

Corporate HealthNet Plus
公司僱員健康網

Healthy people for a
healthy business

穩健企業 有賴健康團隊



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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.

www.bupa.com.hk



Introduction to Corporate HealthNet Plus 公司僱員健康網 團體醫療保障計劃簡介

Healthy employees are the key to a healthy business. Designed to meet the needs of businesses with 5 to 50 employees, Corporate HealthNet Plus is your ideal choice to help you protect the health of your workforce.

Corporate HealthNet Plus provides your employees with comprehensive health cover while giving you the flexibility to choose a plan that suits your budget. Members can use our medical card for cashless out-patient service, with a wide choice of around 1,900 doctors and medical service providers in Hong Kong and Macau.

企業要穩健發展，必須擁有一支健康的團隊。此醫療計劃專為5至50名僱員的公司而設，助僱主保障僱員的健康。

「公司僱員健康網」為僱員提供全面的醫療保障，同時讓你靈活選擇符合預算的計劃。會員只要出示我們的醫療卡，使用門診服務時便無須找數。我們的港澳醫療網絡龐大，共有約1,900名醫生和醫療服務供應商可供選擇。

Corporate HealthNet Plus provides your employees with comprehensive cover and a range of superior benefits, making sure they get quality health protection at great value.

「公司僱員健康網」為你的僱員提供周全保護和多種優越保障，以相宜保費享有優質的醫療服務。

Scheme overview 計劃概要

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 benefit 自選保障	Clinical Benefit (comes with complimentary Smile Dental Benefit) 門診保障，附送免費微笑護齒保障
Free benefits 免費保障	Free Hospital Cash Benefit 免費住院現金保障 Free Supplementary Major Medical Benefit 免費附加醫療保障 Free Bupa Worldwide Assistance Programme 免費保柏國際援助計劃
Medical card 醫療卡	Yes (for Clinical Benefit) 有（適用於門診保障）
Choice of benefit levels 保障等級選擇	Private (Plan 1, 4, 7) 私家房（計劃 1, 4, 7） Semi-private (Plan 2, 5, 8) 半私家房（計劃 2, 5, 8） Ward (Plan 3, 6, 9) 大房（計劃 3, 6, 9）
Period of cover 保障期	1 year 1年

Eligibility 投保資格

Company size 公司規模	5 - 50 employees 5至50名僱員
Employees 僱員	All full-time employees aged under 65 所有65歲以下的全職僱員
Employees' dependants 僱員之家屬	Spouse aged under 65 65歲以下的配偶 Unmarried children aged between 15 days and 17 years, or under 23 years for full-time students (with valid proof upon request) 僱員的未婚子女，年齡介乎15日至17歲或未滿23歲的全日制學生（當保柏要求時提供有效證明文件）
Renewal of scheme 續保	This scheme can be renewed on an annual basis 此計劃可每年續保

Enrolment 投保

- Submit application form with member details and relevant subscription and levy payment at least 10 working days before the end of the month
請於月底前最少10個工作天交回申請表，填妥會員資料並連同正確保費及徵費
- Contract will come into effect on the first day of the following month
合約將於下月1號生效

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

11 reasons to choose Corporate HealthNet Plus 選擇公司僱員健康網的11大理由

Our healthcare expertise means that we're able to offer unparalleled benefits to our group members, including higher cover and access to a quality network of healthcare providers, with the flexibility to meet your company's needs.

我們在醫療保健上擁有豐富經驗，因此能為團體計劃會員提供卓越的保障，包括更高賠償及優質的醫療服務網絡，同時能靈活配合公司的需要。

1. Comprehensive cover for hospital expenses

We offer comprehensive worldwide cover for hospital expenses such as surgeries, ICU and miscellaneous services. Our benefits are restored every year, which provides higher cover especially for those who require lengthy treatment for serious illnesses.

2. Second claims incentive and out-patient surgery cash allowance

This scheme also provides a second claims incentive and out-patient surgery cash allowance to help you manage costs while looking after your employees' health. We'll offer the second claims incentive to members if their hospital expenses were paid by another insurer first, and they claimed the remaining from Bupa. They can also receive the out-patient surgery cash allowance for eligible procedures performed at day case centres.

3. Day case and clinical operations included

To increase the value of our members' cover, we have included day case and clinical operations in our Hospital and Surgical Benefit. This covers many common procedures such as wound sutures, endoscopies and colonoscopies that do not require a hospital stay.

4. Generous out-patient cover

Our optional Clinical Benefit provides generous full cover for eligible medical expenses, including visits to Western physicians, Chinese herbalists and bonesetters, and physiotherapists, as well as diagnostic imaging and lab tests within our network^①.

Alternatively, members can choose to receive treatment outside our network and receive reimbursement up to the maximum benefit limits^②.

What's more, members can also enjoy video consultation services to consult our selected doctors through a video call comfortably and safely at home. Visit www.bupa.com.hk/vc for details. Terms and conditions apply.

5. Cashless service at extensive medical network

Members can use the Bupa medical card to enjoy cashless service under our Clinical Benefit without having to pay any bills or submit claims^③. Our medical card is accepted by an extensive network of around 1,900 doctors and medical service providers in Hong Kong and Macau.

1. 全面住院費用保障

我們提供全面的環球住院費用保障，包括手術、深切治療及雜項服務的費用。保障額每年重新計算，對於須要長期治療嚴重疾病的僱員可提供更高保障。

2. 第二索償現金津貼及門診手術額外現金保障

本計劃亦提供第二索償現金津貼及門診手術額外現金保障，助你控制成本同時照顧僱員的健康。如會員的住院費用先由其他保險公司作出賠償，其後向保柏索償，便可獲第二索償現金津貼。若會員於日症中心進行合資格手術，則可獲門診手術額外現金保障。

3. 保障涵蓋日症及診所手術

為提升會員的醫療保障，我們的「住院及手術保障」特別涵蓋日症和診所手術，當中包括許多常見的醫療程序，例如不須要住院的傷口縫針、內窺鏡或結腸鏡等。

4. 充裕的門診保障

我們的自選「門診保障」為你提供充裕的保障。所有合資格費用，包括我們的網絡西醫、中醫師、跌打醫師及物理治療師的診症費用，以及診斷影像和化驗費用，都可全數賠償^①。此外，會員還可選用非網絡醫生或醫師，這類費用可賠償至最高保障限額^②。

會員更可享受視像門診診症服務，安坐家中由我們特選的醫生進行視像診症。詳情請瀏覽 www.bupa.com.hk/vc。受條款及細則約束。

5. 龐大醫療網絡免找數治療

會員只要出示我們的醫療卡，在接受「門診保障」治療時便無須支付任何賬單或申請索償^③。保柏醫療卡適用於龐大的醫療網絡，於港澳地區共有約1,900名醫生及醫療服務供應商可供選擇。



Special mental health coverage

To take care of your employees' mental wellbeing, this scheme provides coverage for inpatient psychiatric treatment.

特設情緒健康保障

本計劃提供住院精神科治療保障，照顧僱員的情緒健康。



6. Range of free benefits

Members will get extra protection against costly medical expenses with our free Supplementary Major Medical Benefit and Hospital Cash Benefit. Our Free Bupa Worldwide Assistance Programme also provides assistance for members who are hospitalised overseas due to emergencies. Furthermore, members who are covered by our Clinical Benefit will enjoy our complimentary Smile Dental Benefit.

7. Stable subscriptions

To give you better value, all members under the same plan will enjoy a flat subscription rate regardless of age. All eligible children in a family will also be enrolled at the cost of one child's subscription. What's more, your subscription rates will not be affected by the past claim amounts of your company.

8. Access to lifelong cover

Our group members can enrol in Bupa VTop Health Insurance Scheme at different life stages (e.g., upon renewal of their group scheme, before or after changing jobs, before retirement) to boost their cover. Bupa guarantees that their application will be accepted without underwriting regardless of their health conditions^①. Moreover, medical conditions protected by their group membership will be covered for life^④ under Bupa VTop.

① Subject to the co-payment, if applicable.

② Reimbursement percentage of 80% or 100% depending on plan.

③ Please refer to the "Eligibility" section of the Bupa VTop Health Insurance Scheme brochure for details.

④ All pre-existing conditions which are payable under a member's Bupa group scheme shall be covered under Bupa VTop if they have been continuously insured under a Bupa group scheme and/or Bupa VTop for a total of at least 12 consecutive months, with the exception of those specified under the General Exclusions of the Bupa VTop contract. Bupa guarantees that members' cover under Bupa VTop can be renewed every year for life as long as they meet the requirements as stated in the Renewal Clause of their contract. Bupa reserves the right to amend the subscription, benefits, terms and conditions upon their contract renewal. They can refer to their Bupa VTop contract for further details.

6. 多種免費保障

我們特設的「免費附加醫療保障」及「免費住院現金保障」，為所有會員提供額外保障，應付昂貴的醫療費用。會員若在海外緊急住院，「免費保柏國際援助計劃」可提供支援服務。此外，已投保「門診保障」的會員可享有「免費微笑護齒保障」。

7. 保費平穩更有預算

我們讓同一計劃等級下所有僱員，不論年齡一律享有劃一保費，令計劃更物超所值。每個家庭只須繳付一名子女的保費，所有合資格子女均獲受保。此外，你的保費不會受公司過往的索償金額影響。

8. 可獲終生續保

我們的團體會員可在人生不同階段（如團體醫保續保時、離職前後／退休前），加入「保柏易增值醫療保障計劃」，為自己更添保障。不論健康狀況如何，均無須核保及保證接受申請^③，而且所有於團體計劃中受保的疾病均可在保柏易增值內獲終生保障^④。

① 視乎是否須要支付自負費，如適用。

② 賠償率為80%或100%，視乎計劃而定。

③ 詳情請參閱「保柏易增值醫療保障計劃」產品冊子的「投保資格」部分。

④ 只要會員受保於保柏團體醫保及／或保柏易增值合共最少連續12個月，所有在其保柏團體計劃下可獲賠償的已存在病症將於保柏易增值下受到保障，除非該病症於保柏易增值合約內列明為不受保障項目。保柏保證會員在保柏易增值下的保障可獲每年續保至終生，只要他們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。會員可參閱他們的保柏易增值合約以了解詳情。



Claims service pledge

No claims procedure is required when members use the Bupa medical card. All other hospitalisation and out-patient claims will be settled within 5 - 7 working days after full documentation is received.

賠償服務承諾

如會員使用保柏醫療卡，無需索償手續。其他住院及門診賠償，於收妥所需文件後5 - 7個工作天內支付。

9. Fast and easy claims

We make claims processing fast and easy. It is our service pledge to settle claims within five to seven working days after full documentation is provided to us. When the claim is settled, we will send out a SMS to notify your employee^⑤. To reimburse the expenses, we simply credit the payments directly to your employee's bank account.

10. Hassle-free enrolment

No medical examinations, individual underwriting or health declarations are required for enrolment of new members.

11. Around-the-clock support with attentive and convenient services

With our helpful and convenient services, managing your scheme is a breeze. Our Customer Care Advisors are available 24 hours every day to answer customer enquiries quickly and accurately. You can also use our online service to view claim statements and add or remove members, while members can submit claims online, view membership details, search for network doctors (if applicable) and track claims.

^⑤ To enjoy the SMS notification service, employees will need to provide Bupa with an up-to-date mobile phone number.

9. 索償快捷簡便

我們的索償程序快捷簡便。保柏的服務承諾是在收妥所需文件後於5至7個工作天內支付賠償。我們在賠償辦妥後會發出短訊通知你的僱員^⑤。支付方法亦很簡便，賠償款項會直接存入僱員的銀行賬戶。

10. 投保方便

加入新會員於此計劃，無需身體檢查、個別核保或填寫健康聲明。

11. 全天候支援，服務體貼周到

保柏為你提供方便周全的服務，讓你輕鬆管理計劃。我們的客戶服務主任每天24小時為你服務，快捷準確地回答客戶的查詢。你亦可使用我們的網上服務，瀏覽賠償單及增減計劃會員。而會員則可網上提交索償、瀏覽會籍資料、搜尋網絡醫生（如適用）和查閱索償進度。

^⑤ 僱員必須向保柏提供最新手機號碼，方可享用短訊通知服務。



One-stop specialist treatment programmes

一站式專科治療計劃

Supporting your health every DAY, every WAY

Bupa is here to support our members' health at different stages along their healthcare journey. That's why we have a series of treatment programmes for members focusing on different specialties, providing personalised care and guidance through network providers and a health coaching team. Through these programmes, our members can enjoy the following benefits:

- Multiple specialties to meet different medical needs
- Experienced health professionals to guide members from consultation through treatment and follow-up
- Quality assured network clinics and facilities
- Cashless service with eligible medical card

One-stop specialist treatment programmes include:

- Bupa DAY series
 - Eye day surgeries
 - Day-case gynaecological procedures
- Bupa WAY series
 - Clinical treatments for musculoskeletal pain
 - Guidance and treatments to support breast health

For more details and the latest updates about the specialist treatment programmes, please visit Bupa's website.

健康·一心守護

保柏在會員健康路上的不同階段，一心守護健康。因此，保柏為會員設立了一系列專注於不同專科的治療計劃，透過網絡供應商及健康支援團隊，提供個人化的服務及指導。保柏會員可盡享以下計劃優勢：

- 涵蓋多項專科，照顧不同醫療需要
- 資深醫療團隊由診症、治療以至跟進，全程提供支援
- 優質網絡診所及設施
- 憑合資格醫療卡可享免找數服務

一站式專科治療計劃包括：

- 一通健日症計劃
 - 眼科日間手術
 - 婦科日症治療
- 護您同行計劃
 - 肌骨痛症門診治療
 - 乳房健康指導及治療

有關專科治療計劃的詳情及最新資訊，請瀏覽保柏網站。

Remark: Whether members are eligible to use Bupa DAY programmes and the Bupa WAY programme depends on each programme's eligibility, and is subject to their medical insurance coverage and/or benefit limits.

備註：會員是否合資格使用「保柏一通健日症計劃」及「保柏護您同行計劃」，將受個別計劃的資格條件所限，並根據會員的保險計劃之保障範圍及／或賠償限額而定。



Insurance and wellness in your hands

保障、健康全掌握

We've prepared two Bupa apps designed to help you and your employees manage your policy and lead a healthier life. 我們為你及僱員準備了兩個保柏手機應用程式，讓你輕鬆管理保單及活出健康人生。

Manage your scheme online using myBupa


Bupa's free one-stop online customer service portal myBupa provides quick and easy access to your scheme whenever you and your employees need it.


You can use our myBupa employer portal to manage your employees' benefits and claims online. myBupa is also available as a free smartphone app for members to search for network doctors, submit claims and redeem exclusive offers anytime, anywhere!


Manage health & wellness and get rewards in Bupa4Life


Members can also access Bupa's wellness app Bupa4Life to explore a wide range of wellness classes, activities, health tips, contents and more. They can also earn points and redeem exciting rewards such as shopping vouchers and healthcare services by achieving wellness goals.


Explore Bupa4Life for a healthier you! Its functions include:

 Redeem rewards for free such as shopping vouchers and healthcare services

 Get a report about your health through a 5-minute survey

 Personalise and achieve your goals on eating healthy, sleeping better, etc.

 Read up on health topics like weight loss, nutrition, mental health and more

 Enjoy user-exclusive events such as health talks, fitness classes and fun games with prizes

If you're interested in Bupa4Life, please contact our dedicated team for subscription details.


使用 myBupa 網上管理計劃


保柏的免費一站式客戶服務平台 myBupa 讓你及僱員隨時隨地管理計劃。你可使用 myBupa 僱主平台網上管理僱員的保障及索償。myBupa 同時設有免費手機應用程式，方便會員搜尋網絡醫生、提交索償，甚至領取會員特別優惠！


Bupa4Life 健康管理及獎賞


會員更可使用 Bupa4Life 健康應用程式，發掘一系列健康課程、活動、健康貼士和資訊等。達成目標，更可賺取積分，換領購物禮券及醫療保健服務等精彩獎賞。


Bupa4Life 陪你變得更健康，功能包括：

 免費換領購物禮券及醫療保健服務

 完成 5 分鐘問卷，收取個人健康報告

 自訂及達成目標，例如健康飲食、改善睡眠等

 閱讀有關減重、營養及精神健康等的資訊

 專享獨家為用戶而設的活動，如健康講座、運動課程及有獎遊戲等

如對 Bupa4Life 有興趣，請聯絡我們的專業團隊了解服務詳情。

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.

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 and 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。

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 except for the benefit below. Coverage starts as soon as your contract is in effect.

Free Hospital Cash Benefit Payable from the third day of hospital confinement.

Cooling-off period and cancellation rights

You may not cancel your contract before it expires 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 members' entitlement to insurance benefits. Consequences may include cancellation of your contract or reduction of entitlement to claims payments.

Claims procedure

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

Subscription adjustment

Each member's initial subscription is primarily determined based on choice of coverage.

Any claims that members make won't affect the subscription at renewal. 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 may be renewed every year as long as you meet the requirements as stated in the Renewal Clause of your contract, regardless of any changes in members' health condition.

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'll need to pay your subscription yearly. When there's a change in the number of members or in the benefit of a member, you'll need to pay the relevant subscription on a pro-rata basis upon presentation of the invoice.

Termination of contract

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

1. when the subscription is unpaid by the subscription due date; or
2. when bankruptcy or insolvency or analogous proceedings are commenced against the subscriber.

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.

General exclusions

- o Pre-existing conditions.
- o Treatment, medical service, medication or investigation which is not medically necessary.
- o Any illness or bodily 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.
- o 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.
- o 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), Hair Mineral Analysis (HMA), health supplements or body weight control (unless approved by Bupa).
- o Any charges in respect of preventive measures, including but not limited to routine blood tests, general check-ups, vaccinations or inoculations, hearing tests, eye refraction including but not limited to routine eye tests or any cost of fitting of spectacles or lens.
- o Congenital conditions, developmental conditions or hereditary conditions.
- o Treatment that commenced during the first five years from the coverage commencement date and which in any way arises from, is attributable to, or is consequential upon Human Immunodeficiency Virus Infection.
- o Sexually transmitted (venereal) diseases or their sequel.
- o 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; or sexual dysfunction including but not limited to impotence, erectile dysfunction and premature ejaculation, regardless of cause.
- o Misuse or overdose of drugs or being under the influence of alcohol, self-inflicted injuries or attempted suicide.

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

除以下保障外，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：

免費住院現金保障 由住院第3天起開始支付。

冷靜期及取消合約權益

在合約週年日前，你不能取消合約。

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，將會影響會員的保障權益，後果包括合約被取消或索償款項被調低。

索償步驟

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

保費調整

每名會員的首期保費會根據保障選擇而定。

保費並不會因會員曾作出索償而被調高。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。無論會員在投保後的健康狀況有任何改變，只要你符合合約內列明的續保要求，你的合約便可每年續保。

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

你須以年繳方式繳付保費。如更改會員人數或會員的保障項目，你須在收到繳費單後，按比例繳付有關保費。

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. 在保費到期日屆滿時仍未支付保費；或
2. 投保公司破產或無力償債或類似程序開始當日。

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。

不受保障項目

- o 已存在病症。
- o 不是醫療必需的治療、醫療服務、藥物或檢驗。
- o 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。
- o 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。
- o 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）、毛髮礦物質含量分析、健康補品或體重控制（經保柏批准則除外）的費用。
- o 預防性措施，包括但不限於常規驗血、例行檢驗、預防注射或接種疫苗、聽覺測驗、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。
- o 先天性疾病、發育異常或遺傳性疾病。
- o 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。
- o 性病及其後遺症。
- o 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、不舉及早泄（不論任何原因導致）。
- o 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。

- Treatment relating to any illness or bodily injury resulting from participation in criminal activities.
- Alternative treatment including but not limited to Chinese Medicines treatment, acupuncture, acupressure, tui na, hypnotism, rolfing, massage therapy and aromatherapy (unless it is payable under Chinese Herbalist Benefit or Chinese Bonesetter Benefit under Clinical Benefit).
- 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 and 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 unless it is covered under Smile 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 Smile 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.
- Engaging or taking part in naval, military or airforce or any operation with any armed force; or any form of professional sports.

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:

- (a) consistent with the diagnosis and customary medical treatment for the condition at a normal and customary charge;
- (b) in accordance with standards of good and prudent medical practice;
- (c) necessary for such a diagnosis or treatment;
- (d) not furnished primarily for the convenience of the member, registered medical practitioner, registered Chinese medicine practitioner, chiropractor, physiotherapist, qualified nurse, anaesthetist, registered dentist or any other medical service providers;
- (e) furnished at the most appropriate level which can be safely and effectively provided to the member; and
- (f) 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:

- (i) the member is having an emergency that requires urgent treatment which should be performed at a hospital;
- (ii) surgical procedures which are medically required to be performed under general anaesthesia;
- (iii) equipment for surgical procedure is available in hospital and procedure cannot be done on a day case basis;
- (iv) there is significantly severe co-morbidity of the member; and/or
- (v) 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:

- I. standards that are based on clinically proven evidence in appropriately reviewed, independent medical journals;
- II. relevant specialty body recommendations; and
- III. 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):

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

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.

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。

本冊子中、英文之意思如有任何差別，概以英文為準。

- 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(受門診保障下的「中醫師保障」或「跌打醫師保障」涵蓋則除外)。
- 老年性痴呆(包括阿茲海默氏症)、帕金森症。
- 心病或精神病，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(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，受微笑護齒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(受微笑護齒保障涵蓋則除外)。
- 因戰爭、入侵、外敵行動、開戰(不論是否已宣戰)、內戰、叛亂、革命、起義或軍人奪權、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。
- 從事或參與海軍、陸軍或空軍任務或任何武裝部隊之行動;或從事或參與任何類形之專業運動。

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：

- (a) 以正常及慣常費用就病症之診斷提供相應之治療;
- (b) 符合良好及謹慎的醫療標準;
- (c) 就有關診斷或治療而所需的;
- (d) 非純為會員、註冊西醫、註冊中醫、脊醫、物理治療師、合資格護士、麻醉科醫生、註冊牙醫或任何其他醫療服務供應商提供方便;
- (e) 以最合適之程度向會員提供安全及有效的治療;及
- (f) 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列：

- (i) 會員因急症需要在醫院接受緊急治療;
- (ii) 手術在醫學上需要在全身麻醉下進行;
- (iii) 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;
- (iv) 會員同時發生的傷病屬明顯嚴重;及/或
- (v) 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：

- I. 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;
- II. 相關專業機構的建議;及
- III. 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：

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

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Corporate HealthNet Plus Group Health Insurance Scheme

公司僱員健康網團體醫療保障計劃



Schedule of Benefits 保障金額表

1 January 2023 Edition 2023年1月1日版本

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

A Hospital and Surgical Benefit ^① 住院及手術保障 ^①	Worldwide coverage 適用於世界各地			
	Plan 計劃 1, 4, 7 Private ^② 私家房 ^②	Plan 計劃 2, 5, 8 Semi-private ^② 半私家房 ^②	Plan 計劃 3, 6, 9 Ward ^② 大房 ^②	
Reimbursement percentage 賠償率	100%	100%	100%	
1 Room and Board (Maximum 120 days per Disability per Contract Year) 住房及膳食費 (每合約年度計每病症最多120日)	每日 2,280 each day	每日 1,100 each day	每日 690 each day	
2 Miscellaneous Hospital Services (Per Contract Year) 住院雜費 (每合約年度計)	29,700	15,100	9,280	
3 Intensive Care (Supplement to Room and Board) (Per Disability per Contract Year) 深切治療 (住房及膳食費之補足) (每合約年度每病症計)	27,400	13,700	7,520	
4 Private Nursing (Maximum 120 days per Disability per Contract Year) 私家看護費 (每合約年度計每病症最多120日) ◦ Nursing services during Hospital Confinement or at home after discharge from Hospital rendered by a Qualified Nurse upon referral ^③ by the attending Registered Medical Practitioner ◦ 經主診註冊西醫轉介 ^③ 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 920 each day	每日 510 each day	每日 365 each day	
5 Surgeon and Attendance Fees (For surgical case only) (Per Disability per Contract Year) 外科醫生費及巡房費 (只適用於外科手術) (每合約年度每病症計) ◦ Complex 複雜 77,500 ◦ Major 大型 39,500 ◦ Intermediate 中型 19,300 ◦ Minor 小型 9,670		54,000 27,000 13,350 6,920	39,000 19,550 9,770 4,920	
6 Anaesthetist's Fees (Per Disability per Contract Year) 麻醉科醫生費 (每合約年度每病症計) ◦ Complex 複雜 26,250 ◦ Major 大型 13,210 ◦ Intermediate 中型 6,570 ◦ Minor 小型 3,670		15,600 7,800 5,000 3,055	11,500 5,750 2,870 1,500	
7 Operating Theatre Fees (Per Disability per Contract Year) 手術室費用 (每合約年度每病症計) ◦ Complex 複雜 26,250 ◦ Major 大型 13,210 ◦ Intermediate 中型 6,570 ◦ Minor 小型 3,670		15,600 7,800 5,000 3,055	11,500 5,750 2,870 1,500	
8 In-patient Physician's Fees (For non-surgical case only) (Maximum 120 days per Disability per Contract Year) 住院醫生巡房費 (只適用於非手術治療) (每合約年度計每病症最多120日)	每日 2,280 each day	每日 1,100 each day	每日 690 each day	
9 In-patient Specialist's Fees (Per Contract Year) 住院專科醫生費 (每合約年度計) ◦ Subject to written referral ^③ 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 ^③ (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)	13,200	9,000	4,660	
Day Case Procedure Benefits^④ 日間手術保障^④				
<ul style="list-style-type: none"> ◦ Items A10 - A11 cover expenses incurred for Clinical Operations or Day Case at a clinic or day-case unit of a Hospital performed by a Registered Medical Practitioner in Hong Kong. Supplementary Major Medical Benefit will not be applicable. ◦ For plans 1 - 3: Exclusively paid for eligible expenses incurred by the procedures below performed during Hospital Confinement with an overnight stay that is considered not Medically Necessary up to the Maximum Limit per Member of Non-HealthNet providers only. Supplementary Major Medical Benefit will not be applicable. If Hospital Confinement is Medically Necessary^⑤, eligible expenses shall be payable under benefit items A1 - A9 of Hospital and Surgical Benefit and Supplementary Major Medical Benefit. ◦ For plans 4 - 9: Exclusively paid for eligible expenses incurred by the procedures below performed during Hospital Confinement with an overnight stay without pre-authorization up to the Maximum Limit per Member of Non-HealthNet providers only. Supplementary Major Medical Benefit will not be applicable. If pre-authorization is approved for Hospital Confinement with an overnight stay, eligible expenses shall be payable under benefit items A1 - A9 of Hospital and Surgical Benefit and Supplementary Major Medical Benefit. ◦ A10 至 A11 項將支付於香港由註冊西醫於診所或醫院日症房進行診所手術或日症之費用。附加醫療保障並不適用。 ◦ 適用於計劃 1 - 3: 單獨賠償在被視為非醫療必需及需要過夜的住院期間進行以下程序而招致的合資格費用，以非網絡供應商之每位會員最高賠償額為限，附加醫療保障亦並不適用。如住院屬醫療必需^⑤，合資格費用將在住院及手術保障 A1 - A9 項及附加醫療保障下賠償。 ◦ 適用於計劃 4 - 9: 單獨賠償在沒有獲取初步保障審核的情況下，於需要過夜的住院期間進行以下程序而招致的合資格費用，以非網絡供應商之每位會員最高賠償額為限，附加醫療保障亦並不適用。如需要過夜的住院已獲取初步保障審核，合資格費用將在住院及手術保障 A1 - A9 項及附加醫療保障下賠償。 				
10 Day Case Endoscopy Procedure (Per Disability per Contract Year) 日間內窺鏡程序 (每合約年度每病症計)	At HealthNet Service Providers (Applicable to plans 4 - 9) 於網絡服務供應商 (只適用於計劃 4 - 9)	Full cover 全數賠償	Full cover 全數賠償	Full cover 全數賠償
	At Non-HealthNet providers 於非網絡供應商	17,010	13,030	7,920
11 Day Case Viral Warts and Skin Lesions Procedure^⑥ (Per Disability per Contract Year) 日間病毒性疣及皮損程序 ^⑥ (每合約年度每病症計)	At HealthNet Service Providers (Applicable to plans 4 - 9) 於網絡服務供應商 (只適用於計劃 4 - 9)	Full cover 全數賠償	Full cover 全數賠償	Full cover 全數賠償
	At Non-HealthNet providers 於非網絡供應商	8,000	8,000	7,920
12 Pre-admission and Post-hospitalisation Out-patient Care (Per Contract Year) 入院前及出院後之門診護理 (每合約年度計) ◦ Including one out-patient visit resulting in a Hospital Confinement, Clinical Operation or Day Case and all related follow-up visits on an out-patient basis within six weeks after discharge from Hospital, Clinical Operation or Day Case ◦ Payable for consultation fee, Medically Necessary Western Medication, diagnostic tests and physiotherapy ◦ 包括一次引致住院、診所手術或日症之門診及所有在出院、診所手術或日症後 6 星期內的跟進療程門診護理 ◦ 賠償包括診症、醫療必需的西藥、診斷測試及物理治療的費用		8,200	5,600	2,020

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

A Hospital and Surgical Benefit ^① 住院及手術保障 ^①	Worldwide coverage 適用於世界各地		
	Plan 計劃 1, 4, 7 Private ^② 私家房 ^②	Plan 計劃 2, 5, 8 Semi-private ^② 半私家房 ^②	Plan 計劃 3, 6, 9 Ward ^② 大房 ^②
13 Psychiatric Treatment (Per Contract Year) (Applicable to Hong Kong only) 精神科治療 (每合約年度計) (只適用於香港)	24,000	15,500	10,000
14 Second Claims Incentive (Maximum 120 days per Contract Year) 第二索償現金津貼 (每合約年度最多120日) <ul style="list-style-type: none"> If any reimbursement is payable in respect of a Hospital Confinement under this Scheme and such reimbursement has been paid by an insurance company other than Bupa or any company within the Bupa group of companies, this Benefit shall be paid on a per day basis provided that actual room and board fees are charged by the Hospital on the costs of accommodation and meals to the Member for such day of Hospital Confinement 如根據本計劃可獲得住院賠償，及該賠償已由其他保險公司支付 (保柏或保柏集團內的任何公司除外)，此保障將會會員住院當天被醫院收取實際住房及膳食費的情況下，按每日住院支付賠償 	每日1,140 each day	每日550 each day	每日345 each day
15 Out-patient Surgery Cash Allowance 門診手術額外現金 <ul style="list-style-type: none"> Payable in addition to Surgeon and Attendance Fees for any of the following eligible surgeries performed at a clinic or day-case unit of a Hospital by a Registered Medical Practitioner, provided that no Room and Board Benefit is payable: Arthroscopy, Bronchoscopy, Colonoscopy, Colposcopy, Cystoscopy, Esophagogastrroduodenoscopy, Haemorrhoid Artery Ligation (HAL)/Rubber Band Ligation (RBL), Hysteroscopy, Loop Electrosurgical Excision Procedure (LEEP), Stapled Haemorrhoidectomy 在無獲得任何住房及膳食費賠償的情況下，此保障將在外科醫生費及巡房費之上支付以下任何由註冊西醫在診所或醫院日症房進行的合資格手術：關節鏡檢查、支氣管鏡檢查、結腸鏡檢查、陰道鏡檢查、膀胱鏡檢查、上消化道內視鏡檢查、痔瘡動脈結紮術/痔瘡橡皮圈結紮法、子宮鏡檢查、子宮頸電環切除術、痔瘡環狀切除手術 	每日1,140 each day	每日550 each day	每日345 each day
B Free Hospital Cash Benefit 免費住院現金保障 <ul style="list-style-type: none"> Only applicable to Hospital Confinement in ward bed at Hospitals of Hospital Authority in Hong Kong Payable from the third day of Hospital Confinement (Maximum 120 days per Contract Year) 只適用於香港醫院管理局轄下醫院大房病床之住院 由住院第3天起開始支付 (每合約年度計最多120日) 	Plan 計劃 1, 4, 7 Private ^② 私家房 ^②	Plan 計劃 2, 5, 8 Semi-private ^② 半私家房 ^②	Plan 計劃 3, 6, 9 Ward ^② 大房 ^②
	每日700 each day	每日450 each day	每日300 each day
C Free Supplementary Major Medical Benefit (Per Disability per Contract Year) 免費附加醫療保障 (每合約年度每病症計)	Plan 計劃 1, 4, 7 Private ^② 私家房 ^②	Plan 計劃 2, 5, 8 Semi-private ^② 半私家房 ^②	Plan 計劃 3, 6, 9 Ward ^② 大房 ^②
Reimbursement percentage 賠償率	80%	80%	80%
<ul style="list-style-type: none"> This Benefit is payable for any eligible expenses incurred during Hospital Confinement, Day Case and Clinical Operation in Hong Kong (unless the hospitalisation or surgery overseas is directly resulting from medical Emergency outside Hong Kong as certified by a Registered Medical Practitioner) in excess of the benefits payable under items A1 - A9 of Hospital and Surgical Benefit (either exceeding the maximum limit or maximum number of days), which is subject to the Maximum Limit of this benefit. This Benefit shall not be payable for Hospital Confinement in class of suite/VIP/deluxe room of a Hospital. Adjustment factors for room upgrade will be applied if Member is hospitalised not in accordance with plan level: <ul style="list-style-type: none"> 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 - A9項 (不論超出最高賠償額或最多日數) 可獲賠償之在港住院、日症及診所手術的合資格費用 (經由註冊西醫證明，因在香港以外發生緊急事故導致在外地住院或進行手術則除外)，以本保障之最高賠償額為限。 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。 如會員住院時並非根據原有之計劃住房，保障額將因應升級住房而作出調整： <ul style="list-style-type: none"> 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。 	100,000	50,000	12,500
D Free Bupa Worldwide Assistance Programme (Per 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。		

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E Clinical Benefit (Optional) 門診保障 (自選保障)	HealthNet Benefit [®] 網絡保障 [®] (HK and Macau coverage only 只適用於香港及澳門)						Non-HealthNet Benefit 非網絡保障 (Worldwide coverage 適用於世界各地)					
	Plan 計劃 4	Plan 計劃 7	Plan 計劃 5	Plan 計劃 8	Plan 計劃 6	Plan 計劃 9	Plan 計劃 4	Plan 計劃 7	Plan 計劃 5	Plan 計劃 8	Plan 計劃 6	Plan 計劃 9
Co-payment (Per visit) / reimbursement percentage 自負費 (每次診治計) / 賠償率	\$0	\$30	\$0	\$30	\$20	\$30	100%	80%	100%	80%	100%	80%
Number of HealthNet Service Providers 網絡服務供應商的數目	Around 約 1,900						N/A 不適用					
1 General Practitioner (Per visit) 普通科醫生 (每次診治計) <ul style="list-style-type: none"> Consultation (Including consultation fee and Medically Necessary Western Medication prescribed and obtained at the General Practitioner's clinic) 診症 (包括診症費及於普通科醫生診所處方及取得的醫療必需西藥) 	Full cover [®] for eligible medical expenses, subject to co-payment, if any (Including consultation fee and up to 5 days of basic Medically Necessary Western Medication) 全數支付 [®] 合資格的醫療費用，如有自負費除外 (包括診症費及最多5日之處方基本醫療必需西藥費用)						395	275	205			
2 Specialist (Per visit) 專科醫生 (每次診治計) <ul style="list-style-type: none"> Consultation (Including consultation fee and Medically Necessary Western Medication prescribed and obtained at the Specialist's clinic. Subject to written referral[®] from a Registered Medical Practitioner, except for dermatology, family medicine, gynaecology, ophthalmology, orthopaedics, otolaryngology, paediatric surgery, paediatrics and psychiatry) 診症 (包括診症費及於專科醫生診所處方及取得的醫療必需西藥。該診症須獲註冊西醫書面轉介[®]，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) 							710	545	410			
3 Home Consultation (Per visit) 家中應診 (每次診治計) <ul style="list-style-type: none"> Consultation (Including consultation fee and Medically Necessary Western Medication prescribed and obtained from a Registered Medical Practitioner) 診症 (包括診症費及由註冊西醫處方及取得的醫療必需西藥) 	N/A 不適用						550	440	350			
4 Physiotherapist (Per visit) 物理治療師 (每次診治計) <ul style="list-style-type: none"> Treatment fee only and subject to written referral[®] from a Registered Medical Practitioner 只限診症費及須獲註冊西醫書面轉介[®] 	Full cover [®] for eligible medical expenses, subject to co-payment, if any 全數支付 [®] 合資格的醫療費用，如有自負費除外						680	485	355			
5 Chiropractor (Per visit) 脊醫 (每次診治計) <ul style="list-style-type: none"> Treatment fee only and subject to written referral[®] from a Registered Medical Practitioner 只限診症費及須獲註冊西醫書面轉介[®] 							N/A 不適用					
6 Chinese Herbalist (Per visit) 中醫師 (每次診治計) <ul style="list-style-type: none"> Consultation (Including consultation fee and Medically Necessary Chinese Medicines prescribed at a Registered Chinese Medicine Practitioner's clinic and obtained at a legitimate source on the same day of consultation) Payable for Medically Necessary Chinese Medicines prescribed by a Registered Chinese Medicine Practitioner and obtained at a legitimate source (at or outside the treating Registered Chinese Medicine Practitioner's clinic) under Non-HealthNet Benefit Payable for acupuncture and tui na performed by a Registered Chinese Medicine Practitioner under Non-HealthNet Benefit 診症 (包括診症費及當日由註冊中醫在診所處方並由合法來源取得之醫療必需中藥費用) 此保障將於非網絡保障下支付由註冊中醫處方並由合法來源 (不論是否於該註冊中醫的門診所) 取得之醫療必需中藥費用 此保障將於非網絡保障下支付由註冊中醫進行的針灸治療及推拿 	Full cover [®] for eligible medical expenses, subject to co-payment, if any (Including consultation fee and up to 2 packets of basic Medically Necessary Chinese Medicines) 全數支付 [®] 合資格的醫療費用，如有自負費除外 (包括診症費及最多兩劑之基本醫療必需中藥費用)						290	220	205			
7 Chinese Bonesetter (Per visit) 跌打醫師 (每次診治計) <ul style="list-style-type: none"> Consultation (Including consultation fee and Medically Necessary Chinese Medicines prescribed at a Registered Chinese Medicine Practitioner's clinic and obtained at a legitimate source on the same day of consultation) Payable for Medically Necessary Chinese Medicines prescribed by a Registered Chinese Medicine Practitioner and obtained at a legitimate source (at or outside the treating Registered Chinese Medicine Practitioner's clinic) under Non-HealthNet Benefit Payable for acupuncture and tui na performed by a Registered Chinese Medicine Practitioner under Non-HealthNet Benefit 診症 (包括診症費及當日由註冊中醫在診所處方並由合法來源取得之醫療必需中藥費用) 此保障將於非網絡保障下支付由註冊中醫處方並由合法來源 (不論是否於該註冊中醫的門診所) 取得之醫療必需中藥費用 此保障將於非網絡保障下支付由註冊中醫進行的針灸治療及推拿 							290	220	205			
8 Diagnostic Imaging and Laboratory Tests (Per Contract Year) 診斷影像及化驗 (每合約年度計) <ul style="list-style-type: none"> Subject to written referral[®] from a Registered Medical Practitioner for all diagnostic imaging and laboratory tests, or from a Registered Chinese Medicine 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[®] 	Full cover [®] for eligible medical expenses 全數支付 [®] 合資格的醫療費用						2,245	1,480	1,190			

Maximum number of visits for both HealthNet Benefit and Non-HealthNet Benefit in aggregate per Contract Year for items E1 - E7 is 30 in total and is subject to a maximum of one visit per item per day.

以「網絡保障」及「非網絡保障」合計，每合約年度項目E1至E7之診治次數上限合共為30次，每一項目以每日最多一次為限。



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F Complimentary Smile Dental Benefit (Ride on Clinical Benefit) (Per Contract Year) 免費微笑護齒保障 (須附加於門診保障) (每合約年度計)	Plan 計劃 4-9
Network Dental Centre benefit[®] (only applicable to covered dental service items performed by a Registered Dentist (for all applicable items) or Registered Dental Hygienist (for item F1 only) at Network Dental Centres [®] within consultation hours) 網絡牙科中心保障[®] (只適用於網絡牙科中心 [®] 診症時間以內由註冊牙醫 (所有適用項目) 或註冊牙齒衛生員 (只適用於項目F1) 進行的合資格服務)	
No. of Network Dental Centres 網絡牙科中心數目	12
1 Scaling and polishing 洗牙	One visit in total per Contract Year 每合約年度共一次
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 <ul style="list-style-type: none"> ◦ 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。脫除智慧齒、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 	Full cover 全數賠償
5 Periodontal (gum) treatment 牙周病治療 <ul style="list-style-type: none"> ◦ 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 	Full cover 全數賠償
6 Emergency consultation and treatment 牙痛急症處理 <ul style="list-style-type: none"> ◦ 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 	Full cover 全數賠償

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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 For in-patient treatments at Gleneagles Hong Kong Hospital, please visit www.bupa.com.hk/pdf/ghk.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 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 Day Case Procedure Benefits
 - For plans 4 - 9:
 - Pre-authorisation must be obtained from Bupa prior to endoscopy and viral warts and skin lesions procedures as follows:
 - For procedures performed at a HealthNet Service Provider, the HealthNet Doctor must obtain pre-authorisation from Bupa as required by Bupa's provider guidelines; and
 - For procedures performed by your choice of doctor and service provider, pre-authorisation must be obtained directly by Members.
 - For procedures performed in hospital, no pre-authorisation is required in any of the following situations:
 - Emergency Hospital Confinement and surgical procedures performed in Hospital;
 - Any treatment performed outside Hong Kong;
 - Hospital Confinement and surgical procedures performed at ward level in the public sector of government Hospitals;
 - When your endoscopy or warts and skin lesions procedure is performed along with other surgical procedures during the same Hospital Confinement; and/or
 - If you file a claim for your procedure with another insurer first and submit a second claim to Bupa.
 - For Clinical Operations or Day Case:
 - For procedures performed at HealthNet Service Providers by a HealthNet Doctor with approved pre-authorisation, you can enjoy full cover and cashless service with your Bupa HealthNet Card.
 - If pre-authorisation is not obtained from Bupa as stipulated, Members will not be entitled to any benefits and all relevant medical expenses will not be paid.
 - For endoscopy and viral warts and skin lesions procedures performed outside Hong Kong, eligible expenses shall be payable under benefit items A1 - A9 of Hospital and Surgical Benefit and Supplementary Major Medical Benefit.
 - For the full list of endoscopy and viral warts and skin lesions procedures covered under Day Case Procedure Benefits, please refer to the Documents section of Bupa's customer service portal myBupa. This list is subject to change from time to time.
 - Please refer to the Membership Guide for more details about endoscopy and viral warts and skin lesions procedures.
- ⑤ For plans 1 - 3: Endoscopy and viral warts and skin lesions procedures performed during Hospital Confinement with an overnight stay can be considered Medically Necessary when the Member's medical symptoms or conditions cannot be safely treated in an outpatient setting. Please refer to the Contract or Membership Guide for the full definition of Medically Necessary.
- ⑥ If a Member receives more than one viral warts and skin lesions treatment at the same time on the same day, it will be counted as 1 operation. Bupa may ask for a medical report for review from the 4th viral warts and skin lesions treatment onwards, or for claims over HK\$20,000.
- ⑦ To enjoy full benefit under HealthNet Benefit:
 - Bupa HealthNet (BHN) Card must be presented to one of the HealthNet Service Providers shown in the List of HealthNet Service Providers before treatment and used for payment of medical expenses.
 - Pre-authorisation must be obtained from Bupa for:
 - Diagnostic imaging or laboratory tests (as required by Bupa's provider guidelines)
 - Specialist treatment for which the relevant specialty is not available in the List of HealthNet Service Providers.
 - Specialist consultation (except for dermatology, family medicine, gynaecology, ophthalmology, orthopaedics, otolaryngology, paediatric surgery, paediatrics and psychiatry) and physiotherapy must be referred by a General Practitioner or Specialist and be made by a Specialist and Physiotherapist shown in the List of HealthNet Service Providers (Unless the specialty is not available in the list).If the above requirements are not followed, eligible medical expenses will be reimbursed under Non-HealthNet Benefit.
- ⑧ General practitioner and Chinese herbalist under HealthNet Clinical Benefit also cover medical consultation conducted by a video consultation service provider designated by the Company and paid for using the Bupa HealthNet Card. These benefits cover the consultation fee and Medically Necessary Western Medication or Chinese Medicines prescribed by the video consultation service provider and obtained at the respective clinic (excluding any medication delivery charge). The list of designated video consultation service providers can be found on the Company's website. The list may be updated and amended by the Company from time to time.
- ⑨ Some diagnostic centres may not accept referrals from a Registered Chinese Medicine Practitioner and/or Chiropractor for certain X-ray and laboratory tests. If you have any queries, please contact the centres directly.
- ⑩ About Network Dental Centre benefit
 - Members must use cashless service at designated Network Dental Centres by presenting their Bupa medical card, Bupa membership card or membership number and Hong Kong Identity Card for verification and record.
 - There is no limit on the number of visits for Items 3-6 per Contract Year.
 - This Benefit is not payable for any service which is not performed at the Network Dental Centres or any payment made by the Members to the Network Dental Centres directly.
- ⑪ 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" above. 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 to understand their consultation hours.
- ⑫ 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。
- ⑬ 入住港怡醫院接受治療前，請瀏覽 www.bupa.com.hk/pdf/ghk.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。
- ⑭ 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。
- ⑮ 有關日間手術保障
 - 適用於計劃 4 - 9:
 - 在進行內窺鏡和病毒性疣及皮損程序之前，必須依循以下的規定獲得保柏的初步保障審核：
 - 如於網絡服務供應商進行程序，網絡醫生必須按保柏供應商指引之要求向保柏申請初步保障審核；及
 - 如由你所選的醫生及服務供應商進行程序，會員須直接向保柏申請初步保障審核。
 - 如程序於醫院進行，以下情況不需要申請初步保障審核：
 - 因急情況之住院及進行住院手術；
 - 任何於香港以外的地方所進行的治療；
 - 於香港政府公立醫院大房住院及進行住院手術；
 - 於同一住院期間與其他住院手術一同進行的內窺鏡或病毒性疣及皮損程序；及/或
 - 如你先向其他保險公司索償，再向保柏申請第二索償。
 - 如屬診所手術或日症：
 - 就已獲取初步保障審核的情況下由網絡醫生於網絡服務供應商進行的程序，你可使用保柏網絡醫療卡以享全數賠償及免找數服務。
 - 如未有根據所述規定獲得保柏的初步保障審核，會員將不會獲得任何保障及其所有相關的醫療費用之賠償。
 - 如於香港以外的地方進行內窺鏡和病毒性疣及皮損程序，合資格費用將在住院及手術保障 A1 - A9 項及附加醫療保障下賠償。
 - 有關受日間手術保障所保障之內窺鏡和病毒性疣及皮損程序的完整列表，請參閱保柏客戶服務網站 myBupa 上的書籍文件頁面。此列表可能會不時更改。
 - 請查閱會員指引以了解更多有關內窺鏡和病毒性疣及皮損程序的資料。
- ⑯ 適用於計劃 1 - 3: 如會員的病徵或病情難以在門診情況下安全地進行治療，於需要過夜的住院期間進行的內窺鏡和病毒性疣及皮損程序將可被視為醫療必需。請參考合約或會員指引查閱醫療必需之完整定義。
- ⑰ 如會員於同一日同時接受多過一次的病毒性疣及皮損治療，將被算作為一次手術。由第四次病毒性疣及皮損治療起或索償金額超過港幣 20,000 元，保柏可能會要求會員提供醫療報告以供檢閱。
- ⑱ 要享有全數賠償的「網絡保障」：
 - 在《網絡服務供應商目錄》內之任何一個網絡服務供應商接受治療前必須出示「保柏網絡醫療卡」，並以此卡來繳付醫療費用。
 - 以下各項必須得到保柏初步保障審核：
 - 診斷影像或化驗 (按保柏供應商指引之要求)
 - 《網絡服務供應商目錄》內之服務供應商未能提供的專科治療。
 - 專科醫生診症 (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) 及物理治療必須經由普通科或專科醫生轉介，並由《網絡服務供應商目錄》內的專科醫生及物理治療師診治 (若目錄內未能提供此等專科則除外)。如沒有依循以上規定，合資格的醫療費用將會根據「非網絡保障」作出賠償。
- ⑲ 門診網絡保障下的普通科醫生及中醫師亦涵蓋由本公司指定的視像診症服務供應商進行的醫療診症服務並使用保柏網絡醫療卡繳費。此保障涵蓋診症費及由視像診症服務供應商處方並於其診所取得的基本醫療所需西藥或中藥費用 (不包括任何藥物運送費用)。指定的視像診症服務供應商名單可於本公司的網站查閱，此名單可能會不時更改及更新。
- ⑳ 部分診斷影像中心或不接受由註冊中醫及/或脊醫轉介的某些 X 光及化驗。如有疑問，請直接聯絡有關中心。
- ㉑ 有關網絡牙科中心保障
 - 會員必須於指定網絡牙科中心出示保柏醫療卡、保柏會員卡或會員編號，及香港身份證以作核實及紀錄便可使用免找數服務。
 - 每合約年度，項目 3-6 不設診治次數之上限。
 - 此保障不涵蓋於網絡牙科中心以外進行的牙科服務，或會員於網絡牙科中心直接繳付的費用。
- ㉒ 網絡牙科中心指由保柏委任的牙科中心網絡以提供上述「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、鯉魚涌、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。



Corporate HealthNet Plus Group Health Insurance Scheme 公司僱員健康網團體醫療保障計劃



Subscription Rate Table 保費表

1 January 2023 Edition 2023年1月1日版本

All figures in HK\$ 以港幣計算

Benefit item(s) 保障項目	Plan ^{①②} 計劃 ^{①②}	Room level 住房級別	Annual Subscription per Person (HK\$) Employee / spouse / children ^③ 每人每年保費 (港幣) 僱員 / 配偶 / 子女 ^③
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All plans below are eligible to enjoy Free Supplementary Major Medical Benefit, Free Hospital Cash Benefit and Free Bupa Worldwide Assistance Programme.

以下所有計劃均可享受免費附加醫療保障、免費住院現金保障及免費保柏國際援助計劃。

Hospital and Surgical Benefit 住院及手術保障	1	Private 私家房	12,308		
	2	Semi-private 半私家房	6,171		
	3	Ward 大房	2,506		
Hospital and Surgical Benefit 住院及手術保障	+	Clinical Benefit (no co-payment / 100% reimbursement) 門診保障 (無須自負費 / 100% 賠償)	4	Private 私家房	19,430
	5	Semi-private 半私家房	11,008		
Hospital and Surgical Benefit 住院及手術保障	+	Clinical Benefit (HK\$20 co-payment / 100% reimbursement) 門診保障 (港幣 20 元自負費 / 100% 賠償)	6	Ward 大房	6,112
	Hospital and Surgical Benefit 住院及手術保障	+	Clinical Benefit (HK\$30 co-payment / 80% reimbursement) 門診保障 (港幣 30 元自負費 / 80% 賠償)	7	Private 私家房
8		Semi-private 半私家房	9,994		
9		Ward 大房	5,441		

Notes 附註

- All Employees with the same eligibility must be enrolled in the same plan.
- If Dependant cover is selected in any plan, all eligible Dependants must join the same plan as that of the relevant Employee.
- All eligible children in the same family will be considered as one Member for Subscription calculation.
- 所有資格相同的僱員必須參加同一計劃。
- 如在任何計劃內選擇家屬保障，所有合資格的家屬必須跟相關僱員參加同一計劃。
- 同一家庭的所有合資格子女在計算保費時將視作一名會員計算。

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 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。

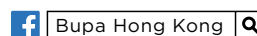
Please refer to the Contract for definitions of the capitalised terms in the Schedule of Benefits.
 請參考合約查閱保障金額表內大楷詞語之定義。

Bupa (Asia) Limited 保柏 (亞洲) 有限公司

Address: 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong

地址：香港九龍觀塘海濱道 77 號海濱匯第 2 座 6 樓

Telephone 電話：(852) 2517 5175 Facsimile 傳真：(852) 2548 1848 Website 網址：www.bupa.com.hk





Corporate HealthNet Plus

Group Health Insurance Contract

Bupa (Asia) Limited

hereby issues this Contract to

the Subscriber

and agrees, subject to all the terms and conditions appearing in the Contract, to pay to the Member the Benefits in accordance with the Schedule of Benefits.

In consideration of the payment of Subscription and on the basis of the Application submitted to Bupa, Bupa hereby agrees to issue this Contract to cover the Member and provide for the Benefits in accordance with the terms and conditions set out herein. The Subscription is due and payable on the Contract Effective Date.

In witness whereof, Bupa has caused this Contract to be executed at Hong Kong as of its date of issue to take effect on the Contract Effective Date. However, the Contract shall not be binding upon Bupa unless the Contract Schedule attached to the Contract is signed by a duly authorised representative of Bupa.

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(1 January 2023 Edition)

General Conditions

In construing this Contract:

- (a) general words introduced by the word "other" shall not be given a restrictive meaning by reason of the fact that they are preceded by words indicating a particular class of acts, matters or things;
- (b) the words "include", "including" or "for example" shall not be given a restrictive meaning by reason of the fact that they are followed by particular examples intended to be embraced by the general words;
- (c) the headings in this Contract are for the purposes of reference only and shall not affect the interpretation or application of any of the terms hereof; and
- (d) references to "this Contract" shall mean this Contract as amended from time to time. References to Clauses, Sections and Schedules are to clauses, sections and schedules of this Contract.
- (e) Subscriber and Bupa are individually referred to as a "party" and collectively referred to as the "parties".

1. Definitions

In this Contract where consistent with the context, the singular shall include the plural and vice versa; words importing the masculine gender shall include the feminine and neutral gender; and each of the following words and expressions shall have the following meanings, except where the context otherwise requires.

"Accident"	means an external, sudden, violent and unexpected event of visible nature which shall, independently of any other cause, be the sole cause of bodily injury.
"Actively at Work"	in relation to an Employee, means the Employee is able to perform all the usual and customary duties of his employment on a scheduled working day. An Employee is deemed as actively at work if his absence from work is not due to sickness, childbirth, injury or Hospital Confinement. in relation to a Dependant, means the Dependant is not prevented from carrying out his normal day-to-day activities due to sickness, childbirth, injury or Hospital Confinement.
"Anaesthetist"	means a Registered Medical Practitioner who is registered under Anaesthesiology of the Specialist Register of the Medical Council of Hong Kong or a person with at least an equivalent qualification to practise in the place where medical expenses are incurred.
"Application"	means the application form(s) submitted by the Subscriber to Bupa in connection with this Contract.
"Benefit" or "Benefits"	means the benefit(s) payable by Bupa to a Member under this Contract.
"Bupa"	means Bupa (Asia) Limited.
"Bupa HealthNet"	means a network of medical service providers who are appointed by Bupa on behalf of the Subscriber and have entered into arrangements with Bupa to provide medical services to the Members on Bupa's undertaking to settle their medical services so provided. These medical service providers are listed in the List of HealthNet Service Providers.
"Bupa HealthNet Card (BHN Card)"	means the medical card issued by Bupa to a Member in such manner as Bupa may from time to time determine for use by the Member in payment of such medical expenses charged by the HealthNet Service Providers and the outpatient department of the private Hospitals in Hong Kong as shall be payable by Bupa as specified in the Schedule of Benefits of the Contract.
"Bupa Worldwide Assistance Programme"	means any or all of the Benefits as outlined in Section D of the Description of Benefits .
"Chinese Medicines"	means the Chinese medicines legally registered in the Chinese Medicines Board under the Chinese Medicine Council in Hong Kong pursuant to the Chinese Medicine Ordinance (Chapter 549, Laws of Hong Kong) or the equivalent legal authority of any other place rendering Chinese medicines treatment.
"Chiropractor"	means a person (other than the Member himself, his relatives, family or business partners unless approved by Bupa) who is legally authorised in Hong Kong or any other place where medical expenses are incurred to render chiropractic service through manipulation of joints and has qualifications at least equivalent to those of a chiropractor registered pursuant to the Chiropractors Registration Ordinance (Chapter 428, Laws of Hong Kong).
"Clinical Benefit"	means any or all of the Benefits as outlined in Section E of the Description of Benefits , if applicable.
"Clinical Operation"	means a surgical procedure which may effectively be undertaken at a clinic by a Registered Medical Practitioner where a stay in Hospital is not Medically Necessary provided that the surgical procedure falls under the Schedule of Surgical Operations and is classified as a Clinical Operation therein.
"Congenital Conditions"	means medical abnormalities existing at the time of birth, regardless of whether they are known or unknown to the Member. Medical abnormalities shall include (but not to the exclusion of others which may medically be regarded as congenital conditions), strabismus (squint), hydrocephalus, undescended testicle, Meckel's diverticulum, flat foot, heart septal defect and indirect inguinal hernias.
"Contract"	means the terms, conditions and exceptions contained in or endorsed in this Contract, the Application, the Contract Schedule, the Subscription Rate Table, the Schedule of Benefits, any other schedule attached to this Contract, and any endorsement(s) and amendment(s) signed thereto by the authorised representative of Bupa.
"Contract Anniversary Date"	means the same date in the subsequent calendar year as the Contract Effective Date, stated as such in the Contract Schedule or as stipulated in subsequent endorsement, if any.
"Contract Effective Date"	means the date stated as such in the Contract Schedule or as stipulated in subsequent endorsement, if any, being the effective date of this Contract in consideration of the payment of Subscription.
"Contract Schedule"	means the schedule attached to this Contract and as amended from time to time which lists the name of the Subscriber, Contract Effective Date, Contract End Date, Contract Anniversary Date, member classification and eligibility, and so on.
"Contract End Date"	means the date stated as such in the Contract Schedule or as stipulated in subsequent endorsement, if any.
"Contract Year"	means the period commencing from the Contract Effective Date and expiring on the Contract Anniversary Date stated as such in the Contract Schedule or as stipulated in subsequent endorsement, if any.

“Coverage Commencement Date”	means subject to Parts 4.1 and 5.6 of the General Conditions , (a) in relation to an Employee, the date stated as such in the Contract Schedule or as stipulated in subsequent endorsement, if any; and (b) in relation to a Dependant of an Employee, the later of the Employee’s Coverage Commencement Date and the day of becoming a Dependant of an Employee who is a Member.
“Day Case”	means a surgical procedure, Non-surgical Cancer Treatment and kidney dialysis (if applicable under this contract) which may effectively be undertaken at a clinic or day-case unit of a Hospital by a Registered Medical Practitioner where an overnight stay in Hospital is not Medically Necessary provided that the surgical procedure falls under the Schedule of Surgical Operations and is classified as Day Case therein.
“Dependant”	means: (a) the lawful spouse, below the age of sixty-five (65) years on his Coverage Commencement Date, of an Employee; and (b) any lawful unmarried child, between the age of fifteen (15) days and seventeen (17) years inclusive on his Coverage Commencement Date, of an Employee, or (c) any lawful unmarried child, between the age of eighteen (18) years and twenty-two (22) years inclusive on his Coverage Commencement Date, of an Employee, provided such child is a full time student and upon request valid proof must be furnished and accepted by Bupa. And with the agreement and sole determination of the Subscriber, the definition of Dependant shall be further extended to cover the followings: (d) lawful partner, below the age of sixty-five (65) years on his Coverage Commencement Date, of an Employee under a marriage celebrated or contracted outside Hong Kong in accordance with the law in force at the time and in the place where the marriage is performed; (e) domestic partner, below the age of sixty-five (65) years on his Coverage Commencement Date, of an Employee. Domestic partner shall mean civil partner, or the person (of same or different sex), with whom the Employee lives with in a continuous, committed, exclusive relationship during which period neither the Employee nor that person was or is married to or partnered with any other person; (f) any unmarried child (including child born out of wedlock or under legal custody, adoptive child and stepchild), between the age of fifteen (15) days and seventeen (17) years inclusive on his Coverage Commencement Date, of an Employee or the Employee’s lawful/ domestic partner; and/or (g) any unmarried child (including child born out of wedlock or under legal custody, adoptive child and stepchild), between the age of eighteen (18) years and twenty-two (22) years inclusive on his Coverage Commencement Date, of an Employee or the Employee’ s lawful/ domestic partner, provided such child is a full time student and upon request valid proof must be furnished and accepted by Bupa. The Subscriber shall determine the Dependant’s eligibility based on its internal rules and guidelines, and Bupa shall add or remove any Dependents solely relied on the Subscriber’s instructions without conducting any eligibility and relationship checking.
“Developmental Conditions”	means abnormal development compared to what is expected at the given age level or stage of development. These impairments or disabilities originate before the age of eighteen (18) years, may be expected to continue indefinitely, and constitute a substantial impairment. Biological and non-biological factors are involved in these disorders. They shall include (but not to the exclusion of others which may medically be regarded as developmental conditions) language and learning disorders, autism and mental retardation.
“Disability”	means an illness or bodily injury, and shall include all disabilities arising from the same cause including any or all complications there from, except that after ninety (90) days following the latest discharge from Hospital or the last consultation during which no treatment is received, any subsequent disability from the same cause shall be considered as a separate disability.
“Emergency”	means unplanned Hospital Confinement and condition that is acute in nature and wherein the initial sign or symptom, and the consultation or treatment for this condition cannot be and are not separated by more than forty-eight (48) hours.
“Employee”	unless this Contract provides to the contrary, means an employee of the Subscriber who is: (a) below the age of sixty-five (65) years on his Coverage Commencement Date; (b) working on a full time and permanent basis; (c) generally required to be at work during the scheduled office hours of a standard week; (d) under a continuous contract of employment within the meaning of the Employment Ordinance of Hong Kong (Chapter 57, Laws of Hong Kong); and (e) registered in the payroll list of the Subscriber.
“General Practitioner”	means a Registered Medical Practitioner who is registered under the General Register of the Medical Council of Hong Kong or a person with at least an equivalent qualification to practise in the place where medical expenses are incurred.
“HealthNet Benefit”	means the Benefit referred to as such in the Schedule of Benefits.
“HealthNet Diagnostic Centres”	means the imaging and laboratory centres in Bupa HealthNet.
“HealthNet Physiotherapists”	means the Physiotherapists in Bupa HealthNet.
“HealthNet Registered Chinese Medicine Practitioners”	means the Registered Chinese Medicine Practitioners in Bupa HealthNet.
“HealthNet Registered Medical Practitioner”	means the Registered Medical Practitioners in Bupa HealthNet.
“HealthNet Service Providers”	means HealthNet Registered Medical Practitioners, HealthNet Physiotherapists, HealthNet Registered Chinese Medicine Practitioners, HealthNet Diagnostic Centres and other medical service providers in Bupa HealthNet.
“Hereditary Conditions”	means medical conditions genetically transmitted from parent to offspring.
“Hong Kong”	means the Hong Kong Special Administrative Region of the People’s Republic of China.
“Hospital”	means any establishment recognised, constituted and registered as a hospital under the laws of the territory in which that establishment is situated to provide medical services for the sick, the injured or those who require medical treatment, and which has government approved facilities for diagnosis, major surgery and provides twenty-four (24) hours a day nursing services by Qualified Nurses and is

under the regular care and attendance of Registered Medical Practitioners.

“Hospital” does not include any establishment or that portion of any establishment which is operated as a convalescent or nursing home, rest home, home for the aged, or any establishment for rehabilitation of alcoholics or drug addicts, or any similar purpose.

“Hospital and Surgical Benefit”	means any or all of the Benefits as outlined in Section A of the Description of Benefits .
“Hospital Cash Benefit”	means any or all of the Benefits as outlined in Section B of the Description of Benefits .
“Hospital Confinement”	means confinement in a Hospital as an in-patient for western medicine and surgical services as a result of a Medically Necessary condition and recommended by a Registered Medical Practitioner. For the purpose of this Contract, the Member must stay in the Hospital for the entire period of confinement and room and board charges must be incurred.
“Levy”	means the prescribed levy as stipulated in the Insurance Ordinance (Cap. 41) and the Insurance (Levy) Regulation (Cap. 41I) and as prescribed and calculated in the Insurance (Levy) Order (Cap. 41J).
“Levy Adjustment”	means the adjustment to the Levy for changes arise from Subscription Adjustment.
“List of HealthNet Service Providers”	means the list that contains the particulars of the HealthNet Service Providers in either print or digital format as published by Bupa and amended from time to time.
“Maximum Limit”	means the maximum amount that will be paid or reimbursed by Bupa subject to the terms and conditions of this Contract with regard to the relevant Benefit(s) as specified in the Schedule of Benefits.
“Medically Necessary”	<p>means the necessity to have a treatment, medical service or medication which is:</p> <ul style="list-style-type: none">(a) consistent with the diagnosis and customary medical treatment for the condition at a Normal and Customary charge;(b) in accordance with standards of good and prudent medical practice;(c) necessary for such a diagnosis or treatment;(d) not furnished primarily for the convenience of the Member, Registered Medical Practitioner, Registered Chinese Medicine Practitioner, Chiropractor, Physiotherapist, Qualified Nurse, Anaesthetist, Registered Dentist, Registered Dental Hygienist or any other medical service providers;(e) furnished at the most appropriate level which can be safely and effectively provided to the Member; and(f) with respect to Hospital Confinement, not furnished primarily for diagnostic scanning purpose, imaging examination or physical therapy. <p>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</p> <p>For the purpose of this Contract, without prejudice to the generality of the foregoing, circumstances where a Hospital Confinement is considered Medically Necessary include, but are not limited to -</p> <ul style="list-style-type: none">(i) the Member is having an Emergency that requires urgent treatment which should be performed at a Hospital;(ii) surgical procedures which are medically required to be performed under general anaesthesia;(iii) equipment for surgical procedure is available in Hospital and procedure cannot be done on a Day Case basis;(iv) there is significantly severe co-morbidity of the Member; and/ or(v) 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. <p>For the purposes of interpreting “standards of good and prudent medical practice”, Bupa shall consider the followings:</p> <ul style="list-style-type: none">I. standards that are based on clinically proven evidence in appropriately reviewed, independent medical journals;II. relevant specialty body recommendations; andIII. in accordance with standards of generally accepted medical practice.
“Member”	means an Employee and his Dependants who are covered under this Contract.
“Network Dental Centre”	means the list of dental service providers appointed by Bupa to provide the covered dental services items as specified under the Schedule of Benefits. The particulars of these dental service providers are published by Bupa in either print or digital format and shall be amended from time to time.
“Non-HealthNet Benefit”	means the Benefit referred to as such in the Schedule of Benefits.
“Non-surgical Cancer Treatment”	means cancer treatment for chemotherapy, radiotherapy, targeted therapy, immunotherapy and hormonal therapy.
“Normal and Customary”	<p>in relation to fees, 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.</p> <p>In determining whether a charge is Normal and Customary, Bupa shall make reference to the followings (if applicable),</p> <ul style="list-style-type: none">(a) treatment or service fee statistics and surveys in the insurance or medical industry;(b) internal or industry claim statistics;(c) gazette published by the Hong Kong government; and/ or(d) other pertinent source of reference in the locality where the treatments, services or supplies are provided.
“Operating Theatre”	means any facility designated for and equipped to perform surgical operations or procedures, and have satisfied at least equivalent to the requirements stipulated in the Code of Practice for Day Procedure Centres or the Code of Practice for Hospitals issued by the Director of Health in Hong Kong, or any other applicable code of practice or regulation pursuant to the Private Healthcare Facilities Ordinance (Chapter 633, Laws of Hong Kong).
“Physiotherapist”	means a person (other than the Member himself, his relatives, family or business partners unless approved by Bupa) who is legally authorised in Hong Kong or any other place where medical expenses are incurred to render assessment and treatment service on physical disabilities by means of remedial exercises, manual therapy and mechanical, thermal or electrical energy and has qualifications at least equivalent to those of a physiotherapist registered pursuant to the Supplementary Medical Professions Ordinance (Chapter 359, Laws of Hong Kong).

“Pre-existing Conditions”	means illness or bodily injury that commenced or presented sign(s) and symptom(s), prior to his Coverage Commencement Date.
“Private Room”	means a room for Member’s private use during his Hospital Confinement with its own private facilities. This includes a bedroom, a bath or shower room, but does not include kitchen, dining or sitting rooms.
“Qualified Nurse”	means a nurse (other than the Member himself, his relatives, family or business partners unless approved by Bupa) who is legally registered in Hong Kong or any other place where medical expenses are incurred to render nursing services and has qualifications at least equivalent to those of a nurse registered or enrolled pursuant to the Nurses Registration Ordinance (Chapter 164, Laws of Hong Kong) and “nursing” shall be construed accordingly.
“Registered Chinese Medicine Practitioner”	means a Chinese medicine practitioner or any person (other than the Member himself, his relatives, family or business partners unless approved by Bupa) who is legally authorised in Hong Kong or any other place where medical expenses are incurred to render Chinese Medicines treatment and has qualifications at least equivalent to those of a Chinese medicine practitioner registered pursuant to the Chinese Medicine Ordinance (Chapter 549, Laws of Hong Kong).
“Registered Dental Hygienist”	means any person (other than the Member himself, his relatives, family or business partners unless approved by Bupa) who is legally authorised in Hong Kong or any other place where medical expenses are incurred to render dental services and has qualifications at least equivalent to those of a dental hygienist registered pursuant to the Ancillary Dental Workers (Dental Hygienists) Registrations (Chapter 156B, Laws of Hong Kong).
“Registered Dentist”	means any person (other than the Member himself, his relatives, family or business partners unless approved by Bupa), who is legally authorised in Hong Kong or any other place where medical expenses are incurred to render dental services and has qualifications at least equivalent to those of a dentist registered pursuant to the Dentist Registration Ordinance (Chapter 156, Laws of Hong Kong).
“Registered Medical Practitioner”	means a General Practitioner, Specialist or any person (other than the Member himself, his relatives, family or business partners unless approved by Bupa) who is legally authorised in Hong Kong or any other place where medical expenses are incurred to render western medicine and surgical services and has qualifications at least equivalent to those of a medical practitioner registered pursuant to the Medical Registration Ordinance (Chapter 161, Laws of Hong Kong).
“Schedule of Benefits”	means the schedule as amended from time to time in which the Benefit items and the maximum amount that will be paid out or reimbursed in respect of each Benefit are set forth. This shall also include the Schedule of Benefits issued at the Contract Effective Date and any other schedule of Benefits issued thereafter as may be varied in accordance with Part 6 of the General Conditions .
“Schedule of Surgical Operations”	means the surgical schedule attached to this Contract and a full list of Schedule of Surgical Operations of Bupa as amended from time to time without prior notice to the Member in which surgical operations are classified into different categories according to the relative degree of complexity of operations involved. The classification shall include minor, intermediate, major and complex operation. If the operation performed is not included in the Schedule of Surgical Operations, Bupa will determine its category using an operation of equivalent difficulty and severity as a basis.
“Shortfall”	means expenses incurred by a person who has used the BHN Card for payment of such expenses that are not covered by the Contract.
“Smile Dental Benefit”	means any or all of the Benefits as outlined in Section F of the Description of Benefits , if applicable.
“Specialist”	means a Registered Medical Practitioner approved as such by Bupa or a Registered Medical Practitioner who is registered under the Specialist Register of the Medical Council of Hong Kong or equivalent registration in the place where medical expenses are incurred and qualified to practise specialist care according to the qualified specialty.
“Sponsor Persons”	means the Subscriber’s subsidiary and parent undertakings and their respective officers, directors, employees, agents or other persons associated with the Subscriber who are in connection with the entry into or performance of any obligation by either Bupa or the Subscriber under this Contract.
“Subscriber”	means the owner of this Contract whose name appears as the Subscriber in the Contract Schedule.
“Subscription”	means premium payable or paid by the Subscriber to Bupa in consideration of Bupa agreeing to provide the Benefit. For the avoidance of doubt, Subscription includes any Subscription Adjustment.
“Subscription Adjustment”	means the adjustment to the Subscription for changes in the number of Members or Benefit of Member during the Contract Year.
“Subscription Rate Table”	means the schedule which lists the Subscription rates of the Benefit types by plan.
“Supplementary Major Medical Benefit”	means any or all of the Benefits as outlined in Section C of the Description of Benefits .
“Western Medication”	means medication legally registered with the Pharmaceutical Service of Department of Health in Hong Kong or the equivalent legal authority of any other place where medical expenses are incurred to render western medicine and surgical services.

2. The Group Contract

- 2.1 This Contract constitutes the entire agreement between the Subscriber and Bupa.
- 2.2 All statements made by the Subscriber shall be deemed representations and not warranties.
- 2.3 Any change to this Contract including but not limited to addition, alteration, amendment and deletion of any terms and conditions of this Contract shall not be valid unless approved by Bupa in writing and signed by the authorised representative of Bupa.
- 2.4 No agent or broker is authorised to do any of the following things on behalf of Bupa:
 - (a) remove or vary any of the terms and conditions of this Contract or introduce any other terms and conditions, written or oral, into this Contract;
 - (b) make any representation, agree any condition precedent or enter into any collateral contract with respect to this Contract;
 - (c) accept any offer or counter-offer made by the Subscriber; and
 - (d) approve or reject any claim under this Contract.
- 2.5 Except as provided for in **Parts 8.1 and 13.3 of the General Conditions**, this Contract cannot be terminated unilaterally by Bupa or the Subscriber before it expires on the Contract Anniversary Date.

3. Payment of Subscription

- 3.1 This Contract shall not take effect or continue to be in force (and no Benefits shall accrue or be payable hereunder) until the Subscription payable under this Contract is actually received in full and in cleared funds by Bupa.
- 3.2 The rate of Subscription payable under this Contract shall be at such rate as determined by Bupa and set forth in the Subscription Rate Table.
- 3.3 Subscription Adjustment and Levy Adjustment shall be paid by the Subscriber to Bupa where there is a change in the number of Members or a change in the Benefit of a Member. Subscription Adjustment and Levy Adjustment in respect of the change in the number of Members shall be calculated on a pro-rata basis from the relevant Coverage Commencement Date to the end of the period to which the invoice(s) for Subscription and Levy relates. Subscription Adjustment and Levy Adjustment in respect of the change in the Benefit shall be calculated on a pro-rata basis from the day on which the change takes place to the end of the period to which the invoice(s) for Subscription and Levy relates.
- 3.4 Any upward Subscription Adjustment and Levy Adjustment shall become due and payable upon presentation of the invoice(s) for Subscription and Levy issued by Bupa in respect of such Subscription Adjustment and Levy Adjustment.
- 3.5 Notwithstanding any provisions in this Contract, where Bupa is required to refund to the Subscriber the Subscription and Levy or any part thereof paid under this Contract as a result of a downward Subscription Adjustment and Levy Adjustment or otherwise, the amount of such refund shall not exceed the total amount of Subscription, Levy, Subscription Adjustment and Levy Adjustment received by Bupa in the relevant Contract Year.
- 3.6 Any requests for refunds of the Subscription and Levy or any part thereof must be made within three (3) months after the end of the relevant Contract Year.
- 3.7 Notwithstanding **Part 14.1 of the General Conditions**, Subscription, Levy, Subscription Adjustment and Levy Adjustment shall be calculated as though the Subscriber has enrolled five (5) Employees where the number of Employees covered under this Contract is less than five (5).
- 3.8 Payment of Subscription shall be deemed to have been made by the Subscriber to Bupa where Bupa receives from the Subscriber full Subscription payment through remittance to a bank account designated by Bupa or by way of clearable cheque payable to "Bupa (Asia) Limited" within thirty-one (31) days after the issue date of Subscription invoice. Where payment of full Subscription is received by Bupa after the abovementioned thirty-one (31) days' period, Bupa has the right to reject the Application or suspend any claims process due to the late payment of the Subscription.
- 3.9 The Insurance Ordinance (Cap. 41) stipulates that a prescribed levy is payable to the Hong Kong Insurance Authority for the insurance contract by its policy holder. Unless otherwise informed by Bupa in writing, Subscriber is required to pay such amount of Levy and at such rates as specified by the Insurance (Levy) Order through Bupa together with the Subscription. Any non-payment of Levy by the Subscriber will result in Bupa making a report to the Insurance Authority for such non-payment as well as providing all relevant information including the Subscriber's name, contact information, levy amount and other information of this Contract as required by the Insurance Authority.

4. Enrolment of Member

- 4.1 As from the Contract Effective Date and in consideration of the full payment of Subscription at such rate as Bupa may determine, the Subscriber may apply in writing for enrolment of any eligible Employee and/or his Dependant as a Member.
- 4.2 Subject to the payment of Subscription Adjustment and Levy Adjustment as determined by Bupa, the Subscriber may from time to time apply for addition of Members.
- 4.3 The Subscriber shall give a written notice to Bupa of any enrolment of Members within thirty-one (31) days after the Employee and/or Dependant becomes eligible to be covered under this Contract.
- 4.4 Where the notice referred to in **Part 4.3 of the General Conditions** is received by Bupa after thirty-one (31) days from the date the Employee and/or Dependant becomes eligible to be covered under this Contract, entitlement to Benefits pursuant to **Part 5 of the General Conditions** shall be backdated to take effect from the day that is thirty-one (31) days immediately before the notice is received by Bupa. Subscription Adjustment and Levy Adjustment shall be calculated accordingly. Upon receiving such notice, Bupa shall, if the enrolment is approved by Bupa, enrol the Employee or the Dependant or both as a Member within a reasonable time.
- 4.5 If both the husband and wife are Employees of the Subscriber, the one covered under a higher benefit plan will be considered as the Employee and the one covered under a lower benefit plan and their children, if any, will be deemed as Dependents.

5. Entitlement to Benefits

- 5.1 Each Member shall be entitled to the Benefits payable under this Contract provided that, with the exception of Hospital Cash Benefit, under no circumstances is a Member entitled to receive a Benefit which the total amount is greater than the actual amount of expenses incurred by the Member.
- 5.2 If the medical expense incurred by a Member is covered by more than one Benefit, the Member is only entitled to claim the medical expense under the Benefit selected by Bupa.
- 5.3 **Part 11.3 of the General Conditions** applies if a part or the whole of the medical expense incurred by a Member is covered by other coverage which includes compensation under any laws or regulations, any insurance policy, government sponsored scheme or similar contract otherwise taken out or arrangement entered into by a Member or on a Member's behalf. The Benefit payable by Bupa together with the benefits payable under such other coverage shall not exceed one hundred percent (100%) of the medical expense incurred by the Member.
- 5.4 Unless this Contract expressly provides, any Dependant who enrolls as a Member by reason of being a Dependant shall be entitled to Benefits of the same classification and to the same extent as those of the relevant Employee.
- 5.5 Subject to **Part 5.6 of the General Conditions**, each Member shall be entitled to be covered under this Contract with effect from his Coverage Commencement Date.
- 5.6 If the Member is not Actively at Work on an otherwise valid Coverage Commencement Date, the Coverage Commencement Date will be deferred to the day the Member returns to being Actively at Work.
- 5.7 Clerical error in keeping the records shall not invalidate the Benefits of Member which are otherwise validly in force nor continue such Benefits which are otherwise validly terminated.

6. Variation of Benefits and Change of Membership Details

- 6.1 Subject to the payment of Subscription Adjustment and Levy Adjustment, if any, as determined by Bupa, the Subscriber may from time to time apply for variation of Benefits resulting from a change of eligibility of a Member.

- 6.2 The Subscriber shall give a written notice to Bupa of such change within thirty-one (31) days of the change. The Member shall be entitled to the Benefits as varied from the effective date of the variation of Benefits provided that no Benefit has been paid in accordance with the previous Benefits before such variation during the thirty-one (31) days immediately before the notice is received by Bupa.
- 6.3 Where the notice referred to in **Part 6.2 of the General Conditions** is received by Bupa after thirty-one (31) days of such change of eligibility, entitlement to the Benefits as varied shall be backdated to take effect from the day that is thirty-one (31) days immediately before the notice is received by Bupa provided that no Benefit has been paid to the relevant Member in accordance with the previous Benefits during the thirty-one (31) days immediately before the notice is received by Bupa. Subscription Adjustment and Levy Adjustment, if any, shall be calculated accordingly.
- 6.4 As from the effective date of the variation of Benefits, each Member shall be entitled to only the Benefits as varied. Any previous Benefits before such variation are not applicable. If the Benefit level after the change is higher than that which the Member is entitled to before the variation, Benefits are only payable in accordance with the Benefit level before the variation in relation to any illness or injury covered under this Contract that commenced prior to such change of Benefit level. For the avoidance of doubt, **Part 6.4 of the General Conditions** applies when Pre-existing Conditions is covered under this Contract resulting from the transfer of Members from other group health insurance contract that is declared in the Application with required evidences submitted.
- 6.5 The Subscriber shall notify Bupa of the changes of Member's particulars as may be necessary to carry out the terms of this Contract. Upon receiving such notice, Bupa shall, if the change is approved by Bupa, process the change within a reasonable time.

7. Payment of Benefits

- 7.1 Benefits are payable in respect of treatment, medical service or medication which is:
- Medically Necessary;
 - given or personally controlled on a day to day basis by a Registered Medical Practitioner, a Registered Chinese Medicine Practitioner, a Chiropractor, a Physiotherapist, a Qualified Nurse, an Anaesthetist, a Registered Dentist, Registered Dental Hygienist or any other medical service providers, if applicable, for the services payable as specified under this Contract;
 - undertaken at facilities approved by Bupa for the treatment, procedures or tests concerned and consistent with Bupa's guidelines for the best practice care and attention, as issued from time to time; and
 - given where all reasonable steps have been taken to minimise expenditure.
- 7.2 Payment of Benefits shall be deemed to have been made by Bupa to the Subscriber where Bupa pays the Member or the Subscriber, or to any third party as directed by the Subscriber as agreed by Bupa, the medical expenses incurred by the relevant Member subject to the relevant terms and conditions of this Contract by way of cheque or through remittance to a bank account designated by the Subscriber.
- 7.3 The payment of a Benefit to the Member or the Subscriber, or to any third party as directed by the Subscriber or in such other manner as may otherwise be agreed between the Subscriber and Bupa in any particular case, shall be a full and effective discharge of Bupa's liability for that Benefit under this Contract.

8. Termination of Benefits and Contract

- 8.1 If the Subscriber or a Member fails to act on utmost good faith, Bupa shall have the right to terminate the Member's Benefits or the Contract, or to revise the terms and conditions of the Contract.
- 8.2 If payment is not received by Bupa on or before any Subscription due date during a Contract Year, Bupa shall have the right to terminate the Benefits of the relevant Member from his Coverage Commencement Date and bear no liabilities in that particular Contract Year.
- 8.3 This Contract shall automatically cease to provide any Benefits to a Member, who is an Employee, on the earliest of the following dates:
- the Contract Anniversary Date immediately following his attainment of sixty-five (65) years old;
 - the day of the termination of employment with the Subscriber;
 - the day immediately following the Contract End Date;
 - the day following the end of the period for which Subscription is paid in respect of such Employee;
 - the date on which such Employee enters military, naval or air service;
 - the date on which the Member ceases to be an Employee, notwithstanding that he remains employed by the Subscriber;
 - the day immediately following the death of such Employee; or
 - the date on which bankruptcy or insolvency or analogous proceedings are commenced against the Subscriber.
- 8.4 This Contract shall automatically cease to provide any Benefits to a Member, who is a Dependant, on the earliest of the following dates:
- the Contract Anniversary Date immediately following, with respect to the eligible spouse of an Employee, his attainment of sixty-five (65) years old; with respect to the eligible child of an Employee, his attainment of eighteen (18) years old if he is not in full time education or twenty-three (23) years old;
 - the date on which this Contract ceases to provide any Benefits to the relevant Member whose relationship with the Dependant entitles the Dependant to be covered under this Contract;
 - the day following the end of the period for which Subscription is paid in respect of such Dependant;
 - the date on which such Dependant enters military, naval or air service;
 - the date on which such Dependant ceases to be a Dependant; or
 - the day immediately following the death of the Dependant.
- 8.5 The Subscriber shall give a written notice to Bupa of any termination of Members within thirty-one (31) days of the termination. This Contract shall cease to provide any Benefits to the Member on the dates referred to in **Parts 8.3 and 8.4 of the General Conditions** provided that no Benefit has been paid during the thirty-one (31) days immediately before the notice is received by Bupa.
- 8.6 Where the notice referred to in **Part 8.5 of the General Conditions** is received by Bupa after thirty-one (31) days of such termination, the Contract shall cease to provide any Benefits to the Member on the day that is thirty-one (31) days immediately before the notice is received by Bupa in lieu of the dates referred to in **Parts 8.3 and 8.4 of the General Conditions** provided that no Benefit has been paid to the Member during the thirty-one (31) days immediately before the notice is received by Bupa. Subscription Adjustment and Levy Adjustment, if any, shall be calculated accordingly.

9. Claims Procedure

- 9.1 Any claim for medical expenses incurred by a Member other than by the use of the medical card issued by Bupa (if applicable) under this Contract must be made using such claim form as prescribed by Bupa from time to time unless specified otherwise. All necessary original documents must be furnished by or on behalf of the Member within ninety (90) days after clinical visit, Clinical Operation, Day Case or discharge from Hospital to which the claim relates, otherwise Bupa may reject such claim at its absolute discretion without assigning any reasons. For this purpose, only the actual expenses incurred shall be considered for reimbursement. Any variation or waiver of the foregoing shall be at the absolute discretion of Bupa and must be evidenced in writing.
- 9.2 All information, certificates, evidence, medical reports and other data or materials as reasonably required by Bupa shall be furnished at the expenses of the claimant.
- 9.3 Bupa reserves the right at its own expense to appoint an independent medical examiner to examine the Member, as appropriate,

when and as often as it may reasonably require during the pendency of a claim under this Contract.

- 9.4 Bupa shall not accept liability for any claim unless the required information referred to in **Part 9.2 of the General Conditions** is received by Bupa within four (4) weeks from the issue date of any written request(s) from Bupa requesting such further information, unless otherwise agreed and approved by Bupa.

10. Currency

- 10.1 Subscriptions, Levy and Benefits shall be payable in Hong Kong dollars.
- 10.2 Any claim for reimbursement of medical expenses made by a Member in any currency other than Hong Kong dollars shall be converted to Hong Kong dollars at the official buying rate of such currency for Hong Kong dollars in effect in Hong Kong on the day of clinical visit, Clinical Operation, Day Case or discharge from Hospital, or if no such official rate exists, at the rate certified as appropriate by a bank as determined by Bupa.

11. General Exclusions

Unless this Contract expressly provides to the contrary, Bupa shall not be liable to pay expenses incurred directly or indirectly in connection with and/or for, in relation to any and all of the following:

- 11.1 Pre-existing Conditions.
- 11.2 Treatment, medical service, medication or investigation which is not Medically Necessary.
- 11.3 Any illness or bodily 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.
- 11.4 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.
- 11.5 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 (1) year of the Accident), Hair Mineral Analysis (HMA), health supplements or body weight control (unless approved by Bupa).
- 11.6 Any charges in respect of preventive measures, including but not limited to routine blood tests, general check-ups, vaccinations or inoculations, hearing tests, eye refraction including but not limited to routine eye tests or any cost of fitting of spectacles or lens.
- 11.7 Congenital Conditions, Developmental Conditions or Hereditary Conditions.
- 11.8 Treatment that commenced during the first five (5) years from the Coverage Commencement Date of this Contract and which in any way arises from, is attributable to, or is consequential upon Human Immunodeficiency Virus Infection.
- 11.9 Sexually Transmitted (Venereal) Diseases or their sequel.
- 11.10 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; or sexual dysfunction including but not limited to impotence, erectile dysfunction and pre-mature ejaculation, regardless of cause.
- 11.11 Misuse or overdose of drugs or being under the influence of alcohol, self-inflicted injuries or attempted suicide.
- 11.12 Treatment relating to any illness or bodily injury resulting from participation in criminal activities.
- 11.13 Alternative treatment including but not limited to Chinese Medicines treatment, acupuncture, acupressure, tui na, hypnotism, rolfing, massage therapy and aromatherapy (unless it is payable under Chinese Herbalist Benefit or Chinese Bonesetter Benefit).
- 11.14 Senile Dementia (including Alzheimer's disease), Parkinson's disease.
- 11.15 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 and neurasthenia (unless it is a Psychiatric Treatment Benefit payable under **Section A of the Description of Benefits**).
- 11.16 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.
- 11.17 Any treatment or investigation related to dental or gum conditions unless it is covered under Smile 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 Smile Dental Benefit.
- 11.18 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.
- 11.19 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.
- 11.20 Expenses incurred for experimental or unproven medical technology or procedure not in accordance with the standards of good and prudent medical practice. For the purposes of interpreting "standards of good and prudent medical practice", Bupa shall consider (I) standards that are based on clinically proven evidence in appropriately reviewed, independent medical journals; (II) relevant speciality body recommendations; and (III) in accordance with standards of generally accepted medical practice.
- 11.21 Engaging or taking part in naval, military or airforce or any operation with any armed force; or any form of professional sports.

12. Inspection of Information

All documents or information furnished to the Subscriber by a Member in connection with this Contract, together with the Subscriber's payroll and other records that may have a bearing on this Contract, shall be open for inspection by Bupa at all reasonable times. Failure to provide such documents or information will result in Bupa having the sole discretion not to pay any claim under this Contract.

13. Material Disclosure

- 13.1 If the age or date of birth or other relevant facts relating to a Member shall be found to have been inadvertently misstated, and if such misstatement affects the scale of Benefits or the amount of Subscription payable or the terms and conditions of this Contract, the true age and facts shall be used in determining whether Benefits are payable under the terms of this Contract, and in what amount shall an equitable adjustment of Subscription and Levy be made. An overpayment of Subscription and Levy will not adjust any Benefits upwards but will only result in a refund of the excess Subscription and Levy paid.
- 13.2 The truth of any statement or declaration made by a Member or the Subscriber and the due observance and fulfilment of the terms and conditions of this Contract insofar as they relate to anything to be done or complied with by the Member or the Subscriber shall be a condition precedent to the liability of Bupa to pay any Benefit under this Contract. The costs of obtaining any information reasonably required by Bupa for verification shall be borne by the Member or the Subscriber.
- 13.3 If any of the events listed below takes place, this Contract shall be void at the sole and absolute discretion of Bupa and any Benefits obtained by the Subscriber or Member as a result of such events shall become immediately repayable to Bupa and Bupa reserves the right to recover from the Subscriber any cost related to the void Contract:
- if any fact relating to the Subscriber or the Member which may impact the risk assessment by Bupa is incorrectly stated in, or omitted from the Application or any statement or declaration made for or by the Subscriber or the Member in the Application; or
 - if this Contract, or any renewal thereof is obtained through any misstatement, misrepresentation or suppression; or
 - if any claim made under this Contract is fraudulent, untrue or exaggerated.

14. Renewal

- 14.1 This Contract shall be effective for a period of one (1) year and may be renewed on the Contract Anniversary Date for a further term of one (1) year by payment of the Subscription at such rate and on such terms as Bupa may determine, provided that:
- one-hundred percent (100%) of the Employees eligible for a non-contributory plan are enrolled as Members under this Contract on the Contract Anniversary Date as shown in the Contract Schedule; and
 - the number of Employees enrolled under this Contract is not less than five (5).

- 14.2 Bupa has the discretion, but shall not be bound, to renew this Contract, where **Part 14.1(b) of the General Conditions** is not satisfied.
- 14.3 Bupa may refuse any renewal of this Contract with one (1) month's prior notice as Bupa may think fit without assigning any reason therefore.

15. Restoration of Benefits

Notwithstanding **Part 1 and Part 11.1 of the General Conditions** but subject to **Part 14 of the General Conditions**, the Benefits shall be reinstated in the next Contract Year after renewal for any covered Disability in the current Contract Year. Such covered Disability in the current Contract Year will not be treated as a Pre-existing Condition in the next Contract Year.

16. Ownership of this Contract

Unless otherwise provided, Bupa shall treat the Subscriber as the absolute owner of this Contract. The Members are not parties to this Contract.

17. Assignment

This Contract cannot be assigned or transferred, whether in whole or in part, to any person without the written consent of Bupa.

18. Personal Data

- 18.1 From time to time, it may be necessary for Bupa to collect personal information relating to the Subscriber or a Member including without limitation the Subscriber's or a Member's name, identity card number (and copy of identity card), or passport number (and copy of identity card or passport), contact information, health and medical information and financial information ("Personal Information") in connection with the provision of health insurance services or the processing of health insurance claims (including where relevant, credit information and claims history) pursuant to this Contract.
- 18.2 Failure to supply such personal information will result in Bupa being unable to process the Application and/or provide insurance products/services and other related services to the Member and/or the Subscriber.
- 18.3 Any personal information collected or held by Bupa, whether contained in the Application or obtained in any claim processing procedure or otherwise from time to time may be used by Bupa for the purposes of:
- (a) processing the Application and providing subsequent services;
 - (b) processing any claims analysis and/or medical or other insurance-related checks;
 - (c) provision and design of insurance products and services of Bupa;
 - (d) detecting and preventing fraud (whether or not relating to the policy issued in respect of any application or claim);
 - (e) data matching, statistics and research reasonably incidental to or related to the insurance products and/or services provided by Bupa;
 - (f) communication with the Subscriber and/or a Member in relation to any of the purposes set out in **Part 18.3 of the General Conditions**;
 - (g) enabling an actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of Bupa's rights or business to evaluate the transaction intended to be the subject of the assignment, transfer, participation or subparticipation; and
 - (h) making disclosure to satisfy any applicable legal or regulatory requirements.
- 18.4 Such personal information may be transferred for the purposes as specified in **Part 18.3 of the General Conditions** to any of the following classes of transferees (within or outside Hong Kong): any company within the Bupa group of companies, any insurance intermediaries, any reinsurance companies authorised by Bupa, healthcare professionals and hospitals, your employer, any agents, contractors or third party service providers who provide administrative, telecommunications, computer, payment, data processing or storage, printing, research or other services to Bupa in connection with the operation of Bupa's business (including without limitation insurers, banks, lawyers, accountants, claims investigators, debt collection agencies, data processing companies, fraud prevention agencies, organisations that consolidate claims and underwriting information for the insurance industry, research agencies and professional advisors), any actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of Bupa's rights or business; any person to whom Bupa is under an obligation to make disclosure under the requirements of any law, rules, regulations, codes of practice or guidelines binding on Bupa including, without limitation, any applicable regulators, governmental bodies, industry recognized bodies, credit reference agencies, the Courts, and where otherwise required by law.
- 18.5 The Subscriber is duly authorised to release the information of its Employees (and their Dependants, if opted for) on the basis that such information may be used or transferred for the purposes as specified in **Part 18.3 of the General Conditions**, and agrees that it will fully indemnify and keep indemnified Bupa for any losses, damages, or claims that might result from the release by the Subscriber of such information.
- 18.6 The Subscriber shall have the right to request access to and correction of any personal information held by Bupa concerning any covered Members. All such requests can be made in writing and addressed to the Data Protection Officer of Bupa or by other means Bupa notify the Subscriber from time to time.

19. Claims Against Third Party

Nothing in this Contract shall require or render Bupa liable to join, respond to or defend or otherwise liable or answerable for any claim which may be instituted by the Subscriber or the Member against any Registered Medical Practitioner, Registered Chinese Medicine Practitioner, Chiropractor, Physiotherapist, Qualified Nurse, Anaesthetist, Registered Dentist, Registered Dental Hygienist, Hospital nominated by Bupa under this Contract, including but not limited to negligence, malpractice or other causes in the treatment or examination of a Member under the terms and conditions of this Contract.

20. Legal Proceedings

No action in law shall be brought against Bupa either:

- (a) before the expiration of sixty (60) days after proof of claim has been submitted to Bupa in accordance with the requirements of this Contract; or
- (b) after the expiration of one (1) year from the date on which proof of claim is required to be and has not been submitted to Bupa in accordance with the requirements of this Contract.

21. Time Effective and Territorial Limit

- 21.1 12:01am Hong Kong time shall be deemed to be the effective time with respect to any times or dates referred to in this Contract except for Contract End Date.
- 21.2 This Contract shall cover medical expenses incurred by a Member anywhere in the world unless specified otherwise.

22. Notice

- 22.1 Unless this Contract provides to the contrary, any consent or notice or invoice(s) for Subscription and Levy required to be given or sent must be in writing and signed by a duly authorised person on behalf of Bupa or the Subscriber as the case may be.

22.2 Any consent or notice or invoice(s) for Subscription and Levy shall be deemed to have been sufficiently given if personally delivered or sent by post to the address of the other party as appearing in this Contract or to such other address as may be notified to Bupa or the Subscriber from time to time. Any notice to Bupa sent by post shall be deemed to be given when received by Bupa. Notice served in any other manner approved and authorised by Bupa shall be deemed received when in the ordinary course it may have been expected to be received.

23. Governing Law and Jurisdiction

This Contract shall be governed by and construed in accordance with the Laws of Hong Kong. Subject to **Part 24 of the General Conditions**, the parties to this Contract agree to submit to the exclusive jurisdiction of the Courts in Hong Kong.

24. Arbitration

Any dispute, controversy or claim arising out of or relating to this Contract, including a claim relating to the invalidity, breach or termination thereof, shall be settled by arbitration in Hong Kong pursuant to the Domestic Arbitration Rules of the Hong Kong International Arbitration Centre (hereinafter called "HKIAC").

25. No Third Parties Rights

Any person or entity who is not a party to this Contract shall have no rights under the Contracts (Rights of Third Parties) Ordinance (Chapter 623, Laws of Hong Kong) to enforce any terms of this Contract.

26. Bribery and Corruption

- 26.1 The Subscriber represents and warrants that neither the Subscriber nor any of the Sponsor Persons, in connection with the entry into or performance of any obligation by either Bupa or the Subscriber under this Contract:
- (a) has offered, promised, given, authorised, solicited or accepted any undue financial or other advantage of any kind, nor will the Subscriber or they take any such action after entry into this Contract;
 - (b) will engage in any activity, practice or conduct that would constitute an offence under any applicable laws relating to anti-bribery and anti-corruption matters; and
 - (c) will do, or omit to do, any act or series of acts that will cause or lead Bupa to be in breach of any applicable laws relating to anti-bribery and anti-corruption matters.
- 26.2 The Subscriber will promptly report to Bupa any request or demand by any person, in connection with the entry into or performance of any obligation by either Bupa or the Subscriber under this Contract, for any undue financial or other advantage of any kind or other act or acts that would, if such request or demand were met, be in breach of any applicable laws relating to anti-bribery and anti-corruption matters.

27. Sanctions

- 27.1 Bupa shall be deemed not to provide cover and Bupa shall not be liable to pay any claim or provide any benefit under this Contract to the extent that the provision of such cover, payment of such claim or provision of such benefit would:
- (a) be in contravention of a United Nations resolution or the trade or economic sanctions, laws or regulations of any jurisdiction to which Bupa is subject (which may include without limitation those of the European Union, Hong Kong, Australia, the United Kingdom, and/or the United States of America).
 - (b) expose Bupa to the risk of being sanctioned by any relevant authority or competent body; and/or
 - (c) expose Bupa to the risk of being involved in conduct (either directly or indirectly) which any relevant authority or competent body would consider to be prohibited.
- 27.2 Where such resolution, sanctions, laws or regulations referred to in **Part 27.1(a) of the General Conditions** are or become applicable to this Contract, Bupa reserves all of its rights to take all and any such actions as may be deemed necessary in its absolute discretion, to ensure that Bupa continues to be compliant, including but not limited to terminating coverage. The Subscriber acknowledges that this may restrict or delay Bupa's obligations under this Contract and Bupa may not be able to pay such claim in the event of a sanctions related concern.
- 27.3 The Subscriber shall upon its reasonable knowledge, inform Bupa promptly if there is any change to the identity, status and particulars of the Subscriber, Members (including Member's Dependants), and/or any other person or entity in connect with this Contract.

28. Fraud

- 28.1 Bupa reserves the right to refuse to pay the whole or any part of a claim, and to recover any payments Bupa has already made in respect of a claim, where the Subscriber or a Member:
- (a) has made a fraudulent or exaggerated or falsely stated claim under this Contract;
 - (b) has sent fake or forged documents or other false evidence, or made a false statement, in support of a claim under this Contract; and/or
 - (c) has failed to provide Bupa with information that the Subscriber or the Member (as the case may be) knows would otherwise enable Bupa to refuse a claim under this Contract.
- 28.2 In the event that Bupa detects fraudulent activity of a type described in **Part 28.1 of the General Conditions** (including a fraudulent claim or fraudulent omission to provide relevant information) made by or concerning a Member, Bupa reserves the right to suspend or terminate cover under this Contract for that Member (including that Member's Dependants) from the date of occurrence of the relevant fraudulent activity and the Subscriber shall be notified accordingly. Bupa will not be required make any further payment of the whole or part of any claim or to refund any Subscriptions relating to that Member or those Members.
- 28.3 The Subscriber shall take all reasonable steps, in accordance with good industry practice, to prevent fraud by the Subscriber (including but not limited to the Subscriber's employees, staff, shareholders, members and directors) and notify Bupa immediately if the Subscriber has reason to suspect that any fraud in connection with this Contract has occurred, is occurring or is likely to occur.

29. Facilitation of Tax Evasion

- 29.1 The Subscriber represents and warrants that neither the Subscriber nor any of the Sponsor Persons, in connection with the entry into or performance of any obligation by either Bupa or the Subscriber under this Contract engaged or will engage in any activity, practice or conduct which would constitute any tax evasion offence or tax evasion facilitation offence under any applicable laws.
- 29.2 The Subscriber will promptly report to Bupa, in connection with the entry into or performance of any obligation by either Bupa or the Subscriber under this Contract, any request or demand by any person for any act or acts that would, if such request or demand were met, be in breach of any applicable laws against tax evasion or tax evasion facilitation.

Special Conditions – HealthNet Benefit and Bupa HealthNet Card

1. HealthNet Benefit

- 1.1 HealthNet Benefit shall be payable provided that Member shall comply with all of the following applicable requirements:
- (a) clinical treatment must be performed by a HealthNet Registered Medical Practitioner, a HealthNet Physiotherapist or a HealthNet Registered Chinese Medicine Practitioner, or other HealthNet service providers, if applicable, and carried out at their clinics (except for treatment by a Specialist for which the relevant specialty is not available in Bupa HealthNet where pre-authorisation has been obtained in accordance with **Part 4 of this Special Conditions – HealthNet Benefit and Bupa HealthNet Card**);
 - (b) Specialist consultation (except for dermatology, family medicine, gynaecology, ophthalmology, orthopaedics, otolaryngology, paediatric surgery, paediatrics and psychiatry) and physiotherapy must be referred in writing by a Registered Medical Practitioner;
 - (c) diagnostic imaging and laboratory tests, if applicable, is subject to written recommendation from a Registered Medical Practitioner for all diagnostic imaging and laboratory tests or written recommendation from a Registered Chinese Medicine Practitioner for X-ray only and laboratory tests and carried out at a HealthNet Diagnostic Centre;
 - (d) the applicable pre-authorisation and subsequent authorisation requirements as specified in **Part 4 of this Special Conditions – HealthNet Benefit and Bupa HealthNet Card** must be complied with;
 - (e) the medical expenses must be settled by the BHN Card which must be presented to the HealthNet Service Provider upon registration.
- 1.2 If any of the applicable requirements in **Part 1.1 of this Special Conditions – HealthNet Benefit and Bupa HealthNet Card** is not fulfilled, Members will not be entitled to HealthNet Benefit and all eligible medical expenses will be paid up to the Maximum Limits under Non-HealthNet Benefit, if any.
- 1.3 Payment of Benefits shall be deemed to have been made by Bupa to the Subscriber where Bupa pays the relevant HealthNet Service Providers for the settlement of the medical expenses incurred by the Member.

2. BHN Card

- 2.1 Bupa shall issue a BHN Card to each Member who has been enrolled under the HealthNet Benefit of this Contract upon acceptance of the Member's enrolment.
- 2.2 Subject to the terms and conditions of the Contract, Member may use the BHN Card to pay medical expenses charged by:
- (a) the HealthNet Service Providers as covered under HealthNet Benefit of the Contract;
 - (b) the outpatient department of the private Hospitals in Hong Kong as covered under Non-HealthNet Benefit of the Contract if specified in the Schedule of Benefits; and
- All expenses charged to the BHN Card remain the responsibility of the Subscriber until settlement of eligible expenses has been notified by Bupa to the Subscriber. In the event that the Member using a BHN Card incurs a cost which has exceeded the applicable Maximum Limit or is not eligible under this Contract, the Subscriber agrees to reimburse Bupa in full for the Shortfall within fourteen (14) days of receipt of a Shortfall invoice from Bupa.
- 2.3 Bupa has the right to offset any Subscription and Subscription Adjustment refundable to the Subscriber or claims payable to the Members against any Shortfall outstanding and arising from any of the Members or Subscriber.
- 2.4 Bupa reserves the right to suspend the usage of BHN Card in case of any outstanding Subscription or Shortfall in this Contract.
- 2.5 The BHN Card shall remain the property of Bupa and the Member to whom it is issued shall keep it safe at all times.
- 2.6 The BHN Card shall only be used by the Member to whom the BHN Card is issued. The BHN Card is not transferable.
- 2.7 The BHN Card shall immediately cease to be valid upon the earliest of the following events:
- (a) the Subscriber ceases to carry on business or goes into liquidation, conditional liquidation or receivership, or any analogous event;
 - (b) the Contract is terminated in accordance with the terms herein;
 - (c) the Member ceases to be a Member under the Contract; or
 - (d) Bupa so demands.
- The Subscriber undertakes to return the BHN Cards to Bupa within seven (7) days after the BHN Cards become invalid.
- 2.8 Notwithstanding **Part 2.10 of this Special Conditions – HealthNet Benefit and Bupa HealthNet Card**, the Subscriber is liable to pay Bupa the Shortfall and accepts full responsibility for:
- (a) the proper use of the BHN Cards by all Members in accordance with the terms and conditions of the Contract; and
 - (b) collecting any Shortfall and reimbursing Bupa thereof.
- 2.9 Bupa shall not be liable to the Subscriber or any Member in any respect for any loss, damage, expense, suit, action or proceeding suffered or incurred by the Member, whether directly or indirectly, arising from or in connection with the use of the BHN Card except as provided hereunder.
- 2.10 Use of BHN Card constitutes acceptance of the condition under which it was issued and in the event of loss or theft of the BHN Card, the Subscriber and the Member shall advise Bupa within forty-eight (48) hours of becoming aware of such loss or theft.
- 2.11 The BHN Card can be re-issued in case of loss or damage. The first replacement shall be free-of-charge. An administration fee of HK\$100 shall be charged to the Member for each subsequent replacement within the same Contract Year.

3. Appointment of HealthNet Service Providers and Arrangement of Credit Facility with Private Hospitals in Hong Kong

- 3.1 The Subscriber irrevocably authorises Bupa to appoint the relevant HealthNet Service Providers to provide HealthNet Benefit and to do all things and acts incidental to such appointment.
- 3.2 The Subscriber irrevocably authorises Bupa to make arrangement with the private Hospitals in Hong Kong to provide credit facility for eligible medical expenses incurred at their outpatient department, if applicable, and to do all things and acts incidental to such arrangement.
- 3.3 The appointment of HealthNet Service Providers and arrangement of credit facility by Bupa on behalf of the Subscriber under **Parts 3.1 and 3.2 of this Special Conditions – HealthNet Benefit and Bupa HealthNet Card** shall be made on such terms and conditions as Bupa shall think fit at its absolute discretion.
- 3.4 Bupa shall provide the List of HealthNet Service Providers in either print or digital format.
- 3.5 Nothing in this Contract shall render Bupa liable to join, respond to or defend or otherwise liable or answerable for any claim which may be instituted by the Subscriber or the Member against any HealthNet Service Providers and private Hospitals in Hong Kong, including but not limited to any negligence, malpractice or other causes in the treatment or examination of a Member.

4. Pre-authorisation

- 4.1 Subject to **Parts 4.2, 4.3 and 4.4 of this Special Conditions – HealthNet Benefit and Bupa HealthNet Card**, Bupa shall not be liable to pay any Benefits unless written pre-authorisation of Bupa is obtained before any of the following medical services:

- (a) diagnostic imaging or laboratory tests as required by Bupa's provider guidelines; and
 - (b) any treatment by a Specialist referred by a HealthNet Registered Medical Practitioner if the relevant specialty is not available in Bupa HealthNet.
- 4.2 If there is any variation to the extent, nature or cost of the pre-authorized items, Bupa's prior acceptance of such change must be obtained.
- 4.3 For Emergency medical treatment outside the normal office hours of Bupa, Member shall obtain subsequent authorisation from Bupa for such medical services on the next working day immediately after the day on which the medical treatment takes place.
- 4.4 If a Member fails to obtain pre-authorization under **Parts 4.1 and 4.2** and/or the subsequent authorisation under **Part 4.3 of this Special Conditions – HealthNet Benefit and Bupa HealthNet Card**, as the case may be, HealthNet Benefit will not be payable and all eligible medical expenses will be payable under Non-HealthNet Benefit, if any.
- 4.5 The giving of pre-authorization or subsequent authorisation from Bupa under **Part 4 of this Special Conditions – HealthNet Benefit and Bupa HealthNet Card** shall not be deemed as admission of Bupa's liability to pay and/or reimburse the Subscriber and/or Members under the Contract or a waiver of any breach of the terms and conditions of the Contract, if any.

Description of Benefits

Section A - Hospital and Surgical Benefit

Subject to the terms and conditions of this Contract, the Benefits described below shall be payable for receiving Medically Necessary western medicine or surgical services in respect of a Disability covered under this Contract subject to the applicable Maximum Limits, maximum number of days and reimbursement percentage as shown in the Schedule of Benefits.

Clinical Operation or Day Case, if eligible, shall be paid under the relevant Benefit within the Hospital and Surgical Benefit. Relevant expenses incurred for Medically Necessary home sleep apnea test, together with its pre-test and post-test consultation, if eligible, shall be exclusively paid under Miscellaneous Hospital Services Benefit and Pre-admission and Post-hospitalisation Out-patient Care Benefit, if applicable within the Hospital and Surgical Benefit.

1. Room and Board Benefit

This Benefit shall be payable for the charges as levied and published by a Hospital for the cost of accommodation and meals for the Member during the Member's Hospital Confinement. The amount payable under this Benefit shall be equal to the actual amount charged by the Hospital in respect of room and board during the Member's Hospital Confinement.

This Benefit shall not be payable for special nursing service for the Member, nor for accommodation and meal for guest.

2. Miscellaneous Hospital Services Benefit

This Benefit shall be payable for the following Hospital services, except where deleted or omitted from coverage or specified to the contrary in the Schedule of Benefits. The amount payable under this Benefit shall be equal to the actual amount charged by the Hospital for the following services rendered:

- (a) road ambulance service to and/or from the Hospital;
- (b) anaesthesia and oxygen and their administration;
- (c) blood transfusions;
- (d) dressing and plaster casts;
- (e) drugs, medicine, and curative materials consumed on premises;
- (f) films, imaging (including magnetic resonance imaging (MRI), CT scan and PET scan) and their interpretation unless specified otherwise;
- (g) intravenous infusions;
- (h) laboratory examinations;
- (i) Non-surgical Cancer Treatment;
- (j) radioactive isotope;
- (k) consumables used in the Operating Theatre; and
- (l) implants including but not limited to stent and pacemaker.

This Benefit shall be further extended to cover Medically Necessary rental charges of device used and the examination report fee for conducting home sleep apnea test at the Member's home or diagnostic centre as recommended by the Registered Medical Practitioner.

Medicine and curative material shall include all Western Medications, IV fluid, dressings, gauze, swabs, and other medical disposables and consumables used during Hospital Confinement for medical and nursing care. Instruments and other hardware used in an operation such as anaesthesia machine, gastroscope, colonoscope, lithotripter, x-knife, cyberknife and gamma knife do not belong to this category.

3. Intensive Care Benefit

This Benefit shall be payable for the charges incurred as a result of the Member being accommodated in an Intensive Care Unit in a Hospital recommended by the Registered Medical Practitioner in charge provided that the amount payable under Room and Board Benefit has been exhausted. The amount payable under this Benefit shall in no event exceed the applicable Maximum Limit of Intensive Care Benefit.

4. Private Nursing Benefit

This Benefit shall be payable subject to a written referral letter provided by a Registered Medical Practitioner when a Member incurs expenses for services rendered by a Qualified Nurse in respect of nursing at home after discharge from Hospital or for specialised nursing care received in a Hospital. The amount payable under this Benefit shall be equal to the actual charges for such services.

5. Surgeon and Attendance Fees Benefit

This Benefit shall be payable for fees charged by the Registered Medical Practitioner(s) in performing surgery that is qualified to render and consistent with the diagnosis including charges for visiting patient during the Member's Hospital Confinement. The amount payable under this Benefit shall be equal to the actual surgeon and attendance charges for such surgical operation performed by one or more Registered Medical Practitioners.

This Benefit, where applicable, will be payable in accordance with the classification of surgical operations as set out in the Schedule of Surgical Operations.

If two or more surgical operations are performed, whether on the same or on different dates, for any one Disability, the Benefit for all such surgeon and attendance charges shall not exceed the applicable Maximum Limit for Surgeon and Attendance Fees Benefit for the highest applicable classification of surgical operations per Disability per Contract Year as shown in the Schedule of Benefits. If two or more surgical procedures are performed at the same time or through a single incision, the amount payable under this Benefit shall not exceed the largest amount for which one of these surgical procedures is payable.

6. Anaesthetist's Fees Benefit

This Benefit shall only be payable if an Anaesthetist is used in addition to the Registered Medical Practitioner in any surgical procedure requiring the services of an Anaesthetist, and the Surgeon and Attendance Fees Benefit is payable for the same Disability under this Contract. The amount payable under this Benefit shall be equal to the actual charges for services provided by a professional Anaesthetist for the cost and administration of anaesthetics for the surgical operation or procedure.

This Benefit, where applicable, will be payable in accordance with the classification of surgical operations as set out in the Schedule of Surgical Operations.

If two or more surgical operations are performed, whether on the same or on different dates, for any one Disability, the Benefit for all such Anaesthetist fees shall not exceed the applicable Maximum Limit of Anaesthetist's Fees Benefit per Disability per Contract Year for the highest applicable classification of surgical operations as shown in the Schedule of Benefits.

If two or more surgical procedures are performed at the same time or through a single incision, the amount payable under this Benefit shall not exceed the largest amount for which one of these surgical procedures is payable.

7. Operating Theatre Fees Benefit

This Benefit shall be payable for the use of the Operating Theatre which is Medically Necessary for the carrying out of any surgical procedure during a Member's Hospital Confinement, provided that the Surgeon and Attendance Fees Benefit is also payable for the same Disability under this Contract. This Benefit shall also be payable for the use of the Operating Theatre for the carrying out of any Day Case in a day case unit of a Hospital. The amount payable under this Benefit shall be equal to the actual charges for the use of the operating room and equipment used in the Operating Theatre of a Hospital to perform the surgical operation or procedure.

This Benefit, where applicable, will be payable in accordance with the classification of surgical operations as set out in the Schedule of Surgical Operations.

If two or more surgical operations are performed, whether on the same or on different dates, for any one Disability, the Benefit for all such Operating Theatre fees shall not exceed the applicable Maximum Limit of Operating Theatre Fees Benefit per Disability per Contract Year for the highest applicable classification of surgical operations as shown in the Schedule of Benefits.

If two or more surgical procedures are performed at the same time or through a single incision, the amount payable under this Benefit shall not exceed the largest amount for which one of these surgical procedures is payable.

8. In-patient Physician's Fees Benefit

This Benefit shall be payable for attendance fee of Registered Medical Practitioner for non-surgical Hospital Confinement of the Member. The amount payable under this Benefit shall be equal to the actual consultation fee of Registered Medical Practitioner. This Benefit shall not be payable for telephone consultation where the Registered Medical Practitioner does not actually see and examine the Member.

9. In-patient Specialist's Fees Benefit

This Benefit shall be payable for fees charged by a Specialist in respect of Specialist services provided to the Member during the Member's Hospital Confinement. Services provided by pathologist, radiologist and Physiotherapist during Hospital Confinement shall be payable under this Benefit. A written referral letter must be provided by the attending Registered Medical Practitioner except for the services performed by pathologist, radiologist or Physiotherapist.

The amount payable under this Benefit shall be equal to the actual charges for such services.

This Benefit shall not be payable for:

- (a) treatment received before or on the day of any surgical procedure or during convalescent therefrom, unless such treatment:
 - (i) is given by a Specialist other than the surgeon who performed the surgical procedure, and
 - (ii) is in connection with a Disability entirely unrelated to the Disability which requires the surgical procedure mentioned herein; or
- (b) telephone consultation where the Specialist or Physiotherapist does not actually see and examine the Member.

10. Day Case Endoscopy Procedure Benefit

This Benefit shall be payable for the eligible medical expenses charged for endoscopy procedure under Clinical Operation or Day Case performed by a Registered Medical Practitioner at a clinic or day-case unit of a Hospital. Eligible medical expenses charged on the medical services under **Clauses 2, 5, 6 and 7** of this **Section A** and the consultation fees charged on the day of procedure that are related to endoscopy procedure shall be exclusively paid under this Benefit. Where a Hospital Confinement with an overnight stay is solely for the purpose of endoscopy procedure and such Hospital Confinement with an overnight stay is considered not Medically Necessary, eligible medical expenses charged on the medical services under **Clauses 2, 5, 6 and 7** of this Section A that are related to endoscopy procedure shall be exclusively paid under this Benefit. This Benefit shall be payable in lieu of other Benefits under **Clauses 1 to 9** of **Section A**. The amount payable under this Benefit shall be subject to the applicable Maximum Limit as shown in the Schedule of Benefits.

If Member's Hospital Confinement with an overnight stay is Medically Necessary, eligible medical expenses charged on the medical services related to endoscopy procedure shall be paid under **Clauses 1 to 9** of **Section A** above.

For the avoidance of doubt, where the expenses involve both endoscopy procedure and non-endoscopy procedure during the Member's Hospital Confinement with an overnight stay, the eligible medical expenses in entirety shall be payable under **Clauses 1 to 9** of **Section A** above. For full list of endoscopy procedures, please refer to Bupa's customer service portal - myBupa. This list is subject to change from time to time.

11. Day Case Viral Warts and Skin Lesions Procedure Benefit

This Benefit shall be payable for the eligible medical expenses charged for viral warts and skin lesions procedure under Clinical Operation or Day Case performed by a Registered Medical Practitioner at a clinic or day-case unit of a Hospital. Eligible expenses charged on the medical services under **Clauses 2, 5, 6 and 7** of this **Section A** and the consultation fees charged on the day of procedure that are related to viral warts and skin lesions procedure shall be exclusively paid under this Benefit. Where a Hospital Confinement with an overnight stay is solely for the purpose of viral warts and skin lesions procedure and such Hospital Confinement with an overnight stay is considered not Medically Necessary, eligible medical expenses charged on the medical services under **Clauses 2, 5, 6 and 7** of this **Section A** that are related to viral warts and skin lesions procedure shall be exclusively paid under this Benefit. This Benefit shall be payable in lieu of other Benefits under **Clauses 1 to 9** of this **Section A**. The amount payable under this Benefit shall be subject to the applicable Maximum Limit as shown in the Schedule of Benefits.

If Member's Hospital Confinement with an overnight stay is Medically Necessary, eligible medical expenses charged on the medical services related to viral warts and skin lesions procedure shall be paid under **Clauses 1 to 9** of **Section A** above.

For the avoidance of doubt, where the expenses involve both viral warts and skin lesions procedure and non-viral warts and skin lesions procedure during the Member's Hospital Confinement with an overnight stay, the eligible medical expenses in entirety shall be payable under **Clauses 1 to 9** of **Section A** above. For full list of viral warts and skin lesions procedures, please refer to Bupa's customer service portal - myBupa. This list is subject to change from time to time.

12. Pre-admission and Post-hospitalisation Out-patient Care Benefit

Provided that the Room and Board Benefit, the Miscellaneous Hospital Service Benefit, the Surgeon and Attendance Fees Benefit, Day Case Endoscopy Procedure Benefit or Day Case Viral Warts and Skin Lesions Procedure Benefit is payable, this Benefit shall be payable for:

- (a) one (1) out-patient visit resulting in a Hospital Confinement, Day Case or Clinical Operation (including consultation fee, Western Medication prescribed or diagnostic tests) or home sleep apnea test; and
 - (b) all Medically Necessary follow-up visits on an out-patient basis (including consultation fee, Western Medication prescribed, physiotherapy or diagnostic tests) referred by the attending Registered Medical Practitioner within six (6) weeks after discharge from Hospital, Day Case or Clinical Operation or home sleep apnea test,
- provided that such consultation, Western Medication, physiotherapy or diagnostic tests is directly related to and a result of the Disability arising from the same cause (including any and all complications therefrom) necessitating such Hospital Confinement, Day Case or Clinical Operation or home sleep apnea test.

The amount payable under this Benefit shall be equal to the actual charges for such pre-admission or follow-up care.

13. Psychiatric Treatment Benefit

This Benefit shall be payable for the expenses charged on psychiatric treatments (excluding Alzheimer's disease, Senile Dementia, Parkinson's disease or any conditions caused by or related to drug abuse or alcoholism) during the Member's Hospital Confinement in Hong Kong.

This Benefit shall be payable in lieu of other Benefits under **Clauses 1 to 9** of this **Section A**. For the avoidance of doubt, where a Hospital Confinement is not solely for the purpose of psychiatric treatments, this Benefit shall only be payable for the eligible medical expenses charged on the medical services related to psychiatric treatments. Where the expenses involve both psychiatric and non-psychiatric treatments and apportionment of the expenses is not available, the eligible medical expenses in entirety shall be payable under this Psychiatric Treatment Benefit if the Hospital Confinement is initially for the purpose of psychiatric treatments. If the Hospital Confinement initially is not for the purpose of psychiatric treatments, the expenses in entirety shall be payable under **Clauses 1 to 9** of **Section A** above.

14. Second Claims Incentive Benefit

If any reimbursement is payable in respect of a Hospital Confinement under Hospital and Surgical Benefit of this Contract, had such reimbursement been paid by an insurance company other than Bupa or any company within the Bupa group of companies, this Second Claims Incentive Benefit shall be payable for each day of such Hospital Confinement subject to the applicable Maximum Limit of Second Claims Incentive Benefit as stated in the Schedule of Benefits. This Benefit is paid on a per day basis provided that actual room and board fees are charged by the Hospital on the costs of accommodation and meals to the Member for such day of Hospital Confinement. For clarity sake, the benefit paid by other insurance company is not solely a hospital income in nature and part of the medical expenses payable under Hospital and Surgical Benefit of this Contract has been reimbursed.

For the avoidance of doubt, this Benefit shall not be payable if

- (a) the claim for such medical expenses was rejected for reimbursement under other insurance company and no Hospital and Surgical Benefit payable under this Contract has been paid out by the other insurance company; or
- (b) the claim paid by other insurance company which is not eligible for reimbursement under Hospital and Surgical Benefit of this Contract or subject to any General Exclusions of this Contract.

15. Out-patient Surgery Cash Allowance Benefit

This benefit shall be payable in addition to Surgeon and Attendance Fees Benefit under **Clause 5** of this **Section A** if the Member has undergone any of the eligible surgeries specified below at a clinic or day-case unit of a Hospital by a Registered Medical Practitioner, provided that no Room and Board Benefit is payable:

- (a) Arthroscopy
- (b) Bronchoscopy
- (c) Colonoscopy
- (d) Colposcopy
- (e) Cystoscopy
- (f) Esophagogastroduodenoscopy
- (g) Haemorrhoid Artery Ligation (HAL)/ Rubber Band Ligation (RBL)
- (h) Hysteroscopy
- (i) Loop Electrosurgical Excision Procedure (LEEP)
- (j) Stapled Haemorrhoidectomy

The amount payable under this Benefit shall be subject to the applicable Maximum Limit of Out-patient Surgery Cash Allowance Benefit as shown in the Schedule of Benefits. This Benefit shall be payable on a per day basis. For the avoidance of doubt, if two or more surgeries specified above are performed on the same day, this Benefit shall only be payable for once per day.

Section B – Hospital Cash Benefit

This Benefit shall be payable if a Member is confined to the general ward of a Hospital Authority Hospital in Hong Kong under the professional care of a Registered Medical Practitioner for a minimum number of days as specified in the Schedule of Benefits, if any, provided that Room and Board Benefit is payable under this Contract. The amount payable under this Benefit for any one day of Hospital Confinement shall be the Maximum Limit of the Hospital Cash Benefit. This Benefit shall be payable from the specified day of such Hospital Confinement up to the maximum number of days per Contract Year as shown in the Schedule of Benefits.

Section C – Supplementary Major Medical Benefit

Subject to the terms and conditions of this Contract, the Benefits described below shall be payable for receiving Medically Necessary western medicine or surgical services in respect of a Disability covered under this Contract subject to the applicable Maximum Limits and reimbursement percentage as shown in the Schedule of Benefits:

1. If the Benefit payable under Benefit **items 1 to 9 under Section A of the Description of Benefits** in respect of a Hospital Confinement, Day Case or Clinical Operation have exhausted their respective maximum limit or maximum number of days, this Benefit shall be payable to cover the eligible expenses in excess of the benefits payable for Benefit **items 1 to 9 under Section A of the Description of Benefits**. The amount of the Benefit payable is calculated as follows for any one Disability and shall be subject to the applicable Maximum Limit of Supplementary Major Medical Benefit as stated in the Schedule of Benefits.
2. This Benefit shall be applicable to Hospital Confinement, Day Case or Clinical Operation in Hong Kong only unless such confinement or surgery overseas is directly resulting from medical Emergency outside Hong Kong as certified by a Registered Medical Practitioner.

3. This Benefit shall not be payable for Hospital Confinement in class of suite/V.I.P./deluxe room of a Hospital.
4. If the Member is confined to a higher level of Hospital facilities and services than that he is entitled to under this Contract, the respective adjustment factors applicable in addition to the reimbursement percentage are as follows:

<u>Restricted level</u>	<u>Chosen level</u>	<u>Adjustment factor</u>
Semi-private	Private	50%
Ward	Semi-private	50%
Ward	Private	25%

5. If a Member is confined in a Hospital where there is no classification of level of Hospital facilities and services and the average daily room and board charges incurred during such confinement is higher than the Room and Board Benefit under the Hospital and Surgical Benefit, an adjustment factor will be applied to the eligible expenses. The adjustment factor is derived from dividing the Maximum Limit of Room and Board Benefit by the average daily room and board charges incurred during the Hospital Confinement.
6. The Benefits payable under this **Section C** shall not be subject to the adjustment factors or conditions stated in **Clauses 3, 4 and 5** above if the Member stays in a room level higher than applicable room level as shown in the Schedule of Benefits during Hospital Confinement as a result of (i) unavailability of the applicable room as shown in the Schedule of Benefits or lower room level due to room shortage at the Hospital for Emergency treatment; or (ii) Hospital Confinement in isolation that requires a specific room level.

Calculation formula - Supplementary Major Medical Benefit

Amount of eligible medical expenses incurred and actually paid for Hospital Confinement, Clinical Operation or Day Case	less	Benefit payable under Description of Benefits - Hospital and Surgical Benefit	times	Reimbursement percentage for SMM Benefit as stated in the Schedule of Benefits	times	Adjustment factor as stated above, if applicable
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Section D - Free Bupa Worldwide Assistance Programme

1. General Provisions

- 1.1 Services and assistance provided under this **Section D** are provided by Inter Partner Assistance (Hong Kong) Limited (the "IPA") subject to availability of such services and assistance. The availability of such services and assistance may change from time to time without prior notice to the Subscriber or Member. Bupa and IPA is not an agent to the other for the services and assistance provided under this **Section D**.
- 1.2 Bupa shall not be liable to the Subscriber or the Member in any respect of any loss, damage, expense, suit, action or proceeding suffered or incurred by the Member, whether directly or indirectly, arising from or in connection with the services provided or advice given by IPA or its agent, or the availability of such services.
- 1.3 Bupa has no obligation to replace IPA with other service provider if the arrangement between Bupa and IPA ceases to operate or if IPA ceases to carry on its business or provide any such services or assistance under this **Section D**.
- 1.4 For the purpose of this **Section D**, the following words and expressions shall have the following meaning, except where the context otherwise requires.

"Country of Residence" means Hong Kong or the permanent residence shown on the passport(s) of the Member or the principal place of employment provided the Member can provide reasonable evidence; the determination of which shall be at the sole discretion of Bupa.

"Close Relative" means the spouse, the dependant child(ren), the brother, the sister, the father, the mother of the Member.

2. Description of Services and Benefits

If the Member:

- (a) shall suffer serious unforeseen bodily injury caused solely and directly by violent, accidental, external and visible means (referred to as "Bodily Injury" in this **Section D**);
- (b) shall suffer any unforeseen illness or disease (referred to as "Sudden Illness" in this **Section D**); or
- (c) is in need of medical, travel, legal or administrative assistance described in this **Section D**, outside the Country of Residence (except for the coverage under **Clauses 2.17, 2.25 and 2.26 of this Section D** which may be obtained locally) while arising out of and in the course of his journey, provided that such journey is not undertaken against the advice of the Registered Medical Practitioner, and / or for the purpose of obtaining or seeking any medical or surgical treatment abroad, the following worldwide assistance services and benefits shall be available directly from IPA upon specific verbal notification by the Member or his representative to IPA's 24-hour alarm centre.

Medical Assistance

- 2.1 *Medical Advice Hotline*
If necessary, the Member may call IPA's alarm centre for medical advice and evaluation from the attending Registered Medical Practitioner. However, telephone conversation shall be considered as an advice only rather than a diagnosis.
- 2.2 *Doctor Referral*
If necessary, the Member shall be referred to a medical specialist or medical facility for personal assessment.
- 2.3 *Essential Medication / Medical Equipment*
Upon request from a local attending Registered Medical Practitioner, IPA may, when possible and legally permissible, dispatch at the cost of the Member any essential medicine and / or medical equipment required for the Member which is not locally available.
- 2.4 *Dispatch of Registered Medical Practitioner*
In the event of an emergency where the Member cannot be adequately assessed by telephone, or the Member cannot be moved and local treatment is unavailable, IPA may send an appropriate medical practitioner.
- 2.5 *Medical Evacuation (Unlimited Cover)*
If the Member suffers from Bodily Injury or Sudden Illness such that IPA's medical team and the attending Registered Medical Practitioner recommend Hospital Confinement in another medical facility where the Member can be suitably treated, IPA may arrange and pay for necessary transportation expenses for:

- (a) the transfer of the Member into the nearest medical facility more appropriately equipped for the particular medical condition, or
- (b) the direct repatriation if his medical condition permits such repatriation. The medical team and attending Registered Medical Practitioner may determine the necessary arrangements according to the circumstances.
- 2.6 *Repatriation after Treatment (Unlimited Cover)*
Following the medical evacuation in **Clause 2.5 of this Section D** above and if medical treatment is necessary, IPA may repatriate the Member to an appropriate medical facility in his Country of Residence by scheduled airline flight (on economy class) or any other appropriate means of transportation. Any decision on such repatriation shall be made jointly and exclusively by both the attending Registered Medical Practitioner and IPA's alarm centre.
- 2.7 *Deposit Guaranteeing of Hospital Admission*
In case of Hospital admission duly approved by both the attending Registered Medical Practitioner and IPA's doctor and the Member is without means of payment of the required Hospital admission deposit, IPA may guarantee or provide such payment up to HK\$39,000. The Member will be required to repay any sum advanced and the costs of this service within 45 days (without interest). IPA will require valid credit authorisation from the Member or his representative, prior to advancement of funds for such admission.
- 2.8 *Medical Monitoring*
IPA may monitor the Member's condition during the Member's Hospital Confinement abroad and may keep the Member's employer / family informed.
- 2.9 *Compassionate Visit*
IPA may arrange and pay for the cost of an economy round trip transportation plus accommodation expenses up to HK\$16,000 for a person chosen by the Member, or a relative if the Member is unable to choose due to his condition, to join him if the Member has been in Hospital Confinement abroad for more than seven (7) consecutive days.
- 2.10 *Additional Travel and Accommodation for Travelling Companion*
IPA may arrange and pay for the additional travel and accommodation expenses incurred by the Member's travelling companion related to an incident requiring Medical Evacuation in **Clause 2.5 of this Section D** provided that such expenses shall not exceed HK\$15,000 for the Member in any one event subject to a sub-limit of HK\$2,000 per day.
- 2.11 *Return of Unattended Dependant Child(ren) to Country of Residence*
If the Member's travelling dependant child(ren) up to age eighteen (18) or age twenty-three (23) if in full time education, is left unattended by reason of the Member's Hospital Confinement, IPA may organise and pay for the return of child(ren) (on economy fare basis) to the Member's Country of Residence.
- 2.12 *Hotel Room Accommodation for Convalescence*
IPA may arrange and pay for reasonable hotel for convalescence, up to HK\$1,950 per day for a maximum of four (4) consecutive days, immediately after the Member's discharge from the Hospital, and if deemed Medically Necessary by attending Registered Medical Practitioner and IPA's doctor.
- 2.13 *Transportation for Return of Member to Original Work Site*
Following the Member's evacuation or repatriation by IPA within a one (1) month period, IPA may upon the Member's request arrange and provide a one way economy air transportation to return the Member to the original work location. The Member assumes the responsibility for the decision of whether or not he returns to work. The Member is responsible for obtaining any medical releases to determine his suitability to travel or not, or to resume work or not. The decision and the results thereof are solely the responsibility of the Member and / or the Member's attending Registered Medical Practitioner. IPA is not involved whatsoever in such decisions.
- 2.14 *Repatriation of Mortal Remains / Ashes (Unlimited Cover)*
Upon the death of the Member, IPA may arrange and pay for the repatriation of the Member's body or ashes to the Member's Country of Residence for burial.
- 2.15 *Unexpected Return to the Country of Residence*
In the event of the death of the Member's Close Relative in his Country of Residence while he is travelling overseas (excluding the case of immigration) that necessitates an unexpected return to his Country of Residence, IPA may arrange and pay for the cost of a scheduled airline ticket (economy class) for the return of the Member.
- 2.16 *Additional Hospital Benefit after a Medical Evacuation and Repatriation back to Hong Kong*
If Benefits payable under **Section A and Section C of the Description of Benefits** are exhausted, eligible medical expenses for Hospital Confinement in Hong Kong immediately following the repatriation under **Clause 2.6 of this Section D** are covered up to a further HK\$120,000.

For **Clauses 2.5, 2.6, 2.11, 2.13 and 2.15 of this Section D**, the Member (and / or his travelling companion if applicable) shall surrender unused return tickets to IPA if IPA arranges new tickets or transportation for them.

Travel and Pre-trip Assistance

- 2.17 *Pre-trip and Travel Information*
The Member may contact IPA to obtain the following information before starting or during his journey:
- Updated immunisations and vaccinations requirements and needs.
 - Weather, exchange rates, banking days, language, passport and visa requirements.
 - Airport taxes or customs requirements.
 - Arrangement of interpreter services or children escort.
 - Transmission of urgent messages for medical reasons.
- 2.18 *Assistance on Luggage Retrieval*
In the event of loss or misrouting of the Member's luggage by a common carrier, IPA may liaise with the relevant entities such as but not limited to airline companies, customs officials, and will organise the dispatch of such luggage, if recovered, to such place as the Member may direct.
- 2.19 *Emergency Rerouting Arrangements*
IPA may assist the Member in reorganising his flight schedule should an emergency oblige him to alter his original plan.
- 2.20 *Administration Assistance of the loss of travel document*
IPA may provide the Member with the necessary information regarding the formalities requested by local authority in order to obtain the replacement of such lost or stolen documents.
- 2.21 *MedPass Service*
If the Member suffers from Bodily Injury or Sudden Illness and needs to be hospitalised in The People's Republic of China ("PRC") for emergency medical treatment, the Member may visit the nearest Hospital under IPA's China Hospitals Network (referred to as "MedPass Network" in this **Section D**). Upon presenting the valid Bupa Worldwide Assistance Programme Card and travel document, the Hospital will provide medical treatment without requiring any admission deposit directly from the Member up front. IPA shall provide the Hospital with the relevant guarantee of deposit for Hospital admission. The Member shall fully and directly settle the medical expenses including the Hospital admission deposit guaranteed by IPA when the Member is discharged from Hospital. IPA will not pay for any expenses incurred.

Legal Assistance

- 2.22 *Legal Referral*
IPA may provide the telephone numbers and addresses of the lawyers and solicitors firms.
- 2.23 *Legal Assistance*
In the event of an Accident occurring in a situation not related to the work, business, profession or employment of the Member, IPA may:
- provide for the defence of the Member in legal proceedings against him for civil liability to the Civil Laws in force in the country, and
 - conduct proceedings in order to obtain an indemnity from an identified third party for the Member following personal injury and / or damages to the Member's personal belongings if such damages are estimated to be in excess of HK\$5,000.
- In all such cases, the counsel and / or lawyer appointed by IPA shall act in a legal capacity for the Member without any recourse to, responsibility of, or indemnification by IPA by reason of its appointment of counsel and / or lawyer. The counsel and / or lawyer's fee will be settled by IPA up to a limit of HK\$40,000.

2.24 *Advance of Bail Bonds*

IPA may deposit up to HK\$40,000 on behalf of the Member as the security required from him in order to guarantee the payment of the fees for the procedures in the event of the Member being detained by the relevant local authority following a road Accident. No deposit shall be made by IPA for covering the civil liabilities, fines or personal indemnities to be paid by the Member and / or the release of the Member. The deposit made by IPA shall be considered as a loan made by IPA to the Member and should be fully repaid by the Member to IPA within 30 days of such advance. This advance of bail bond excludes any claim related to professional and / or criminal situations, as well as any claim arising out of the driving of any motor vehicle. If the Member fails to repay to IPA the deposit paid by IPA, the Subscriber is liable to repay such deposit to IPA.

Local Assistance - The following services are only available in Hong Kong

2.25 *Baby Sitting, Nursing and Temporary Domestic Helper Referral*

IPA may assist the Member to arrange or provide the name, telephone number and address of the service provider for baby sitting and / or private nursing and / or temporary domestic helper service.

2.26 *Electric Supply and Locksmith Referral*

IPA may assist the Member to arrange a licensed technician to repair the failure of his electricity supply system or a locksmith to open the door or solve relevant problems.

3. Limitations and Liabilities

3.1 *Territorial Limit*

The assistance and services mentioned in **Clauses 2.1 to 2.24 of this Section D** apply worldwide outside the Country of Residence and the assistance and services mentioned in **Clauses 2.25 and 2.26 of this Section D** apply in Hong Kong only.

3.2 *Liability of IPA*

It is understood that the Registered Medical Practitioners, Hospitals, clinics, and any kind of professionals to whom the Member will be referred by IPA are independent contractors responsible for their own acts and are not employees, agents or servants of IPA. IPA shall exercise care and diligence in selecting those professionals who have appropriate qualification and are certified by the local authority.

3.3 *Termination*

All the services and benefits under this Bupa Worldwide Assistance Programme will become ineffective when, for whatever reasons, the Contract is terminated or the Member ceases to be covered under the Contract.

4. General Exclusions

4.1 *Excluded Cases*

Services and assistance under this **Section D** shall not be available with respect to Bodily Injury or Sudden Illness of the Member arising from:

- (a) Pre-existing Conditions and any illness the symptoms of which would cause an ordinary prudent person to seek diagnosis, care or treatment before the Coverage Commencement Date, or a condition for which medical advice or treatment was recommended by a medical practitioner before the Coverage Commencement Date.
- (b) Any services rendered without the authorisation and / or intervention of IPA.
- (c) Childbirth, pregnancy or any complications within three (3) months before delivery date notwithstanding that such event may have been accelerated or induced by Accident.
- (d) Bodily Injuries arising directly or indirectly as a result of participation in any professional or competitive sports, water sports, winter sports, racing, rallies, potholing, rock climbing or mountaineering normally involving the use of ropes of guides, parachuting or martial arts.
- (e) Costs, which would have been payable if the event giving rise to the intervention of IPA, had not occurred.
- (f) All other exclusions of the Contract.

4.2 *Force Majeure*

Bupa and IPA shall not be held responsible for delays or failures in providing assistance caused by any strike, war, invasion, act of foreign enemies, armed hostilities (regardless of a formal declaration of war), civil war, rebellion, insurrection, terrorism, political coup, riot and civil commotion, administrative or political impediments or radioactivity or acts of God or any other event of force majeure which prevents IPA from providing such assistance services.

Section E - Clinical Benefit

Subject to the terms and conditions of this Contract, the Benefits described below, if applicable, are payable in respect of a Disability covered under this Contract. The amount payable under this Benefit shall be equal to the actual charges of such services and subject to the applicable Maximum Limits, maximum number of visits, reimbursement percentage and co-payment as shown in the Schedule of Benefits.

1. General Practitioner Benefit

This Benefit shall be payable when a Member is treated by a General Practitioner on an out-patient basis at the General Practitioner's clinic, and incurs medical expenses which include both consultation fee and Medically Necessary Western Medication prescribed by such practitioner and obtained at his clinic.

This Benefit shall also be payable under HealthNet Benefit for medical consultation conducted by a video consultation service provider designated by Bupa and paid by the BHN Card. This Benefit shall cover consultation fee and Medically Necessary Western Medication prescribed by the video consultation service provider and obtained at his clinic. For the avoidance of doubt, any medication delivery charge must be borne by the Member and such fees shall not be payable under this Benefit. The list of designated video consultation service providers can be found at Bupa's website. The list may be updated and amended by Bupa from time to time.

2. Specialist Benefit

This Benefit shall be payable when a Member is treated by a Specialist on an out-patient basis at the Specialist's clinic and incurs medical expenses which include both consultation fee and Medically Necessary Western Medication prescribed by such practitioner and obtained at his clinic, provided that the visit to the Specialist is made with a written referral letter from a Registered Medical Practitioner (except for dermatology, family medicine, gynaecology, ophthalmology, orthopaedics, otolaryngology, paediatric surgery, paediatrics and psychiatry).

3. Home Consultation Benefit

This Benefit shall be payable when a Member is treated by a Registered Medical Practitioner on an out-patient basis at the Member's home and incurs medical expenses which include both consultation fee and Medically Necessary Western Medication prescribed and obtained from such practitioner.

4. Physiotherapist Benefit

This Benefit shall be payable when a Member is treated by a Physiotherapist on an out-patient basis at the Physiotherapist's clinic and incurs medical expenses for physiotherapy, provided that the visit to the Physiotherapist is made with a written referral letter from a Registered Medical Practitioner.

5. Chiropractor Benefit

This Benefit shall be payable when a Member is treated by a Chiropractor on an out-patient basis at the Chiropractor's clinic and incurs medical expenses for chiropractic, provided that the visit to the Chiropractor is made with a written referral letter from a

Registered Medical Practitioner.

6. Chinese Herbalist Benefit

This Benefit shall be payable when a Member (i) is treated by a Registered Chinese Medicine Practitioner for internal Chinese herbal treatment for any disease or sickness on an out-patient basis at the Registered Chinese medicine Practitioners clinic and incurs medical expenses which include consultation fee and charges for Medically Necessary internal Chinese Medicines prescribed at the time of consultation by such Registered Chinese Medicine Practitioner and obtained at a legitimate source on the same day of consultation; or (ii) incurs charges for Medically Necessary Chinese Medicines prescribed by a Registered Chinese Medicine Practitioner and obtained at a legitimate source (at or outside the treating Registered Chinese Medicine Practitioner's clinic) under Non-HealthNet Benefit. This Benefit shall also be payable for acupuncture and tui na performed by a Registered Chinese Medicine Practitioner on an outpatient basis under Non-HealthNet Benefit.

This Benefit shall also be payable under HealthNet Benefit for medical consultation conducted by a video consultation service provider designated by Bupa and paid by the BHN Card. This Benefit shall cover consultation fee and Medically Necessary Chinese Medicines prescribed by the video consultation service provider and obtained at his clinic. For the avoidance of doubt, any medication delivery charge must be borne by the Member and such fees shall not be payable under this Benefit. The list of designated video consultation service providers can be found at Bupa's website. The list may be updated and amended by Bupa from time to time.

7. Chinese Bonesetter Benefit

This Benefit shall be payable when a Member (i) is treated by a Registered Chinese Medicine Practitioner for bonesetting treatment on an out-patient basis at the Registered Chinese medicine Practitioners clinic and incurs medical expenses which include consultation fee and charges for Medically Necessary external Chinese Medicines prescribed at the time of consultation by such Registered Chinese Medicine Practitioner and obtained at a legitimate source on the same day of consultation; or (ii) incurs charges for Medically Necessary Chinese Medicines prescribed by a Registered Chinese Medicine Practitioner and obtained at a legitimate source (at or outside the treating Registered Chinese Medicine Practitioner's clinic) under Non-HealthNet Benefit. This Benefit shall also be payable for acupuncture and tui na performed by a Registered Chinese Medicine Practitioner on an outpatient basis under Non-HealthNet Benefit.

8. Diagnostic Imaging and Laboratory Tests Benefit

This Benefit shall be payable when a Member undergoes for diagnostic purposes an imaging or laboratory examination on an out-patient basis where such examination is consistent with the symptoms or diagnosis and subject to written recommendation from a Registered Medical Practitioner for all diagnostic imaging and laboratory tests or written recommendation from a Registered Chinese Medicine Practitioner or Chiropractor for X-ray only and laboratory tests.

Section F - Smile Dental Benefit

Subject to the terms and conditions of this Contract and the Maximum Limit specified in the Schedule of Benefits, this Benefit is payable if a Member shall necessarily be treated by a Registered Dentist for the benefit items as specified under the Schedule of Benefits or for scaling and polishing only by a Registered Dental Hygienist other than being confined in a Hospital.

Under the coverage of Network Dental Centre benefit, Bupa shall pay the benefit equal to the actual dental expenses charged by a Registered Dentist or Registered Dental Hygienist at Network Dental Centre for the covered dental service items as specified under the Schedule of Benefits. For the avoidance of doubt, this Benefit is not payable if the treatment is not performed at Network Dental Centre or not covered under the Schedule of Benefits.

If the Member incurs any expense which has exceeded the applicable Maximum Limit; or is not eligible under this Contract, the Subscriber agrees to reimburse Bupa in full for these ineligible expenses within fourteen (14) days of receipt of an invoice from Bupa.

Schedule of Surgical Operations (partial list) 外科手術表 (節錄)

Description of Surgical Operations 外科手術分類項目	Classification of Operation 手術類別
Heart 心臟	
Coronary artery bypass graft surgery 冠狀動脈搭橋手術	Complex 複雜
PTCA with stent insertion 經皮穿冠狀動脈血管成形術及支架內置術	Complex 複雜
PTCA without stent insertion 經皮穿冠狀動脈血管成形術 (不設支架)	Major 大
Cardiac catheterisation (including coronary arteriography) 心導管插入術 (包括冠狀動脈造影術)	Major 大
Thyroid gland 甲狀腺	
Total thyroidectomy 甲狀腺完全切除術	Major 大
Bilateral subtotal thyroidectomy 雙側甲狀腺次全 (亞全) 切除術	Major 大
Hemi-thyroidectomy 甲狀腺單側切除術	Major 大
Fine needle aspiration (FNA) / biopsy of thyroid gland 針取甲狀腺細胞手術 / 甲狀腺活組織檢查	Day Case 日症手術 Minor 小
Breast 乳房	
Partial / total mastectomy with axillary dissection / radical mastectomy 乳房部份 / 完全切除術並包括腋下淋巴切除手術 / 根治性乳房切除術	Major 大
Lumpectomy or partial / total mastectomy with / without biopsy of sentinel lymph node 乳房腫瘤切除術或部份 / 完全乳房切除術 (包括或不包括前哨淋巴腺活組織檢查)	Intermediate 中
Incision and drainage of breast abscess 乳房膿腫切開及引流	Minor 小
Percutaneous fine needle biopsy of lesion of breast with / without ultrasound guided 乳房病變經皮針吸活組織檢查 (包括或不包括超聲波檢查)	Day Case 日症手術 Minor 小
Eye 眼部	
Unilateral / bilateral cataract extraction with insertion of intraocular lens 單側 / 兩側白內障摘除術包括晶體植入術	Intermediate 中
Laser photocoagulation / cryotherapy / radiotherapy of lesion of retina (and bilateral) 視網膜病變激光凝固療法 / 冷凍療法 / 放射療法 (包括兩側)	Intermediate 中
Excision / curettage / cryotherapy of lesion of eyelid(s) 眼瞼病變切除術 / 刮除術 / 冷凍療法	Day Case 日症手術 Minor 小
Exploration of conjunctiva (including removal of foreign body) 結膜探查 (包括異物清除術)	Minor 小
Ear 耳	
Tympanoplasty / myringoplasty 鼓室成形術 / 鼓膜成形術	Major 大
Removal of foreign body from external auditory canal (and bilateral) 外耳道異物清除術 (包括兩側)	Clinical Operation 診所手術 Minor 小
Myringotomy with / without insertion of tube 鼓膜切開術 (包括或不包括置管)	Day Case 日症手術 Minor 小
Nose 鼻	
Functional endoscopic sinus surgery (FESS) 功能性鼻竇內窺鏡手術	Major 大
Septoplasty 鼻中隔成型術	Intermediate 中
Submucous resection of turbinate 黏膜下鼻甲切除術	Intermediate 中
Cauterisation of turbinate of nose (and bilateral) 鼻甲燒烙術 (包括兩側)	Clinical Operation 診所手術 Minor 小
Packing of cavity of nose (as sole procedure) 鼻腔填法 (作為獨立手術)	Clinical Operation 診所手術 Minor 小
Antral puncture and wash-out (and bilateral) 鼻竇穿刺術及清洗 (包括兩側)	Day Case 日症手術 Minor 小
Nasal / sinus endoscopy 鼻 / 鼻竇內窺鏡檢查	Day Case 日症手術 Minor 小
Throat 咽喉	
Laryngoscopy / microlaryngoscopy with or without biopsy / removal of lesion 喉鏡 / 電子顯微喉鏡檢查 (包括或不包括活組織檢查 / 病變切除)	Day Case 日症手術 Minor 小
Fibreoptic examination of trachea and bronchus including biopsy / removal of foreign body 氣管及支氣管纖維內窺鏡檢查 (包括活組織檢查 / 異物清除術)	Minor 小
Tonsillectomy (and bilateral) 扁桃腺切除術 (包括兩側)	Intermediate 中
Adenotonsillectomy (and bilateral) 增殖腺扁桃體切除術 (包括兩側)	Intermediate 中
Lungs 肺	
Lobectomy (any approach) 肺葉切除術 (任何方式)	Complex 複雜
Surgical thoracoscopy with pleurodesis 胸腔鏡手術與胸膜黏合術	Major 大
Pleural biopsy (open) 胸膜活組織檢查 (開放性)	Intermediate 中
Bronchoscopy 支氣管鏡檢查	Minor 小
Percutaneous lung biopsy 經皮針刺肺活組織檢查	Minor 小
Tapping of pleural effusion (thoracentesis) 抽肺積水 (胸腔穿刺)	Minor 小
Oesophagus and stomach 食道及胃	
Partial gastrectomy with / without removal of lesion 部份胃切除術 (包括或不包括病變切除術)	Major 大
Total gastrectomy with / without removal of lesion 全胃切除術 (包括或不包括病變切除術)	Complex 複雜
Upper G.I. endoscopy with / without biopsy / removal of lesion 上消化道內窺鏡檢查及治療 (包括或不包括活組織檢查 / 病變切除術)	Day Case 日症手術 Minor 小
Appendix 闌尾	
Appendicectomy / laparoscopic appendicectomy 闌尾切除術 / 腹腔鏡闌尾切除術	Intermediate 中
Large intestine and anus 大腸及肛門	
Haemorrhoidectomy / stapled haemorrhoidectomy 痔瘡切除術 (內 / 外) / 吻合器痔瘡切除術	Intermediate 中
Excision / closure of anal fissure / of anal fistula 肛裂切除術 / 肛口閉合術	Intermediate 中
Colonoscopy with / without excision biopsy / removal of lesion 結腸內窺鏡檢查及治療 (包括或不包括活組織檢查 / 病變切除術)	Day Case 日症手術 Minor 小
Sigmoidoscopy with / without biopsy / removal of lesion 乙狀結腸內窺鏡檢查 (包括或不包括活組織檢查 / 病變切除術)	Day Case 日症手術 Minor 小
Injection / banding of haemorrhoids 痔瘡注射 / 結紮	Clinical Operation 診所手術 Minor 小

Description of Surgical Operations 外科手術分類項目	Classification of Operation 手術類別
Liver, gall bladder and bile duct 肝、膽囊及膽管	
Liver transplantation including recipient hepatectomy 肝臟移植術包括受者肝臟切除術	Complex 複雜
Partial hepatectomy 部份肝臟切除術	Complex 複雜
Cholecystectomy with / without exploration of common bile duct 膽囊切除術 (包括或不包括膽總管探查)	Major 大
Laparoscopic cholecystectomy with / without preoperative cholangiogram 腹腔鏡膽囊切除術 (包括或不包括手術前膽管造影術)	Major 大
Urinary tract 泌尿系統	
Extracorporeal shock wave lithotripsy 體外震波碎石法	Intermediate 中
Endoscopic examination of bladder (including biopsy) 膀胱內窺鏡檢查 (包括活組織檢查)	Day Case 日症手術 Minor 小
Genital tract - male 男性生殖系統	
Radical prostatectomy (any approach), reconstruction of bladder neck including bilateral pelvic lymphadenectomy 根治性前列腺切除術 (任何方法), 包括重建膀胱頸及骨盆兩側淋巴結切除術	Complex 複雜
Prostatectomy 前列腺切除術	Major 大
Circumcision 包皮環切術	Minor 小
Genital tract - female 女性生殖系統	
Radical hysterectomy and lymphadenectomy (Werthelm's) 根治性子宮切除及淋巴結切除術	Complex 複雜
Subtotal / Total hysterectomy (including abdominal / laparoscopically assisted / laparoscopic / vaginal approach) with / without removal of adnexa 子宮次全 / 完全切除術 (包括經腹手術 / 腹腔鏡輔助手術 / 腹腔鏡手術 / 經陰道式手術) 包括或不包括附件切除	Major 大
Laparoscopic myomectomy 經腹腔鏡子宮肌瘤切除術	Major 大
Unilateral / bilateral oophorectomy and salpingectomy (as sole procedure) 單側或兩側卵巢及輸卵管切除術 (作為獨立手術)	Major 大
Vaginal approach myomectomy 經陰道進行宮肌瘤切除術	Intermediate 中
Abdominal approach myomectomy 經腹部進行宮肌瘤切除術	Major 大
Laparoscopy and therapeutic procedures including laser, diathermy and destruction e.g. endometriosis, adhesiolysis, tubal surgery 腹腔鏡檢查及治療 (包括激光療法及透熱療法, 例如治療子宮內膜異位症、盆腔黏連、輸卵管手術)	Intermediate 中
Laparotomy / laparoscopic ovarian cystectomy (and bilateral) 開腹 / 經腹腔鏡卵巢囊腫切除術 (包括兩側)	Major 大
Hysteroscopy with / without dilation and curettage with / without removal of lesion 宮腔鏡 (包括或不包括子宮擴張刮術) (包括或不包括病變切除術)	Intermediate 中
Excision / marsupialisation of Bartholin's gland / cyst 巴多林氏腺的切除或袋形縫合術	Intermediate 中
Dilatation of cervix uteri and curettage of uterus including polypectomy and diathermy of cervix 子宮頸擴張及子宮內膜刮除術 (包括息肉切除術及子宮透熱療法)	Minor 小
Colposcopy (including biopsy, treatment of lesion of cervix uteri by cauterization, laser, diathermy, etc) 陰道鏡檢查 (包括活組織檢查及使用燒烙激光透熱等方法治療子宮頸部病變等)	Day Case 日症手術 Minor 小
Skin and subcutaneous tissue 皮膚及皮下組織	
Malignant melanoma excision including flap grafting 惡性黑色素瘤切除術包括皮瓣移植	Intermediate 中
Excision of lesion of skin / subcutaneous tissue 皮膚或皮下組織病變切除術	Clinical Operation 診所手術 Minor 小
Curettage / cryotherapy of lesion of skin including cauterisation 皮膚病變刮除術 / 冷凍療法包括燒烙術	Clinical Operation 診所手術 Minor 小
Primary suture of wound with involvement of deeper tissue 傷口縫合術包括深層皮膚組織	Day Case 日症手術 Minor 小
Removal of foreign body in deeper tissue 深層組織內異物清除術	Day Case 日症手術 Minor 小
Drainage of lesion of skin including abscess 皮膚病變、膿腫引流術	Clinical Operation 診所手術 Minor 小
Fine needle aspiration cytology 針取細胞術	Day Case 日症手術 Minor 小
Drainage of lesion of lymph node 淋巴結病變引流術	Day Case 日症手術 Minor 小
Abdominal wall 腹	
Primary repair of inguinal hernia, bilateral 腹股溝疝修補術, 兩側	Major 大
Primary repair of inguinal hernia, unilateral 腹股溝疝修補術, 單側	Intermediate 中
Bones and joints 骨及關節	
Total knee replacement 全膝關節置換	Major 大
Total hip replacement 全髖關節置換	Complex 複雜
Arthroscopy for diagnosis and / or treatment 關節鏡進行之檢查及 / 或治療	Intermediate 中
Repair / reconstruction of ruptured Achilles tendon 跟腱斷裂後修補 / 重建術	Intermediate 中
Closed reduction of fracture with / without application of plaster of Paris 骨折閉合性復位術 (包括或不包括石膏固定)	Minor 小
Removal of fracture implant (except spinal implant) 拆除骨折植入物 (脊椎植入物除外)	Minor 小
Excision of ganglion 腱鞘囊腫切除術	Day Case 日症手術 Minor 小
Release of constriction of tendon sheath 肌腱狹窄鬆解術	Day Case 日症手術 Minor 小
Joint aspiration / injection 關節抽液 / 注射	Clinical Operation 診所手術 Minor 小

For operations not listed in this Schedule of Surgical Operations and not expressly excluded herein by any other condition of the Contract, Bupa will pay a Benefit using a classification at its own discretion depending on the complexity of the surgery involved.

For any enquiry, please call our Customer Care helpdesk.

凡手術未列於此外科手術表內, 同時亦未有任何合約條款及細則明確表示屬保障範圍以外, 保柏將根據有關手術之複雜程度, 自行決定手術類別而作賠償。任何查詢, 請致電我們的客戶服務專線。

This Schedule of Surgical Operations is for reference only, and is subject to change from time to time without prior notice.

此外科手術表只供參考用, 如有任何更改, 恕不另行通知。

In the event of any discrepancy in respect of the meaning between the Chinese version and English version in the Contract, the English version shall prevail. 本合約內中、英文之意思如有任何差別, 概以英文為準。

— End of Contract —

— 合約完 —

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