

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 2024 Edition 2024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 ◦ Major 大型 ◦ Intermediate 中型 ◦ Minor 小型 | | 77,500 39,500 19,300 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 ◦ Major 大型 ◦ Intermediate 中型 ◦ Minor 小型 | | 26,250 13,210 6,570 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 ◦ Major 大型 ◦ Intermediate 中型 ◦ Minor 小型 | | 26,250 13,210 6,570 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 (i) Clinical Operations or Day Case at a clinic or day-case unit of a Hospital performed by a Registered Medical Practitioner or (ii) Hospital Confinement without an overnight stay. Expenses are payable under HealthNet Benefit when pre-authorisation has been obtained (applicable to plans 4-9 only). Supplementary Major Medical Benefit will not be applicable.◦ For plans 1 - 3: Exclusively payable 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 overnight 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 payable for eligible expenses incurred by the procedures below performed during overnight Hospital Confinement without pre-authorisation obtained up to the Maximum Limit per Member of Non-HealthNet providers only. Supplementary Major Medical Benefit will not be applicable. If pre-authorisation is obtained 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(i)由註冊西醫於診所或醫院日症房進行診所手術或日症或(ii)無需過夜的住院的費用。「網絡保障」只支付已獲取初步保障審核的費用 (只適用於計劃4 - 9) 。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引致的合資格費用, 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引致的合資格費用, 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 Contract Year) 日間病毒性疣及皮損程序 ^⑥ (每合約年度計) | | 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 (Maximum 6 visits per Contract Year) (每合約年度最多6次) | Full cover 全數賠償 (Maximum 6 visits per Contract Year) (每合約年度最多6次) | Full cover 全數賠償 (Maximum 6 visits per Contract Year) (每合約年度最多6次) |
| | | At Non-HealthNet providers 於非網絡供應商 | 8,000 | 8,000 | 7,920 |



Schedule of Benefits 保障金額表

| 1 January 2024 Edition 2024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 |
| 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、診所手術或日症的門診及所有在出院、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 |
| 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) ◦ 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)，此保障將就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 ◦ 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, Esophagogastroduodenoscopy, 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 | 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 |
| ◦ 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) | 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 (每合約年度每病証計) | 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% |
| ◦ 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: - 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： - 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 |



Schedule of Benefits 保障金額表

1 January 2024 Edition 2024年1月1日版本

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

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。

| 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 自付費 (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 2,000 | | | | | | N/A 不適用 | | | | | |
| 1 General Practitioner (Per visit) 普通科醫生 (每次診治計) ◦ Consultation (Including consultation fee and basic 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基本醫療必需西藥) | 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，如有自付費除外 (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) ◦ Consultation (Including consultation fee and basic 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基本醫療必需西藥。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) ◦ 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) ◦ Treatment fee only and subject to written referral [®] from a Registered Medical Practitioner ◦ 只限診療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，如有自付費除外 | | | | | | 680 | | | 485 | | 355 |
| 5 Chiropractor (Per visit) 脊醫 (每次診治計) ◦ Treatment fee only and subject to written referral [®] from a Registered Medical Practitioner ◦ 只限診療費及須獲註冊西醫書面轉介 [®] | | | | | | | 680 | | | 485 | | 355 |
| 6 Chinese Herbalist (Per visit) 中醫師 (每次診治計) ◦ Consultation (Including consultation fee and basic 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 basic 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基本醫療必需中藥費用) ◦ 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診所) 取得之基本醫療必需中藥費用 ◦ 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，如有自付費除外 (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) ◦ Consultation (Including consultation fee and basic 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 basic 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基本醫療必需中藥費用) ◦ 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診所) 取得之基本醫療必需中藥費用 ◦ 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 |

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 2024 Edition 2024年1月1日版本

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

| 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 自付費 (每次診治計) / 賠償率 | \$0 | \$30 | \$0 | \$30 | \$20 | \$30 | 100% | 80% | 100% | 80% | 100% | 80% |
| 8 Diagnostic Imaging and Laboratory Tests (Per Contract Year) 診斷影像及化驗 (每合約年度計) ◦ 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。

| 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 ◦ Applicable to fillings and extractions due to tooth decay or gum disease only, including amalgam (silver) fillings for premolar and molar teeth and white (composite) fillings for front teeth. Extraction of wisdom teeth, complicated extractions, extractions requiring bone removal, surgical extractions or extractions for orthodontic reasons are excluded ◦ 只適用於蛀牙或患嚴重牙周病之牙齒之大牙 (銀粉) 或門牙 (瓷粉) 補牙。脫除智齒、複雜脫牙、口腔手術脫除牙腳、需移走牙骨或牙齒、任何口腔手術或因矯正牙齒而脫牙將不包括在保障內 | Full cover 全數賠償 | |
| 5 Periodontal (gum) treatment 牙周病治療 ◦ 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 ◦ 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 | |

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

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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/gkhk.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:
 - For procedures performed at a HealthNet Service Provider and to be paid under HealthNet Benefit, pre-authorisation must be obtained through the HealthNet doctor prior to endoscopy and viral warts and skin lesions procedures (as required by Bupa's provider guidelines).
 - For procedures performed by your choice of doctor and service provider for (i) Clinical Operations or Day Case at a clinic or day-case unit of a Hospital or (ii) Hospital Confinement without an overnight stay, the eligible expenses incurred will be payable up to the Maximum Limit per Member of Non-HealthNet Benefit without pre-authorisation required.
 - For procedures performed in Hospital Confinement with an overnight stay, no pre-authorisation is required in any of the following situations:
 - Any treatment performed outside Hong Kong;
 - Hospital Confinement and surgical procedures performed at ward level in the public sector of government Hospitals; or
 - If you file a claim for your procedure with another insurer first and submit a second claim to Bupa.
 - 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.
 - ⑤ For plans 1 - 3: Endoscopy and viral warts and skin lesions procedures performed during Hospital Confinement with an overnight stay may 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 for the full definition of Medically Necessary.
 - ⑥ If a Member receives more than one viral warts and skin lesions treatments at the same time on the same day, it will be counted as one operation. Bupa reserves the right to ask for a medical report for review.
 - 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, specialist and Chinese herbalist under Clinical Benefit also cover consultation fee charged by the general practitioners, specialists and Chinese herbalists of video consultation service providers. This benefit shall also cover the medication delivery charge incurred by the designated video consultation service providers (general practitioner and Chinese herbalist only). The list of designated video consultation service providers can be found on Bupa's website. The list may be updated and amended by Bupa 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/gkhk.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:
 - 如於網絡服務供應商進行及以「網絡保障」支付內窺鏡和病毒性疣及皮損程序之前必須經由網絡醫生申請初步保障審核（按保柏供應商指引之要求）。
 - 如由你所選的醫生及服務供應商在 (i) 診所或醫院日症房或(ii) 無需過夜的住院進行程序，所產生的符合資格的費用，將根據「非網絡保障」之每位會員最高賠償額為限。會員則無需申請初步保障審核。
 - 如程序於需要過夜的住院進行，以下情況不需要申請初步保障審核：
 - 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；或
 - 如你先向其他保險公司索償，再向保柏申請第二索償。
 - 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 上的會籍文件頁面。此列表可能會不時更改。
 - 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。保柏保留權利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 門診診療下的普通科醫生、專科醫生及中醫師亦涵蓋由視像診症服務供應商的普通科醫生、專科醫生及中醫師醫療診症服務的診症費。此保障涵蓋指定的視像診症服務供應商的藥物運送費用（包括普通科醫生及中醫師）。指定的視像診症服務供應商名單可於保柏的網絡牙科中心查詢，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／或中醫轉介的某些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。

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Schedule of Benefits 保障金額表

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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 |
|--|------------------|----------------------|---|
| Hospital and Surgical Benefit 住院及手術保障 | 1 | Private 私家房 | 14,400 |
| | | Semi-private 半私家房 | 7,190 |
| | | Ward 大房 | 2,870 |
| Hospital and Surgical Benefit 住院及手術保障 | 4 | Private 私家房 | 22,234 |
| | | Semi-private 半私家房 | 12,656 |
| Hospital and Surgical Benefit 住院及手術保障 | 6 | Ward 大房 | 7,017 |
| | | Semi-private 半私家房 | 11,510 |
| Hospital and Surgical Benefit 住院及手術保障 | 8 | Private 私家房 | 20,755 |
| | | Semi-private 半私家房 | 11,510 |
| Hospital and Surgical Benefit 住院及手術保障 | 9 | Ward 大房 | 6,245 |
| | | Semi-private 半私家房 | 11,510 |

Notes 附註

- ① All Employees with the same eligibility must be enrolled in the same plan.
- ② If Dependant cover is selected in any plan, all eligible Dependants must join the same plan as that of the relevant Employee.
- ③ All eligible children in the same family will be considered as one Member for Subscription calculation.
- ④ 所有資格相同的僱員必須參加同一計劃。
- ⑤ 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。
- ⑥ 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。