



保柏會員指引

Bupa Membership Guide

Welcome!

Welcome to our Bupa family!

Sometimes insurance terms can be hard to follow, so we've made this guide as simple as possible. You'll find individual sections that help you manage your policy and a step-by-step guide to making a claim.

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Contact us

As one of our valued customers, we want you to know we're always here for you. You can contact us or manage your membership in various ways.

Get in touch for questions, claims, suggestions and compliments	24-hour Customer Care Helpdesk: (852) 2517 5333 <u>Office hours</u> Mon - Fri (Except Public holiday) 9am to 7pm We are happy to address all of your enquiries <u>Non-office hours</u> We are able to provide below services 1. Our network provider information 2. Benefit information 3. Claims procedure and other administration procedures 4. Claims forms Email: customercare@bupa.com.hk Fax: (852) 3973 6970
Access Health Coaching Services	24-hour Healthline: (852) 2517 5658 Email: mc@bupa.com.hk
Bupa CancerCare	24-hour Healthline: (852) 2517 5788 Email: hc@bupa.com.hk
Worldwide Emergency Assistance Service	24-hour Worldwide Emergency Hotline: (852) 2861 9229
Apply for pre-authorisation	Pre-authorisation hotline: (852) 2517 5328 <u>Office hours</u> Mon - Fri (Except Public holiday) 9am to 7pm Email: preauthapp@bupa.com.hk Fax: (852) 3973 6966
Obtain forms	Visit: www.bupa.com.hk > Customer care > Download forms You can also ask our customer care team to send you any form by fax
Write to us or visit us	Address: 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong

Availability of the above services is dependent on your enrolled plan.

Please refer to your contract and schedule of benefit for details.

Always there for you

We are here for you at all times, offering utmost peace of mind. Apart from paying your medical bills, we minimise your worries through personal support when you are unwell.

Health Concierge Service

Our 24/7 Healthline is staffed with a team of qualified nurses and health management professionals, supported by doctors, providing assistance and guidance from how to care for a sick child or the elderly to discussing your symptoms, diagnoses and treatment options.

Availability of the above services is dependent on your contract. Our service is provided by Bupa and Bupa's service provider. For your eligibility on the Health Coaching Services, please refer to your Policy, Benefit Schedule, or our Health Concierge Helpdesk.

The use of Health Concierge Service is free of charge. If the services suggested by us are not covered under your insurance plan, you will be responsible for the fees incurred.

Cancer Care

Bringing together a connected team approach, we can offer an integrated cancer care support system to all our members, including a dedicated nurse hotline, tailored treatment plan, fast-tracked booking, and more. By providing transparent information and proactive follow-ups, we support all our members at every step of their cancer care journey. Please call our Cancer Care hotline at if you are in need.

Web and mobile services

Making your life easier is part of how we deliver expert healthcare. We have created a range of support services to help you stay in control of your cover at a time that is convenient to you.

Online and Mobile App

myBupa is your go-to place to easily manage your cover. You can:

- access to your e-Medical card
- check and update your membership details
- submit claims online and provide information to resolve pending claims
- download claim forms and other frequently used forms
- check your claims status and any outstanding shortfalls
- access to “Network doctor finder” and Network Provider List including Medpass (if applicable)
- view claims e-statements and shortfall e-invoices (if applicable)
- view your Clinical Benefit usage (if applicable)

Please visit <https://mybupa.bupa.com.hk> and register your myBupa account.

You may also download the myBupa mobile app free of charge!



Claims notification services

To keep you updated on the status of your claims, you will receive an e-notification as soon as your claim has been processed, followed by a claims statement (if applicable) by post or a notification by email (if you have chosen to receive e-statements). You can also view your claims statement on myBupa

Bluea Health - Manage your health and get rewards

Your health is your most valuable asset. Staying healthy is the greatest promise you can make to yourself and your family. Our wellness app Bluea Health helps you manage your health and track your progress. You can also earn points to redeem rewards for healthy living. The more active you are, the more rewards you'll get!

- Connect to healthcare 3.0 with your mobile phone and wearables to start owning your health
- Take control of your health by enjoying our integrated health features for free
- Assess your health in 30s, just like taking a selfie video, you can check your health status using your phone anytime, anywhere
- Reward your health lifestyle by completing simple daily health tasks to earn both
- Book for multiple medical services and order prescription medications by using the "eBooking" and "ePharmacy" features

Download Bluea Health now, and register an account and link with your myBupa account. You may enjoy the healthcare features and the rewards!



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

Bluea Health is not a medical device, nor will it provide any personalised medical advice. The content of the app cannot substitute any medical opinion, diagnosis or treatment provided by medical professionals. If you have any questions related to a medical condition, or if you feel unwell while conducting an activity with the app, please immediately seek help from a doctor or other qualified medical professional.

Enjoying Full Cover for Day Surgery / Hospital Confinement (if applicable)

Applicable to members who have Full Cover Benefit

We will provide you with a Bupa Medical Card. Please follow the steps below in order to enjoy Full Cover Benefit. Otherwise, Full Cover Benefit is not applicable and you'll need to pay for your medical expenses first and file a claim afterwards.

Before you seek treatment

Consult the doctor

Through our myBupa, you can search network doctors, or you may contact us for enquiries.

Consult doctor and obtain a referral letter (referral letter is not required for dermatology, family medicine, gynaecology, ophthalmology, orthopaedics, otolaryngology, paediatric surgery, paediatrics and psychiatry).

Choose and consult your network doctors

Consult the Specialist and show your Bupa Medical card and referral letter upon registration. Sign the claim form and keep the member's copy.

Get Pre-authorisation (if required)

If required, the Specialist should get pre-authorisation from Bupa at least 2 working days before your treatment.

Please choose a Bupa appointed hospital or day-case centre with the Specialist who will be your attending doctor. You must select the same room level that you have chosen in your Bupa scheme.

If your pre-authorisation is approved, we'll inform your network doctor and hospital/day-centre.

The pre-authorization does not represent the final claim decision. We will base on the final claim documents to assess the claims. You'll need to settle any additional or ineligible expenses yourself.

Note: A referral letter is valid for the same and related medical condition for six months from the issue date. Another referral letter is required for treatment of a new or unrelated medical condition.

To receive treatment

If you are admitted to a hospital	Show your Bupa Medical Card upon admission. No hospital deposit is required. Make sure you sign the claim form prepared by the hospital before discharge. Please use your Bupa Medical Card to pay the medical expenses.
If you have a clinical operation or treatment at a network day-case centre	Show your Bupa Medical Card and the Specialist's referral letter. Sign the voucher provided and pay the medical expenses with your Bupa Medical Card.

After your treatment

Notification of claims settlement	You will receive an e-notification, followed by a claims statement or shortfall invoice (if applicable) by post or a notification by email (if you have chosen to receive e-statement).
Settle deductible or shortfall (if any)	When shortfall occurs, for instance your medical bill exceeds the maximum cover or is not part of the cover, we will issue a shortfall notice. Please settle the shortfall within 14 days of the notice. Bupa will automatically collect any deductible or shortfall directly from your designated credit card account. This will take place 21 days after the shortfall invoice is sent to you.

Note: If you have any outstanding shortfall or subscription payment, Bupa reserves the right to suspend your Bupa Medical Card and/or any claims payments.

You'll need to provide your credit card information to obtain pre-authorisation. Bupa will temporarily place a hold of HK\$500 on your credit card until the claim assessment is completed.

Why do I need pre-authorisation?

Pre-authorisation gives you peace of mind. It will provide you with confirmation that your Full Cover Benefit will cover the costs of your medical treatment. So all you have to do during and after the treatment is focus on getting better.

When is pre-authorisation required?

Pre-authorisation is necessary for hospital treatment, day-case and clinical operation (as required by Bupa's provider guideline).

What if I receive the treatment in an emergency before I have obtained pre-authorisation?

If you receive emergency treatment outside of our office hours, subsequent pre-authorisation can be arranged on the next working day after admission to a hospital or receiving the treatment, provided that all other pre-authorisation requirements are met.

Enjoying cashless hospital service (if applicable)

You may enjoy the credit facilities at appointed private hospitals and service providers by using your Bupa Medical Card so that you can settle all eligible hospital expenses up to your limit with your Bupa Medical Card, without needing to submit a claim. You can find the list of appointed private hospitals and service providers on myBupa. The list is updated periodically.

Before confinement/treatment

Get pre-authorisation

You should get pre-authorisation from us at least 2 working day before your confinement /treatment.

1. Simply download the Pre-authorisation Form from our website or myBupa, or call our Customer Care helpdesk to obtain it.
2. Complete Part 1 of the form, and ask your doctor to complete Part 2. Discuss with your doctor and choose your private hospital.
3. Send the completed form to us by email, fax or post.
4. If your pre-authorisation is approved, we'll inform you by phone/email or send you the Guarantee of Payment Letter upon request.
We'll inform the appointed hospital or day-case centre you have chosen.

The pre-authorisation does not represent the final claim decision. We will base on the final claim documents to assess the claims. You'll need to settle any additional or ineligible expenses yourself.

Receiving treatment

Present the required documents	Present your Bupa Medical Card at registration. No deposit is required.
Before leaving the hospital	Sign the claim form prepared by the hospital before you are discharged. You will be required to settle below medical expenses. <ol style="list-style-type: none">1. any medical expenses that are ineligible.2. any medical expenses that are exceed your Bupa Medical Card credit limit. any medical expenses that are exceed 'Guarantee of Payment Letter' (If required)

After treatment

Notification of Claims Settlement	You'll receive an e-notification, followed by a claims statement or shortfall invoice (if applicable) by post or a notification by email (if you've chosen to receive e-statement).
Settle deductible or shortfall (if any)	When shortfall occurs, for instance your medical bill exceeds the maximum cover or is not part of the cover, we will issue a shortfall notice. Please settle the shortfall within 14 days of the notice. Bupa will automatically collect any deductible or shortfall directly from your designated credit card account. This will take place 21 days after the shortfall invoice is sent to you.

Note: If you have any outstanding shortfall or subscription payment, Bupa reserves the right to suspend your Bupa Medical Card and/or any claims payment.

You'll need to provide your credit card information to obtain pre-authorisation. Bupa will temporarily place a hold of HK\$500 on your credit card until the claim assessment is completed.

If I'm unable to get pre-authorisation due to an emergency, what should I do?

Without the Guarantee of Payment Letter, you will be required to pay the deposit. However you can still make use of your credit facility if you obtain pre-authorisation before you are discharged.

If I only have the treatment at day-case centre of the hospital, can I still enjoy the cashless service?

Yes, cashless service is still applicable to day-case centre of Appointed Private Hospital in Hong Kong.

Optional clinical network benefit (if applicable)

If you have opted for Clinical Benefit, you can use your medical card to enjoy cashless service and full cover for outpatient expenses at any network clinics or diagnostic centres in Hong Kong. To enjoy the network benefit with full cover, you need to fulfil below criteria, else the eligible claims amount will be paid as non-network benefit.

Video consultation Services

If you've enrolled in Clinical Benefit, you can also enjoy video consultation services. Consult our selected doctors through a video call comfortably and safely at home. Visit www.bupa.com.hk/vc for details.

Before treatment

Choose a network doctor	You can search for network doctors on via myBupa's website or mobile app. You may also call us for help.
Consult network doctor	Show your Bupa Medical Card at registration.
Present the referral letter (if applicable)	For specialist or physiotherapy, present referral letter (referral letter is not required for dermatology, family medicine, gynaecology, ophthalmology, orthopaedics, otolaryngology, paediatric surgery, paediatrics and psychiatry).
Apply for pre-authorisation (if applicable)	If the network doctor recommends diagnostic imaging and laboratory test, he or she will need to get pre-authorisation from us at least 2 working day before the imaging/laboratory test as required by Bupa's provider guideline.

Notes:

You'll need to provide your credit card information to obtain pre-authorisation. Bupa will temporarily place a hold of HK\$500 on your credit card until the claim assessment is completed.

A referral letter is valid for the same and related medical condition for six months from the issue date. Another referral letter is required for treatment of a new or unrelated medical condition.

At consultation

After consultation and obtain medication

The clinic will prepare a voucher with relevant consultation, treatment and medication details. Please read and confirm the relevant information carefully and sign it.

Please settle the medical expenses to Bupa that are ineligible or exceeded your benefit limit upon receiving your shortfall notice.

After treatment

Notification of claims settlement

You will receive an e-notification, followed by a shortfall invoice (if applicable) by post or a notification by email (if you've chosen to receive e-statements).

Settle shortfall (if any)

When shortfall occurs, for instance your medical bill exceeds the maximum cover or is not part of the cover, we will issue a shortfall notice. Please settle the shortfall within 14 days of the notice. Bupa will automatically collect such shortfall directly from your designated credit card account. This will take place 21 days after the shortfall invoice is sent to you.

Note: If you have any outstanding shortfall or subscription payment, Bupa reserves the right to suspend your medical card and/or any claims payment.

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.

For diagnostic imaging or laboratory tests, please ask your network doctor to obtain pre-authorisation approval from Bupa as required by Bupa's provider guideline.

What if I choose a doctor outside of your network or do not follow the above process?

You'll still be reimbursed but have to pay your medical expenses first and then submit a claim to Bupa afterwards. The benefit will be paid according to the benefit limit of non-network benefit.

What if the specialty referred by the network doctor is not available within the network?

In such case, please ask your doctor to obtain approval from Bupa. We will send the pre-authorisation confirmation letter to your doctor and inform you of the decision by phone. When you visit that specialist, please show your referral letter upon registration (referral letter is not required for dermatology, family medicine, gynaecology, ophthalmology, orthopaedics, otolaryngology, paediatric surgery, paediatrics and psychiatry). You have to pay the medical expenses first and then make a clinical claim for reimbursement.

Optional dental treatment (if applicable)

If you've opted for our optional Dental Benefit, you can enjoy cashless service and full cover for eligible dental expenses at any network dental centre in Hong Kong (if you have network dental benefit). Just follow the steps below:

Choose a network dental centre	You can search for network dental centres on myBupa. You may also call us for help.
Consult the network dental centre	Show your Hong Kong Identity Card and Bupa Medical Card/myBupa mobile app for identity verification. Sign the voucher and keep the member's copy. Please note that if you do not show the Bupa Medical Card or pay the network dental centre directly, eligible claims will be paid under the Non-network Benefit, subject to the benefit limits in the Schedule of Benefits.

You can also visit non-network dental centres for covered dental services and submit your claim afterwards. Please refer to the schedule of benefit for details.

Applying for pre-approval (if applicable)

If certain benefits in your policy requires you to obtain pre-approval, you need to follow the pre-approval procedures below. Otherwise, you may not be able to fully enjoy the coverage as stated in the Benefit Schedule.

Get a “Bupa Pre-authorisation Form (Applicable to Individual Scheme)”	Visit www.bupa.com.hk > Customer care > Download forms. Call our Customer Care helpdesk on (852) 2517 5333 and request a form by fax.
Fill in the pre-authorisation form	Complete Part 1 of the form and ask your attending doctor to complete Part 2.
Submit the pre-authorization form to Bupa	Send us the pre-authorisation form by email, fax or post. If your pre-authorisation is approved, we’ll inform you by phone/email or send you the pre-authorization letter upon request. We’ll fax the letter to the hospital you have chosen. You should get pre-authorisation from us at least 2 working days before your confinement/ treatment.

Making a claim

(Pay first and submit a claim)

If you do not have a Bupa Medical Card, or your Bupa Medical Card is not applicable to pay your medical expenses, please follow these simple steps to make a claim. No matter hospital or clinical claims, you can either submit a physical copy of claim form or submit your claims on myBupa. Please follow the simple steps below to submit your claims after receiving your treatment.

Claims service pledge

We promise to settle your claim within 5 to 7 working days of receiving your claim form and all required documentation.

Get a claim form	Visit: www.bupa.com.hk > Customer care > Download forms. Call our Customer Care helpdesk on (852) 2517 5333 and request a form by fax.
Collect the required Documentation	For the list of documents required, please refer to the “Useful tips for claiming” section of this guide.
Fill out the claim form	<u>For a hospital claim</u> You will need to complete Part 1 of the hospital claim form and ask your attending doctor to complete, sign and stamp Part 2 of the form. You can also submit the online claim form and upload the required documents through our e-claims service. <u>For a clinical (including consultation before and after surgery) or dental claim</u> You may complete the clinical claim form yourself. You can also submit the online claim form and upload the required documents through our e-claims service.
Submit the claim form	Send us the original claim form with the required documentation by post within 90 calendar days after your treatment or being discharged from the hospital. If you use our e-claims service, you do not need to send us the original documentations. Please keep them yourself.

Track the status of your claims	You can log into myBupa or call our Customer Care helpdesk to check your claims status.
Receive notification of settled claims	You'll receive an e-notification, followed by a claims statement by post or a notification by email (if you have chosen to receive e-statement).
Receive payment	We'll credit the claims payment to your designated bank account by autopay.

Useful tips for claiming (Pay first and submit a claim)

We will do our best to process your claims swiftly. Follow these tips so that we can reimburse you as soon as possible.

Claims Submission period

Please note that you should request the necessary documents from the hospital before discharge or upon completion of treatment, and submit your hospital claim within 90 calendar days after discharge, either through myBupa or by mail. Bupa will process the claim within 5-7 working days upon receiving the completed claim form and required documents.

Follow your claim closely

We'll contact you by post or email immediately if any documentation is missing for your claim to be processed

Expenses related to claims documents

You may be required to obtain certain documents that are needed to make a claim and will have to pay for them if any charges are incurred. If you receive treatment at public hospital in Hong Kong, please note that:

- hospitals will charge a fee for a discharge slip requested after you have been discharged – so remember to pick it up before you leave the public hospital
- public hospital will charge a fee to issue a medical report

How do I file a maternity claim if I have Maternity Benefit? (if applicable)

Please login into myBupa and submit your maternity claims under “Clinical/Hospital Claims”. You should submit claims within 90 calendar days in the below events:

- pre and post-natal check-up;
- discharge from hospital; or
- after delivery

Bupa Medical Card is not applicable to any outpatient treatment and any maternity related expense.

Required documents

Hospital claims

For hospital treatment, day-case or clinical operations. The required documents include:

- completed Bupa Hospital Claim Form
- original receipts, including any receipt of deposit paid
- Statement of Account (if any) showing the treatment date, patient's name, doctor's name and breakdown of charges, together with the official stamp of the hospital, doctor's signature and stamp
- doctor slip (if any) showing the breakdown and the treatment details
- discharge slip showing the diagnosis and treatment details if you sought treatment in a public hospital
- medical report such as x-ray report, ultrasound report and/or blood test report, etc.
- referral letters issued by a registered medical practitioner are required if you have incurred charges for services from in-patient specialists, , diagnostic imaging or laboratory tests and pre-admission, post-hospitalisation out-patient visits
- claims statements from other insurance companies that have partially paid your claim

Note: A referral letter is valid for the same and related medical condition for six months from the issue date. Another referral letter is required for treatment of a new or unrelated medical condition.

Clinical claims

For all clinical claims including pre-admission and post-hospitalisation out-patient visits, dental consultation and maternity-related claims (if applicable). The required documents include:

- completed Bupa Clinical Claim Form
- original receipts showing the treatment date, patient's name, name and address of the service provider, diagnosis, nature and breakdown of charges, and the official stamp and signature of the doctor
- Chinese and western medicine prescriptions with the patient's name, diagnosis, medicine information, including name, dosage and usage, date of prescription, the official stamp and signature of the doctor
- referral letters issued by a registered medical practitioner are required if you have incurred charges for services from specialists, physiotherapists, chiropractors, diagnostic imaging or laboratory tests (Bupa also accepts referral letters issued by a registered
- Chinese medicine practitioner or chiropractor for X-ray and laboratory tests)
- referral letter issued by a psychiatrist is required for psychological counselling
- for claims related to outpatient consultations before and after surgery or hospitalisation, please submit a copy of the hospital receipt and remember to check 'Yes' in the 'Pre / Post hospitalisation follow-up visit' option on the 'Bupa Clinical Claim Form '. If pre-authorisation approval has been obtained from Bupa before hospitalisation, there is no need to submit a copy of the hospital receipt.

Note:

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.

A referral letter is valid for the same and related medical condition for six months from the issue date. Another referral letter is required for treatment of a new or unrelated medical condition.

Guarantee renewal

As part of our commitment to support you throughout your life with our healthcare expertise, we are pleased to offer you a lifetime renewal guarantee. Your subscription will be based on your age only regardless of claims made on conditions that arise after your membership starts. Every year your membership will renew automatically with subscription payments collected automatically, following the process below.

Renewal notification	You will receive a renewal notification by post 6 weeks before your cover is due for renewal.
Change of benefits	You may change your room level, add / remove any optional benefits or change your payment method by contacting your health management consultant at least 1 month before your contract anniversary date.
Make payment and complete renewal	<p>If you have chosen to pay your premium by autopay or credit card and have not informed us of any change in arrangement, your renewal premium will be collected automatically:</p> <ul style="list-style-type: none">• payment by autopay will be collected on the premium due date• payment by credit card will be collected 7 working days before the premium due date <p>Please also pay any outstanding shortfall before renewal. If you wish to discontinue your cover, please inform us in writing at least 10 days before your contract anniversary date.</p>

Adding members to your scheme

(only applicable to family plan)

You can add family members to your scheme when you receive our renewal invitation every year. Your newly wedded spouse or newborn baby can be added within 3 months of your marriage date or the birth of your baby. Please follow the steps below for the application:

Make an application	Please download a Registration Variation Form on www.bupa.com.hk > Customer Care > Download Forms. You can also call us to obtain the form. Complete the form and mail it to us with a copy of the new member's identity proof.
Answer some health Questions	The new member is required to answer some health questions for Bupa's assessment. Parents who are serving as the scheme's subscriber can answer these questions for children below 18 years old.
If you add your family members at renewal	When your application is approved and the subscription of the new member is paid in full, we will send you the new membership documents. Please pay the updated subscription accordingly. The new member's cover will start on the same date as yours in the new contract year.
If you add your newly wedded spouse or newborn baby during the contract year	When your application is approved and the subscription of the new member is paid in full, we will send you the membership documents of the new member. Cover will start on the first day of the following month after we received your application.

What identity proof is required for the application?

Please provide a copy of the new member's ID card or passport, or the birth certificate for children. Relationship proof such as the marriage certificate is required if you want to add your spouse or parents-in-law in your scheme.

Can I add a newly wedded spouse or newborn baby to my scheme during the contract year?

Yes, please submit your application within 3 months of your marriage date or the birth of your baby. You can also add your parents-in-law to your scheme after your marriage. When your application is approved and the subscription of the new member is paid in full, the cover for the new member will start on the first day of the following month after we received your application.

Giving you more than protection

In addition to comprehensive coverage that minimises your worries about unexpected medical bills, we also offer a range of free services.

Free Bupa Worldwide Assistance Programme (if applicable)

Bupa Worldwide Assistance Programme supports you wherever you are by providing a guarantee or advancement of any hospital admission deposit in the event of hospitalisation and providing emergency medical repatriation to your home country. If you need help when you are overseas, please call the 24-hour worldwide assistance service hotline (852) 2861 9229. This service is provided by our service provider. For details of the services rendered, please refer to your policy and log into myBupa for the Program details.

Admission to a Mainland China hospital without deposit (if applicable)

If you require hospitalisation due to any injury or sickness while travelling in Mainland China, you can be admitted to any hospital in the MedPass Network without payment of a deposit, subject to a maximum limit as stated on the policy. What you need to do is to call the 24-hour worldwide assistance service hotline (852) 2861 9229 which will advise the nearest hospital within the MedPass Network and guide you through the process. You may also log into myBupa to access the list of MedPass Network hospitals.

You will need to pay any medical expenses incurred at the hospital upon discharge and you can submit a claim to Bupa for any eligible medical expenses thereafter.

Exclusive offers

We offer exclusive discounts on a wide range of health, wellness and lifestyle services through our online customer service portal. Just log into myBupa to view and redeem these special offers for Bupa customers.

多謝

再次感謝你選用保柏照顧你的健康！希望我們提供的醫療保障及服務，讓你安枕無憂。

Thank you

Thank you for choosing Bupa to take care of your health. We hope you have peace of mind now that your health is in good hands.

保柏（亞洲）有限公司
Bupa (Asia) Limited

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