

Bupa Wise Choice Health Insurance Scheme
保柏智康健醫療保障計劃

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Thank you for considering Sun Flower to be one of your selected intermediaries.
We are pleased to get in touch should you have any enquiry regarding the captioned insurance.



Schedule of Benefits 保障金額表

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Maximum Limit per Member (HK\$) 每位會員最高賠償額 (港幣)

Table with 4 columns: Benefit Name, Plan 1 (Private), Plan 2 (Semi-private), Plan 3 (Ward)

This Benefit is payable for eligible expenses of the following items (a) to (j) incurred by the Member during his Hospital Confinement, Clinical Operation or Day Case in Hong Kong only unless such confinement or surgery performed outside Hong Kong is directly resulting from medical Emergency outside Hong Kong as certified by a Registered Medical Practitioner subject to the applicable Overall Annual Limit, deductible and reimbursement percentage as shown in the Schedule of Benefits.

Table with 4 columns: Benefit Name, Plan 1 (Private), Plan 2 (Semi-private), Plan 3 (Ward). Rows include Overall Annual Limit, Room and Board, Miscellaneous Hospital Services, Intensive Care, Surgeon and Attendance Fees, Anaesthetist's Fees, Operating Theatre Fees, In-patient Physician's Fees, In-patient Specialist's Fees, Companion Bed, Psychiatric Treatment, Deductible, and Reimbursement percentage.

Benefit calculation for Hospital and Surgical Benefit:
住院及手術保障之賠償計算:
Amount of eligible medical expenses incurred and actually paid during Hospital Confinement, Day Case or Clinical Operation less The higher of deductible for Hospital and Surgical Benefit as stated in the Schedule of Benefits or actual amount reimbursed by any other sources under the same medical bill times 80% times Adjustment factor for room upgrade, if applicable

Table with 4 columns: Benefit Name, Plan 1 (Private), Plan 2 (Semi-private), Plan 3 (Ward). Rows include Free Overseas Medical Contingency Top-up Benefit (Each Contract Year) and Free Overseas Medical Contingency Top-up Benefit (Each Contract Year).

This Benefit covers Emergency medical treatment overseas or treatment for a specific medical condition which should be performed outside Hong Kong upon the medical advice of a Specialist with Bupa's prior approval provided that Hospital and Surgical Benefit of Part A (if applicable) is exhausted.

Notes 附註
1 All the medical expenses incurred by a Member must first be claimed under any laws or regulations or any other insurance policy, or other sources, if any. The amount of eligible medical expenses that was not reimbursed shall be payable under this Benefit as a secondary insurance. 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.

Bupa Wise Choice
保柏智康健

**Ideal boost for your
group cover**
加強團體醫保的最佳選擇



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www.bupa.com.hk

Supporting you with medical expertise throughout your life

專注醫療保健 守護你人生每一階段

Bupa Wise Choice is designed to cater to the specific needs of employees who are currently covered under their company's medical plan. For a minimal subscription, you will enjoy valuable additional cover as a top-up for your company's health insurance. You will also be assured of lifelong protection from Bupa even if your employment status changes.

「保柏智康健」專為現正受保於團體醫保計劃的僱員而設，滿足他們的額外保障需要。你只須支付相宜保費，便可享有附加保障，彌補公司醫保的不足。即使你離職或轉職，也可享有終生保障。

Guaranteed renewal and conversion for lifelong protection

The period of cover for Bupa Wise Choice is 1 year. We guarantee that your cover can be renewed every year to the end of the contract year when you reach age 60. During each renewal year, you will also have the option of converting to Bupa CarePro's Hospital and Surgical Benefit at the same benefit level, without any underwriting or medical examinations. With Bupa CarePro, you will enjoy quality lifelong protection^①, regardless of your claims or changes in health condition.

As your family members can also be covered under Bupa Wise Choice with guaranteed acceptance to Bupa CarePro or Bupa Care Kid, you can be certain that your whole family is well taken care of for life.

Guaranteed cover for pre-existing conditions

If you are no longer covered by your company's medical plan and wish to apply for a new individual health insurance plan, your pre-existing conditions are usually excluded or you might be required to pay extra subscription. With our guaranteed acceptance, pre-existing medical conditions that developed after you joined Bupa Wise Choice will be covered at the same benefit level when you transfer to Bupa CarePro.

Valuable top-up for your group cover

As healthcare costs continue to increase, your company's medical plan may no longer be sufficient to cover your medical expenses. Bupa Wise Choice provides a boost for your company's medical insurance at a modest subscription. For less than HK\$2.2 a day^②, you will receive a benefit of HK\$180,000 each year to take care of your medical expenses.

Bupa Wise Choice covers 80% of your eligible expenses after a deductible has been applied, and this deductible can usually be offset by your company's plan. There are no individual item limits to worry about, thus reducing your chances of incurring shortfalls. You also have the flexibility to choose from a range of benefit levels to suit your needs and budget.

Overseas protection and medical treatment

Bupa Wise Choice gives you protection wherever you go by covering your overseas accidental or medical emergency costs. In addition, we will take care of the costs if you need to receive medical treatment outside of Hong Kong as advised by your specialist and approved by Bupa, making sure that you always receive the best care possible. Furthermore, you will get up to HK\$250,000 extra to cover these expenses if your plan's Hospital and Surgical Benefit is used up.

保證續保及轉保，終生享有保障

「保柏智康健」的保障期為1年。我們保證你可每年續保至60歲，此外還可在每年續保時選擇轉保至「保柏卓康健」計劃，享受相同級別的住院及手術保障，無須核保或身體檢查。「保柏卓康健」的受保人無論索償次數多少或健康狀況有變，亦可終生獲得保障^①。

你的家人同樣可受「保柏智康健」保障和保證可轉保至「保柏卓康健」或「保柏童康健」，讓你的家人終生安享保障。

保證保障已存在疾病

假如你在失去僱主提供的醫療保障下，想另投個人醫療保障計劃，但你曾患過的任何疾病通常都不獲承保，又或必須支付額外保費。保柏卻特設保證轉保安排，所有你參與「保柏智康健」計劃後所患新症，均可在你轉保至「保柏卓康健」後，在相同的保障級別下繼續受保。

為團體醫保加一重保障

醫療費用不斷上漲，公司的醫保計劃可能已經不夠應付所有開支。「保柏智康健」正好彌補不足，只要支付相宜保費，便可安枕無憂。每日只需港幣2.2元^②，每年便可享有港幣18萬元的醫療賠償額。

在扣除墊底費後，「保柏智康健」可賠償8成合資格的醫療費用，而墊底費通常可以公司醫保抵消。由於每個保障項目均不受個別賠償限額限制，大大減低自付差額的機會。你可按個人需要和預算，靈活地選擇不同的保障級別。

海外保障及治療

無論你身在何處，「保柏智康健」也提供周全保障，包括在海外因意外或緊急事故招致的醫療費用，或你遵照專科醫生建議並獲保柏批准在香港境外接受治療，讓你得到最佳的照顧。假如計劃的住院及手術保障已用盡，我們便會提供高達港幣25萬元的額外保障，賠償這些醫療開支。

① 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.

保柏保證每年續保你的保障至終生，只要你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。詳情請參閱你的合約。

② Based on the annual subscription of a 35-year-old member at ward level. 以一名35歲會員大房等級的每年保費計算。

Comprehensive mental health coverage

This scheme provides inpatient psychiatric treatment benefit to take care of your mental wellbeing.

全面的情緒健康保障

本計劃提供住院精神科治療保障，照顧你的情緒健康。

Helping you minimise your out-of-pocket expenses 減少自付開支

How Bupa Wise Choice benefits you

Bupa Wise Choice member Ms Chan, aged 45, was admitted into a private hospital for percutaneous coronary intervention surgery, which cost a total of HK\$70,000. She was entitled to a Hospital and Surgical Benefit of HK\$180,000 each year at a monthly subscription of HK\$109.

Under Bupa Wise Choice:

參加「保柏智康健」：

Medical expenses 醫療費用	HK\$70,000
Deductible of Bupa Wise Choice 「保柏智康健」墊底費	HK\$30,000 (Covered by company plan) (用公司醫保抵消)
Remaining amount 餘額	HK\$40,000
Benefit paid by Bupa Wise Choice 「保柏智康健」賠償額	HK\$40,000 x 80% = HK\$32,000
Out-of-pocket expenses 自付額	HK\$8,000

If Ms Chan had not enrolled in Bupa Wise Choice, she would have been required to bear the full remainder of HK\$40,000. In addition, if she joins a different health insurance scheme in the future, her condition will likely be excluded or she will have to pay extra loading for her subscription.

Under Bupa Wise Choice, Ms Chan's condition will still be covered if she takes advantage of the guaranteed acceptance to Bupa CarePro before she turns 60.

「保柏智康健」如何助你減少自付醫療開支

現年 45 歲的「保柏智康健」會員陳小姐入住私家醫院接受冠狀動脈血管造型手術（俗稱「通波仔」手術），費用為港幣 7 萬元。她每月支付港幣 109 元保費，每年可享有港幣 18 萬元「住院及手術保障」。

假如陳小姐沒有參加「保柏智康健」計劃，便要全數承擔港幣 4 萬元差額。此外，日後如參加其他醫療保障計劃，她的疾病很有機會不會獲承保，又或必須支付額外保費。

參加了「保柏智康健」，只要陳小姐透過計劃的保證轉保安排，在 60 歲前轉保至「保柏卓康健」計劃，她的病症仍會受保。

Eligibility

You can apply for Bupa Wise Choice if you are:

- aged 15 days to 59 years
- currently insured as an employee or dependant under a company medical insurance scheme covering hospital and surgical expenses
- normally residing in Hong Kong

Each of your family members has to submit a separate application. Please note that each member can only enrol in one Bupa individual health insurance scheme (unless enrolling in Bupa Together or Bupa Hospital Cash).

You must provide a valid email address to receive all policy-related materials in electronic format.

Renewal and conversion

- Your renewal of Bupa Wise Choice is guaranteed until you turn 60, regardless of whether you are still covered by a company health insurance scheme.
- At each annual renewal of Bupa Wise Choice, you can choose to convert your membership to the Hospital and Surgical Benefit of Bupa CarePro at the same or lower benefit level without any underwriting.
- The last date to make the conversion is the anniversary of your Bupa Wise Choice membership on or immediately after your 60th birthday.
- Bupa Wise Choice does not cater to the upgrade of benefit level. You may apply to upgrade your benefit level or add optional benefits at any renewal date after you convert your membership to Bupa CarePro, but all applications are subject to Bupa's underwriting approval.

申請資格

只要符合以下條件，便可申請「保柏智康健」：

- 年齡介乎15日至59歲
- 受保於實報實銷的住院及手術費用團體醫療保險計劃的僱員或家屬
- 居於香港

每名家庭成員必須獨立遞交投保申請。請注意同一會員不可投保多於一份保柏個人醫療保障計劃（投保「保柏互通保額」或「保柏住院現金」則除外）。

你必須提供有效的電郵地址，以接收電子版本的保單相關文件。

續保及轉保權

- 參加「保柏智康健」後不論是否仍然受保於公司醫保，均獲保證續保至60歲。
- 你可於每年「保柏智康健」續保時行使轉保權轉保至「保柏卓康健」之「住院及手術保障」的相同或較低保障等級而不須重新核保。
- 行使轉保權的最後限期為緊隨你60歲生日之「保柏智康健」週年日。
- 「保柏智康健」不接受保障等級提升之申請，但你可於轉保至「保柏卓康健」後，在其續保日經核保程序申請提升保障等級或加入自選保障。

The World of Bupa 環球保柏

Bupa – A global healthcare specialist

Bupa's purpose is helping people live longer, healthier, happier lives and making a better world.

We are an international healthcare company serving over 38 million customers worldwide. With no shareholders, we reinvest profits into providing more and better healthcare for the benefit of current and future customers.

We directly employ around 85,000 people, principally in the UK, Australia, Spain, Chile, Poland, New Zealand, Hong Kong SAR, Türkiye, Brazil, Mexico, the US, Middle East and Ireland. We also have associate businesses in Saudi Arabia and India.

Bupa Hong Kong

In Hong Kong, we are known as the health insurance specialist. We have gained the trust of more than 400,000 individuals and 3,200 companies. We have provided quality health insurance for Hong Kong's civil servants for more than 20 years.

Bupa also provides primary care services through Quality HealthCare Medical Services, one of Hong Kong's largest private clinic networks.

Quality HealthCare

Quality HealthCare Medical Services Limited (QHMS) became part of an international healthcare company, Bupa, in October 2013. QHMS' operations span diagnostics, primary healthcare and day care specialties. It offers western medicine, traditional Chinese medicine, diagnostics & imaging, dental, physiotherapy, mental health and wellness services. With roots tracing back to 1868, QHMS serves the community through a network of over 1,400 provider service points in Hong Kong, including over 100 Quality HealthCare multi-specialty medical centres and other affiliated clinics. It also operates a private nursing agency and Bupa medical centres and dental centres in Hong Kong.

保柏－國際醫療保健專家

保柏的目標是幫助人們活出更長壽、更健康和更愉快的人生，並創造更美好的世界。

我們是國際醫療保健公司，於全球服務超過3,800萬客戶。我們不設股東，將盈餘投資於業務當中，為現在和未來的客戶提供更多更佳的醫療保健服務。

我們在全球的員工約85,000人，主要位於英國、澳洲、西班牙、智利、波蘭、紐西蘭、香港特別行政區、土耳其、巴西、墨西哥、美國、中東及愛爾蘭。我們亦於沙特阿拉伯及印度設有聯營業務。

保柏香港

在香港，我們是醫療保險專家，受超過40萬名會員及3,200間公司所信賴。我們亦為本港公務員提供優質醫療保障逾20年。

此外，保柏透過旗下卓健醫療提供醫療保健服務，卓健醫療是本港最龐大的私營醫療網絡之一。

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、基層保健及專科醫療，提供西醫、中醫、診斷及造影、牙科、物理治療、心理健康及保健等服務。自1868年起植根香港，卓健醫療透過逾1,400個遍及全港的服務點，包括旗下超過100間設施齊備的卓健醫療中心，連同多間聯營診所，為香港市民及訪港旅客服務。卓健醫療並營運護理介紹所，以及在港的保柏醫療中心和保柏牙科中心。

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, coverage starts as soon as your contract is in effect.

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.

Deductible

A deductible is the amount of eligible expenses that you must pay each hospital confinement/treatment/disability (only applicable to cancer and kidney dialysis) before Bupa will reimburse your eligible medical expenses. There're 3 deductible options for this scheme: HK\$300,000, HK\$100,000 and HK\$30,000.

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 and will be renewed with subscription payments collected automatically, unless you submit a written request to cancel your membership. Bupa guarantees that your cover can be renewed every year until you reach age 60 as long as you meet the requirements as stated in the Renewal Clause of your contract, regardless of any changes in your health condition. During each renewal year, you may also choose to convert to Bupa CarePro which provides guaranteed lifelong renewal. You can enjoy hospital and surgical benefit at the same benefit level, without any underwriting or medical examinations.

Bupa may revise the benefits, contract terms and conditions every year at renewal. 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 by bank account or credit card autopay. If you've fulfilled the eligibility criteria for renewal, 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;
3. at the Contract Anniversary Date immediately following the attainment of 60 years old of the member;
4. upon the death of the subscriber; or
5. when all members exercise the conversion option of the contract.

The coverage of members under your contract will cease when your contract is terminated or when they're no longer eligible for the scheme. Please refer to the eligibility requirements in this brochure and contract for details.

Changing to a new insurance scheme

If you're currently enrolled in a different health insurance scheme and you cancel it to enrol in this scheme, there may be changes to your coverage. For example, pre-existing conditions payable under your previous scheme won't be covered unless they've been disclosed and accepted by Bupa. Please be mindful of the differences in coverage when you change insurers, from a group scheme to an individual scheme or from a non-VHIS scheme to a VHIS scheme (and vice versa).

General exclusions

- Pre-existing conditions (unless such conditions have been disclosed in the application and accepted by Bupa).
- Treatment, medical services, medication or investigation which is not medically necessary.
- Any injury or sickness for which compensation is payable under any laws or regulations or any other insurance policy or other source except to the extent that such charges are not reimbursed by such laws or regulations or other insurance policy or other source.
- 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 routine eye tests or any costs of fitting of spectacles or lens.
- Congenital conditions, developmental conditions or hereditary conditions.
- Treatment that commenced during the first five years as a member under the contract and which in any way arises from, is attributable to, or is consequential upon Human Immunodeficiency Virus Infection.

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。

我們想幫助你在投保前了解本計劃。請細閱以下資料。

等候期

本計劃不設等候期，合約生效後即可獲得保障。

冷靜期

你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，唯有關通知必須由你簽署。若你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

你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，你應以最高誠信向保柏披露所有重要事實。如果你不確定某個事實是否重要，則應將其披露。若你未有披露或披露失實資料以致影響保柏的風險評估，將會影響你的保障權益，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。

墊底費

墊底費指每次住院、診治或每項病症（只適用於癌症及洗腎）在保柏應付賠償金額前，必須由你承擔的合資格醫療費用。本計劃設有三項墊底費選擇：港幣300,000元、港幣100,000元及港幣30,000元。

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你的賠償，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。

你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並會自動續保及收取保費，除非你以書面提出取消會籍。無論你在投保後的健康狀況有任何改變，保柏保證每年續保你的保障至60歲，只要你符合合約內列明的續保要求。此外，你亦可於每年續保時選擇轉保至終生續保的「保柏卓康健」計劃，享受相同級別的住院及手術保障，無須核保或身體檢查。

保柏可於每年續保時更改合約條款及細則，有關改動將於續保時以書面通知你。

繳付保費

你可選擇以銀行賬戶或信用卡自動轉賬年繳或月繳保費。只要你符合續保的資格條件，保柏將於合約續保時於指定銀行賬戶／信用卡自動扣取續保保費，除非我們接獲你的其他指示。

終止合約

你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；
3. 緊隨會員年屆60歲之合約週年日；
4. 投保人身故；或
5. 所有會員行使轉保權。

你的合約下的會員之保障將於你的合約終止時或他們已不再符合本計劃的資格時終止。詳情請參閱本冊子及合約內的資格條件。

轉換至新的保險計劃

如你現時正受保於另一健康保障計劃並且取消該計劃以加入此計劃，你的保障範圍或會有所改變。例如，於你的前計劃下可獲賠償的已存在病症將不獲受保，除非該些病症已被披露並獲保柏接納。當你轉換保險公司、從團體計劃轉換到個人計劃或從非自願醫保計劃轉換到自願醫保計劃（反之亦然）時，請留意保障範圍的差異。

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。
- 任何在法律或規例下或其他保險計劃內或從其他途徑可獲賠償之治療傷或疾病費用，除非此等費用未能在該等法例或計劃內或其他途徑獲得賠償。
- 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。
- 先天性疾病、發育異常或遺傳性疾病。
- 在合約下成為會員後首5年內，因感染人體免疫力缺陷病毒所引致的治療。

- Sexually transmitted (Venereal) diseases or their sequel.
- Treatment relating to pregnancy, including diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage; 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, pre-mature 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 injury or disease resulting from participation in criminal activities.
- Alternative treatment including but not limited to Chinese medicines treatment, acupuncture, acupressure, tui na, hypnotism, rolfing, massage therapy, aromatherapy.
- Senile Dementia (including Alzheimer's disease), Parkinson's disease.
- 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 it is payable under Psychiatric Treatment Benefit under Hospital and Surgical Benefit).
- 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 except for emergency treatment arising from accidents or the extraction of impacted wisdom teeth during hospital confinement. Follow-up treatment from such hospital confinement shall not be covered.
- 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.

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, 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 avoidance of doubt, the recommendation of the attending registered medical practitioner is not the sole factor to be considered when determining whether a treatment, medical service or medication is medically necessary. Without prejudice to the generality of the foregoing, circumstances where a hospital confinement is considered medically necessary include, but are not limited to:

- the member is having an emergency that requires urgent treatment which should be performed at a hospital;
- surgical procedures which are medically required to be performed under general anaesthesia;
- equipment for surgical procedure is available in hospital and procedure cannot be done on a day case basis;
- there is significantly severe co-morbidity of the member; and/or
- taking into account the individual circumstances of the member and for the safety of the member, the medical service should only be conducted in hospital.

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
- in accordance with standards of generally accepted medical practice.

Normal and customary

In relation to fees, "normal and customary" means such level which does not exceed the general range of charges being charged by the relevant service providers in the locality where the charge is incurred for similar treatment, services or supplies to individuals with similar conditions, e.g. of the same sex and similar age, for a similar disability, as reasonably determined by Bupa in utmost good faith. The "normal and customary" charges shall not in any event exceed the actual charges incurred.

In determining whether a charge is "normal and customary", Bupa shall make reference to the followings (if applicable):

- treatment or service fee statistics and surveys in the insurance or medical industry;
- internal or industry claim statistics;
- gazette published by the Hong Kong government; and/or
- other pertinent source of reference in the locality where the treatments, services or supplies are provided.

- 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；與男女任何一方之節育、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，包括體外受孕或任何其他非自然或人工受孕方法；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起之治療。
- 任何因參與犯罪活動而引致之損傷或疾病之治療。
- 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。
- 老年性痴呆（包括阿茲海默氏症）、帕金遜病。
- 心理病或精神病症，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（受住院及手術保障下的「精神科治療保障」涵蓋則除外）。
- 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，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。
- 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。

如你有任何已存在病症，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、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。

為免存疑，在考慮治療、醫療服務或藥物是否醫療必需時，主診註冊西醫的建議並不是唯一的考慮因素。

在不損害上述的一般性條件的原則下，符合醫療所需條件的住院情況包括但不限於以下例子：

- 會員因急症需要在醫院接受緊急治療；
- 手術在醫學上需要在全身麻醉下進行；
- 醫院具備手術或治療程序所需的設備，有關手術或治療程序並不能以日症病人的方式進行；
- 會員同時發生的傷病屬明顯嚴重；及／或
- 考慮到會員的個人情況及會員安全後，所需的醫療服務應在醫院內進行。

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
- 符合良好醫療守則標準。

正常及慣常

「正常及慣常」是指就醫療服務的收費而言，對情況類似的人士（例如同性別及相近年齡），就類似傷病提供類似治療、服務或物料時，不超過當地相關醫療服務供應者收取的一般收費範圍的水平。「正常及慣常」的收費水平由保柏合理及絕對真誠地決定，在任何情況下，此收費不得高於實際收費。

保柏必須參照以下資料（如適用）以釐定「正常及慣常」收費：

- 由保險或醫學業界進行的治療或服務費用統計及調查；
- 公司內部或業界的賠償統計；
- 香港政府憲報；及／或
- 提供治療、服務或物料當地的其他相關參考資料。

This scheme is insured by Bupa (Asia) Limited. Bupa (Asia) Limited is authorised and regulated by the Insurance Authority in Hong Kong to carry out general insurance business in the HKSAR.

Subscriptions paid under this contract aren't eligible for claiming tax deduction.

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.

本計劃由保柏（亞洲）有限公司承保。保柏（亞洲）有限公司已獲保險業監管局授權於香港特別行政區經營一般保險，並受其監管。

就本合約所繳付之保費不可用作申請稅項扣減。

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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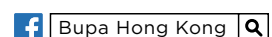


Table of Subscriptions 保費表
1 January 2023 Edition 2023年1月1日版本

All figures in HK\$ 以港幣計算

Hospital and Surgical Benefit
住院及手術保障

Attained Age 已屆年齡	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	
	Monthly 按月	Annual 按年	Monthly 按月	Annual 按年	Monthly 按月	Annual 按年
15 days 日 - 17 years 歲	165	1,915	91	1,058	50	579
18	123	1,431	69	804	36	415
19	126	1,462	71	824	37	429
20	129	1,503	73	844	38	442
21	133	1,547	74	865	39	455
22	137	1,593	76	887	40	467
23	141	1,641	78	910	41	479
24	145	1,690	80	934	42	493
25	150	1,741	82	958	44	507
26	154	1,795	84	982	45	518
27	159	1,848	87	1,008	46	533
28	164	1,904	89	1,034	47	547
29	169	1,962	91	1,061	48	561
30	174	2,025	94	1,090	50	582
31	180	2,090	98	1,135	52	610
32	185	2,159	102	1,185	56	655
33	192	2,232	106	1,237	59	692
34	199	2,312	111	1,291	62	721
35	206	2,398	116	1,348	64	748
36	216	2,516	124	1,447	67	784
37	228	2,658	134	1,556	72	838
38	241	2,809	143	1,659	77	897
39	255	2,965	150	1,741	82	956
40	269	3,126	157	1,824	87	1,008
41	284	3,301	164	1,909	91	1,059
42	300	3,489	171	1,995	96	1,112
43	317	3,686	180	2,094	100	1,164
44	335	3,899	188	2,190	104	1,215
45	354	4,118	198	2,299	109	1,267
46	374	4,355	207	2,407	113	1,318
47	395	4,601	217	2,523	119	1,388
48	418	4,865	226	2,634	125	1,450
49	442	5,144	238	2,770	131	1,529
50	468	5,451	256	2,979	141	1,643
51	504	5,864	277	3,223	153	1,780
52	556	6,468	310	3,613	170	1,973
53	621	7,233	345	4,017	190	2,207
54	714	8,306	387	4,505	210	2,443
55	832	9,689	450	5,240	235	2,733
56	924	10,751	503	5,860	259	3,014
57	984	11,451	534	6,218	272	3,170
58	1,045	12,165	566	6,591	287	3,344
59	1,106	12,876	603	7,016	306	3,563

Subscription rates are not guaranteed and Bupa may adjust them on an annual basis. 保費並非保證，保柏有可能每年作出調整。

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.

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。

In the event of any discrepancy in respect of the 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。