



常見問題 Frequently asked questions

1. 是否設有最低住院時數？日症及門診手術可獲得賠償嗎？

此計劃沒有最低住院時數限制。而日症及門診手術亦可獲得賠償，此類治療包括打石膏、傷口縫合、電療、化療等。

2. 投保此計劃後，我可怎樣享用稅項扣減？

每名投保合資格醫療保障計劃（獲醫務衛生局認可之自願醫保計劃）的納稅人可就合資格保費扣稅。每年可用作申請稅項扣減的保費上限為每名受保人港幣8,000元。受保人與保單持有人之關係須列載於稅務局《稅務條例》（第112章）中「指明親屬」列表上。保費須於課稅年度內繳付方符合該課稅年度的申請稅項扣減資格。稅項扣減適用於2019年4月1日起生效的認可產品，不包括其他自選保障。

每名納稅人可用以申請稅項扣減的受保人數及／或保單數目不設上限。為同居伴侶、孫子女、同居伴侶之父母／子女購買的保單並不符合稅項扣減的資格。

為幫助你申請稅項扣減，你將於每年4月底前收到由保柏發出的保費支付紀錄。如對稅項扣減有任何疑問，請聯絡稅務局或參考保柏網頁 www.bupa.com.hk/taxfaq。

1. Is there any minimum length of hospital stay? Are day case surgeries and clinical procedures also covered?

No, there's no minimum number of hours that you must stay in hospital while receiving treatment. Day case surgeries and clinical procedures are covered as well. This includes treatments such as plaster casts, wound sutures, radiotherapy and chemotherapy.

2. How can I receive a tax deduction for purchasing this plan?

Any Hong Kong taxpayer who has purchased an eligible health insurance plan (certified by the Health Bureau as VHIS) can receive a tax deduction on qualifying premiums up to HK\$8,000 per insured person each year. These persons must be included in the list of "specified relatives" in Inland Revenue Ordinance (Cap. 112).

You can claim the deduction in the same tax year when the premium was paid. The deduction is available for certified plans, but not any other Optional Benefits, with effective date of 1 April 2019 or later.

There is no limit on the number of insured persons and/or policies claimed by each taxpayer. Policies purchased for a domestic partner, grandchild(ren) or domestic partner's parents/children are not eligible for tax deduction.

To help with the tax deduction process, you'll receive Premium payment record from Bupa by the end of April each year. If you have any questions, please contact the Inland Revenue Department or visit our website at www.bupa.com.hk/taxfaq.



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3. 如何使用「訂明斷診成像檢測保障」？

此保障涵蓋由醫生轉介的電腦斷層掃描（“CT” 掃描）、磁力共振掃描（“MRI” 掃描）、正電子放射斷層掃描（“PET” 掃描）、PET-CT 組合及 PET-MRI 組合。保柏就以上檢測的最高賠償額為每保單年度港幣40,000元，並設30%共同保險。即你須自行負擔30%合資格醫療費用，其餘70%則由保柏賠償。

假設你的主診醫生為你安排腦部電腦斷層掃描，費用為港幣5,000元，你將要自行負擔港幣1,500元（30%），而保柏則會賠償餘下合資格部分（港幣3,500元）。

4. 此計劃會賠償就醫療費用而徵收的增值稅和商品及服務稅嗎？

會。根據保單條款及保障，就本計劃涵蓋的醫療費用及開支而徵收的增值稅和商品及服務稅，將作為合資格費用予以賠償。請留意，增值稅和商品及服務稅並不適用於香港產生的醫療費用。然而，若你在其他地方尋求治療，這些稅務費用或會適用。

3. How can I use the Prescribed Diagnostic Imaging Tests Benefit?

This benefit covers the following tests prescribed by your doctor: computed tomography (CT scan), magnetic resonance imaging (MRI scan), positron emission tomography (PET scan), PET-CT combined and PET-MRI combined. Bupa will cover these prescribed tests up to HK\$40,000 per year subject to 30% coinsurance. That means you'll pay 30% of the eligible expenses and Bupa will pay 70% up to the maximum benefit limit of HK\$40,000 per year.

For example, say your doctor prescribes a CT of your brain. It costs HK\$5,000. So you'll pay HK\$1,500 (30%) and Bupa will cover the remaining eligible expenses (HK\$3,500).

4. Does this plan include coverage for value-added tax (VAT) and goods and services tax (GST) levied on medical expenses?

Yes. VAT and GST levied on medical fees and expenses that are covered under this plan will also be paid as eligible expenses according to the policy terms and benefits. Please note that VAT and GST are not applied to medical expenses incurred in Hong Kong. However, they may be applicable if you seek treatment elsewhere.



重要資料 Important information

本冊子乃資料摘要，僅供參考之用。請務必細閱完整的保險保單，以了解計劃之保障範圍、一般不保事項、條款及細則。

我們想幫助你在投保前了解本計劃。請細閱以下資料。

等候期

本計劃下之認可產品及其他自選保障之等候期如下：

認可產品	不設等候期，保單生效後即可獲得保障。
自選門診保障	
自選牙科保障	
自選產科保障	受保人必須於本保障生效日之後受孕方可獲得賠償，首9個月等候期內不會獲得賠償。倘若因為終止懷孕或早產（妊娠20至37週之間的分娩），此產科保障將不會應用9個月等候期而作賠償，惟受保人必須於此產科保障生效日後受孕。為免存疑，若受保人於妊娠37週後但於9個月等候期內分娩，將不獲此產科保障賠償。

冷靜期

若你並非完全滿意這份保單，你有權改變主意。你可於冷靜期內（即保單文件交付予你後21日內）取消你的保單。請以書面方式提出取消保單之要求，並連同所有保單文件交回保柏。若你並無獲得任何賠償，將可獲全數退還已繳保費。

詳情請參閱隨迎新信件附上的「保單冷靜期通知」。

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

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

Waiting period

The waiting period for the certified plan and other optional benefits are as follows:

Certified Plan	No waiting period, coverage starts as soon as your policy is in effect.
Optional Clinical Benefit	
Optional Dental Benefit	
Optional Maternity Benefit	This benefit is payable provided that the conception occurs after the commencement date of this benefit and no benefit shall be payable during the waiting period of the first 9 months. In the event of premature termination of pregnancy or premature birth (delivery that occurs between 20 and 37 weeks of gestation), this benefit shall be payable without the application of the 9 months' waiting period provided that the conception of such pregnancy occurs after the commencement date of this Maternity Benefit. For the avoidance of doubt, if delivery is occurred after 37 weeks of gestation but within the 9 months' waiting period, this Maternity Benefit shall not be payable.

Cooling-off period

If you're not fully satisfied with this plan, you have the right to change your mind. You can cancel your plan during the cooling-off period (i.e., within 21 days after the delivery of policy documents to you). You'll need to make your cancellation request in writing and return all your policy documents to Bupa. Then you'll receive a full refund of the premiums paid as long as no benefits have been paid.

Please refer to the "Notice on cooling-off period of your Policy" enclosed in your welcome pack for details.



重要資料 Important information

取消保單權益

你可在 30 日前以書面方式通知保柏要求取消你的保單。但請留意取消保單只適用於該保單年度內沒有就保單獲得任何賠償的情況。

有關核保之資料披露

在投保申請期間，你應以最高誠信向保柏披露所有重要事實。如果你不確定某個事實是否重要，則應將其披露。若你未有披露或披露失實資料以致影響保柏的風險評估，將會影響你的保障權益，後果包括保單被取消、施加提升保費／不保事項或索償款項被調低。

索償步驟

任何索償須按照保柏所訂的索償程序進行。所有有關該索償的所須文件正本須於出院後或接受治療後 90 天內遞交，否則保柏將不能處理你的賠償，或會導致索償被拒。

保費調整

每名受保人的首期保費會根據年齡、健康狀況及保障選擇等因素而定。

你的保費並不會因曾作出索償而被調高。然而，續保保費或會因年齡遞增而相應調整。保柏可按醫療通脹、一般營運開支及因應醫療開支增加而作出的保障改動等因素，向所有同一類別保單調整標準保費率。在此情況下，同一類別保單指所有相同保障等級並具備相同條款及細則和保障表的保柏靈活配自願醫保計劃保單（即「尊尚」計劃、「升級尊尚」計劃等均為獨立的類別）。

Cancellation rights

You can cancel your policy at any time by giving 30 days' written notice to Bupa. However, cancellation is only available if no benefits have been paid during the relevant policy year.

Disclosure of information for underwriting

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

Claims procedure

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

Premium adjustment

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

Any claims you make won't affect your premium at renewal. However, renewal premiums may still increase as you get older. Bupa may adjust the standard premium rate on an overall portfolio basis with reference to factors such as medical inflation, general operating expenses and revision of benefits to cover increasing medical expenses. In this case, the portfolio is all Bupa MyFlexi VHIS Plan policies with the same level of coverage under the same terms and conditions and benefit schedule (i.e., one portfolio each for all Deluxe, Deluxe Plus plans and so on).



重要資料 Important information

續保

本保單生效期為期一年並會自動續保及收取保費，除非你以書面提出取消保單。無論你在投保後的健康狀況有任何改變，保柏保證每年續保你的保障至100歲，只要你符合保單條款及細則內列明的續保要求。

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

保柏可於每年續保時更改保單條款及保障，以符合自願醫保計劃認可產品的最新要求。所有改動將由醫務衛生局批核並於續保前以書面提前通知保單持有人。

繳付保費

本計劃為醫務衛生局認可的自願醫保計劃，就認可產品所繳付的保費可用作申請稅項扣減（不包括其他自選保障）。詳情請瀏覽 www.bupa.com.hk/taxfaq。

你應按申請時所選擇的繳費方式年繳或月繳保費。如你符合續保的資格條件，保柏將於保單續保時從自動轉賬戶口或信用卡戶口自動扣取續保保費，除非我們接獲你的其他指示。

另外，保柏將給予60日繳交保費的寬限期，由保費到期日起計。你的保單於寬限期內仍然生效，惟在收到保費前，你將不會獲支付任何賠償，直至保費已獲繳清。若在寬限期屆滿後你仍未繳清保費，你的保單會於保費到期日起終止。

終止保單

你的保單將在以下情況時自動終止：

1. 在60日繳費寬限期屆滿時仍未繳交保費；
2. 受保人身故；或
3. 保柏不再獲《保險業條例》授權承保或繼續承保本保單。

Renewal

This policy will last for 1 year and will be renewed with premium payments collected automatically, unless you submit a written request to cancel your policy. Bupa guarantees that your cover can be renewed every year until the age of 100 as long as you meet the requirements as stated in the renewal provisions of your policy terms and conditions, regardless of any changes in your health condition.

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

Bupa may revise the policy terms and benefits every year at renewal in order to comply with the latest VHIS requirements. All changes will be certified by the Health Bureau and are subject to prior written notice to the policy holder upon renewal.

Payment of premiums

This is a VHIS plan certified by the Health Bureau. The premiums paid under the certified plan are eligible for claiming tax deduction (excluding Optional Benefits). Please refer to www.bupa.com.hk/taxfaq for details.

You should pay your premium annually or monthly, based on the payment method selected during the application process. If you've fulfilled the eligibility criteria for renewal, we will charge your premium automatically at the next policy renewal, unless we have received other instructions from you.

In addition, you're allowed a 60-day grace period after the premium due date to complete the payment process. During that time, your policy will still be in effect but no benefits will be paid until the premium is paid. However, if you still haven't paid your premium when the grace period ends, your policy will be terminated from the premium due date.

Termination of your policy

Your policy will be terminated automatically in the following situations:

1. non-payment of premiums after a grace period of 60 days after the premium due date;
2. upon the death of the insured person; or
3. Bupa has ceased to have the requisite authorisation under the Insurance Ordinance to write or continue to write this policy.



重要資料 Important information

轉換至新的保險計劃

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

一般不保事項

1. 任何非醫療所需治療、治療程序、藥物、檢測或服務的費用。
2. 若純粹為接受診斷程序或專職醫療服務（包括但不限於物理治療、職業治療及言語治療）而住院，該住院期間所招致的全部或部分費用。惟若該等程序或服務是在註冊醫生建議下因而進行醫療所需的診斷，或無法以為日症病人提供醫療服務的方式下有效地進行的傷病治療，則不屬此項。
3. 在保單生效日前，因感染或出現人體免疫力缺乏病毒（“HIV”）及其相關的傷病所招致的費用。不論保單持有人或受保人在遞交投保申請文件（若本公司在本保單之條款及保障第一部分第8節提出要求，則包括相關必需資料的任何更新及改動）時是否知悉，若此傷病在保單生效日前已存在，本保單之條款及保障則不會賠償此傷病。若無法證明初次感染或出現此傷病的時間，則此傷病於保單生效日起計五(5)年內發病，將被推定為於保單生效日前已感染或出現；若在這五(5)年後發病，將被推定為於保單生效日後感染或出現。

惟本第3節的不保事項並不適用於因性侵犯、醫療援助、器官移植、輸血或捐血、或出生時受HIV感染所引致的傷病，有關賠償將按本保單之條款及保障內其他條款處理。

Changing to a new insurance plan

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

General exclusions

1. Expenses incurred for treatments, procedures, medications, tests or services which are not medically necessary.
2. Expenses incurred for the whole or part of the confinement solely for the purpose of diagnostic procedures or allied health services, including but not limited to physiotherapy, occupational therapy and speech therapy, unless such procedure or service is recommended by a registered medical practitioner for medically necessary investigation or treatment of a disability which cannot be effectively performed in a setting for providing medical services to a day patient.
3. Expenses arising from human immunodeficiency virus (“HIV”) and its related disability, which is contracted or occurs before the policy effective date. Irrespective of whether it is known or unknown to the policy holder or the insured person at the time of submission of application, including any updates of and changes to such requisite information (if so requested by the company under Section 8 of Part 1 of the Policy Terms and Benefits) such disability shall be generally excluded from any coverage of the Policy Terms and Benefits if it exists before the policy effective date. If evidence of proof as to the time at which such disability is first contracted or occurs is not available, manifestation of such disability within the first five (5) years after the policy effective date shall be presumed to be contracted or occur before the policy effective date, while manifestation after such five (5) years shall be presumed to be contracted or occur after the policy effective date.

However, the exclusion under this entire Section 3 shall not apply where HIV and its related disability is caused by sexual assault, medical assistance, organ transplant, blood transfusions or blood donation, or infection at birth, and in such cases the other terms of the Policy Terms and Benefits shall apply.



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4. 因倚賴或過量服用藥物、酒精、毒品或類似物質（或受其影響）、故意自殘身體或企圖自殺、參與非法活動、或性病及經由性接觸傳染的疾病或其後遺症（HIV及其相關的傷病將按本一般不保事項第3節處理）的醫療服務費用。
 5. 以下服務的收費-
 - (a) 以美容或整容為目的的服務，惟受保人因意外而受傷，並於意外後一(1)年內接受的必要醫療服務則不屬此項；或
 - (b) 矯正視力或屈光不正的服務，而該等視力問題可透過驗配眼鏡或隱形眼鏡矯正，包括但不限於眼部屈光治療、角膜激光矯視手術 (LASIK)，以及任何相關的檢測、治療程序及服務。
 6. 預防性治療及預防性護理的費用，包括但不限於並無症狀下的一般身體檢查、定期檢測或篩查程序、或僅因受保人及／或其家人過往病歷而進行的篩查或監測程序、頭髮重金元素分析、接種疫苗或健康補充品。為免存疑，本第6節並不適用於-
 - (a) 為了避免因接受其他醫療服務引起的併發症而進行的治療、監測、檢查或治療程序；
 - (b) 移除癌前病變；及
 - (c) 為預防過往傷病復發或其併發症的治療。
 7. 牙科醫生進行的牙科治療及口腔頷面手術的費用，惟受保人因意外引致在住院期間接受的急症治療及手術則不屬此項。出院後的跟進牙科治療及口腔手術則不會獲得賠償。
 8. 下列醫療服務及輔導服務的費用 - 產科狀況及其併發症，包括但不限於懷孕、分娩、墮胎或流產的診斷檢測；節育或恢復生育；任何性別的結紮或變性；不育（包括體外受孕或任何其他人工受孕）；以及性機能失常，包括但不限於任何原因導致的陽萎、不舉或早泄。
4. Expenses incurred for medical services as a result of disability arising from or consequential upon the dependence, overdose or influence of drugs, alcohol, narcotics or similar drugs or agents, self-inflicted injuries or attempted suicide, illegal activity, or venereal and sexually transmitted disease or its sequelae (except for HIV and its related disability, where Section 3 of this General exclusions applies).
 5. Any charges in respect of services for -
 - (a) beautification or cosmetic purposes, unless necessitated by injury caused by an accident and the insured person receives the medical services within one (1) year of the accident; or
 - (b) correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens, including but not limited to eye refractive therapy, LASIK and any related tests, procedures and services.
 6. Expenses incurred for prophylactic treatment or preventive care, including but not limited to general check-ups, routine tests, screening procedures for asymptomatic conditions, screening or surveillance procedures based on the health history of the insured person and/or his family members, hair mineral analysis (HMA), immunisation or health supplements. For the avoidance of doubt, this Section 6 does not apply to -
 - (a) treatments, monitoring, investigation or procedures with the purpose of avoiding complications arising from any other medical services provided;
 - (b) removal of pre-malignant conditions; and
 - (c) treatment for prevention of recurrence or complication of a previous disability.
 7. Expenses incurred for dental treatment and oral and maxillofacial procedures performed by a dentist except for emergency treatment and surgery during confinement arising from an accident. Follow-up dental treatment or oral surgery after discharge from hospital shall not be covered.
 8. Expenses incurred for medical services and counselling services relating to maternity conditions and its complications, including but not limited to diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage; birth control or reversal of 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 or pre-mature ejaculation, regardless of cause.



重要資料

Important information

9. 購買屬耐用用品的醫療設備及儀器的費用，包括但不限於輪椅、床及家具、呼吸道壓力機及面罩、可攜式氧氣及氧氣治療儀器、血液透析機、運動設備、眼鏡、助聽器、特殊支架、輔助步行器具、非處方藥物、家居使用的空氣清新機或空調及供熱裝置。為免存疑，住院期間或日間手術當日所租用的醫療設備及儀器則不屬此項。
10. 傳統中醫治療的費用，包括但不限於中草藥治療、跌打、針灸、穴位按摩及推拿，以及另類治療，包括但不限於催眠治療、氣功、按摩治療、香薰治療、自然療法、水療法、順勢療法及其他類似的治療。
11. 按接受治療、治療程序、檢測或服務所在地的普遍標準（或尚未經當地認可機構批准）界定為實驗性或未經證實醫療成效的醫療技術或治療程序的費用。
12. 受保人年屆八（8）歲前發病或確診的先天性疾病所招致的醫療服務費用。
13. 已獲任何法律，或由任何政府、僱主或第三方提供的醫療或保險計劃賠償的合資格費用。
14. 因戰爭（不論宣戰與否）、內戰、侵略、外敵行動、敵對行動、叛亂、革命、起義、或軍事政變或奪權事故所招致的治療費用。

醫療所需

保柏只會根據「醫療所需」和「合理及慣常」的原則，為受保人所需支付的費用及／或開支作出賠償。

「醫療所需」是指按照一般公認的醫療標準，就診斷或治療相關傷病接受醫療服務的需要，而醫療服務必須符合下列條件

- 需要註冊醫生的專業知識或轉介；
- 符合該傷病的診斷及治療所需；
- 按良好而審慎的醫學標準及主診註冊醫生審慎的專業判斷提供，而非主要為對受保人、其家庭成員、照顧人員或主診註冊醫生帶來方便或舒適而提供；

9. Expenses incurred for the purchase of durable medical equipment or appliances including but not limited to wheelchairs, beds and furniture, airway pressure machines and masks, portable oxygen and oxygen therapy devices, dialysis machines, exercise equipment, spectacles, hearing aids, special braces, walking aids, over-the-counter drugs, air purifiers or conditioners and heat appliances for home use. For the avoidance of doubt, this exclusion shall not apply to rental of medical equipment or appliances during confinement or on the day of the day case procedure.
10. Expenses incurred for traditional Chinese medicine treatment, including but not limited to herbal treatment, bone-setting, acupuncture, acupressure and tui na, and other forms of alternative treatment including but not limited to hypnotism, qigong, massage therapy, aromatherapy, naturopathy, hydrotherapy, homeotherapy and other similar treatments.
11. Expenses incurred for experimental or unproven medical technology or procedure in accordance with the common standard, or not approved by the recognised authority, in the locality where the treatment, procedure, test or service is received.
12. Expenses incurred for medical services provided as a result of congenital condition(s) which have manifested or been diagnosed before the insured person attained the age of eight (8) years.
13. Eligible expenses which have been reimbursed under any law, or medical program or insurance policy provided by any government, company or other third party.
14. Expenses incurred for treatment for disability arising from war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power.

Medically necessary

We only cover the expenses of the insured person when they are medically necessary and reasonable and customary.

“Medically necessary” means the need for a medical service for the purpose of investigating or treating the relevant disability in accordance with the generally accepted standards of medical practice. This service must:

- require the expertise of, or be referred by, a registered medical practitioner;
- be consistent with the diagnosis and necessary for the investigation and treatment of the disability;
- be in accordance with standards of good and prudent medical practice, and not be primarily for the convenience or the comfort of the insured person, his/her family, caretaker or the attending registered medical practitioner;



重要資料 Important information

- 在環境最適當及符合一般公認的醫療標準的設備下，提供醫療服務；及
- 按主診註冊醫生審慎的專業判斷，以最適當的水平向受保人安全及有效地提供。

評估該次住院是否醫療所需的考慮因素包括：急症治療、全身麻醉、醫院專用設備的必要性等。如該次住院被視為非醫療所需，保障賠償將會作出調整。

合理及慣常

「合理及慣常」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。合理及慣常的收費水平由我們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）以釐定合理及慣常收費：

- 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；
- 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。

- be provided in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice for the medical services; and
- be at the most appropriate level which, in the professional judgment of the attending registered medical practitioner, can be safely and effectively provided to the insured person.

Additional factors will be considered to assess whether a hospitalisation is medically necessary, e.g. the need for emergency treatment, general anaesthesia, specific equipment in hospital, etc. If a hospitalisation is considered not medically necessary, benefits payable will be adjusted.

Reasonable and customary

In relation to a charge for medical services, “reasonable and customary” means a level which does not exceed the general range of charges being charged by 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 reasonable and customary charges shall not in any event exceed the actual charges incurred.

In determining whether a charge is reasonable and customary, we will make reference to the following (if applicable):

- treatment or service fee statistics and surveys in the insurance or medical industry;
- internal or industry claim statistics;
- gazette published by the government; and/or
- other relevant sources in the locality where the treatments, services or supplies are provided.

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。

This plan 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.