

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

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 2,000 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2,000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 2,000 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 2,000 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。

A photograph of two men in a professional setting, likely a meeting. The man on the left is a white man with short brown hair, wearing a blue and white checkered shirt. The man on the right is an Asian man with short black hair, wearing a light blue button-down shirt. They are both smiling and looking towards the right side of the frame. A dark blue rectangular box with white text is overlaid on the left side of the image.

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.

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

^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

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:

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：

Supporting your health every day, every way 健康 · 一心守護

- 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
- 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

For more details and the latest updates about the specialist treatment programmes, please visit Bupa's website.
有關專科治療計劃的詳情及最新資訊，請瀏覽保柏網站。



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 Bluea Health

Members can also connect your myBupa account to Bluea Health app to unlock Bupa exclusive elite experience, enjoy the new AI powered health-tracking technology, and earn points to redeem for exciting rewards.

Explore Bluea Health for a healthier you with features including:



Enjoy a variety of free health app features



Assess your health in 30 seconds with AI technology



Exercise with AI coach anytime, anywhere



Earn points to redeem rewards for healthy living

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！

Bluea Health 健康管理及獎賞

會員可以連結myBupa帳戶到Bluea Health應用程式，解鎖Bupa客戶尊屬體驗，享受由AI科技帶來的健康新功能，更可賺取積分換領精彩獎賞。

Bluea Health 助你贏健康賺獎賞，功能包括：



免費使用多項健康互動功能



30秒AI評估你的身心健康



與AI教練隨時隨地一起健身



賺取積分以換領各種獎賞

Bluea Health is offered, distributed and operated by Horizon Health and Care Limited which is a company registered in Hong Kong under the Bupa Group.

Bluea Health is not a medical device, and it does not provide personalised medical advice. The contents of the mobile app cannot replace the medical advice, diagnosis and treatment of medical professionals. If you have any question on your medical condition, please seek advice immediately from doctor or other qualified medical service provider.

Bluea Health 由保柏集團成員、香港註冊公司 Horizon Health and Care Limited 提供、發佈及營運。

Bluea Health 並不是醫療設備，也不會提供個性化的醫療建議。該應用程式的內容並不能代替專業醫護人員的醫療建議、診斷或治療。如有任何關於醫療狀況的問題，請立即尋求醫生或其他合資格醫療服務提供者的建議。

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

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.

Rooted in Hong Kong since 1976, we are known as an integrated healthcare specialist, offering one-stop solutions across domestic health insurance, international health insurance, as well as primary care services through Quality HealthCare Medical Services (QHMS).

Quality HealthCare

Quality HealthCare Medical Services (QHMS) became part of Bupa, an international healthcare company, in October 2013. Our services include Western Medicine, Traditional Chinese Medicine, Diagnostics & Imaging, Dental, Physiotherapy, Mental Health and Wellness.

We provide service through a network of over 1,600 service points in Hong Kong, including Quality HealthCare Medical Centres and affiliated clinics.



保柏香港

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。

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保柏香港於1976年成立，是香港的綜合醫療保健專家，為顧客提供一站式的方案，服務涵蓋本地及國際醫療保險，並透過旗下的卓健醫療，為市民提供醫療保健服務。

卓健醫療

卓健醫療於2013年10月正式加入國際醫療保健公司 — 保柏。我們提供西醫、中醫、診斷及造影、牙科、物理治療、心理健康及保健等服務。

我們透過逾1,600個遍及全港的服務點，包括旗下卓健醫療中心，連同聯營診所，為市民及社區服務。

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.
- o Treatment relating to any illness or bodily injury resulting from participation in criminal activities.

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，你便須在收到繳費單後，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陷病毒所引致的治療。
- 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；與男女任何一方之節育、絕育或變性有關的治療；由於不育而直接或間接進行的治療，包括體外受孕，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。
- o 任何因參與犯罪活動而引致之疾病或損傷。

- Alternative treatment including but not limited to Chinese Medicines treatment, acupuncture, acupressure, tui na, hypnosis, 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 in a sport in a professional or non-amateur capacity other than for leisure and health purpose and receives or earns an income or remuneration from engaging or taking part in it.
- Any charges incurred at a medical practitioner, hospital or healthcare facility unrecognised by Bupa.
- 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）、帕金森病。
- 心理病或精神病症，包括但不限於精神病、神經機能病、抑鬱、焦慮、神經性厭食、精神分裂、行為失常、譫妄症、失眠、神經衰弱等直接或間接引致的治療（受住院及手術保障下的「精神科治療保障」涵蓋則除外）。
- 購買或使用輔助器具，包括但不限於眼鏡、助聽器及其他設備例如輪椅、拐杖的費用。
- 任何與牙齒或牙肉疾病有關的治療或檢查，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；或除休閒和健康目的以外，以專業或非業餘身份參與或參加運動，並通過該參與或參加獲取收入或報酬。
- 未經保柏認可的醫生、醫院或醫療保健機構產生的任何費用。

Medically necessary

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

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

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

For the avoidance of doubt, the recommendation of the attending registered medical practitioner is not the sole factor to be considered when determining whether a treatment, medical service or medication is medically necessary.

Without prejudice to the generality of the foregoing, circumstances where a hospital confinement is considered medically necessary include, but are not limited to:

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

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

- standards that are based on clinically proven evidence in appropriately reviewed, independent medical journals;
- relevant specialty body recommendations; and
- in accordance with standards of generally accepted medical practice.

Normal and customary

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

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

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

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。

醫療必需

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

醫療必需指醫療上必需的治療、醫療服務或藥物：

- 以正常及慣常費用就病症之診斷提供相應之治療；
- 符合良好及謹慎的醫療標準；
- 就有關診斷或治療而所需的；
- 非純為會員、註冊西醫、註冊中醫、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；
- 以最合適之程度向會員提供安全及有效的治療；及
- 住院非純為診斷掃描目的、影像學檢驗或物理治療。

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

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

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

就「良好及謹慎的醫療標準」之詮釋，保柏將會考慮以下事項：

- 醫療標準為必須經過適當審查的獨立醫學期刊中臨床證明所界定；
- 相關專業機構的建議；及
- 符合良好醫療守則標準。

正常及慣常

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

保柏必須參照以下資料（如適用）以釐定「正常及慣常」收費：

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

Bupa (Asia) Limited
保柏（亞洲）有限公司

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

www.bupa.com.hk



Bupa Hong Kong

