You will no longer receive hard copy of these documents by post.

If you wish to receive a hard copy of all documents by post, please tick the box below. If you do not tick the box, we will consider that you have agreed to register for and use **myBupa** to access these e-documents.

I request to receive hard copy of all documents by post.

\*\* Please refer to <https://www.bupa.com.hk/en/customer-care/mybupa/> for the latest list of e-documents available on **myBupa**. This list is subject to change.

# 您可透過 **myBupa** 網上及手機的電子服務查閱及下載與您保單相關的部分文件。要查閱這些電子文件\*\*，您須登記 **myBupa** 帳戶，並提供電郵地址。當文件已上載於您的 **myBupa** 帳戶後，您便會收到電郵通知。您將不會以郵寄方式收到這些保單文件的印刷本。

如您想以郵寄方式收取所有文件的印刷本，請於以下方格內加上剔號。如您沒有剔選以下方格，我們將認為您已同意登記及使用 **myBupa** 以瀏覽這些電子文件。

我要求以郵寄方式收取所有文件的印刷本。

\*\* 有關上載於 **myBupa** 的最新電子文件清單，請參考 <https://www.bupa.com.hk/tc/customer-care/mybupa/>，此清單會不時更改。

^ Unless otherwise specified by Member in writing, Inter Partner Assistance Hong Kong Limited will consider Hong Kong as the Country of Residence of the Member and repatriate the Member to Hong Kong when Medically Necessary.

除非會員特別以書面通知，國際救援（亞洲）有限公司將設定香港為會員之居住國家，於有醫療需要時送返會員回香港。



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## Details of Proposed Member 準會員資料

Myself 本人

(Details as page 1 資料如同第一頁)

**Or 或** (Please tick one only 請選擇一位準會員)

Child 子女

Child's Name (same as HKID Card/Birth Certificate) 子女姓名 (與香港身份證/出生證明書相同)

Surname

姓

Given Name

名

HKID Card No. / Birth Certificate No.

香港身份證號碼 / 出生證明書號碼

Sex

性別  M 男  F 女

Date of Birth

出生日期

DD 日

MM 月

YYYY 年

Country of Residence 居住國家<sup>^</sup>

(If not in Hong Kong 如非香港)

<sup>^</sup> Unless otherwise specified by Member in writing, Inter Partner Assistance Hong Kong Limited will consider Hong Kong as the Country of Residence of the Member and repatriate the Member to Hong Kong when Medically Necessary.

除非會員特別以書面通知，國際救援（亞洲）有限公司將設定香港為會員之居住國家，於有醫療需要時送返會員回香港。

## Choice of Cover 投保項目

Core Benefit 主要保障

Hospital and Surgical Benefit 住院及手術保障

Benefit Level 保障等級 (Choose one 任選其一)

Plan 計劃  1 / 4 Private 私家房

Plan 計劃  2 / 5 Semi-private 半私家房

Plan 計劃  3 / 6 Ward 大房

Optional Benefit 自選額外保障

Full Cover Benefit 全數賠償保障 (applicable to Plan 4, 5 and 6 適用於計劃4, 5及6)

Supplementary Major Medical Benefit 附加醫療保障 (age must be below 60 years 年齡必須為60歲以下)

Hospital Cash Benefit 住院現金保障

Clinical Benefit 門診保障

Maternity Benefit 產科保障

(age must be between 18-49 years inclusive 年齡必須為18-49歲(首尾歲數包括在內))

Dental Benefit (Plan A) 牙科保障 (計劃A) /  Dental Benefit (Plan B) 牙科保障 (計劃B)

(applicable to Bupa CarePro 適用於保柏卓康健計劃)

## Child Discount (if applicable) 子女保費折扣 (如適用)

Please give details if you / your spouse is a **proposed/existing Member** of Bupa CarePro and / or your child(ren) is a **proposed/existing Member** of Bupa Care Kid. Each proposed Member needs to submit an application form individually. 如您/您的配偶為「保柏卓康健」的準會員/現有會員，及/或您的子女為「保柏童康健」的準會員/現有會員，請提供以下資料。每位準會員須各自提交申請表。

Please tick if you are a **proposed/existing Member**  
如您是準會員/現有會員，請於空格內加上「✓」號

Please indicate your membership no. if you are an **existing Member**

如您是現有會員，請填寫會員號碼

Membership No. 會員號碼

## Your Spouse 您的配偶

Please indicate the membership no. if your spouse is an **existing Member**

如您是現有會員，請填寫會員號碼

Membership No. 會員號碼

Spouse's Name (same as HKID Card) 配偶姓名 (與香港身份證相同)

Surname

姓

Given Name

名

HKID Card No.

香港身份證號碼

Date of Birth

出生日期

DD 日

MM 月

YYYY 年

## Your Child 您的子女

Please indicate the membership no. if your child is an **existing Member**

如您是現有會員，請填寫會員號碼

Membership No. 會員號碼

Child's Name (same as HKID Card/Birth Certificate) 子女姓名 (與香港身份證/出生證明書相同)

Surname

姓

Given Name

名

HKID Card No. / Birth Certificate No.

香港身份證號碼 / 出生證明書號碼

Date of Birth

出生日期

DD 日

MM 月

YYYY 年

## Your Child 您的子女

Please indicate the membership no. if your child is an **existing Member**

如您是現有會員，請填寫會員號碼

Membership No. 會員號碼

Child's Name (same as HKID Card/Birth Certificate) 子女姓名 (與香港身份證/出生證明書相同)

Surname

姓

Given Name

名

HKID Card No. / Birth Certificate No.

香港身份證號碼 / 出生證明書號碼

Date of Birth

出生日期

DD 日

MM 月

YYYY 年

## Payment Method 繳付保費方法

Payment Frequency 繳付保費形式	Payment Method 繳付保費方法	Remarks 備註
<input type="checkbox"/> Yearly 年繳	<input type="checkbox"/> Credit Card 信用卡	Please attach a completed <b>Credit Card Authorisation Form</b> 請連同填妥之 <b>信用卡付款授權書</b> 寄回
	<input type="checkbox"/> Autopay from Bank 銀行自動轉賬 (From renewal payment only 續保繳費起適用)	Please attach a cheque made payable to "Bupa (Asia) Limited" for the first year's subscription and levy with a completed <b>Direct Debit Authorisation Form</b> 請填妥 <b>直接付款授權書</b> ，連同首年保費及保費徵費之支票交回本公司，支票抬頭人為「保柏(亞洲)有限公司」
	<input type="checkbox"/> Cheque 支票 Bank Name 銀行名稱 _____ Cheque No. 支票號碼 _____	Please attach a cheque made payable to "Bupa (Asia) Limited" 請將支票交回本公司，支票抬頭人為「保柏(亞洲)有限公司」
<input type="checkbox"/> Monthly 月繳	<input type="checkbox"/> Credit Card 信用卡	Please attach a completed <b>Credit Card Authorisation Form</b> 請連同填妥之 <b>信用卡付款授權書</b> 寄回
	<input type="checkbox"/> Autopay from Bank 銀行自動轉賬	Please attach a cheque made payable to "Bupa (Asia) Limited" for the first 2 months' subscription and levy with a completed <b>Direct Debit Authorisation Form</b> 請填妥 <b>直接付款授權書</b> ，連同首兩個月保費及保費徵費之支票交回本公司，支票抬頭人為「保柏(亞洲)有限公司」

**If the cheque issuer is not the applicant or proposed Member\*, please fill in the following information. 若支票發出人並非申請人或準會員\*，請填寫以下資料。**

Relationship with the applicant or proposed Member* 與申請人或準會員*關係 (Applicable to spouse, parents or children only 只適用於配偶、父母或子女)	Reason for paying subscription and levy on behalf of the applicant or proposed Member* 代申請人或準會員*支付保費及保費徵費的原因
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## Bank Account for Reimbursement 支付賠償之銀行戶口

Claims payment will be reimbursed by autopay only. 賠償款項只以自動轉賬方式支付。

**I hereby agree and authorise Bupa (Asia) Limited to reimburse claims payment to the account below. 本人同意及授權保柏(亞洲)有限公司轉賬賠償款項於以下戶口。**

Account Holder's Name (Same as recorded on bank account statement/passbook)  
戶口持有人姓名(與銀行結單/存摺相同)

HKID Card No.  
香港身份證號碼

**Personal Hong Kong savings / current account number (HK\$ only) 個人香港儲蓄 / 往來銀行戶口號碼 (只限港幣)**

Bank Name  
銀行名稱

Bank No.  
銀行編號

Account No.  
戶口號碼

**If the above account holder is not the applicant, please fill in the following information. 若上述之戶口持有人並非申請人，請填寫以下資料。**

Relationship with the applicant or proposed Member\* 與申請人或準會員\*關係  
(Applicable to spouse, parents or children only 只適用於配偶、父母或子女)

Reason for receiving claims payment on behalf of the applicant or proposed Member\* 代申請人或準會員\*收取賠款的原因

\* Please delete if inappropriate 請刪除不適用者

## Health Declaration 健康聲明

### Important Note 重要事項

Please Answer Yes or No to every question in Health Declaration - Section A. 請於所有「健康聲明 - 甲部」中問題回答「是」或「否」。

If you answer Yes to any of the questions, you have to provide the details of the medical conditions in Health Declaration - Section B. 如果您就任何問題的回答為「是」，您須於「健康聲明 - 乙部」提供有關疾病之詳情。

During the insurance application process, it's important that you act with utmost good faith and disclose all material facts to Bupa. If you are uncertain as to whether a fact is material, then it should be disclosed. If you fail to disclose or misrepresent a material fact and this causes Bupa to accept the risk, this will raise questions about your entitlement to insurance benefits. Consequences may include termination of your policy or reduction of entitlement to claims payments in all or part. 在保險申請過程中，務必以至高誠信向保柏披露所有重要事實。如果您不確定某個事實是否重要，則應將其披露。如您未能披露或錯誤陳述重要事實，而導致保柏承擔有關風險，這將影響您享有的保障。其結果可能包括終止您的保單；或減少全部或部分您所獲得的賠償。

You do not need to tell us about your history of common cold or flu or upper respiratory tract infections. Female proposed Member does not need to tell us about your history of childbirth. 您無須告知我們傷風、感冒、上呼吸道感染的病史。女性準會員也不用告知我們有關分娩的紀錄。

If there is any change or update on the proposed Member's health conditions at any time after the submission of this Application and before the Coverage Commencement Date, you are required to notify Bupa immediately. 如在提交本申請後和保障開始日之前的任何時間，準會員的健康狀況有任何改變或更新，您需要立即通知保柏。

Height 身高**	m 米	cm 厘米/	ft 尺	in 吋	Weight 體重**	kg 公斤/	lb 磅	Smoker 吸煙者**	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
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\*\* Not required for proposed Member(s) below 18 years old. 18歲以下之準會員無需填寫。

### Health Declaration - Section A 健康聲明 - 甲部

1. In the last 3 years, have you (or the proposed Member) had: 在過去三年內，您(或準會員)是否曾： a) consultation or medical investigations (e.g. scans or blood tests) for any medical condition(s) or symptoms which have continued for 2 weeks or more, and/or occurred more than once during the period; or 因任何持續兩星期或以上，以及/或因任何出現多於一次的病症或症狀而就診或接受醫療檢查(如掃描及血液檢驗)；或 b) consultation or medical investigations as a result of abnormal findings from medical investigations**；或 因醫療檢查結果異常而就診或接受醫療檢查**；或 c) consultation by a specialist for two times or more for the same medical condition(s) 因同一病症接受兩次或以上的專科醫生診治？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
2. In the last 5 years, have you (or the proposed Member) ever taken / been advised to take any medication prescribed by a doctor regularly for a continuous period of longer than 1 month? 在過去五年內，您(或準會員)是否曾定期服用 / 曾被建議定期服用為期超過一個月的醫生處方藥物？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
3. In the last 7 years, have you (or the proposed Member) been admitted to hospital, had an operation or a procedure? 在過去七年內，您(或準會員)是否曾住院，接受手術或治療程序？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否

\*\* For proposed Members aged 17 and below, this includes abnormalities in growth development (e.g. height and weight) 於十七歲或以下準會員，此包括生長發育異常(如身高、體重等)

**Health Declaration - Section A 健康聲明 — 甲部**

4. In the last 6 months, have you (or the proposed Member) had any undiagnosed symptoms, or currently undergoing medical investigations or awaiting results for the said symptoms?  Yes是  No否  
 在過去六個月內，您(或準會員)是否曾有任何未被診斷的症狀，或現正因有關症狀進行醫療檢查或等待檢查結果？

5. Have you (or the proposed Member) had a history of cancer, heart condition, stroke or joint replacement; or are there any medical devices (e.g. shunts for draining fluids from the brain, pins and plates for fixation of broken bones) currently in your body?  Yes是  No否  
 您(或準會員)是否曾有癌症、心臟病、中風或關節置換的病史；或現在體內有任何醫療儀器(如導引腦積水的分流器，及固定骨折的骨釘和骨板等)？

**Only applicable to Bupa Care Kid Health Insurance Scheme 只適用於童康健醫療保障計劃**  
 Applicable to proposed Member aged 15 days to 24 months only. 此問題只適用於年齡介乎15日至24個月的準會員：

6. Was the proposed Member born before 37 weeks or after 42 weeks of pregnancy?  Yes是  No否  
 準會員是否於懷孕37周前或42周後出生？

**Applicable for optional clinical benefit only. 此問題只適用於自選附加門診保障。**

7. Apart from the above information which you (or the proposed Member) may have already disclosed, in the last 3 years, have you (or the proposed Member) had consultation by Psychiatrist for two times or more for mental health conditions (e.g. depression, anxiety, schizophrenia, mood disorder etc.)?  Yes是  No否  
 除您(或準會員)於上述已經披露之健康狀況外，在過去三年內，您(或準會員)是否曾因關於精神健康狀況(例如抑鬱症、焦慮症、精神分裂症、情緒障礙等)，接受兩次或以上的精神科醫生診治？

**Health Declaration - Section B 健康聲明 — 乙部**

	Medical condition 病症	Medical condition 病症	Medical condition 病症
Please specify as accurately as possible the name of the illness or medical problem. Where applicable, please state the area of the body affected (e.g. right knee, left eye). 請盡可能準確註明患上何種疾病或病患。如適用，請說明受影響的身體部位(例如右膝，左眼)。			
When did the symptoms start? 何時開始出現徵狀？			
What investigations did you have? Please include dates, type of investigations (e.g. MRI, blood test) and their results. 您曾接受何種檢查？ 請註明日期、檢查種類(如磁力共振、驗血)及其結果。			
What treatment did you have? Please include treatment period, type of treatment and their details (e.g. name of medication, name of procedure or surgery) 您曾接受何種治療？ 請註明接受治療時期、治療種類及其詳情(如藥物名稱、治療程序及手術名稱)			
When was the treatment completed? 何時完成治療？			
Have you made a full recovery? (Yes/No) 您是否已完全康復?(是/否)			

If you have any medical reports or reports of investigations, please enclose them and put a tick in the box.  
 如您有任何醫療報告或醫療檢查報告，請隨此表格同時附上，並請於空格加「✓」號。

With attachment  
 另有附頁

## Declaration and Authorisation 聲明及授權

I apply as Member of Bupa CarePro Health Insurance Scheme ("Scheme")/ I, on behalf of the proposed Member as listed in this Application, apply as a Member of Bupa Care Kid Health Insurance ("Scheme"). I confirm that I have selected this insurance plan of my own free will. I further confirm that the product features of the Scheme were able to fulfil my / proposed Member's current medical protection needs, financial situation and premium affordability. I acknowledge that Benefit is not payable under this Scheme being applied for any costs of treatment arising from any existing illnesses, injuries or other conditions presented before the Coverage Commencement Date unless complete details are fully disclosed by me in this Application and accepted by Bupa (Asia) Limited ("Bupa").

I declare that, to the best of my knowledge and belief, the statements contained in this Application are true and complete.

I acknowledge that Bupa reserves the right to ask for submission of more details of health status or medical reports of me/ the proposed Member at my own cost.

I also authorise any medical practitioner, hospital, clinic, by whom or where I/ the proposed Member have/ has been observed or treated or any insurance company or organisation that has any records or health information concerning me/ the proposed Member for any reason, to give full particulars thereof including prior medical history to Bupa. A copy of this authorisation shall be considered as effective and valid as the original.

I agree to be bound by the terms and conditions of the Contract of this Scheme, which I understand are available on request and will be provided to me if this application is approved. I agree that this Health Declaration and the answers given in this Application shall be the basis of the Contract between me and Bupa. I understand that I have the right to cancel this Contract within 21 days from the Coverage Commencement Date and that if I do not cancel the Contract within that period, all information in this Application is deemed to be final.

I acknowledge that Bupa has discretion to appoint Registered Medical Practitioners, Hospitals, Qualified Nurses, cancer centres, day-case centres, diabetic centres, wellness centres and other service providers to provide health and care services, credit facilities for eligible medical expenses and to do all things and acts incidental to such appointment for the Member. I acknowledge and agree that such appointment shall be made on such terms and conditions as Bupa shall think fit at its absolute discretion. Bupa shall not be liable for any claim whatsoever which may be made against any such service provider appointed by Bupa by the Member.

本人申請成為「保柏卓康健」醫療保障計劃（「計劃」）之會員/本人代表本申請表列出之準會員，申請成為「保柏童康健」醫療保障計劃（「計劃」）之會員。本人確認本人所選之保險計劃乃按照本人之獨立意願而決定。本人並確認計劃的產品內容符合本人/準會員現時的醫療保障需求、財務狀況及保費承擔能力。本人確認根據申請之計劃規定，凡在保障開始日前因已患之疾病、損傷或其他病況而引致之醫療費用，一律不予賠償，除非本人在本申請表內已詳細列出並獲得保柏（亞洲）有限公司（「保柏」）接納。

本人聲明，就本人所知所信，本申請表上填報之一切資料，均屬真實完整。

本人確認保柏有權要求提供更多有關本人/準會員之健康狀況及醫療報告，一切費用由本人支付。

本人並授權任何為本人/準會員觀察或治療的醫生、醫院、診所，或持有本人/準會員健康或任何資料之保險公司或機構將本人/準會員之全部資料（包括病歷）呈交予保柏，本授權書之副本與正本具同等效力。

本人同意遵守此計劃合約之各條款及細則，並明白可在要求下索取，此外保柏亦會於此申請獲批後提供該些條款及細則予本人。本人同意本申請表內之健康聲明及回答將作為本人與保柏之間所訂合約之根據。本人明白本人有權於合約生效日後21日內取消此合約。如本人沒有於此期間取消合約，此申請內的所有內容將被視為最終資料。

本人確認保柏可酌情委任註冊西醫、醫院、合資格護士、癌症中心、日症中心、糖尿病中心、保健中心及其他服務供應商以提供醫療服務、合資格醫療費用之墊支服務及有關該委任所需之服務予會員。

本人確認並同意有關委任之條款及細則決定乃基於保柏以其認為合適的情況下而作出。就會員向有關保柏所委任的服務供應商所作出之申索，保柏一概不會負責。

### Applicable to Application through authorised insurance broker 適用於透過獲授權保險經紀進行之申請

I understand, acknowledge and agree that, as a result of me purchasing and taking up the policy to be issued by Bupa, Bupa will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy.

I further understand that the above agreement is necessary for Bupa to proceed with the Application.

本人明白、確知及同意，保柏會就本人購買及接受其簽發的保單，於保單有效期內（包括續保期）向負責安排有關保單的獲授權保險經紀支付佣金。

本人亦明白保柏必須取得本人以上的同意，才可以處理其保險申請。

### Personal Information Collection Statement 個人資料收集聲明

(i) I have read and understood the Personal Information Collection Statement included in this application form.

本人已細閱並明白本申請表所述的「個人資料收集聲明」；及

(ii) I consent to Bupa using my personal data, including my name, contact details, gender, health and family status, to send me marketing communications (including by email, SMS or instant messenger) as described in the Personal Information Collection Statement, including in relation to insurance (such as **subscription discounts**), wellness, rewards, loyalty or privileges programmes and related products and services. I understand that I have the right to request Bupa to cease using my personal data for direct marketing purposes by emailing [customer@bupa.com.hk](mailto:customer@bupa.com.hk) or calling the Bupa Customer Care helpdesk on 2517 5333.

本人同意保柏使用本人之個人資料，包括本人的姓名、聯絡方法、性別、健康及家庭狀況，向本人傳送根據「個人資料收集聲明」所述包括保險（例如保費折扣）、健康、獎賞、會員忠誠或優惠計劃及其相關的產品及服務的市場推廣資訊（包括以電郵、手機短訊或即時通訊），並明白本人有權透過聯絡保柏的客戶服務專線（電郵至 [customer@bupa.com.hk](mailto:customer@bupa.com.hk) 或致電 2517 5333），要求保柏停止將本人的個人資料用作直接市場推廣用途。

If you do not agree with the statement in (ii) above, please tick the box below: 如您不同意上述聲明第(ii)項，請剔取以下方格：

I understand that by ticking this box, I am opting-out from receiving marketing communications from Bupa and Bupa will not be able to provide me with information on **subscription discounts** in relation to my insurance policy and other marketing offers.

本人明白剔取此項後，本人拒絕接收由保柏提供的市場推廣資訊，而保柏將無法提供與本人保單相關的保費折扣資訊及其他推廣優惠。

### Declaration of residency 居民身份聲明

By ticking this box, I solemnly declare myself (the "Applicant") and other proposed Member(s) listed in this Application are **NOT** US permanent resident\*. I further acknowledge that Bupa may terminate the cover of relevant Members with immediate effect if the law of the country in which any of the proposed Member is located, or the Member's country of residence or nationality, including but not limited to USA and Japan, or any other law which applies to Bupa or the Contract, prohibits the provision of healthcare cover by Bupa to local nationals, residents or citizens. Equivalently, I understand that I am obliged to immediately notify Bupa in writing if any of the Members become a permanent resident of USA during the Contract Year.

本人確認剔取此項即代表本人聲明本人（投保人）及列於此申請表的其他準會員並非美國永久居民\*。本人明白如準會員的所在國家或準會員的原居國或國籍所屬國家的法律（包括但不限於美國和日本）或任何其他對保柏或本合約適用的法律禁止保柏向當地國民、居民或公民提供醫療保障，保柏可終止相關會員的保障並立即生效。本人明白如本人如於合約年度期間成為美國永久居民，本人有責任立即以書面通知保柏。

\* 'Permanent resident' mean a person residing in a country who is a citizen of or who is permitted under applicable laws to live and work, on a permanent basis, in that country. US for this purpose shall include USA, United States Minor Outlying Islands, Virgin Islands, U.S. and Commonwealth of Puerto Rico.  
「永久居民」指居於某國家並且身為該國公民或根據適用法律獲許在該國永久性居留及工作的人士。美國為此包括美國本土、美國本土外小島嶼、美屬維京群島及波多黎各自由邦。

I, as the Subscriber, understand that I declare and sign on behalf of the Member listed in this Application under this Scheme who is under the age of 18.

本人茲申請為投保人，明白本人代表此計劃申請表內列出之18歲以下會員作出聲明及簽署。

I understand that no cover will be payable under the Contract unless this Application is approved and subscription is received in full by Bupa (Asia) Limited ("Bupa").

本人明白此申請表被保柏（亞洲）有限公司（「保柏」）批核及保費全額收妥後，保柏方按合約支付保障。

Applicant's Signature 申請人簽署	Signed in Hong Kong on 於香港簽署之日期	Agent's / Broker's / Telesales' Name (if applicable and must be completed by the applicant) 代理人 / 經紀 / 營業代表姓名 (如適用及必須由申請人填寫)
		Agent's / Broker's / Telesales' Code 代理人 / 經紀 / 營業代表編號
		Agent's / Broker's / Telesales' Contact Tel. No. 代理人 / 經紀 / 營業代表聯絡電話號碼
X (Full Name 姓名)	DD 日 MM 月 YYYY 年	Agent's / Broker's / Telesales' Email Address 代理人 / 經紀 / 營業代表電郵地址

### Reminder 提醒您

To help us process your Application quickly, please ensure that you have:

- enclosed payment of the correct subscription and levy and a copy of your HKID Card or Passport
- initialled any amendments on this application form, and
- enclosed a copy of the HKID Card or the birth certificate for the child you would like to enrol
- enclosed a completed Medical Insurance Need Assessment Form

我們想更快地助您完成申請，因此請您在遞交申請表時謹記：

- 連同正確之保費及保費徵費與您的香港身份證或護照副本
- 於任何更改之處簽署作實 及
- 連同子女香港身份證或出生證明副本 (如為子女投保)
- 連同已填妥的醫療保障需要分析表

# Personal Information Collection Statement 個人資料收集聲明

Bupa (Asia) Limited (the "Company")

Personal Information Collection Statement ("Statement") relating to the Personal Data (Privacy) Ordinance (the "Ordinance")

In compliance with the Ordinance, the Company would like to inform you of the following:

- From time to time, it is necessary for you, or other members covered under your policy (each a "Member"), to supply the Company with certain personal information (including where relevant, credit information and claims history) relating to you, or the Member, when you apply for insurance or financial products and services from the Company, or when you apply to make changes to your policy, or when you renew a policy.
- Failure to supply personal information requested by the Company may result in the Company being unable to process your Application and/or provide products, services and other related services to you, or the Member.**
- During the course of your relationship with the Company, further personal information relating to you, or the Member, may also be collected in the ordinary course of our business, for example, when you lodge insurance claims with the Company in relation to yourself or the Member.
- The Company may collect, use or disclose personal information relating to you, or the Member, for the following purposes:**
  - processing, assessing and determining any Applications for insurance products and services;
  - offering and providing products and services to you, or the Member, and processing requests made by you, or the Member, from time to time, including but not limited to requests for addition, alteration, deletion, maintenance, management and operation of insurance benefits or insured Members;
  - any purposes in connection with any claims made by or against or otherwise involving you, or the Member, in respect of any products and/or services provided by the Company including, without limitation, making, defending, analysing, investigating, detecting and preventing fraud (whether or not relating to the policy issued in respect of any application or claim) processing, assessing, determining, settling or responding to such claims;
  - performing any functions and activities related to the products and/or services provided by the Company including, without limitation, audit, reporting, market research, general servicing, maintenance of online and other services, identity verification, data matching, research and statistical analysis, and reinsurance arrangements;
  - provision and design of products and services of the Company;
  - exercising the Company's rights in connection with provision of insurance products and services to you, or the Member, from time to time, for example, to determine any amount of indebtedness from you, and collecting and recovering owing from you or any person who has provided any security or undertaking for your liabilities;
  - communication with you or the Member (or with you on behalf of the Member) in relation to any of the purposes set out in this Statement;
  - enabling an actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation; and
  - making disclosure to satisfy the requirements of any laws, rules and regulations, codes of practice, guidance notes or guidelines binding on the Company.
- Personal information collected or held by the Company relating to you, or the Member, will be kept confidential but the Company may transfer such personal information inside or outside the Hong Kong Special Administrative Region, for the purposes specified in paragraph (4) and (6) to the following classes of transferees:**
  - the Company's group companies ("Group Company");
  - any insurance adjusters, agents and brokers;
  - any re-insurance companies authorised by the Company;
  - employers (for members of corporate policy only);
  - healthcare professionals and hospitals;
  - any agent, contractor or third party service providers who provide administrative, telecommunications, computer, payment, data processing or storage, printing, research or other services to the Company in connection with the operation of business, (including without limitation insurers; banks; lawyers; accountants; claims investigators; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph); organisations that consolidate claims and underwriting information for the insurance industry; the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; debt collection agencies; data processing companies; research agencies and professional advisors);
  - any actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business; and
  - any person to whom the Company is under an obligation to make disclosure under the requirements of any law, rules, regulations, codes of practice or guidelines binding on the Company including, without limitation, any applicable regulators, governmental bodies, industry recognised bodies, credit reference agencies, the Courts, and where otherwise required by law.
- Only with your consent or with your indication of no objection, the Company may use your personal information collected from time to time, including name, contact details, gender, health and family status, to provide you with marketing communications (including by email, SMS or instant messenger) relating to the following products and services:
  - Insurance, medical, healthcare, wellness, personal development, beauty, lifestyle, entertainment, financial, and related services and products;
  - rewards, benefits, discounts, member activities, loyalty or privileges programmes and related services and products; and
  - donations and contributions for charitable and/or non-profit making purposes.The Company will not disclose personal information relating to you, to third parties for them to use for their own direct marketing purposes without your consent.
- For the avoidance of doubt, whether or not you consent to receive marketing communications of the type described in this paragraph 6, the Company may still communicate with you regarding the administration, features and renewal of your insurance policy.
- Under and in accordance with the terms of the Ordinance, you have the following rights:**
  - to check whether the Company holds personal information relating to you or the Member and to access such personal information;
  - to require the Company to correct any personal information relating to you or the Member which is inaccurate;
  - to ascertain our policies and practices in relation to personal data and to be informed of the kind of personal data held by the Company, and
  - to request the Company to cease using your personal information for direct marketing purposes.Requests can be made in writing to the Company's Data Protection Officer at the following address:  
Data Protection Officer  
18/F, Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong
- In accordance with the terms of the Ordinance, the Company has the right to charge a reasonable fee for the processing of any personal information access or correction request.
- For any enquiries about this Statement, please do not hesitate to contact our Customer Care helpdesk at 2517 5333.
- Nothing in this Statement shall limit the rights of customers under the Ordinance.
- In case of discrepancies between the English and Chinese versions of this Statement, the English version shall prevail.

保柏(亞洲)有限公司(「本公司」)

有關個人資料(私隱)條例(「條例」)之個人資料收集聲明(「本聲明」)

遵照條例,本公司特通知閣下以下事項:

- 在閣下或受保於閣下保單的其他會員(每位「會員」)向本公司申請保險或金融產品及服務,或當閣下更改保單或續保時,必須不時向本公司提供閣下或會員的個人資料(包括信用資料及以往申索紀錄,如適用)。
- 如閣下未能提供本公司所要求的個人資料,本公司可能無法處理閣下之申請及/或向閣下或會員提供保險產品、服務或其他相關服務。
- 本公司亦可能會在日常業務運作的過程中向閣下或會員收集更多個人資料,例如當閣下為本人或代會員向本公司提出保險索償時。
- 本公司可能會收集、使用或披露閣下或會員的個人資料作下列用途:**
  - 處理、評估、決定任何保險產品及服務之申請;
  - 為閣下或會員提供保險產品及服務及處理閣下或會員不時提出的要求,包括但不限於要求增加、更改、刪除、維持及管理保障項目或受保會員;
  - 任何有關閣下或會員對本公司所提供之保險產品及服務提出之索償,包括但不限於賠償、辯護、分析、調查、偵測及防止欺詐行為(無論是否與就此申請而簽發之保單及相關的任何申請或索償)、處理、評估、決定、解決或回應該等索償;
  - 執行與本公司所提供的保險產品及/或服務相關的功能及活動,包括但不限於審計、報告、市場調查、一般服務和維持網上及其他服務、核實身份、資料配對、研究及統計分析及再保險之安排;
  - 提供及設計本公司的產品及服務;
  - 行使本公司向閣下或會員提供保險和服務時有關的權利,例如釐定閣下拖欠的任何款項的金額,及向閣下或任何已為閣下的債務提供任何擔保或承諾的人士,追收和收回拖欠的任何款項;
  - 就任何本聲明中所述的用途與閣下或會員(或與代表會員的閣下)聯絡;
  - 允許本公司全部或部份的權益或業務的實際或建議承讓人、受讓人、參與人或次參與人,就涉及的轉讓、出讓、參與或次參與的交易進行評估;及
  - 為遵守任何法例之要求,或根據監管或其他機關所發出對本公司具有約束力或要求其遵守的規則、規例、實務守則或指引,而作出披露。
- 有關閣下或會員被本公司收集或持有的個人資料將會保密,但本公司可能會向以下不論在香港特別行政區境內或境外之資料承讓人轉移該等個人資料作第(4)及第(6)段列出的用途:**
  - 本公司的集團公司(「集團公司」);
  - 任何由本公司授權的保險理算人、代理及經紀;
  - 任何由本公司授權的再保險公司;
  - 僱主(只適用於團體保單之會員);
  - 醫護專業人員及醫院;
  - 任何代理人、承包商、或向本公司提供行政、電訊、電腦、付款、資料處理或儲存、印刷、研究或其他向本公司提供服務的第三方服務供應商(包括但不限於保險公司、銀行、理財顧問、律師、會計師、理賠調查員、防欺詐組織、其他保險公司(無論是直接地,或是通過防欺詐組織或本段中指名的其他人士)、為保險業界整合申索及承保資料之組織、警察、供保險業界用作分析及核對所提供的資料與既有資料的資料庫及登記冊(及其運營者)、收數公司、資料處理公司、研究服務機構及專業顧問);
  - 本公司的任何全部或部份的權益或業務的實際或建議承讓人、受讓人、參與人或次參與人;及
  - 為遵守任何法例之要求,或根據監管或其他機關所發出對本公司具有約束力或要求其遵守的規則、規例、實務守則或指引,而作出披露,包括但不限於適用監管機構、政府機構、相關行業認可機構、信貸資料服務機構或法院,及在其他情況下,法律規定本公司必須向其披露的人士或機構。
- 本公司只會在得到閣下同意或表示不反對的情況下,使用閣下的個人資料如姓名、聯絡方法、性別、健康及家庭狀況,向閣下提供有關以下產品和服務的市場推廣資訊(包括以電郵、手機短訊或即時通訊):
  - 保險、醫療、康健、健康、個人發展、美容、生活消閒、娛樂、財務及其相關的服務及產品;
  - 獎賞、權益、折扣、會員活動、會員忠誠或優惠計劃及其相關的服務及產品;及
  - 為慈善及/或非牟利用途的捐款及捐贈。本公司將不會在沒有閣下的同意及許可下將閣下之個人資料向第三方透露,用作他們的市場推廣用途。  
為避免有疑慮,不論閣下是否同意接收以上第六點所述的市場推廣資訊類別,本公司仍然可能就閣下保單相關的行政、保障及續保事宜與閣下聯絡。
- 根據有關條例中的條款,閣下有權:**
  - 查核本公司是否持有閣下或會員的個人資料及查閱該等個人資料;
  - 要求本公司改正任何有關閣下或會員的不準確的個人資料;
  - 查明本公司對於資料的政策及處理方法和獲告知本公司持有的個人資料種類;及
  - 要求本公司停止將閣下的個人資料作直接市場推廣用途。有關要求請致函本公司保障資料主任,地址如下:  
香港鯉魚涌華蘭路25號栢克大廈18樓  
保柏(亞洲)有限公司  
保障資料主任
- 根據有關條例之條款,本公司有權就任何處理個人資料查閱或更改的要求收取合理費用。
- 如閣下對本聲明有任何查詢,請隨時致電本公司的客戶服務專線 2517 5333。
- 本聲明不會限制客戶在條例下所享有之權利。
- 中英文本如有歧義,概以英文為準。

# Bupa CarePro / Bupa Care Kid Health Insurance Scheme Credit Card Authorisation Form

## 保柏卓康健 / 保柏童康健醫療保障計劃信用卡付款授權書



Subscriber's Name 投保人姓名

Surname

姓

Given Name

名

If credit card payment is chosen as the payment method, please complete this form, sign where marked "X" and return this form to Bupa by mail or by fax. If you have faxed this form to Bupa, please do not return it to us by mail again.

若選擇以信用卡付款，請填寫此表格及簽署於「X」位置，並交回保柏。若您已傳真此表格給我們，請無須寄回此表格。

Visa

MasterCard

Cardholder's Name 持卡人姓名

HKID Card No. 香港身份證號碼

Credit Card Account No. 信用卡戶口號碼

Credit Card  
Expiry Date  
信用卡到期日

MM 月 YY 年

I hereby authorise and direct Bupa (Asia) Limited to debit the subscription and levy due from my credit card account on an annual / monthly basis until further notice.

本人茲授權保柏(亞洲)有限公司從本人的信用卡戶口每年 / 每月支付應繳保費及保費徵費金額，直至另行通知。

If the Cardholder is not the applicant or proposed Member\*, please fill in the following information. 若信用卡持有人並非申請人或準會員\*，請填寫以下資料。

Relationship with the applicant or proposed Member\* 與申請人或準會員\*關係  
(Applicable to spouse, parents or children only 只適用於配偶、父母或子女)

Reason for paying subscription and levy on behalf of the applicant or proposed Member\*  
代申請人或準會員\*支付保費及保費徵費的原因

I hereby confirm to pay the subscription and levy due of Bupa Health Insurance Scheme for the applicant or proposed Member\* as listed in this form.

本人同意及承擔列於此表格上的申請人或準會員\*之全數應繳之保柏醫療保障計劃保費及保費徵費金額。

Cardholder's Signature 持卡人簽署

Contact Phone No. 聯絡電話號碼

Date 日期

X

DD 日 MM 月 YY 年

For Bupa use only  
保柏專用

Bupa CarePro / Bupa Care Kid Membership No.:  
「保柏卓康健」/「保柏童康健」會員編號:

Date  
日期

DD 日 MM 月 YY 年

Authorised Code :  
授權代碼

\* Please delete if inappropriate 請刪除不適用者

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# Bupa CarePro / Bupa Care Kid Health Insurance Scheme Direct Debit Authorisation Form

## 保柏卓康健 / 保柏童康健醫療保障計劃直接付款授權書



Subscriber's Name 投保人姓名

Surname 姓 \_\_\_\_\_  
 Given Name 名 \_\_\_\_\_

If autopay is chosen as the payment method, please complete this form, sign where marked "X" and return the original copy to Bupa with a cheque for the subscription and levy amount.  
 若選擇以自動轉賬付款，請填妥此表格及簽署於「X」位置，並連同此表格正本及繳付保費及保費徵費金額的支票交回保柏。

Name of party to be credited (The beneficiary) 收款之一方 (受益人)	Bank No. 銀行編號	Branch No. 分行編號	Account No. 收款戶口號碼
<b>BUPA (ASIA) LIMITED</b>	<b>0 2 4</b>	<b>7 8 7</b>	<b>6 2 1 7 8 8 0 0 1</b>

I/We hereby authorise my/our above-named bank (the "Bank") to effect transfer from my/our above-mentioned account to the above-named Beneficiary in accordance with such instructions as the Bank may receive from the Beneficiary from time to time, provided always that the amount of any one such transfer shall not exceed the limit indicated above (if applicable).  
 本人(等)現授權上述之銀行(「該銀行」)，根據收款人不時給予該銀行之指示，自本人(等)上述戶口轉賬予收款人。但每次轉賬金額不得超過以上指定之限額(如適用)。

I/We agree that the Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.  
 本人(等)同意該銀行毋須證實該等轉賬是否已通知本人(等)。

I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our above-mentioned account which may arise as a result of any such transfer(s).  
 如因該等轉賬而令本人(等)之上述戶口出現透支(或令現時之透支增加)，本人(等)會共同及各別承擔全部責任。

I/We confirm that my/our signature(s) on this authorisation is/are the same as filed with the Bank for the operation of my/our above-mentioned account to be debited for the transfer.  
 本人(等)確證在本授權書內之簽名，與本人(等)上述戶口於該銀行簽署紀錄完全相同。

I/We agree that should there be insufficient funds in my/our above-mentioned account to meet any transfer hereby authorised, the Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual service charge to be paid by me/us.  
 本人(等)同意如上述戶口並無足夠款項支付有關轉賬，該銀行有權不予辦理且可收取有關之手續費用，該等費用一概由本人(等)支付。

I/We agree that any notice of cancellation or variation of this authorisation which I/we may give to the Bank shall be given at least two working days prior to the date on which such cancellation or variation is to take effect.  
 本人(等)同意取銷或更改本授權書之任何通知，須於取銷或更改生效日最少兩個工作日之前交予該銀行。

This authorisation shall have effect until further notice or until the above given expiry date (whichever first occurs).  
 本授權書將繼續生效直至另行通知為止或直至上列到期日為止(以兩者中最早之日期為準)。

My / Our Bank and Branch Name 本人 / 吾等之銀行及分行名稱	Bank No. 銀行編號	My / Our Account No. 本人 / 吾等之戶口號碼
_____	_____	_____

My / Our name as recorded on Statement / Passbook 本人 / 吾等在結單 / 存摺上之姓名  
 \_\_\_\_\_

HKID Card No. / Passport No. 香港身份證號碼 / 護照號碼	My / Our signature(s) 本人 / 吾等之簽署 X _____	Date of signing 簽署日期 ____ 日 ____ 月 ____ 年
--	---	--

My / Our address as recorded on Statement / Passbook 本人 / 吾等在結單 / 存摺上之地址  
 \_\_\_\_\_

Debtor's Name (If other than account holder) 債務人之姓名 (若非戶口持有人)	Membership No. (Debtor's Reference) 會員編號 (債務人備註)
_____	_____

If the account holder is not the applicant or proposed Member\*, please fill in the following information. 若戶口持有人並非申請人或準會員\*，請填寫以下資料。  
 Relationship with the applicant or proposed Member\* 與申請人或準會員\*關係 (Applicable to spouse, parents or children only 只適用於配偶、父母或子女)  
 Reason for paying subscription and levy on behalf of the applicant or proposed Member\* 代申請人或準會員\*支付保費及保費徵費的原因

For bank use only 銀行專用	Signature Verified 核實簽署
_____	_____

Notes: 1. The box marked "Membership No." is to be completed by Bupa.  
 2. The signature on this authorisation form must be the same as the signature of your Bank Account.  
 \* Please delete if inappropriate

附註: 1. 會員編號一欄由保柏填寫。  
 2. 在此授權書內之簽署模式必須與閣下之銀行戶口內之簽署相符。  
 \* 請刪除不適用者

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### Schedule of Benefits 保障金額表

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A Hospital and Surgical Benefit <sup>①</sup> 住院及手術保障 <sup>①</sup>	Maximum Limit (HK\$) 最高賠償額 (港幣)		
	Plan 計劃 1, 4 Private <sup>②</sup> 私家房 <sup>②</sup>	Plan 計劃 2, 5 Semi-private <sup>②</sup> 半私家房 <sup>②</sup>	Plan 計劃 3, 6 Ward <sup>②</sup> 大房 <sup>②</sup>
1 Room and Board (Maximum 270 days each Contract Year) 住院及膳食費 (每合約年度最多270日)	每日 3,730 each day	每日 1,740 each day	每日 900 each day
2 Miscellaneous Hospital Services (Each Contract Year) 住院雜費 (每合約年度計)	44,110	24,910	15,700
3 Intensive Care (Supplement to Room and Board)(Each Contract Year) 深切治療 (住房及膳食費之補足) (每合約年度計)	30,900	25,300	23,600
4 Private Nursing (Maximum 120 days each Contract Year) 私家看護費 (每合約年度最多120日) ◦ Nursing services during Hospital Confinement or at home after discharge from Hospital rendered by a Qualified Nurse, subject to written referral <sup>③</sup> from the attending Registered Medical Practitioner ◦ 經主診註冊西醫書面轉介 <sup>③</sup> 下由合資格護士於住院期間或出院後在家中提供之護理服務	每日 970 each day	每日 640 each day	每日 390 each day
5 Surgeon and Attendance Fees (For surgical case only)(Each operation) 外科醫生費及巡房費 (只適用於外科手術) (每次手術計) ◦ Complex 複雜 ◦ Major 大型 ◦ Intermediate 中型 ◦ Minor 小型	119,500 59,700 25,300 9,050	75,600 42,000 17,560 7,510	56,000 30,400 12,350 5,840
6 Anaesthetist's Fees (Each operation) 麻醉科醫生費 (每次手術計) ◦ Complex 複雜 ◦ Major 大型 ◦ Intermediate 中型 ◦ Minor 小型	37,300 17,800 8,250 4,320	22,100 12,400 5,480 2,780	16,800 9,650 4,190 2,470
7 Operating Theatre Fees (Each operation) 手術室費用 (每次手術計) ◦ Complex 複雜 ◦ Major 大型 ◦ Intermediate 中型 ◦ Minor 小型	37,300 17,800 8,250 4,430	22,100 12,400 5,480 2,780	16,800 9,650 4,190 2,470
8 In-patient Physician's Fees (For non-surgical case only) (Maximum 270 days each Contract Year) 住院醫生巡房費 (只適用於非手術治療) (每合約年度最多270日)	每日 2,970 each day	每日 1,360 each day	每日 770 each day
9 In-patient Specialist's Fees (Each Contract Year) 住院專科醫生費 (每合約年度計) ◦ Subject to written referral <sup>③</sup> from the attending Registered Medical Practitioner (except for services performed by pathologist, radiologist or Physiotherapist during Hospital Confinement) ◦ 須獲主診註冊西醫以書面轉介 <sup>③</sup> (病理學家、放射學家及物理治療師在住院期間所提供之服務除外)	12,800	4,760	2,680
10 Cancer Treatment and Kidney Dialysis (Each Contract Year) 癌症治療及洗腎 (每合約年度計) ◦ Exclusively paid for chemotherapy, radiotherapy, targeted therapy, immunotherapy, hormonal therapy, cyberknife or gamma knife and other related miscellaneous charges for cancer treatment or kidney dialysis during Hospital Confinement or in day-case unit of a Hospital or clinic upon recommendation by the attending Registered Medical Practitioner ◦ 單獨賠償經主診註冊西醫建議下於住院期間或醫院日症房或診所進行之化療、電療、標靶治療、免疫治療、荷爾蒙治療、使用數碼導航刀或伽瑪刀及與之相關的雜費以治療癌症或洗腎的費用	153,000	121,000	83,700
11 Companion Bed (Maximum 270 days each Contract Year) 住院加床費 (每合約年度最多270日)	每日 1,860 each day	每日 860 each day	每日 450 each day
12 Pre-admission and Post-hospitalisation Out-patient Care (Each Contract Year) 入院前及出院後之門診護理 (每合約年度計) ◦ Including two pre-admission visits and all related post-hospitalisation follow-up visits on an out-patient basis within six weeks after discharge from Hospital ◦ 包括2次入院前及出院後6星期內所有與住院治療有關之跟進療程門診費用	5,790	3,370	2,080
13 Emergency Out-patient Benefit for Accidents (Each Contract Year) 緊急意外門診保障 (每合約年度計) ◦ Cover expenses for consultation, Western Medication, diagnostic imaging and laboratory tests, as well as other related medical fees incurred on an out-patient basis in the out-patient department or accident and emergency department of a Hospital as a result of an Accident ◦ 賠償因意外引致而於醫院門診部或急症部以門診形式接受治療的費用, 包括診症費、西藥費、診斷影像及化驗費, 以及其他有關醫療費用	11,800	8,700	6,600
14 Psychiatric Treatment (Each Contract Year) 精神科治療 (每合約年度計)	30,000		
Overall Annual Limit - Below attained age of 65 on the Contract Effective Date 每年最高賠償額 - 於合約生效日未滿65歲之會員	Unlimited 不設上限		
Overall Annual Limit - Attained age of 65 or above on the Contract Effective Date 每年最高賠償額 - 於合約生效日年滿65歲或以上之會員	859,000	431,000	204,200

### Schedule of Benefits 保障金額表

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B Full Cover Benefit (Optional) <sup>④</sup> 全數賠償保障 (自選保障) <sup>④</sup>	Maximum Limit (HK\$) 最高賠償額 (港幣)		
	Plan 計劃 4 Private <sup>②</sup> 私家房 <sup>②</sup>	Plan 計劃 5 Semi-private <sup>②</sup> 半私家房 <sup>②</sup>	Plan 計劃 6 Ward <sup>②</sup> 大房 <sup>②</sup>
<p>This Benefit is payable for eligible expenses of the following items B1 to B11 incurred during your Hospital Confinement, Clinical Operation or Day Case provided by the Hospitals, Specialists and day-case centres appointed by Bupa subject to the Maximum Limit per Contract Year. Your treatment must be referred and attended by a Bupa HealthCare Appointed Specialist.</p> <p>此保障將支付有關下列 B1 至 B11 項由保柏特選的醫院、專科醫生及日症中心所提供的住院、診所手術或日症所需的合資格費用，以每年最高賠償額為限。有關的治療必須經由保柏康健特選專科醫生轉介、進行及提供。</p>	<p>Canossa Hospital 嘉諾撒醫院 Gleneagles Hong Kong Hospital 港怡醫院 HK Adventist Hospital - Stubbs Road 香港港安醫院 - 司徒拔道 HK Adventist Hospital - Tsuen Wan 香港港安醫院 - 荃灣 HK Baptist Hospital 香港浸信會醫院 HK Sanatorium &amp; Hospital 養和醫院 St Paul's Hospital 聖保祿醫院 St Teresa's Hospital 聖德肋撒醫院 Union Hospital 仁安醫院</p>		
<b>Bupa HealthCare Appointed Hospitals<sup>③</sup></b> 保柏康健特選醫院 <sup>③</sup>	Around 約 600		
<b>No. of Bupa HealthCare Appointed Specialists 保柏康健特選專科醫生數目</b>	Around 約 600		
<b>1 Room and Board 住房及膳食費</b> <b>2 Miscellaneous Hospital Services 住院雜費</b> <b>3 Intensive Care 深切治療</b> <b>4 Private Nursing 私家看護費</b> <ul style="list-style-type: none"> <li>Nursing services during Hospital Confinement or at home after discharge from Hospital rendered by a Qualified Nurse, subject to written referral<sup>③</sup> from the attending Registered Medical Practitioner</li> <li>經主診註冊西醫書面轉介<sup>③</sup>下由合資格護士於住院期間或出院後在家中提供之護理服務</li> </ul> <b>5 Surgeon and Attendance Fees 外科醫生費及巡房費</b> <b>6 Anaesthetist's Fees 麻醉科醫生費</b> <b>7 Operating Theatre Fees 手術室費用</b> <b>8 In-patient Physician's Fees 住院醫生巡房費</b> <b>9 In-patient Specialist's Fees 住院專科醫生費</b> <ul style="list-style-type: none"> <li>Subject to written referral<sup>③</sup> from the attending Registered Medical Practitioner (except for services performed by pathologist, radiologist or Physiotherapist during Hospital Confinement)</li> <li>須獲主診註冊西醫以書面轉介<sup>③</sup>(病理學家、放射學家及物理治療師在住院期間所提供之服務除外)</li> </ul> <b>10 Cancer Treatment and Kidney Dialysis 癌症治療及洗腎</b> <ul style="list-style-type: none"> <li>Exclusively paid for chemotherapy, radiotherapy, targeted therapy, immunotherapy, hormonal therapy, cyberknife or gamma knife and other related miscellaneous charges for cancer treatment or kidney dialysis during Hospital Confinement or in day-case unit of a Hospital or clinic upon recommendation by the attending Registered Medical Practitioner</li> <li>單獨賠償經主診註冊西醫建議下於住院期間或醫院日症房或診所進行之化療、電療、標靶治療、免疫治療、荷爾蒙治療、使用數碼導航刀或伽碼刀及與之相關的雜費以治療癌症或洗腎的費用</li> </ul> <b>11 Companion Bed 住院加床費</b>	Full cover 全數賠償	Full cover 全數賠償	Full cover 全數賠償
<b>Maximum Limit (Each Contract Year) - Below attained age of 65 on the Contract Effective Date</b> 最高賠償額 (每合約年度計) - 於合約生效日未滿 65 歲之會員	837,000	470,000	234,800
<b>Maximum Limit (Each Contract Year) - Attained age of 65 or above on the Contract Effective Date</b> 最高賠償額 (每合約年度計) - 於合約生效日年滿 65 歲或以上之會員	456,000	288,000	167,400
<ul style="list-style-type: none"> <li>Full Cover Benefit is payable for eligible medical expenses incurred during Hospital Confinement, Day Case and Clinical Operation up to the Maximum Limit per Contract Year. Pre-admission and Post-hospitalisation Out-patient Care, and Emergency Out-patient Benefit for Accidents will be paid under items A12 and A13.</li> <li>Your Bupa HealthCare (BHC) Card can be used to settle payment for Hospital Confinement or Clinical Operation(s) at the Bupa HealthCare Appointed Hospitals and Specialists' clinics, subject to a credit limit approved by Bupa.</li> <li>After Full Cover Benefit is exhausted, you can claim the Hospital and Surgical Benefit for your next treatment.</li> <li>全數賠償保障將支付住院、日症及診所手術之合資格醫療費用，以每年最高賠償額為上限。入院前及出院後之門診護理，以及緊急意外門診保障將於 A12 及 A13 項下作出賠償。</li> <li>您可使用保柏康健卡支付保柏康健特選醫院及專科醫生收取之住院及診所手術費用，以保柏批核之信用額為限。</li> <li>全數賠償保障耗盡後，您可於下一次治療時索償住院及手術保障。</li> </ul>			

Schedule of Benefits 保障金額表

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C Supplementary Major Medical Benefit (Optional) <sup>⑥</sup> 附加醫療保障 (自選保障) <sup>⑥</sup>	Maximum Limit (HK\$) 最高賠償額 (港幣)		
	Plan 計劃 1, 4 Private <sup>②</sup> 私家房 <sup>②</sup>	Plan 計劃 2, 5 Semi-private <sup>②</sup> 半私家房 <sup>②</sup>	Plan 計劃 3, 6 Ward <sup>②</sup> 大房 <sup>②</sup>
Reimbursement percentage 賠償率	80%		
Maximum Limit (Each Contract Year) 最高賠償額 (每合約年度計)	620,000	323,000	129,000
Lifetime Limit (Only applicable to Members who attain the age of 65 or above) 終生最高賠償額 (只適用於年齡已屆 65 歲或以上的會員)	910,000	459,000	234,000

- This Benefit is payable for any eligible expenses in excess of the benefits payable under items A1 - A11 of Hospital and Surgical Benefit (either exceeding the maximum limit or maximum number of days) or Full Cover Benefit (if applicable), which is subject to the Maximum Limit (or Lifetime Limit, if applicable) above and HK\$500 deductible per claim.
- Your Bupa HealthCare (BHC) Card can be used to settle payment for Hospital Confinement at designated private Hospitals in Hong Kong subject to a credit limit approved by Bupa. For the list of designated private Hospitals in Hong Kong, please visit Bupa's website at [www.bupa.com.hk](http://www.bupa.com.hk) > Medical Insurance > Bupa CarePro. This list is subject to change from time to time.
- In case of overseas hospitalisation, only medical Emergency cases will be covered.
- This Benefit shall not be payable for Hospital Confinement in class of suite/VIP/deluxe room of a Hospital.
- Adjustment factors will be applied if you are confined in a higher room level than your chosen level:
  - From Semi-private Room to Private Room : 50%
  - From Ward to Semi-private Room : 50%
  - From Ward to Private Room : 25%
- However, the adjustment factors and room class restrictions above are not applicable to Confinement in a higher room level due to room shortage for Emergency treatment or isolation that requires a specific room level.
- 此保障支付任何超出按住院及手術保障下 A1 - A11 項 (不論超出最高賠償額或最多日數) 或全數賠償保障 (如適用) 可獲賠償的合資格費用, 以上述最高賠償額 (或終生最高賠償額, 如適用) 為限, 每次索償的墊底費為港幣 500 元。
- 您可使用保柏康健卡支付指定的香港私家醫院之住院費用, 以保柏批核之信用額為限。您可瀏覽保柏網頁 [www.bupa.com.hk](http://www.bupa.com.hk) > 個人醫療保險 > 卓康健醫療保險, 查看指定的香港私家醫院名單, 此名單可能會不時更改。
- 如身處海外, 只適用於因急症之住院治療。
- 此保障並不會就入住總統套房/貴賓房/豪華房的住院費用而作出賠償。
- 如您入住比原有保障級別更高的病房級別, 保障額將作出如下調整:
  - 半私家房至私家房 : 50%
  - 大房至半私家房 : 50%
  - 大房至私家房 : 25%
- 然而, 有關調整值及以上住房級別限制不適用於在緊急情況接受治療的情況下因床位短缺而須入住較高住房級別, 或因隔離原因而須入住指定住房級別的情況。

D Hospital Cash Benefit (Optional) 住院現金保障 (自選保障)	Plan 計劃 1, 4	Plan 計劃 2, 5	Plan 計劃 3, 6
Payable from the third day of Hospital Confinement (Maximum 182 days each Contract Year) 由住院第 3 天起開始支付 (每合約年度最多 182 日)	每日 1,000 each day	每日 500 each day	每日 300 each day

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Maximum Limit (HK\$) 最高賠償額 (港幣)

E Clinical Benefit (Optional) 門診保障 (自選保障)	Plan 計劃 1, 4	Plan 計劃 2, 5	Plan 計劃 3, 6
1 <b>General Practitioner</b> (Consultation fee only) 普通科醫生 (只限診症費)	每次 500 each visit	每次 320 each visit	每次 230 each visit
2 <b>Specialist</b> (Consultation fee only) 專科醫生 (只限診症費) ◦ Subject to written referral <sup>①</sup> from a Registered Medical Practitioner, except for dermatology, family medicine, gynaecology, ophthalmology, orthopaedics, otolaryngology, paediatric surgery, paediatrics and psychiatry ◦ 須獲註冊西醫書面轉介 <sup>①</sup> ，皮膚科、家庭醫學科、婦科、眼科、骨科、耳鼻喉科、小兒外科、兒科及精神科除外	每次 820 each visit	每次 620 each visit	每次 450 each visit
3 <b>Home Consultation</b> (Consultation fee only) 家中應診 (只限診症費)	每次 890 each visit	每次 600 each visit	每次 450 each visit
4 <b>Physiotherapist</b> (Treatment fee only) 物理治療師 (只限診療費) ◦ Subject to written referral <sup>①</sup> from a Registered Medical Practitioner ◦ 須獲註冊西醫書面轉介 <sup>①</sup>	每次 770 each visit	每次 520 each visit	每次 410 each visit
5 <b>Chiropractor</b> (Treatment fee only) 脊醫 (只限診療費) ◦ Subject to written referral <sup>①</sup> from a Registered Medical Practitioner ◦ 須獲註冊西醫書面轉介 <sup>①</sup>	每次 770 each visit	每次 520 each visit	每次 410 each visit
6 <b>Chinese Herbalist</b> 中醫師 ◦ Consultation fee (including basic Medically Necessary Chinese Medicines prescribed at the Registered Chinese Medicine Practitioner's clinic and obtained at a legitimate source on the same day of consultation) ◦ Payable for acupuncture performed by a Registered Chinese Medicine Practitioner ◦ 診症費 (包括於診治當日由註冊中醫在診所處方並由合法來源取得的基本醫療必需中藥費用) ◦ 此保障支付由註冊中醫進行的針灸治療	每次 370 each visit	每次 280 each visit	每次 230 each visit
7 <b>Chinese Bonesetter</b> 跌打醫師 ◦ Consultation fee (including basic Medically Necessary Chinese Medicines prescribed at the Registered Chinese Medicine Practitioner's clinic and obtained at a legitimate source on the same day of consultation) ◦ Payable for acupuncture performed by a Registered Chinese Medicine Practitioner ◦ 診症費 (包括於診治當日由註冊中醫在診所處方並由合法來源取得的基本醫療必需中藥費用) ◦ 此保障支付由註冊中醫進行的針灸治療	每次 370 each visit	每次 280 each visit	每次 230 each visit
8 <b>Psychiatric-related Treatments</b> <sup>②</sup> 精神科相關治療 <sup>②</sup> ◦ Including consultation fee, basic Medically Necessary Western Medication, Chinese Medicines, acupuncture, diagnostic imaging and laboratory tests ◦ 包括診症費、基本醫療必需西藥、中藥、針灸治療、診斷影像及化驗	每次 820 each visit	每次 620 each visit	每次 450 each visit
9 <b>Psychological Counselling</b> 臨床心理輔導 ◦ Subject to written referral <sup>①</sup> from a Psychiatrist ◦ 須獲精神科醫生書面轉介 <sup>①</sup>	每次 820 each visit	每次 620 each visit	每次 450 each visit
10 <b>Prescribed Western Medication</b> (Each Contract Year) 醫生處方西藥 (每合約年度計) ◦ Medically Necessary Western Medication prescribed by a Registered Medical Practitioner and obtained at a legitimate source ◦ 經由註冊西醫處方並由合法來源取得之醫療必需西藥費用	5,500	3,430	2,120
11 <b>Diagnostic Imaging and Laboratory Tests</b> (Each Contract Year) 診斷影像及化驗 (每合約年度計) ◦ Subject to written referral <sup>①</sup> from a Registered Medical Practitioner for all diagnostic imaging and laboratory tests, or from a Registered Chinese Medical Practitioner or Chiropractor for X-ray only and laboratory tests ◦ 須獲註冊西醫 (適用於所有診斷影像及化驗) 或註冊中醫/脊醫 (只適用於X光及化驗) 書面轉介 <sup>①</sup>	4,350	2,440	1,920

Maximum number of visits per Contract Year for items E1 – E9 above in aggregate is 30 in total, with a sub-limit of 10 visits per Contract Year for items E6 – E7 and E8 – E9 respectively. Subject to a maximum of one visit per item per day.

每合約年度內有關上文 E1 至 E9 之診治次數上限共為 30 次，其中項目 E6 至 E7 及 E8 至 E9 之診治次數上限為每合約年度共各 10 次。每一項目以每日最多一次為限。

F Maternity Benefit (Optional) 產科保障 (自選保障)	Plan 計劃 1, 4	Plan 計劃 2, 5	Plan 計劃 3, 6
<b>Normal Delivery</b> (Per pregnancy) 順產 (每次懷孕計)	40,600	27,100	18,300
<b>Caesarean Section</b> (Per pregnancy) 剖腹生產 (每次懷孕計)	60,900	40,650	27,450
<b>Miscarriage</b> (Per pregnancy) 流產 (每次懷孕計)	20,300	13,550	9,150

- The Maternity Benefit shall cover medical expenses incurred for the following during pregnancy:
  - Hospital Confinement
  - Consultation of a Registered Medical Practitioner and Prescribed Western Medication
  - Diagnostic tests, prenatal check-up and postnatal check-up
  - Nursery care of newborn baby
- This Benefit does not cover any medical expenses incurred by the newborn baby during Hospital Confinement or any treatments for psychiatric, psychological, mental or behavioural conditions arising from or in connection with maternity conditions.
- This benefit is payable provided that the conception occurs after the commencement date of this benefit and no benefit shall be payable during the waiting period of the first 9 months.
- All pregnancy or maternity related medical expenses shall be exclusively payable under this Maternity Benefit and no benefit shall be payable under the Hospital and Surgical Benefit or other optional benefits (except for those maternity related psychiatric conditions covered under relevant Clinical Benefit items).
- 產科保障將支付因受孕引致以下項目之醫療費用：
  - 住院
  - 註冊西醫診症及醫生處方西藥
  - 診斷化驗、產前檢查及產後檢查
  - 初生嬰兒護理費用
- 此保障不包括任何初生嬰兒在住院期間之醫療費用，或任何因懷孕而引致或相關的精神科、心理、情緒或行為問題之治療。
- 受保人必須於本保障生效日之後受孕方可獲得賠償，首 9 個月等候期內不會獲得賠償。
- 所有因懷孕或產科相關的醫療費用僅在本產科保障獲得賠償，並不會於住院及手術保障或其他自選保障下獲得賠償 (與產科相關的精神科狀況並受門診保障有關項目覆蓋則除外)。



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G Dental Benefit (Optional) (per Contract Year) 牙科保障 (自選保障) (每合約年度計)	Maximum Limit (HK\$) 最高賠償額 (港幣)			
	Network Dental Centre benefit 網絡牙科中心保障		Non-Network Dental Centre benefit 非網絡牙科中心保障	
	Plan 計劃 A	Plan 計劃 B	Plan 計劃 A	Plan 計劃 B
No. of network dental centres 網絡牙科中心數目	12		N/A 不適用	
Eligibility 適用範圍	Only applicable to covered dental service items performed at Network Dental Centres® within consultation hours. 只適用於在網絡牙科中心® 診症時間以內進行的合資格牙科服務。		Applicable to eligible dental services which are not performed at Network Dental Centres. All eligible dental expenses will be subject to the maximum limits below. Please settle the expenses with the dental providers directly and submit your claim to Bupa. 適用於在網絡牙科中心以外進行的合資格牙科服務。所有合資格費用將以以下列的最高賠償額為限。請先直接向牙科服務供應商支付費用，然後再向保柏申請索償。	
Reimbursement percentage 賠償率	N/A 不適用		100%	100%
1 Scaling and polishing 洗牙	One visit in total per Contract Year 每合約年度共一次	Two visits in total per Contract Year 每合約年度共兩次		
2 Routine oral examination 定期口腔檢查				
3 Intra-oral X-rays and medications 口腔 X 光及藥物	Full cover® 全數賠償®			
4 Fillings and extractions 補牙及脫牙	Full cover® 全數賠償® (Applicable to fillings and extractions due to tooth decay or gum disease only, including amalgam (silver) fillings for premolar and molar teeth and white (composite) fillings for front teeth. Extraction of wisdom teeth, complicated extractions, extractions requiring bone removal, surgical extractions or extractions for orthodontic reasons are excluded.) (只適用於蛀牙或患嚴重牙周病之牙齒之大牙(銀粉)或門牙(瓷粉)補牙。脫除智齒、複雜脫牙、口腔手術脫除牙腳、需移走牙骨或牙齒、任何口腔手術或因矯正牙齒而脫牙將不包括在保障內。)		150	300
5 Periodontal (gum) treatment 牙周病治療	Full cover® 全數賠償® (Includes treatment of mild to moderate Periodontal (gum) disease, which involves curettage and root planing with medication as required, and is limited to treatment by a general Registered Dentist.) (只限由普通科註冊牙醫進行之輕微至中度的牙周病治療，包括清洗牙周袋內的牙菌膜及牙根刮治等牙科治療。)			
6 Emergency consultation and treatment 牙痛急症處理	Full cover® 全數賠償® (Includes emergency pain relief of toothache (including dressing and medication), incision and drainage of abscesses only.) (只適用於緊急牙痛舒緩(包括敷料及藥物)、膿瘡切割及排放。)			

H Free Bupa Worldwide Assistance Programme (Each Contract Year)  
免費保柏國際援助計劃 (每合約年度計)

Provides admission deposit in the event of hospitalisation overseas and in Mainland China, unlimited cover for emergency medical evacuation and repatriation, and an extra hospital benefit of HK\$120,000 after repatriation to Hong Kong. A 24-hour hotline for travel, medical or legal information and assistance is also available.  
提供海外及國內住院按金墊支服務，全數支付緊急醫療運送費用及送返香港後高達港幣12萬元的額外住院保障，並設有24小時熱線提供旅遊、醫療或法律資訊及支援。

I Health Coaching Services  
健康支援服務

Staffed by a team of qualified nurses, health management professionals and doctors, our Health Coaching Services offer a variety of expert healthcare support to minimise your worries.  
由合資格護士、健康管理團隊及醫生為您提供一系列專業的健康支援，讓您安心無憂。

24-hour Healthline 24小時健康專線  
 • A team of qualified nurses and health management professionals will provide guidance on your health-related questions over the phone, with the support of doctors.  
 • 我們的合資格護士及健康管理團隊可透過電話為您解答健康相關問題，背後更有醫生作為顧問。

Doctor Referral 醫生轉介  
 • We can recommend doctors for your specific condition or needs.  
 • 可根據您的病況為您建議醫生。

Care Manager 健康顧問  
 • Our Care Manager can help you follow up on claims and assist you throughout treatment and recovery, from explaining your treatment plan and overseeing costs to arranging follow-up consultations. If you're admitted to a local private hospital, our Care Manager will make a courtesy call or visit, with your consent.  
 • 我們的健康顧問可助您跟進索償、全程協助您的治療至康復過程，包括解釋您的治療計劃和醫療開支以至安排跟進治療。當您入住本港私家醫院時可前往探望您或致電慰問您。

Second Medical Opinion 第二醫療意見  
 • We'll arrange for you to get medical advice from a panel of medical specialists to clarify your doubts and make informed decisions about treatment.  
 • 我們可安排醫療專家為您提供專業的第二意見，讓您掌握病情從而決定治療方法。

Please refer to Bupa's website at [www.bupa.com.hk/health-coaching-services](http://www.bupa.com.hk/health-coaching-services) for the terms and conditions of the Health Coaching Services.  
請瀏覽保柏網站 [www.bupa.com.hk/health-coaching-services](http://www.bupa.com.hk/health-coaching-services) 查閱健康支援服務的條款及細則。

- Doctors will be available during scheduled office hours to support the nurses in answering the enquiries. Office hours: Mon - Fri, from 9am to 6pm (Hong Kong time), except public holidays.
- The use of Health Coaching Services is free of charge. If the services suggested aren't covered under your contract, you'll be responsible for the fees incurred.
- 醫生會於辦公時間內支援護士解答問題。辦公時間為星期一至五，上午9時至下午6時(香港時間)，公眾假期除外。
- 使用健康支援服務並不需額外費用。若我們建議的服務不在您的合約之賠償範圍內，您便須支付有關費用。

### Schedule of Benefits 保障金額表

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#### Notes 附註

- ① About Hospital and Surgical Benefit
  - Eligible expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table for Hospital and Surgical Benefit.
  - Clinical Operation or Day Case, if eligible, will be paid under Hospital and Surgical Benefit. Clinical Operation and Day Case mean Medically Necessary surgical procedures which may be carried out at a clinic or day-case unit of a Hospital by a Registered Medical Practitioner where a stay in Hospital is not required, provided that the surgical procedure is classified as such by Bupa.
- ② About Room Level
  - For in-patient treatments at Gleneagles Hong Kong Hospital, please visit [www.bupa.com.hk/pdf/gkh.pdf](http://www.bupa.com.hk/pdf/gkh.pdf) or call Bupa to get details of the room types and how they are classified under Bupa's cover prior to your hospital stay.
- ③ Referral letter
  - A referral letter is valid for the same or related medical condition for six months from the issue date. Another referral letter is required for treatment of a new or unrelated medical condition.
- ④ About Full Cover Benefit
  - Please follow the requirements below to enjoy Full Cover Benefit:
    - (i) Always present your doctor's referral letter (except for dermatology, family medicine, gynaecology, ophthalmology, orthopaedics, otolaryngology, paediatric surgery, paediatrics and psychiatry) and your BHC Card to the Bupa HealthCare Appointed Specialist upon registration.
    - (ii) Pre-authorisation confirmation must be obtained from Bupa for the following situations:
      - Hospital Confinement or Day Case
      - Clinical Operation(s) exceeding HK\$4,000
      - Specialist treatment for which the relevant specialty is not practised by any Bupa HealthCare Appointed Specialist.
    - (iii) If you have received treatment outside our office hours, please obtain authorisation from Bupa on the next working day.
    - (iv) Your treatment at any Bupa HealthCare Appointed Service Providers must be referred and attended by the Bupa HealthCare Appointed Specialist.
    - (v) Please present your BHC Card with Bupa's Pre-authorisation Confirmation / Guarantee of Payment letter to the Bupa HealthCare Appointed Hospital upon admission and use it to pay the medical expenses.
    - (vi) You must be confined at the restricted room level or lower.
  - If the above requirements are not followed, your claims, if eligible, will be paid under Hospital and Surgical Benefit.
  - If you receive treatment at the day-case centre of an appointed Hospital, there is no need to show your BHC Card. Please settle your expenses with the Hospital and submit your claim to us.
  - Please settle your out-patient expenses at the Bupa HealthCare Appointed Specialist's clinic, unless Hospital Confinement, Day Case or Clinical Operation is Medically Necessary and pre-authorisation, if required, is obtained during the same clinic visit.
- ⑤ About Bupa HealthCare Appointed Hospitals
  - The list of Bupa HealthCare Appointed Hospitals is current at the date of printing and it is subject to change from time to time. For the current list, please visit Bupa's website for more details.
- ⑥ About Supplementary Major Medical (SMM) Benefit
  - This Benefit is subject to the Maximum Limit per Contract Year or the remaining balance of Lifetime Limit (if applicable), whichever is lower. The SMM Benefit, which is paid from age 65 will be deducted from the Lifetime Limit and the remaining balance will become the Lifetime Limit of the next Contract Year. After the Lifetime Limit is exhausted, this Benefit shall automatically terminate.
  - This benefit is applicable to treatment for psychiatric, psychological, mental or behavioural conditions, senile dementia (including Alzheimer's disease) and Parkinson's disease (except for conditions caused by or related to drug abuse and alcoholism). If the expenses under this benefit are also covered under other benefit items in this Clinical Benefit, the expenses for such items shall be exclusively paid under this item 8 and no benefit shall be payable under other benefit items.
- ⑦ Network Dental Centre refers to the network of dental service providers appointed by Bupa to provide dental services items listed under "Network Dental Centre benefit" in the Schedule of Benefits. Locations of the Network Dental Centres include Admiralty, Causeway Bay, Quarry Bay, Tsim Sha Tsui, Tseung Kwan O, Sha Tin, Tsing Yi, Tung Chung, etc. Please log in to Bupa's customer service portal to view the latest location list. This list is subject to change from time to time. Please contact the Network Dental Centres for their consultation hours.
- ⑧ To enjoy full cover under Network Dental Centre benefit:
  - Members must use cashless treatment at designated Network Dental Centres by presenting their Bupa membership card, medical card or membership number and Hong Kong Identity Card for verification and record. If the payment is made by the Members to the Network Dental Centres directly, eligible claims will be paid under Non-network Dental Centre benefit and subject to the maximum limits thereunder.
  - There is no limit on the number of visits for Network Dental Centre benefit items 3-6 per Contract Year.
- ⑨ 有關「住院及手術保障」
  - 同一項目的合資格費用不可獲「住院及手術保障」表中多於一個保障項目的賠償。
  - 合資格之診所手術或日症，將於「住院及手術保障」下賠償。診所手術及日症指註冊西醫於診所或醫院日症房進行之醫療必需手術而無必要留院，但該等手術須獲保柏分類為診所手術或日症手術。
- ⑩ 有關住房等級
  - 入住港怡醫院接受治療前，請瀏覽 [www.bupa.com.hk/pdf/gkh.pdf](http://www.bupa.com.hk/pdf/gkh.pdf) 或致電保柏查詢有關住房類別及在保柏保障計劃下相應之住房等級。
- ⑪ 轉介信
  - 會員可在轉介信發出日起計6個月內，就相同或相關病症使用該轉介信。若須診治全新或不相關的病症，則須提交新的轉介信。
- ⑫ 有關「全數賠償保障」
  - 要享有「全數賠償保障」的賠償，請依循以下的規定：
    - (i) 請於登記時向保柏康健特選專科醫生出示您的醫生轉介信（皮膚科、家庭醫學科、婦科、眼科、骨科、耳鼻喉科、小兒外科、兒科及精神科除外）及「保柏康健卡」。
    - (ii) 在以下的情況，必須獲得保柏初步保障審核確認：
      - 住院或日症
      - 超過港幣4,000元的診所手術
      - 專科治療而該專科並不屬於保柏康健特選專科醫生可提供之專科。
    - (iii) 如您於保柏辦公時間外接受治療，請於下一個工作日向保柏補辦審核。
    - (iv) 於保柏康健特選服務供應商接受的治療，必須經由保柏康健特選專科醫生轉介、進行及提供。
    - (v) 請於入住保柏康健特選醫院時，向醫院出示「保柏康健卡」及保柏的初步保障審核確認 / 付款保證信，並以此卡繳付醫療費用。
    - (vi) 您必須入住原有保障級別或較低保障級別的病房。
  - 如沒有依循以上規定，合資格的醫療費用將於「住院及手術保障」下作出賠償。
  - 如於保柏康健特選醫院之日症中心接受治療，無須出示「保柏康健卡」。請先向醫院支付醫療費用，然後再向保柏申請索償。
  - 請向保柏康健特選專科醫生之診所繳付您的門診費用，如住院、日症或診所手術為醫療必需及於該次診症同時申請初步保障審核則除外。
- ⑬ 有關保柏康健特選醫院
  - 此為於印刷日時最新之保柏康健特選醫院名單，此名單可能會不時更改。您可瀏覽保柏網頁以獲知最新名單。
- ⑭ 有關「附加醫療保障」
  - 此保障的賠償以每合約年度「最高賠償額」或「終生最高賠償額」餘額（如適用）之較低者為上限。65歲起支付的「附加醫療保障」將自「終生最高賠償額」中扣減，餘額將成為下一合約年度的「終生最高賠償額」。此保障將於「終生最高賠償額」耗盡後自動終止。
  - 此保障適用於精神、心理、情緒或行為症狀、認知障礙症（包括阿茲海默氏症）及帕金森病的門診診治（因濫用藥物及酗酒而引致或相關的症狀或疾病除外）。若此保障下的費用亦同時受保於門診保障下的其他項目，有關費用只可獲此項目8的賠償，而不會獲得其他項目之賠償。
- ⑮ 網絡牙科中心指由保柏委任的牙科中心網絡以提供保障金額表上「網絡牙科中心保障」所列的牙科服務項目。網絡牙科中心地點包括金鐘、銅鑼灣、鰂魚涌、尖沙咀、將軍澳、沙田、青衣、東涌等。請登入保柏的客戶服務網站查閱最新的牙科中心地址。此名單會不時更改。有關診症時間請向個別網絡牙科中心查詢。
- ⑯ 要享有全數賠償的網絡牙科中心保障：
  - 會員必須於指定網絡牙科中心出示保柏會員卡、醫療卡或保單號碼，及香港身份證以作核實及紀錄便可使用免繳費服務。如會員直接向網絡牙科中心繳付費用，合資格的索償將根據非網絡牙科中心保障作出賠償，並以最高賠償額為限。
  - 每合約年度，網絡牙科中心保障下項目3-6不設上限。

In the event of any discrepancy in respect of meaning between the Chinese version and the English version, the English version shall prevail. All terms and conditions are subject to the Contract.

中、英文之意思如有任何差別，概以英文為準。所有條款及細則以合約為準。

Please refer to the Contract for definitions of the capitalised terms in the Schedule of Benefits.

請參考合約查閱保障金額表內大楷詞語之定義。

**Bupa CarePro**  
保柏卓康健

**Staying healthy  
just got easier**  
掌握健康 從此更輕易

[www.bupa.com.hk](http://www.bupa.com.hk)

# Introduction to Bupa CarePro

## 保柏卓康健醫療保障計劃簡介

Bupa CarePro offers you exceptional medical protection at an affordable rate, so you have access to quality healthcare when you need it. And because you won't be compromising on your cover in order to support your budget, Bupa CarePro is a sustainable option. What's more, we understand everyone's health needs are different, so we give you the flexibility to add on optional extras to suit your individual needs.

「保柏卓康健」以實惠的保費為您提供卓越的醫療保障，在有需要時，您便可享有優質的醫療保健服務。由於負擔保費並不吃力，您可輕鬆地延續保障。此外，保柏明白每個人對健康的需求也不同，因此我們提供多項自選保障，靈活地切合您的個人需要。



There is no waiting period, meaning that you are protected as soon as your membership starts.

此計劃不設等候期，您的會籍生效後即可獲得保障。

## Overview of your cover 您的保障概要

### Cover at a glance 保障一覽表

Basic benefit 基本保障	Hospital and Surgical Benefit 住院及手術保障
Optional benefits 自選保障	Full Cover Benefit 全數賠償保障 Supplementary Major Medical Benefit 附加醫療保障 Hospital Cash Benefit 住院現金保障 Clinical Benefit 門診保障 Maternity Benefit 產科保障 Dental Benefit 牙科保障
Free benefit 免費保障	Free Bupa Worldwide Assistance Programme 免費保柏國際援助計劃
Medical card 醫療卡	Yes (For members choosing Full Cover Benefit and/or Supplementary Major Medical Benefit) 有 (適用於已加入全數賠償保障及 / 或附加醫療保障之會員)
Choice of benefit levels 保障等級選擇	Private (Plan 1 or 4) 私家房 (計劃 1 或 4) Semi-private (Plan 2 or 5) 半私家房 (計劃 2 或 5) Ward (Plan 3 or 6) 大房 (計劃 3 或 6)
Period of cover 保障期	1 year 1年
<b>Eligibility 投保資格</b>	
Issue age 投保年齡	18 years or above 18歲或以上
Renewal of scheme 續保	Renewal of your cover is guaranteed for life regardless of your claims or changes in your health <sup>④</sup> 無論索償多少或您的健康狀況有任何變化，保柏保證終生續保您的保障計劃 <sup>④</sup>

Please refer to the Schedule of Benefits for more information. 詳情請參閱保障金額表。

# Step into a world of benefits

## 安心享有周全的保障

Our healthcare expertise means that we are able to offer unparalleled benefits to our members, from higher cover to expert healthcare and a lifetime of support.

我們在醫療保健上擁有豐富經驗，因此能為會員提供卓越的保障，包括更高賠償、專業的醫療保健服務以及終生的支援。

## Supporting you always... 時刻支援您的需要……

### Higher pay-out from a lump sum benefit

The optimal combination of our Hospital and Surgical Benefit and Full Cover Benefit can cover your basic hospital expenses. The Full Cover Benefit guarantees that 100% of your eligible hospital expenses will be paid, regardless of each individual item limit, as long as the total bill falls within the annual limit (from HK\$234,800 to HK\$837,000). To enjoy the Full Cover Benefit, simply select an attending doctor from our network providers. And in nine renowned private hospitals appointed by Bupa, you can receive quality treatment without any payment or claims thanks to our pioneering medical card<sup>①</sup>. If you wish to consult a doctor outside our network, you will still be covered under the Hospital and Surgical Benefit.

### Top-up benefit to cover serious illnesses

Some serious or long-term illnesses can rack up unexpected costs. The Supplementary Major Medical Benefit will help to reduce potential out-of-pocket expenses by boosting your basic cover. It pays 80% of your medical expenses in excess of the amount covered by the Hospital and Surgical Benefit or Full Cover Benefit<sup>②</sup>. Similar to Full Cover Benefit, you will receive a medical card. Before a hospital stay, simply call us to complete a simple registration process and present this card at designated private hospitals in Hong Kong<sup>③</sup>. We will pay all your eligible medical expenses directly up to your credit limit, so you don't have to submit any claims.

### No claims renewal bonus

If you do not claim within a specific period, you can enjoy an increasing renewal discount on your Hospital and Surgical Benefit and Full Cover Benefit. You will receive 5% discount if you do not claim for two or three consecutive years, 10% discount for four or five consecutive years and 15% discount for six or more consecutive years.

### No extra subscription

Regardless of your claim history or changes in health after joining Bupa CarePro, there will be no increase in subscription on an individual basis when you renew your contract.

### 一筆過保障額 賠償更高

「住院及手術保障」和「全數賠償保障」的組合可助您應付基本的住院支出。「全數賠償保障」不限於每項住院費用，只要合資格的住院總支出在每年保障額內（由港幣234,800元至837,000元），您便可獲100%賠償。要享有「全數賠償保障」，您只須從保柏網絡內選擇您的主診醫生，並可憑醫療卡於9間著名的特選私家醫院接受治療，而不用繳費及索償<sup>①</sup>。如果有需要時您亦可選擇網絡以外的醫生，而獲得「住院及手術保障」的賠償。

### 加添保障 應付嚴重疾病

嚴重或長期疾病的醫療支出往往在您意料之外，「附加醫療保障」可為您減低自付費用。當醫療費用超出「住院及手術保障」或「全數賠償保障」的賠償額時，「附加醫療保障」將賠償差額的8成<sup>②</sup>。與「全數賠償保障」一樣，您將會獲發醫療卡。您只須於入院前致電保柏完成簡單的登記程序，並於入住指定的香港私家醫院<sup>③</sup>時出示醫療卡，我們便會直接向醫院支付醫療費用（以您的信用額為上限），無須申請索償。

### 無索償保費折扣

若您在指定期間內未曾提出索償，您便可享有「住院及手術保障」和「全數賠償保障」的續保保費折扣。如連續兩年或三年未有索償，您可獲享5%保費折扣；連續四年或五年，可享10%保費折扣；連續六年或以上，更可享15%保費折扣。

### 不收個人額外保費

在投保「保柏卓康健」後不論您的索償紀錄或健康變化，在您續保時我們絕不會收取個人額外保費。

<sup>①</sup> Please refer to the Question Time section for more details. 詳情請參閱常見問題部分。

<sup>②</sup> Supplementary Major Medical Benefit is not applicable to Pre-admission and Post-hospitalisation Out-patient Care and Emergency Out-patient Benefit for Accidents. A small deductible is required. 「附加醫療保障」不適用於入院前、出院後之門診護理及緊急意外門診保障，並設有小額墊底費。

<sup>③</sup> For the list of designated private hospitals in Hong Kong, please visit Bupa's website at [www.bupa.com.hk](http://www.bupa.com.hk) > Medical Insurance > Bupa CarePro. This list is subject to change from time to time. 您可瀏覽保柏網頁 [www.bupa.com.hk](http://www.bupa.com.hk) > 個人醫療保險 > 卓康健醫療保險，查看指定的香港私家醫院名單，此名單可能會不時更改。

## Comprehensive mental health coverage

To take care of your mental wellbeing, this scheme provides both inpatient and outpatient psychiatric-related coverage.

### 全面的情緒健康保障

本計劃提供住院及門診的精神科相關保障，全面照顧您的情緒健康。



with medical expertise...

更佳保障 因為我們了解醫療……

### Higher cover thanks to per-surgery benefit

Most insurance schemes pay for surgical fees per disability. This means that all operations related to the same condition will be paid out of a single maximum benefit limit. Once the limit is exhausted, you will need to pay the excess. With Bupa, you can claim up to the maximum benefit limit for each operation, allowing you to enjoy higher cover if you require more than one operation.

### Extra Cancer Treatment and Kidney Dialysis Benefit

Bupa Group has been dealing with the diagnosis and treatment of serious illness like cancer and kidney failure for over 70 years. As we understand that they often require prolonged treatment, we offer additional coverage of up to HK\$153,000 per year, making it easier for you to afford more costly and advanced treatment options. What's more, if this cover is fully claimed in any one year, it will be reinstated in the following year for the rest of your life.

### Clinical surgery and day-case procedure

We know a lot of treatments do not require overnight hospital stay such as endoscopies or colonoscopies, so we have not included a minimum length of stay in your cover. Our Hospital and Surgical Benefit covers you for both day case and clinical operations, increasing the value of your cover.

### Cover for accidental injuries

Accidents such as bumps, bruises, burns and scalds can occur anytime, so we now offer you Emergency Out-patient Benefit for Accidents, which covers emergency treatment received at the out-patient department or accident and emergency department of a hospital, from the result of an accident.

### 逐次手術賠償，保障更高

大部分醫療保障計劃的手術賠償均以每病症計，即因相同病症而引致的手術費用均會在同一保障額內扣除。當保障額耗盡後，您便須要自付餘下的費用。保柏則逐次手術賠償至最高賠償額，如須要進行超過一次手術，您可獲更高的實際賠償金額。

### 額外癌症治療及洗腎保障

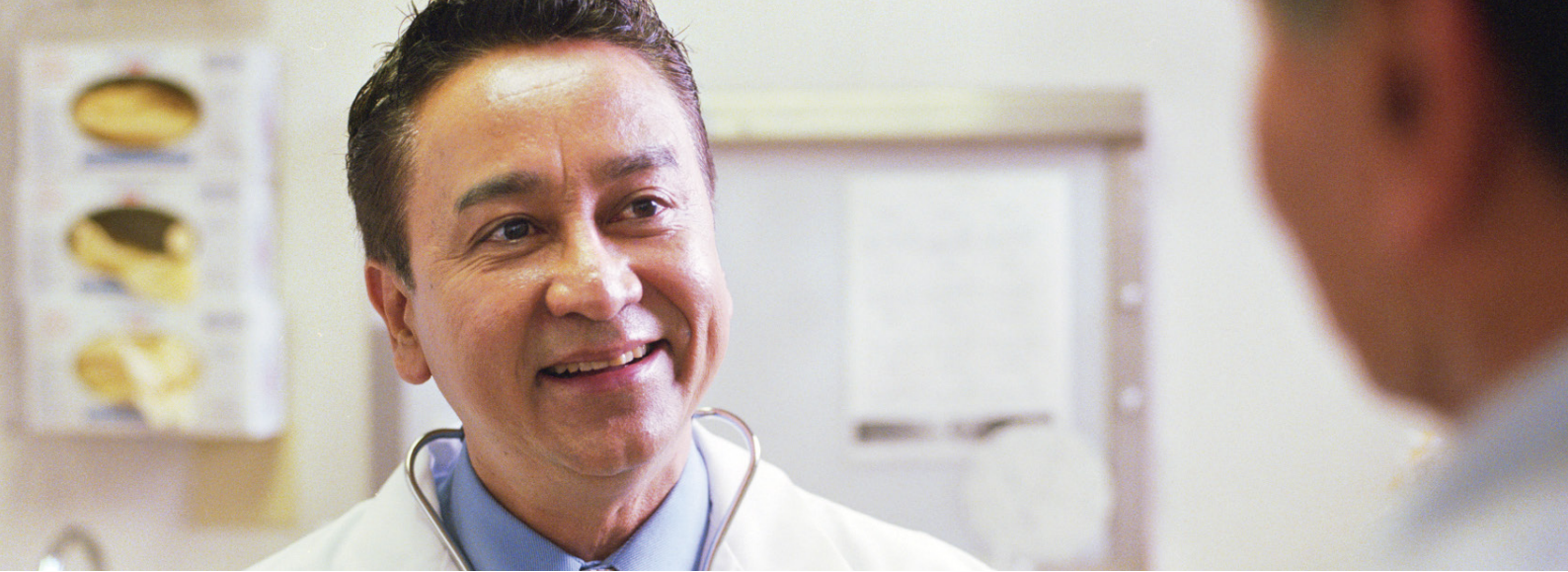
保柏集團對治療和診斷癌症及腎病有逾 70 年經驗，我們明白患者有長期治療的需要，所以特別提供高達每年港幣 153,000 元的額外保障，讓您能負擔較昂貴的最新療法。此外，每年賠償額用盡後亦可於下一年還原，直至終生。

### 診所手術及日症治療

我們明白很多治療是無須住院的，如胃鏡或腸鏡等日症，因此我們在「住院及手術保障」下賠償這些無須住院的日症及診所手術，讓您在更多情況下獲得賠償。

### 照顧意外受傷

小意外如跌傷撞傷、燒傷燙傷經常都可能發生，因此我們提供「緊急意外門診保障」，賠償因意外引致，而須要到醫院門診部或急症室接受的緊急門診治療。



## throughout your life... 照顧您人生不同階段……

### Guaranteed lifetime renewal

We guarantee that your cover can be renewed for life<sup>④</sup>. And your subscription will be based on your age only no matter how much you claim on conditions arising after your membership starts.

### Flexible optional benefits

Our Clinical Benefit is specially designed to include coverage for psychiatric-related treatments and psychological counselling, such as outpatient treatments for psychiatric, psychological, mental or behavioural conditions, senile dementia (including Alzheimer's disease) and Parkinson's disease. Other items such as general practitioners, specialists, diagnostic imaging and laboratory tests are also covered.

To take care of mums-to-be, we will cover medical expenses related to your pregnancy needs including the obstetrician's fees, hospitalisation charges, prenatal and postnatal check-up costs, and nursery care for newborn baby for normal delivery, caesarean section and miscarriage. You will receive reimbursement after your maternity cover takes effect for 9 months or more.

You can also add our optional Dental Benefit to cover dental expenses such as scaling and polishing, fillings and extractions, emergency consultations and more. If you receive treatment at designated network dental centres<sup>⑤</sup>, you can enjoy cashless treatment<sup>⑥</sup> for covered items.

### Up to 50% discount for family enrolment

We want to support you as your family grows. If both you and your children enrol together, each child can enjoy a discount on Hospital and Surgical Benefit and Full Cover Benefit, if any, on Bupa Care Kid Health Insurance Scheme for as long as your membership continues. If one parent enrolls, each child will receive a 25% discount and if both parents enrol, then they will receive a 50% discount.

### Easy enrolment

No medical examinations are required.

### 保證終生續保

我們保證終生續保您的保障<sup>④</sup>，無論您因會籍開始後所患疾病索償多少，保費只會根據您的年齡而調整。

### 靈活的自選保障

本計劃的門診保障特設門診精神科相關治療及臨床心理輔導保障，賠償包括精神、心理、情緒或行為症狀、認知障礙症（包括阿茲海默氏症）及帕金森病等門診治療的費用。而其他項目，如普通科醫生、專科醫生、診斷影像及化驗等均可獲賠償。

我們特別為準備生育的女士提供產科保障，賠償因懷孕而引致的醫療費用，包括順產、剖腹生產或流產的產科醫生費用、住院費用、產前及產後檢查費用，以及初生嬰兒的護理費用。您將會在產科保障生效起9個月後開始獲得賠償。

您亦可附加牙科保障，保障包括洗牙、補牙及脫牙、牙痛急症等牙科治療。如您在指定網絡牙科中心<sup>⑤</sup>接受診治，更可就覆蓋的服務項目享用免繳費服務<sup>⑥</sup>。

### 高達50%家庭投保優惠

隨著您的家庭增添成員，我們的支援仍伴您左右。如您和子女一同投保，每名子女可獲「保柏童康健」醫療保障計劃的「住院及手術保障」及「全數賠償保障」(如適用)的折扣優惠。如父母其中一人投保，子女可享25%保費折扣；如父母二人均投保，子女更可享50%保費折扣。在您會籍生效期間，子女可一直享有此折扣。

### 投保簡易

無須驗身，快捷簡單。

<sup>④</sup> Bupa guarantees that your cover can be renewed every year for life as long as you meet the requirements as stated in the Renewal Clause of your contract. Bupa reserves the right to amend the subscription, benefits, terms and conditions upon your contract renewal. Please refer to your contract for further details.

保柏保證每年續保您的保障至終生，只要您符合合約內所列明的續保要求。保柏保留在合約續保時更改保費、保障、條款及細則的權利。詳情請參閱您的合約。

<sup>⑤</sup> Network Dental Centre refers to the network of dental service providers appointed by Bupa to provide dental services listed under "Network Dental Centre benefit" in the Schedule of Benefits. Locations of the Network Dental Centres include Admiralty, Causeway Bay, Quarry Bay, Tsim Sha Tsui, Tseung Kwan O, Sha Tin, Tsing Yi, Tung Chung, etc. Please log in to Bupa's customer service portal to view the latest location list. This list is subject to change from time to time.

網絡牙科中心指由保柏委任的牙科中心網絡以提供保障金額表上「網絡牙科中心保障」所列的牙科服務項目。網絡牙科中心地點包括金鐘、銅鑼灣、鵬魚涌、尖沙咀、將軍澳、沙田、青衣、東涌等。請登入保柏的客戶服務網站查閱最新的牙科中心地址。此名單會不時更改。

<sup>⑥</sup> Members can enjoy cashless treatment at designated Network Dental Centres by presenting their Bupa membership card, medical card or membership number and Hong Kong Identity Card for verification and record.

會員只需出示保柏會員卡、醫療卡或保單號碼，及香港身份證以作核實及紀錄，便可於指定網絡牙科中心享用免繳費服務。



# The World of Bupa

## 環球保柏

### Bupa – A global healthcare specialist

Bupa began in the UK in 1947. We fund and provide healthcare services to fulfil our purpose of helping people live longer, healthier, happier lives. Our diversified services include health insurance, clinics, hospitals, dental centres, care homes, and more.

We directly employ around 83,000 people, principally in the UK, Australia, Spain, Poland, Chile, New Zealand, Hong Kong, Turkey, the US, Brazil, the Middle East and Ireland. We also have associate businesses in Saudi Arabia and India. With no shareholders, we reinvest our profits to provide more and better healthcare for customers.

### Bupa's presence in Hong Kong

Bupa is a leading provider in healthcare funding and provision with two independent units, Bupa Hong Kong and Quality HealthCare.

### Bupa Hong Kong

In Hong Kong, we are known as the health insurance specialist providing domestic and international health insurance. We have gained the trust of more than 400,000 individuals, and 3,200 companies including major corporations in public utility and telecom industry. We have provided quality health insurance for Hong Kong's civil servants for more than 20 years.

We have applied our expertise to provide our members with comprehensive and flexible insurance plans to suit every life stage and lifestyle. Through our extensive provider network in Hong Kong, we offer our members a wide choice of doctors.

### Quality HealthCare

Quality HealthCare Medical Services Limited (QHMS), Hong Kong, became part of Bupa, an international healthcare group, in October 2013. QHMS' operations span diagnostics, primary healthcare and day care specialties. With roots tracing back to 1868, QHMS serves the community through a network of over 1,500 provider service points in the city, including 120 self-owned multi-specialty medical centres and affiliated clinics offering western medicine, traditional Chinese medicine, diagnostics & imaging, dental, physiotherapy, psychological and wellness services. It also operates a private nursing agency. QHMS is one of the largest providers of healthcare services to corporates in Hong Kong. In 2019, the Group recorded more than 3 million healthcare visits. QHMS endeavors to enhance the quality of our professional services continuously to satisfy the needs of customers and patients.

### 保柏—國際醫療保健專家

保柏在1947年於英國成立，我們提供醫療保險和醫療保健服務，以達致保柏的公司目標，就是幫助人們活得更長壽、更健康 and 更愉快的人生。我們多元化的服務包括醫療保險、診所、醫院、牙科中心及護老院等。

全球的員工約83,000人，主要位於英國、澳洲、西班牙、波蘭、智利、紐西蘭、香港、土耳其、美國、巴西、中東及愛爾蘭。保柏亦於沙地阿拉伯及印度設有聯營業務。我們不設股東，所以將盈餘投資於業務當中，以提供更佳的醫療服務給客戶。

### 保柏於香港的業務

保柏透過旗下兩間獨立營運的公司—保柏香港及卓健醫療，為市民提供醫療保險及醫療保健服務，兩者皆具領導地位。



### 保柏香港

在香港，我們是醫療保險專家，提供本地和國際醫療保險，受超過40萬名會員及3,200間公司所信賴，當中包括公用機構及電訊公司等大型企業。我們亦為本港公務員提供優質醫療保障逾20年。

憑藉專業知識，我們為會員提供全面而靈活的醫療保險計劃，切合您人生每一階段的需要。透過擁有龐大本港醫療網絡，我們讓會員有更多醫生選擇。

### 卓健醫療

卓健醫療服務有限公司(卓健醫療)於2013年10月正式加入國際醫療服務集團—保柏。卓健醫療的服務涵蓋診斷、基層保健及專科服務。自1868年起植根香港，卓健醫療透過逾1,500多個遍及全港的服務點，包括旗下120間多項專科設施齊備的醫療中心及多間聯營診所，為香港市民及訪港旅客提供西醫、中醫、診斷及造影、牙科、物理治療、精神健康及保健等服務，並營運護理介紹所。卓健醫療是香港最大規模提供企業醫療服務的機構之一。於2019年度，卓健醫療錄得超過300萬求診人次，並繼續致力提升其專業服務的質素，以滿足客戶及病人的需要。

# Health Coaching Services

## 健康支援服務



Staffed by a team of qualified nurses, health management professionals and doctors, our Health Coaching Services offer a variety of expert healthcare support to minimise your worries. For more complicated conditions, our medical professionals can offer guidance to help you recover from your illness.

由合資格護士、健康管理團隊及醫生為您提供一系列專業的健康支援，讓您安心無憂。當遇上較嚴重的疾病時，我們以專業知識為您提供指引，助您復原。

Assisting you  
at all times  
時刻為您提供協助

- Our **24/7 Customer Care helpdesk** operates 24 hours every day, with a “live” person to directly answer your queries.
- Our **24/7 Healthline** is staffed with a team of qualified nurses and health management professionals, supported by doctors<sup>①</sup>, providing assistance and guidance from how to care for a sick child or elderly to discussing your symptoms, diagnosis and treatment options.
- 我們的 **24 小時客戶服務專線** 由專人每天 24 小時，即時解答您的查詢。
- 我們的 **24 小時健康專線** 由合資格護士及健康管理團隊為您提供協助及指導，例如怎樣照顧患病小孩或長者，以至助您了解病徵、診斷及治療方案，背後更有醫生作為顧問<sup>①</sup>。

Supporting you  
personally  
給您個人支援服務

- A **dedicated Care Manager** can be in touch with you to follow up on claims and assist you throughout treatment and recovery, from explaining your treatment plan and overseeing costs to arranging follow-up consultations. If you're admitted to a local private hospital, our Care Manager will make a courtesy call or visit, with your consent.
- **個人健康顧問** 可與您緊密聯絡，跟進您的索償、全程協助您的治療至康復過程，包括解釋您的治療計劃和醫療開支以至安排跟進治療。當您入住本港私家醫院時並得到您的同意下，我們可前往醫院探望您或致電慰問您。

Guiding you through  
your recovery  
康復期間提供指引

- A **second medical opinion** can be arranged and paid for in the event of serious illnesses, so you will be assured of a professional opinion from a panel of medical specialists, helping you make an informed decision for your treatment options.
- **Doctor referrals** can be made based on your condition and needs.
- 可為您安排 **第二醫療意見服務**，當患上嚴重疾病時，您可免費獲得醫療專家為您提供專業意見，讓您掌握病情從而決定治療方法。
- 提供 **醫生轉介服務**，可根據您的病況及需要建議醫生給您。

Availability of the above services is dependent on room level. Ward level members can only access 24/7 Customer Care helpdesk and 24/7 Healthline. Care Manager will support you in the event of cancer or heart disease.

The use of Health Coaching Services is free of charge. If the services suggested by us are not covered under your Bupa CarePro Health Insurance Scheme, you will be responsible for the fees incurred.

會員是否可享用以上的服務視乎投保的病房級別而定。投保大房級別的會員只可享 24 小時客戶服務專線及 24 小時健康專線服務，而健康顧問將於會員患上癌症或心臟病時提供協助。

使用健康支援服務並不需額外費用。若我們建議的服務不在您的「保柏卓康健」醫療保障計劃之賠償範圍內，您便須支付有關費用。

<sup>①</sup> Doctors will be available during scheduled office hours to support the nurses for answering enquiries. Office hours: Mon - Fri, from 9am to 6pm (Hong Kong time), except public holidays.

醫生會於辦公時間內支援護士解答問題。辦公時間為星期一至五，上午 9 時至下午 6 時（香港時間），公眾假期除外。



# Question Time

## 常見問題

### 1 Is there any minimum length of hospital stay?

There is no minimum length of stay, meaning that procedures such as endoscopy, a plaster cast, wound sutures, radiotherapy and chemotherapy, which do not require hospital confinement, are covered.

### 2 How do I pay my subscription?

You can pay your subscription monthly or annually according to your preference.

### 3 How do I use my Bupa medical card to get the most from my Full Cover Benefit?

You will need to visit a specialist and clinic appointed by Bupa and present your medical card upon registration. The specialist will then get pre-authorisation<sup>⑧</sup> of the medical expenses for you if hospital confinement is required. You can choose from one of the Bupa HealthCare Appointed Hospitals where your specialist is registered. Once the pre-authorisation is confirmed, we will issue you with a Pre-authorisation Confirmation / Guarantee of Payment Letter for your hospital confinement. You will need to show your medical card and this letter to your selected hospital to enjoy cashless treatment. Upon discharge, all you need to do is sign on the claim form provided by the hospital. You are not required to submit any claims as Bupa will directly settle your expenses with the hospital.

You can also use the medical card to settle the expenses for medical procedure received at the appointed specialist's designated clinic. If the expenses are under HK\$4,000, pre-authorisation is not required.

For emergency hospital confinement outside our office hours, the pre-authorisation can be arranged on the next working day. Step-by-step details will be provided in your Membership Guide.

### 4 If I opt for the Supplementary Major Medical Benefit only, how do I use my Bupa medical card?

Call us and submit a pre-authorisation form<sup>⑧</sup> before you are admitted to hospital. We will then give you a Pre-authorisation Confirmation / Guarantee of Payment Letter. For emergency hospital confinement outside our office hours, the registration can be submitted on the next working day.

### 5 How can I check my membership details or claim status?

You can log in to Bupa's customer service portal or free mobile app to access a host of 24-hour online services or call our dedicated Customer Care helpdesk. If you have submitted a claim, once it has been processed you will also receive our e-confirmation if you provide us with an up-to-date mobile phone number.

### 1 是否設有最低住院時數？

此計劃沒有最低住院時數限制，因此無須住院的常見治療如照胃鏡、打石膏、傷口縫合、電療、化療等，均可獲賠償。

### 2 保費繳付方法如何？

您可選擇以月供或年供支付保費。

### 3 如何以保柏醫療卡盡享「全數賠償保障」賠償？

您須向保柏特選的專科醫生及診所求診，於登記時出示您的醫療卡。如須入院治療，專科醫生會代您向保柏為有關的醫療費用索取初步保障審核<sup>⑧</sup>。您可選擇入住專科醫生已掛單的保柏康健特選私家醫院。當初步保障審核確認後，您將會獲發「初步保障審核確認 / 付款保證信」以作入院之用。入院時，請向醫院出示您的醫療卡及此信以享住院免繳費服務。出院時您只須於醫院為您填妥的住院賠償申請表上簽署，保柏便會代您向醫院繳付費用，您無須申請索償。

您亦可使用您的醫療卡支付由特選專科醫生於指定的診所提供的手術治療。如費用不超過港幣4,000元，您便無須索取初步保障審核。

如在辦公時間外入院進行緊急治療，您可於下一個工作天補辦審核。

您可於您的《會員指引》中細閱有關詳情。

### 4 如我只有「附加醫療保障」，我應如何使用我的保柏醫療卡？

您只須於入院前致電保柏，並填妥初步保障審核表格<sup>⑧</sup>，您將獲發「初步保障審核確認 / 付款保證信」。如在我們的辦公時間外入院進行緊急治療，您可於下一個工作天補辦登記。

### 5 若要查詢會籍資料或索償情況可怎辦？

您可登入保柏的客戶服務網站或免費手機應用程式，使用24小時網上服務。您亦可致電保柏客戶服務專線查詢。如您已向我們提供正確的手提電話號碼，我們會在辦妥賠償後發出電子訊息通知您。

<sup>⑧</sup> You'll need to provide your credit card information to obtain pre-authorisation. A temporary hold of HK\$500 will be placed on your credit card until the claim assessment is completed. 向保柏索取初步保障審核時，您須提供信用卡資料。保柏會在您的信用卡保留港幣500元的信用額，直至索償程序完結為止。

# Important information

## 重要資料

This brochure is a product summary for reference only. You are strongly advised to read and understand the coverage, exclusions, terms and conditions of the complete insurance contract.

We want to help you understand this scheme before you enrol. Please read the information below carefully.

### Waiting period

There's no waiting period except for the optional benefits below. Coverage starts as soon as your contract is in effect.

Hospital Cash Benefit (Optional)	Payable from the third day of hospital confinement.
Maternity Benefit (Optional)	This benefit is payable provided that the conception occurs after the commencement date of this benefit and no benefit shall be payable during the waiting period of the first 9 months.

### Cooling-off period

You have the right to cancel your contract by giving Bupa signed written notice within 21 days from the contract effective date. You'll receive a refund of all the subscription and levy paid, provided that no benefit has been paid or is payable. Cooling-off rights are applicable to new contracts only.

### Cancellation rights

You may cancel your contract by giving not less than 10 days' written notice to Bupa before the contract anniversary date. The cancellation will be effective on the contract anniversary date.

### Disclosure of information for underwriting

During the insurance application process, it's important that you act with utmost good faith and disclose all material facts to Bupa. If you are uncertain as to whether a fact is material, then it should be disclosed. If you fail to disclose or misrepresent a material fact which may impact Bupa's risk assessment, this will raise questions about your entitlement to insurance benefits. Consequences may include cancellation of your contract, application of an increased subscription/exclusion or reduction of entitlement to claims payments.

### Claims procedure

Any claim must be made following Bupa's claim procedures. All necessary original documents must be submitted within 90 days after your clinical visit, clinical operation, day case or discharge from hospital. Otherwise, we won't be able to process your claim and it may be rejected.

### Subscription adjustment

Each member's initial subscription is primarily determined based on factors such as age, health conditions and choice of coverage.

Any claims you make won't affect your subscription at renewal. However, renewal subscriptions may still increase as you get older. Other factors affecting subscription rates each year include medical inflation, general operating expenses and revision of benefits to cover increasing medical expenses.

### Renewal

This contract will last for 1 year. Bupa guarantees that your cover can be renewed every year for life as long as you meet the requirements as stated in the Renewal Clause of your contract, regardless of any changes in your health condition.

We understand that your healthcare needs may change throughout your life, so you have the flexibility to change your benefits every year upon renewal. If you wish to upgrade your plan or add any benefit(s) in future, you will need to complete a health declaration form for medical underwriting purposes. Approval will be subject to underwriting.

Bupa may revise the benefits, contract terms and conditions from time to time. During the renewal process, we'll notify you in writing if there are any changes.

### Payment of subscription

You may pay your subscription yearly or monthly. If you choose to pay by credit card or autopay, we will charge your subscription automatically at the next contract renewal, unless we have received other instructions from you.

### Termination of your contract

Your contract will be terminated automatically in the following situations, whichever is earliest:

1. pursuant to any prohibition or restriction under any sanctions, law or regulations to provide any benefit;
2. when the subscription is unpaid at the expiration of the grace period; or
3. upon the death of the subscriber.

Please refer to the contract for details.

### General exclusions

- Pre-existing conditions (unless such conditions have been disclosed in the application and accepted by Bupa).
- Treatment, medical service, medication or investigation which is not medically necessary.
- Any illness or injury for which compensation is payable under any laws or regulations or any other insurance policy or any other sources except to the extent that such charges are not reimbursed by any such compensation, insurance policy or sources.
- Any charges for accommodation, nursing and services received in health hydros, nature cure clinics, convalescent home, rest home, home for the aged or similar establishments.
- Any charges in respect of surgical or non-surgical cosmetic treatment (unless necessitated by injury caused by an accident and the member receives the medically necessary treatments or related services within one year of the accident), or hearing tests, routine blood tests, general check-ups, vaccinations or inoculations, Hair Mineral Analysis (HMA), health supplements or body weight control, eye refraction including but not limited to routine eye tests or any costs of fitting of spectacles or lens.

本冊子乃資料摘要，僅供參考之用。請務必細閱完整的保險合約，以了解計劃之保障範圍、不受保障項目、條款及細則。

我們想幫助您在投保前了解本計劃。請細閱以下資料。

### 等候期

除以下自選保障外，本計劃的其他保障均不設等候期，合約生效後即可獲得保障：

住院現金保障 (自選保障)	由住院第3天起開始支付。
產科保障 (自選保障)	受保人必須於本保障生效日之後受孕方可獲得賠償，首9個月等候期內不會獲得賠償。

### 冷靜期

您有權於合約生效日起計的21天內以書面通知保柏取消合約，唯有關通知必須由您簽署。若您並無獲得任何賠償或有應付賠償，將可獲全數退還已繳保費及徵費。冷靜期權益只適用於新合約。

### 取消合約權益

您可於合約週年日前最少10天以書面通知保柏取消合約。有關取消將於合約週年日生效。

### 有關核保之資料披露

在投保申請期間，您應以最高誠信向保柏披露所有重要事實。如果您不確定某個事實是否重要，則應將其披露。若您未有披露或披露失實資料以致影響保柏的風險評估，將會影響您的保障權益，後果包括合約被取消、施加提升保費/不受保障項目或索償款項被調低。

### 索償步驟

任何索償須按照保柏所訂的索償程序進行。所有有關該索償的所須文件正本須於求診、診所手術、日症或出院後90天內遞交，否則保柏將不能處理您的賠償，或會導致索償被拒。

### 保費調整

每名會員的首期保費會根據年齡、健康狀況、保障選擇等因素而定。

您的保費並不會因曾作出索償而被調高。然而，續保保費或會因年齡遞增而相應調整。其他會影響每年保費率的因素包括醫療通脹、一般營運開支及因應醫療開支增加而作出的保障改動等。

### 續保

本合約生效期為期一年。無論您在投保後的健康狀況有任何改變，保柏保證每年續保您的保障至終生，只要您符合合約內列明的續保要求。

我們了解每個人人生階段有不同的保險需要，因此您可在每年續保時，靈活更改您的保障項目。若您選擇提升計劃等級或增加保障項目，您須填寫健康聲明作核保之用。核保須經保柏批准。

保柏可不時更改合約條款及細則，有關改動將於續保時以書面通知您。

### 繳付保費

您可選擇以年繳或月繳方式繳付保費。如您選擇以信用卡或自動轉賬繳付保費，保柏將於合約續保時從自動轉賬戶口或信用卡戶口自動扣取續保保費，除非我們接獲您的其他指示。

### 終止合約

您的合約將在下列最早出現的情況下自動終止：

1. 根據任何制裁，法律或法規而禁止或限制提供任何保障；
2. 在繳費寬限期屆滿時仍未支付保費；或
3. 投保人身故。

詳情請參閱合約。

### 不受保障項目

- 已存在病症 (已於申請表披露並於登記加入時獲保柏接納為承保範圍內則除外)。
- 不是醫療必需的治療、醫療服務、藥物或檢驗。
- 任何在法例下或其他保險計劃內或從其他途徑可獲賠償之治療疾病或損傷費用，除非此等費用未能在該等補償、保險計劃或途徑獲得賠償。
- 在水療中心、天然治療中心、康復院、療養院、老人院或類似機構所提供之住宿、護理或服務的費用。
- 手術性或非手術性整容或整形治療 (會員因意外而受傷，並於意外後一年內接受醫療上必需的服務則不屬此項)、聽覺測驗、常規驗血、例行檢驗、預防注射或接種疫苗、毛髮礦物質含量分析、健康補品或體重控制，及因視力不正常而引致之治療，包括但不限於常規視力測驗或所需之眼鏡或鏡片費用。

- Congenital conditions, developmental conditions or hereditary conditions.
  - Treatment that commenced during the first five years of the member's coverage commencement date of this contract and which in any way arises from, is attributable to, or is consequential upon Human Immunodeficiency Virus infection.
  - Sexually transmitted (venereal) diseases or their sequel.
  - Treatment relating to pregnancy, including diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage (unless benefit is available); birth control, sterilisation or sex reassignment of either sex; infertility including in-vitro fertilisation or any other artificial method of inducing pregnancy; sexual dysfunction including but not limited to impotence, erectile dysfunction, premature ejaculation, regardless of cause.
  - Misuse or overdose of drugs or being under the influence of alcohol, self-inflicted injuries or attempted suicide.
  - Treatment relating to any illness or injury resulting from participation in criminal activities.
  - Alternative treatment including but not limited to Chinese medicines treatment, acupuncture, acupressure, Tui Na, hypnosis, rolfing, massage therapy, aromatherapy, unless benefit is available.
  - Senile Dementia (including Alzheimer's disease), Parkinson's disease (unless benefit is available).
  - Psychological or psychiatric condition(s) of any and all kinds, including but not limited to psychoses, neuroses, depression, anxiety, anorexia nervosa, schizophrenia, behavioural disorders, delirium, insomnia, neurasthenia (unless benefit is available).
  - Any charges for the procurement or use of special braces and appliances, including but not limited to spectacles, hearing aids and other equipments such as wheel chairs and crutches.
  - Any treatment or investigation related to dental or gum conditions unless it is covered under Dental Benefit or Emergency treatment arising from Accidents or the extraction of impacted wisdom teeth during Hospital Confinement. Follow-up treatment which is related to such Hospital Confinement shall not be covered unless it is payable under Dental Benefit.
  - Treatment arising from war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power or terrorist acts.
  - Non-medical services, including but not limited to guest meals, radio, telephone, photocopy, taxes (except the Value-Added Tax or Goods and Services Tax for medical services), medical report charges and the like.
  - Expenses incurred for experimental or unproven medical technology or procedure not in accordance with the standards of good and prudent medical practice.
- 先天性疾病、發育異常或遺傳性疾。
  - 由保障開始日起首5年內，因感染人體免疫力缺損病毒所引致的治療。
  - 性病及其後遺症。
  - 與懷孕有關的治療，包括診斷性產科檢查、生育、墮胎或小產（計劃內已包括之保障除外）；與男女任何一方的節育、絕育或變性有關的治療；由於不育而直接或間接進行的治療，包括體外受孕，任何非自然受孕或人工受孕；與性機能失常有關之治療，包括但不限於陽萎、不舉、早泄（不論任何原因導致）。
  - 誤用或服用過量藥物或受酒精影響、蓄意自傷身體或意圖自殺而直接或間接引致的治療。
  - 任何因參與犯罪活動而引致之疾病或損傷。
  - 另類治療，包括但不限於中藥治療、針灸、穴位按摩、推拿、催眠治療、羅爾夫按摩療法、按摩治療、香薰治療（計劃內已包括之保障除外）。
  - 老年性痴呆（包括阿茲海默氏症）、帕金森病（計劃內已包括之保障除外）。
  - 心理病或精神病，包括但不限於精神病、神經機能病、抑鬱、焦慮、神經性厭食、精神分裂、行為失常、譫妄症、失眠、神經衰弱等直接或間接引致的治療（計劃內已包括之保障除外）。
  - 購買或使用輔助器具，包括但不限於眼鏡、助聽器及其他設備例如輪椅、拐杖的費用。
  - 任何與牙齒或牙肉疾病有關的治療或檢查，受牙科保障涵蓋或因意外引致緊急入院治療或住院脫除阻生智慧齒則除外。但不包括該住院後之跟進治療（受牙科保障涵蓋則除外）。
  - 因戰爭、入侵、外敵行動、開戰（不論是否已宣戰）、內戰、暴動、革命、叛亂或軍人奪權、恐怖活動等直接或間接引致的治療。
  - 非醫療性服務，包括但不限於客人膳食、收音機、電話、影印、稅項（就醫療服務所徵收的增值稅或商品及服務稅除外）、醫療報告等費用。
  - 因不符合「良好及謹慎的醫療標準」的實驗性或未經證實醫療成效的醫療技術或治療程序而招致的費用。

如您有任何已存在病症，核保後可能加入除外條款。

#### 醫療必需

保柏只會根據「醫療必需」和「正常及慣常」的原則，為會員所需支付的費用及/或開支作出賠償。

醫療必需指醫療上必需的治療、醫療服務或藥物：

- 以正常及慣常費用就病症之診斷提供相應之治療；
- 符合良好及謹慎的醫療標準；
- 就有關診斷或治療而所需的；
- 非純為會員、註冊西醫、註冊中醫、物理治療師、合資格護士、麻醉科醫生或任何其他醫療服務供應商提供方便；
- 以最合適之程度向會員提供安全及有效的治療；及
- 住院非純為診斷掃描目的、影像學檢驗或物理治療。

就「良好及謹慎的醫療標準」之詮釋，保柏將會考慮以下事項：

- 醫療標準為必須經過適當審查的獨立醫學期刊中臨床證明所界定；
- 相關專業機構的建議；及/或
- 相關臨床領域執業的專家意見。

#### 正常及慣常

「正常及慣常」的收費指不超過同等經驗或資歷人士在相類似情況下提供服務所收取的平均合理費用；「正常及慣常」的物料或服務指不超過在同一類別亦基於相同質素及經濟因素下所需物料或服務而收取的平均合理費用。

If you have any pre-existing medical conditions, special exclusions may be added after underwriting.

#### Medically necessary

We only cover the expenses of the member when they are medically necessary and normal and customary.

Medically necessary means the necessity to have a treatment, medical service or medication which is:

- consistent with the diagnosis and customary medical treatment for the condition at a normal and customary charge;
- in accordance with standards of good and prudent medical practice;
- necessary for such a diagnosis or treatment;
- not furnished primarily for the convenience of the member, registered medical practitioner, registered Chinese medicine practitioner, physiotherapist, qualified nurse, anaesthetist or any other medical service providers;
- furnished at the most appropriate level which can be safely and effectively provided to the member; and
- with respect to hospital confinement, not furnished primarily for diagnostic scanning purposes, imaging examination or physical therapy.

For the purposes of interpreting "standards of good and prudent medical practice", Bupa shall consider the following:

- standards that are based on clinically proven evidence in appropriately reviewed, independent medical journals;
- relevant specialty body recommendations; and/or
- the views of specialists practising in the relevant clinical area.

#### Normal and customary

In relation to fees, "normal and customary" 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 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.

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In the event of any discrepancy in respect of the meaning between the Chinese version and the English version of this brochure, the English version shall prevail.

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本冊子中、英文之意思如有任何差別，概以英文為準。

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### Table of Subscriptions 保費表

1 January 2021 Edition 2021年1月1日版本

All figures in HK\$ 以港幣計算

Attained age 已屆年齡	A Hospital and Surgical Benefit 住院及手術保障						A Hospital and Surgical Benefit 住院及手術保障 + B Full Cover Benefit 全數賠償保障					
	Plan 計劃 1 Private 私家房		Plan 計劃 2 Semi-private 半私家房		Plan 計劃 3 Ward 大房		Plan 計劃 4 Private 私家房		Plan 計劃 5 Semi-private 半私家房		Plan 計劃 6 Ward 大房	
	Annual 按年	Monthly 按月	Annual 按年	Monthly 按月	Annual 按年	Monthly 按月	Annual 按年	Monthly 按月	Annual 按年	Monthly 按月	Annual 按年	Monthly 按月
18	6,630	597	3,435	309	2,046	184	7,415	668	3,728	335	2,204	198
19	6,721	605	3,589	323	2,070	186	7,513	676	3,884	350	2,228	200
20	6,848	616	3,708	334	2,095	189	7,648	688	4,006	361	2,257	204
21	6,978	628	3,803	342	2,121	191	7,787	701	4,105	369	2,284	206
22	7,108	640	3,878	349	2,147	193	7,929	714	4,184	377	2,312	208
23	7,220	650	3,940	355	2,179	196	8,055	725	4,252	383	2,346	211
24	7,420	668	4,017	362	2,215	199	8,290	746	4,337	391	2,384	214
25	7,661	689	4,111	370	2,252	203	8,564	770	4,442	400	2,426	219
26	7,907	712	4,201	378	2,290	206	8,827	795	4,541	409	2,468	222
27	8,159	734	4,291	386	2,339	211	9,114	820	4,642	418	2,520	227
28	8,402	756	4,390	395	2,391	215	9,402	846	4,753	428	2,574	231
29	8,622	776	4,473	403	2,450	221	9,661	870	4,847	437	2,638	238
30	8,883	799	4,575	412	2,520	227	9,965	896	5,089	458	2,717	245
31	9,115	820	4,685	422	2,595	234	10,218	919	5,264	474	2,804	253
32	9,348	841	4,817	434	2,683	241	10,500	945	5,464	492	2,904	261
33	9,548	859	5,002	450	2,798	252	10,783	970	5,719	515	3,034	273
34	9,823	884	5,211	469	2,946	265	11,130	1,002	5,959	536	3,199	288
35	10,089	908	5,464	492	3,112	280	11,538	1,038	6,224	560	3,440	310
36	10,465	942	5,727	515	3,282	295	12,040	1,084	6,503	585	3,659	329
37	10,846	976	5,984	539	3,451	311	12,554	1,130	6,777	610	3,852	347
38	11,282	1,015	6,234	561	3,607	325	13,129	1,181	7,045	634	4,034	363
39	11,732	1,056	6,479	583	3,735	336	13,719	1,235	7,327	659	4,190	377
40	12,200	1,098	6,746	607	3,864	348	14,341	1,291	7,651	688	4,347	391
41	12,676	1,141	7,025	632	4,006	361	14,989	1,349	8,010	721	4,515	407
42	13,178	1,186	7,347	661	4,163	375	15,613	1,405	8,414	757	4,691	423
43	13,689	1,232	7,668	690	4,328	390	16,255	1,463	8,825	794	4,871	439
44	14,229	1,281	7,987	719	4,502	405	16,961	1,527	9,227	831	5,061	455
45	14,846	1,336	8,299	747	4,688	422	17,699	1,593	9,615	865	5,269	474
46	15,534	1,398	8,644	778	4,877	439	18,509	1,666	10,011	901	5,505	496
47	16,274	1,465	8,984	809	5,075	457	19,402	1,747	10,403	937	5,765	519
48	17,019	1,532	9,320	839	5,284	476	20,287	1,826	10,796	972	6,027	543
49	17,789	1,601	9,708	874	5,489	494	21,205	1,908	11,237	1,012	6,288	566
50	18,462	1,662	10,118	911	5,673	511	22,312	2,009	11,871	1,069	6,510	586
51	19,182	1,726	10,530	948	5,864	528	23,420	2,107	12,458	1,122	6,744	607
52	19,931	1,794	10,977	988	6,047	544	24,621	2,216	13,088	1,178	6,987	629
53	20,711	1,864	11,395	1,026	6,232	561	25,751	2,318	13,668	1,231	7,242	652
54	21,453	1,931	11,876	1,069	6,425	578	26,850	2,417	14,302	1,287	7,458	671
55	22,249	2,002	12,377	1,114	6,664	600	27,978	2,518	14,945	1,345	7,704	694
56	23,225	2,090	12,911	1,162	6,916	622	29,299	2,637	15,620	1,406	7,982	718
57	24,242	2,182	13,480	1,213	7,184	647	30,916	2,783	16,275	1,465	8,283	746
58	25,289	2,276	14,077	1,267	7,469	672	32,394	2,915	16,961	1,527	8,628	776
59	26,507	2,386	14,702	1,323	7,788	701	34,056	3,065	17,698	1,593	9,021	812

The subscriptions below are for renewal only 以下保費只供續保之用

60	28,023	2,522	15,366	1,383	8,083	727	36,038	3,243	18,507	1,666	9,377	843
61	29,224	2,630	16,011	1,441	8,387	755	37,748	3,397	19,333	1,740	9,747	877
62	30,281	2,725	16,679	1,501	8,721	785	39,388	3,545	20,307	1,828	10,150	914
63	31,191	2,807	17,369	1,563	9,056	815	40,868	3,678	21,371	1,923	10,539	948
64	32,672	2,940	18,060	1,625	9,412	847	42,684	3,841	22,473	2,022	10,941	985
65	34,350	3,092	18,935	1,704	9,795	882	45,094	4,059	23,786	2,141	11,576	1,042
66	35,755	3,218	19,601	1,764	10,229	921	48,012	4,321	24,752	2,228	12,286	1,106
67	37,324	3,359	20,252	1,823	10,664	960	51,212	4,609	25,610	2,305	12,845	1,156
68	39,167	3,525	20,863	1,878	11,083	997	53,998	4,860	26,430	2,379	13,397	1,205
69	41,533	3,738	21,595	1,944	11,519	1,037	57,211	5,149	27,411	2,467	13,963	1,257
70	44,247	3,982	22,370	2,013	11,967	1,077	60,806	5,472	28,447	2,560	14,532	1,308
71	47,214	4,249	23,060	2,075	12,421	1,118	64,935	5,844	29,405	2,646	15,117	1,361
72	49,671	4,470	23,569	2,121	12,696	1,143	68,451	6,160	30,179	2,716	15,563	1,401
73	51,918	4,673	23,952	2,156	12,946	1,165	71,312	6,418	30,797	2,772	15,997	1,440
74	54,109	4,870	24,293	2,186	13,104	1,179	74,094	6,669	31,335	2,820	16,354	1,472
75	56,447	5,080	24,577	2,212	13,223	1,190	77,177	6,946	31,826	2,864	16,667	1,500
76	58,843	5,296	24,853	2,237	13,321	1,199	80,607	7,255	32,283	2,906	16,915	1,522
77	61,369	5,523	25,190	2,267	13,401	1,206	83,902	7,551	32,840	2,956	17,130	1,542
78	63,860	5,747	25,415	2,287	13,468	1,212	87,240	7,851	33,360	3,002	17,395	1,565
79	66,361	5,972	25,608	2,305	13,534	1,218	90,634	8,157	33,824	3,044	17,726	1,595
80 or above 或以上	68,941	6,205	25,783	2,320	13,593	1,223	93,920	8,453	34,079	3,067	18,027	1,622

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1 January 2021 Edition 2021年1月1日版本

All figures in HK\$ 以港幣計算

Attained age 已屆年齡	A Hospital and Surgical Benefit 住院及手術保障 + C Supplementary Major Medical Benefit 附加醫療保障						A Hospital and Surgical Benefit 住院及手術保障 + B Full Cover Benefit 全數賠償保障 + C Supplementary Major Medical Benefit 附加醫療保障					
	Plan 計劃 1 Private 私家房		Plan 計劃 2 Semi-private 半私家房		Plan 計劃 3 Ward 大房		Plan 計劃 4 Private 私家房		Plan 計劃 5 Semi-private 半私家房		Plan 計劃 6 Ward 大房	
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18	8,659	780	4,466	402	2,699	243	9,444	851	4,759	428	2,857	257
19	8,762	789	4,646	418	2,728	245	9,554	860	4,941	445	2,886	259
20	8,911	802	4,795	432	2,759	249	9,711	874	5,093	459	2,921	264
21	9,074	817	4,921	443	2,793	251	9,883	890	5,223	470	2,956	266
22	9,272	835	5,028	453	2,827	254	10,093	909	5,334	481	2,992	269
23	9,443	850	5,123	461	2,868	258	10,278	925	5,435	489	3,035	273
24	9,705	874	5,234	472	2,915	262	10,575	952	5,554	501	3,084	277
25	10,015	901	5,361	483	2,963	267	10,918	982	5,692	513	3,137	283
26	10,334	930	5,482	493	3,014	271	11,254	1,013	5,822	524	3,192	287
27	10,657	959	5,608	505	3,078	278	11,612	1,045	5,959	537	3,259	294
28	10,965	987	5,751	517	3,144	283	11,965	1,077	6,114	550	3,327	299
29	11,249	1,012	5,875	529	3,218	290	12,288	1,106	6,249	563	3,406	307
30	11,583	1,042	6,013	541	3,306	298	12,665	1,139	6,527	587	3,503	316
31	11,896	1,070	6,162	555	3,400	306	12,999	1,169	6,741	607	3,609	325
32	12,234	1,101	6,346	572	3,519	316	13,386	1,205	6,993	630	3,740	336
33	12,562	1,130	6,640	597	3,668	330	13,797	1,241	7,357	662	3,904	351
34	13,012	1,171	6,922	623	3,854	347	14,319	1,289	7,670	690	4,107	370
35	13,447	1,210	7,243	652	4,059	365	14,896	1,340	8,003	720	4,387	395
36	13,985	1,259	7,578	682	4,269	384	15,560	1,401	8,354	752	4,646	418
37	14,525	1,307	7,911	712	4,483	404	16,233	1,461	8,704	783	4,884	440
38	15,116	1,360	8,240	742	4,709	424	16,963	1,526	9,051	815	5,136	462
39	15,734	1,416	8,568	771	4,891	440	17,721	1,595	9,416	847	5,346	481
40	16,373	1,474	8,920	803	5,069	456	18,514	1,667	9,825	884	5,552	499
41	17,025	1,532	9,289	836	5,264	474	19,338	1,740	10,274	925	5,773	520
42	17,725	1,595	9,705	873	5,475	493	20,160	1,814	10,772	969	6,003	541
43	18,441	1,660	10,084	907	5,697	513	21,007	1,891	11,241	1,011	6,240	562
44	19,175	1,726	10,499	945	5,931	534	21,907	1,972	11,739	1,057	6,490	584
45	19,996	1,800	10,914	982	6,180	556	22,849	2,057	12,230	1,100	6,761	608
46	20,896	1,881	11,365	1,023	6,434	579	23,871	2,149	12,732	1,146	7,062	636
47	21,830	1,965	11,819	1,064	6,701	603	24,958	2,247	13,238	1,192	7,391	665
48	22,763	2,049	12,280	1,105	6,982	629	26,031	2,343	13,756	1,238	7,725	696
49	23,731	2,136	12,769	1,149	7,260	653	27,147	2,443	14,298	1,287	8,059	725
50	24,694	2,223	13,289	1,196	7,522	677	28,544	2,570	15,042	1,354	8,359	752
51	25,744	2,317	13,812	1,243	7,794	702	29,982	2,698	15,740	1,417	8,674	781
52	26,923	2,423	14,361	1,293	8,062	725	31,613	2,845	16,472	1,483	9,002	810
53	28,404	2,556	14,945	1,346	8,335	750	33,444	3,010	17,218	1,551	9,345	841
54	29,563	2,661	15,729	1,416	8,620	776	34,960	3,147	18,155	1,634	9,653	869
55	30,743	2,766	16,495	1,485	8,957	806	36,472	3,282	19,063	1,716	9,997	900
56	32,133	2,892	17,220	1,550	9,308	837	38,207	3,439	19,929	1,794	10,374	933
57	33,585	3,023	17,996	1,619	9,681	872	40,259	3,624	20,791	1,871	10,780	971
58	35,078	3,157	18,812	1,693	10,078	907	42,183	3,796	21,696	1,953	11,237	1,011
59	36,776	3,310	19,661	1,769	10,515	946	44,325	3,989	22,657	2,039	11,748	1,057
The subscriptions below are for renewal only 以下保費只供續保之用												
60	38,804	3,492	20,558	1,850	10,931	983	46,819	4,213	23,699	2,133	12,225	1,099
61	40,541	3,649	21,399	1,926	11,363	1,023	49,065	4,416	24,721	2,225	12,723	1,145
62	42,158	3,794	22,272	2,004	11,781	1,060	51,265	4,614	25,900	2,331	13,210	1,189
63	43,658	3,929	23,178	2,086	12,217	1,099	53,335	4,800	27,180	2,446	13,700	1,232
64	45,760	4,118	24,109	2,169	12,694	1,142	55,772	5,019	28,522	2,566	14,223	1,280
65	48,160	4,335	25,259	2,273	13,425	1,209	58,904	5,302	30,110	2,710	15,206	1,369
66	51,271	4,614	26,541	2,389	14,737	1,327	63,528	5,717	31,692	2,853	16,794	1,512
67	54,819	4,934	28,282	2,546	15,959	1,437	68,707	6,184	33,640	3,028	18,140	1,633
68	58,585	5,297	29,821	2,684	16,908	1,521	73,689	6,632	35,388	3,185	19,222	1,729
69	63,593	5,723	31,367	2,823	17,603	1,585	79,271	7,134	37,183	3,346	20,047	1,805
70	68,788	6,191	32,891	2,960	18,248	1,642	85,347	7,681	38,968	3,507	20,813	1,873
71	73,412	6,607	34,354	3,091	18,902	1,701	91,133	8,202	40,699	3,662	21,598	1,944
72	77,595	6,983	35,593	3,203	19,350	1,742	96,375	8,673	42,203	3,798	22,217	2,000
73	81,669	7,351	36,571	3,292	19,793	1,781	101,063	9,096	43,416	3,908	22,844	2,056
74	85,812	7,723	37,441	3,369	20,241	1,821	105,797	9,522	44,483	4,003	23,491	2,114
75	90,222	8,120	38,256	3,443	20,657	1,859	110,952	9,986	45,505	4,095	24,101	2,169
76	94,875	8,539	39,051	3,515	20,955	1,886	116,639	10,498	46,481	4,184	24,549	2,209
77	99,796	8,981	39,902	3,591	21,153	1,904	122,329	11,009	47,552	4,280	24,882	2,240
78	104,836	9,435	40,628	3,656	21,307	1,918	128,216	11,539	48,573	4,371	25,234	2,271
79	110,061	9,905	41,310	3,718	21,458	1,931	134,334	12,090	49,526	4,457	25,650	2,308
80 or above 或以上	115,507	10,396	41,954	3,775	21,600	1,944	140,486	12,644	50,250	4,522	26,034	2,343



Table of Subscriptions 保費表

1 January 2021 Edition 2021年1月1日版本

Additional Options 額外保障

All figures in HK\$ 以港幣計算

D Hospital Cash Benefit 住院現金保障 Additional Subscription 額外保費													
Attained age 已屆年齡	Plan 計劃 1, 4		Plan 計劃 2, 5		Plan 計劃 3, 6		Attained age 已屆年齡	Plan 計劃 1, 4		Plan 計劃 2, 5		Plan 計劃 3, 6	
	Annual 按年	Monthly 按月	Annual 按年	Monthly 按月	Annual 按年	Monthly 按月		Annual 按年	Monthly 按月	Annual 按年	Monthly 按月	Annual 按年	Monthly 按月
18	753	68	369	33	221	20	50	1,823	164	892	80	536	48
19	758	68	372	33	223	20	51	1,835	165	899	81	540	49
20	764	69	374	34	225	20	52	1,848	166	910	82	543	49
21	770	69	377	34	226	20	53	1,872	168	920	83	550	50
22	776	70	380	34	228	21	54	1,896	171	930	84	558	50
23	782	70	383	34	230	21	55	1,921	173	941	85	565	51
24	789	71	386	35	232	21	56	1,957	176	956	86	574	52
25	795	72	389	35	234	21	57	1,986	179	973	88	584	53
26	805	72	394	35	237	21	58	2,037	183	998	90	596	54
27	814	73	399	36	239	22	59	2,105	189	1,032	93	610	55
28	820	74	402	36	241	22	60	2,168	195	1,062	96	622	56
29	827	74	405	36	243	22	61	2,260	203	1,107	100	638	57
30	1,036	93	508	46	295	27	62	2,344	211	1,148	103	654	59
31	1,045	94	512	46	298	27	63	2,452	221	1,202	108	672	60
32	1,055	95	517	47	302	27	64	2,590	233	1,269	114	694	62
33	1,064	96	521	47	305	27	65	3,397	306	1,648	148	989	89
34	1,074	97	526	47	307	28	66	3,523	317	1,701	153	1,023	92
35	1,083	97	531	48	310	28	67	3,630	327	1,752	158	1,056	95
36	1,093	98	535	48	313	28	68	3,724	335	1,799	162	1,082	97
37	1,102	99	540	49	316	28	69	3,807	343	1,830	165	1,103	99
38	1,115	100	547	49	321	29	70	3,872	348	1,860	167	1,118	101
39	1,130	102	554	50	326	29	71	3,919	353	1,884	170	1,131	102
40	1,145	103	562	51	331	30	72	3,964	357	1,906	172	1,142	103
41	1,162	105	569	51	335	30	73	4,003	360	1,927	173	1,155	104
42	1,179	106	577	52	341	31	74	4,036	363	1,946	175	1,167	105
43	1,197	108	585	53	348	31	75	4,067	366	1,961	176	1,178	106
44	1,217	110	594	53	352	32	76	4,097	369	1,972	177	1,184	107
45	1,237	111	602	54	357	32	77	4,120	371	1,983	178	1,187	107
46	1,260	113	610	55	362	33	78	4,137	372	1,991	179	1,192	107
47	1,282	115	618	56	366	33	79	4,153	374	1,997	180	1,199	108
48	1,304	117	626	56	372	33	80 or above 或以上	4,163	375	2,006	181	1,203	108
49	1,324	119	636	57	378	34							

E Clinical Benefit 門診保障 Additional Subscription 額外保費													
Attained age 已屆年齡	Plan 計劃 1, 4		Plan 計劃 2, 5		Plan 計劃 3, 6		Attained age 已屆年齡	Plan 計劃 1, 4		Plan 計劃 2, 5		Plan 計劃 3, 6	
	Annual 按年	Monthly 按月	Annual 按年	Monthly 按月	Annual 按年	Monthly 按月		Annual 按年	Monthly 按月	Annual 按年	Monthly 按月	Annual 按年	Monthly 按月
18	6,113	550	4,840	436	3,836	345	50	13,133	1,182	9,706	874	7,661	689
19	6,216	559	4,907	442	3,901	351	51	13,423	1,208	9,901	891	7,786	701
20	6,330	570	4,980	448	3,974	358	52	13,676	1,231	10,105	909	7,874	709
21	6,451	581	5,065	456	4,046	364	53	13,975	1,258	10,313	928	7,974	718
22	6,575	592	5,156	464	4,122	371	54	14,268	1,284	10,524	947	8,081	727
23	6,703	603	5,248	472	4,204	378	55	14,565	1,311	10,737	966	8,198	738
24	6,835	615	5,342	481	4,306	388	56	14,811	1,333	10,960	986	8,312	748
25	6,970	627	5,411	487	4,415	397	57	15,108	1,360	11,189	1,007	8,430	759
26	7,110	640	5,481	493	4,551	410	58	15,331	1,380	11,437	1,029	8,539	769
27	7,261	653	5,555	500	4,630	417	59	15,607	1,405	11,672	1,050	8,690	782
28	7,444	670	5,667	510	4,719	425	60	15,921	1,433	11,924	1,073	8,849	796
29	7,651	689	5,819	524	4,784	431	61	16,275	1,465	12,170	1,095	9,006	811
30	7,874	709	5,990	539	4,868	438	62	16,633	1,497	12,409	1,117	9,204	828
31	8,115	730	6,236	561	4,951	446	63	16,998	1,530	12,658	1,139	9,420	848
32	8,360	752	6,580	592	5,135	462	64	17,372	1,563	12,890	1,160	9,646	868
33	8,612	775	6,819	614	5,316	478	65	17,753	1,598	13,158	1,184	9,828	885
34	8,874	799	7,050	635	5,474	493	66	18,141	1,633	13,426	1,208	10,002	900
35	9,146	823	7,240	652	5,650	509	67	18,536	1,668	13,705	1,233	10,167	915
36	9,429	849	7,412	667	5,789	521	68	18,926	1,703	14,003	1,260	10,297	927
37	9,718	875	7,576	682	5,908	532	69	19,261	1,733	14,270	1,284	10,412	937
38	10,006	901	7,748	697	6,044	544	70	19,514	1,756	14,495	1,305	10,522	947
39	10,276	925	7,907	712	6,194	557	71	19,741	1,777	14,694	1,322	10,621	956
40	10,482	943	8,063	726	6,348	571	72	19,938	1,794	14,850	1,337	10,678	961
41	10,721	965	8,214	739	6,534	588	73	20,125	1,811	14,996	1,350	10,740	967
42	10,967	987	8,364	753	6,696	603	74	20,296	1,827	15,078	1,357	10,762	969
43	11,216	1,009	8,519	767	6,827	614	75	20,437	1,839	15,137	1,362	10,837	975
44	11,476	1,033	8,676	781	6,941	625	76	20,560	1,850	15,212	1,369	10,910	982
45	11,739	1,057	8,840	796	7,048	634	77	20,660	1,859	15,302	1,377	10,963	987
46	12,006	1,081	8,987	809	7,188	647	78	20,746	1,867	15,387	1,385	10,986	989
47	12,281	1,105	9,158	824	7,323	659	79	20,822	1,874	15,476	1,393	10,998	990
48	12,561	1,130	9,328	840	7,503	675	80 or above 或以上	20,890	1,880	15,564	1,401	11,015	991
49	12,845	1,156	9,511	856	7,573	682							

### Table of Subscriptions 保費表

1 January 2021 Edition 2021年1月1日版本

#### Additional Options 額外保障

All figures in HK\$ 以港幣計算

#### F Maternity Benefit 產科保障 (For Female Members with Maternity Benefit only) (只供有產科保障的女性會員) Additional Subscription 額外保費

Attained age 已屆年齡	Plan 計劃 1, 4		Plan 計劃 2, 5		Plan 計劃 3, 6	
	Annual 按年	Monthly 按月	Annual 按年	Monthly 按月	Annual 按年	Monthly 按月
18 - 29 years 歲	16,370	1,473	10,697	963	6,991	629
30 - 49 years 歲	21,827	1,964	14,264	1,284	9,322	839
50 - 54 years (For renewal only) 50 - 54 歲 (只供續保)	21,827	1,964	14,264	1,284	9,322	839

#### G Dental Benefit 牙科保障 Additional Subscription 額外保費

Attained age 已屆年齡	Plan 計劃 A		Plan 計劃 B	
	Annual 按年	Monthly 按月	Annual 按年	Monthly 按月
18 years or above 18 歲或以上	662	60	988	89

#### No Claim Renewal Discount 無索償續保折扣

A no claim renewal discount will be applied to the next renewal subscription of Hospital and Surgical Benefit and Full Cover Benefit provided that no claims payment has been made or is payable under Hospital and Surgical Benefit and Full Cover Benefit during any one of the following periods:  
如於以下任何年期並無已付或應付之「住院及手術保障」及「全數賠償保障」賠償，下一年度「住院及手術保障」及「全數賠償保障」之續保保費將獲無索償續保折扣優惠：

Period without claims payment 無賠償紀錄之年期	No claim renewal discount 無索償續保折扣優惠
2 or 3 consecutive Contract Years 連續 2 或 3 個合約年度	5%
4 or 5 consecutive Contract Years 連續 4 或 5 個合約年度	10%
6 consecutive Contract Years or above 連續 6 個合約年度或以上	15%

#### Notes 附註

- This Table of Subscriptions is only applicable to Members who are aged 18 to 59 years (inclusive) on the Coverage Commencement Date. For those who are aged 60 years or above on the Coverage Commencement Date, please refer to other applicable Table of Subscriptions.
- Any new applicant who is aged between 60 and 69 years has to pay an extra 50% subscription of Hospital and Surgical Benefit and Full Cover Benefit as shown in the table upon enrolment and renewal. If the applicant is aged 70 years or above, the subscription of Hospital and Surgical Benefit and Full Cover Benefit will be doubled. However, they only have to pay standard subscriptions for Hospital Cash Benefit, Clinical Benefit and Dental Benefit upon enrolment and renewal.
- 此保費表只適用於在保障開始日年齡介乎 18 至 59 歲 (首尾歲數計算在內) 的會員。在保障開始日已屆 60 歲或以上的會員，請參考其他適用之保費表。
- 年滿 60 至 69 歲之新申請人，其「住院及手術保障」及「全數賠償保障」之投保及續保保費將會按照上表之保費調高 50%。而年滿 70 歲或以上之新申請人，其「住院及手術保障」及「全數賠償保障」之投保及續保保費將會按上表保費調高一倍。但投保及續保「住院現金保障」、「門診保障」及「牙科保障」只須繳付標準保費。

Subscription rates are not guaranteed and Bupa may adjust them on an annual basis.  
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#### About Levy payment

Starting from 1 January 2018, insurance subscription payment is subject to the Hong Kong Insurance Authority's levy. The amount of levy charged will be based on a percentage of the total amount of subscription under an insurance contract. Payable levy is not included in the subscription rates shown in the Table of Subscriptions and is subject to the applicable levy rate. For general information on the applicable levy rates, please visit [www.bupa.com.hk/levy](http://www.bupa.com.hk/levy).

#### 有關保費徵費

由 2018 年 1 月 1 日起，保險業監管局按保費徵收徵費，徵費額是以每份合約的保費的某個百分比計算。保費表上的保費尚未包括應繳徵費，應繳徵費將按適用的徵費率計算。有關徵費率詳情，請瀏覽 [www.bupa.com.hk/levy](http://www.bupa.com.hk/levy)。

In the event of any discrepancy in respect of meaning between the Chinese version and the English version, the English version shall prevail. All terms and conditions are subject to the Contract.

中、英文之意思如有任何差別，概以英文為準。所有條款及細則以合約為準。

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