

A GUIDE TO YOUR MAJOR MEDICAL GLOBAL HEALTH PLAN

A COLLABORATION BETWEEN TWO OF THE MOST RESPECTED NAMES IN GLOBAL HEALTHCARE

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HELLO

With a **health plan** from **Bupa Global** and **Blue Shield Global®**, **you** benefit from the combined strength, knowledge and expertise of two world class global healthcare organisations. Within this guide, **you'll** find easy to understand information about **your health plan**. This includes:

- guidance on what to do when **you** need **treatment**
- simple steps to understanding the claims process
- a 'Table of benefits' and list of 'General exclusions' which outline what is and isn't covered along with any benefit limits that might apply
- a 'Glossary' to help understand the meaning of some of the terms used

To make the most of **your health plan**, please read the 'Table of benefits' and 'General exclusions' sections carefully to get a full understanding of **your** cover, along with **your** 'Terms and conditions' also enclosed in **your** welcome pack.

BEFORE **WE** GET STARTED, THERE ARE A FEW THINGS **WE** WOULD LIKE TO BRING TO **YOUR** ATTENTION...

YOUR INSURER	**Bupa Global** is the sole insurer of this plan.
YOUR GEOGRAPHICAL AREA IS SHOWN ON **YOUR** INSURANCE CERTIFICATE	There are two area of cover options. The **policyholder** has chosen one of these. They are: - Worldwide - Worldwide, excluding the U.S As long as it is covered by **your health plan**, **you** can have **your treatment** at any **recognised medical practitioner, hospital or healthcare facility** within **your** area of cover. To view a summary of **hospitals** visit www.bupaglobal.com/facilitiesfinder
BOLD WORDS	Any words written in **bold** are defined terms that are relevant to **your** cover. **You** can check their meaning in the 'Glossary'.
TREATMENT THAT **WE** COVER	**Your** Major Medical Global **Health plan** covers the **treatment** cost for a disease, illness or injury that leads to the conservation of **your** condition, **your** recovery or **you** getting back to **your** previous state of health. This includes **treatment** for chronic, congenital and hereditary conditions that may be covered, subject to underwriting. **Your treatment** is covered if it is: - covered under the **health plan** - at least consistent with generally accepted standards of medical practice in the country in which **treatment** is being received - clinically appropriate in terms of type, duration, location and frequency
TWO OF THE BIGGEST, MOST TRUSTED BRANDS IN GLOBAL HEALTHCARE	Two of the most respected names in health care, **Bupa Global** and **Blue Shield Global**, have teamed up to deliver high quality health care products and services. Customers who have U.S. coverage within their plan can now enjoy even bigger benefits with access to the largest **network** of providers through **our** partnership with **Blue Shield Global**. If **you** would like to upgrade to a higher level of cover, including the ability to access U.S. medical facilities, please contact **us**.
ACCESSING CARE IN THE U.S.	If **you** have worldwide cover, y**ou** have access to **Blue Shield** companies' **networks**. This gives **you** the broadest **network** cover. To find out more, please visit www.bupaglobalaccess.com

ANY QUESTIONS? **We'll** be happy to help.
Get in touch using the details printed on **your** insurance cards.

Bupa Global is a trade name of **Bupa**, the international health and care company. **Bupa** is an independent licensee of **BCBSA**, an association of independent, community-based and locally operated member companies. **Blue Shield Global** is a brand owned by **BCBSA**. Some limitations apply. Please consult your **policy** terms and conditions for coverage availability. For more information about **Bupa Global**, visit bupaglobalaccess.com, and for more information about **BCBSA**, visit www.BCBS.com.

WHEN YOU'RE AWAKE, WE'RE AWAKE

You can call **us** at any time of the day or night when **you** need help with*:

- finding places and people to treat **you**. **We** try to do this within 48 hours
- access to a second medical opinion.

You can ask **us** to arrange evacuations and repatriations as covered under this plan, including:

- air ambulance transportation
- commercial flights, with or without medical escorts
- stretcher transportation
- transportation of mortal remains
- travel arrangements for relatives and escorts

We believe that every person and situation is different and focus on finding answers and solutions that work specifically for **you**. **Our** assistance team will handle **your** case from start to finish, so **you** always talk to someone who knows what is happening.

Help when you need it
Tell **us** if **you** or anyone else on **your policy** has any support needs. **You** can tell **us** if **you** have any health conditions, disabilities, or are experiencing life events, that **you** want **us** to be aware of, when **we** interact with **you**, such as hearing or visual impairments.

*__We__ get information from a number of sources. **You** should check this information as **we** do not verify it. **We** can't be held responsible for any errors or omissions, or any loss, damage, illness or injury that may occur as a result of this information.

NEED TREATMENT?

The importance of pre-authorisation
We want everything to run smoothly when **you** need **treatment**. That way **you** can focus on getting better.

Why should I pre-authorise treatment?
So that **you** can tell **us** about **treatment** that **you** need to have. **You** should contact **us** before **you** have **your treatment** to give **us** the details. **We** can then:

- check if the **policy** covers **your treatment**
- check if the provider is part of **our network**
- help **you** find a provider within **our network**
- explain any limits that apply
- tell the provider that **you** are a **Bupa Global** member. **We** have agreements with **our network** providers for **treatment** charges
- case-manage complex **treatment**. The table of benefits clearly shows the complex **treatments we** want **you** to tell **us** about. Please contact **us** if **you** need any of these. **We** may ask for more information (for example to check if any **policy** exclusion applies)
- see if **we** can pay any bills directly to the provider. This will mean **you** don't have to pay and claim the costs from **us**.

If **you** have **treatment** with a provider who is not part of the **network**, **we** may only pay costs that are **reasonable and customary**. This could leave **you** with a shortfall to pay.

Before **we** can authorise **treatment** or pay a claim **we** may ask for more information, for example a medical report. If **we** don't receive this promptly, there may be a delay to pre-authorisation and to paying **your** claim. If **we** do not receive this at all, **we** may not be able to pay **your** claim.

We may appoint an independent medical professional and ask **you** to have a medical examination with them (at **our** cost). They will then give **us** a medical report.

Remember we can offer a second medical opinion service
The solution to health problems isn't always black and white. That's why **we** offer **you** the opportunity to get another opinion from an independent **specialist**.



When **you** have pre-authorised **treatment** with one of **our network** providers, **we** will cover the costs if, at the time **you** have that **treatment**:

- the **policy** is in force
- **you** are covered by the **policy**
- premiums are paid up to date
- the pre-authorisation is still valid. When **we** authorise **treatment**, **we** will tell **you** how long it is valid for.

How do I pre-authorise my treatment?
Login to the MembersWorld app, go to https://membersworld.bupaglobal.com or contact **us** by phone or email. When **we** have the details, **we** will send **you** and the provider a pre-authorisation statement.

What if my pre-authorisation is no longer valid? Can I get a new one?
Yes. Just follow the process again.

What if I need to go to hospital in an emergency?
In an **emergency** there might not be time to contact **us**. If this happens, it is important that the **hospital** contacts **us** within 48 hours.

Our approach to costs

When **you** are in need of a **benefits provider**, **our** dedicated team can help **you** find a **recognised medical practitioner, hospital or healthcare facility** within **network**. Alternatively, **you** can view a summary of **benefits providers** on Facilities Finder at www.bupaglobal.com/facilitiesfinder. Where **you** choose to have **your treatment** and services with a **benefits provider** in **network**, **we** will cover all eligible costs of any **covered benefits**, once any applicable **co-insurance** or **deductible** amount which **you** are responsible to pay has been deducted from the total claimed amount.

Should **you** choose to have **covered benefits** with a **benefits provider** who is not part of **network**, **we** will only cover costs that are **reasonable and customary**. This means that the costs charged by the **benefits provider** must be no more than they would normally charge, and be similar to other **benefits providers** providing comparable health outcomes in the same geographical region. These may be determined by **our** experience of usual, and most common, charges in that region. Government or official medical bodies will sometimes publish guidelines for fees and medical practice (including established **treatment** plans, which outline the most appropriate course of care for a specific condition, operation or procedure). In such cases, or where published insurance industry standards exist, **we** may refer to these global guidelines when assessing and paying claims. Charges in excess of published guidelines or **reasonable and customary** made by an 'out-of-**network**' **benefits provider** will not be paid.

Please also see '**Hong Kong hospital network** options' in the 'Table of benefits'.

This means that, should **you** choose to receive **covered benefits** from an 'out-of-**network**' **benefits provider**:

- **you** will be responsible for paying any amount over and above the amount which **we** reasonably determine to be **reasonable and customary** – this will be payable by **you** directly to **your** chosen 'out-of-**network**' **benefits provider**;
- **we** cannot control what amount **your** chosen 'out-of-**network**' **benefits provider** will seek to charge **you** directly.

There may be times when it is not possible for **you** to be treated at a **benefits provider** in **network**, for example, if **you** are taken to an 'out-of-**network**' **benefits provider** in an **emergency**. If this happens, **we** will cover eligible costs of any **covered benefits** (after any applicable **co-insurance** or **deductible** has been deducted).

If **you** are taken to an 'out-of-**network**' **benefits provider** in an **emergency**, it is important that **you**, or the **benefits provider**, contact **us** within 48 hours of **your** admission, or as soon as reasonably possible in the circumstances. If it is the best thing for **you**, **we** may arrange for **you** to be moved to a **benefits provider** in **network** to continue **your treatment** once **you** are stable. Should **you** decline to transfer to a **benefits provider** in **network** only the **reasonable and customary** costs of any **covered benefits** received following the date of the transfer being offered will be paid (after any applicable **co-insurance** or **deductible** has been deducted).

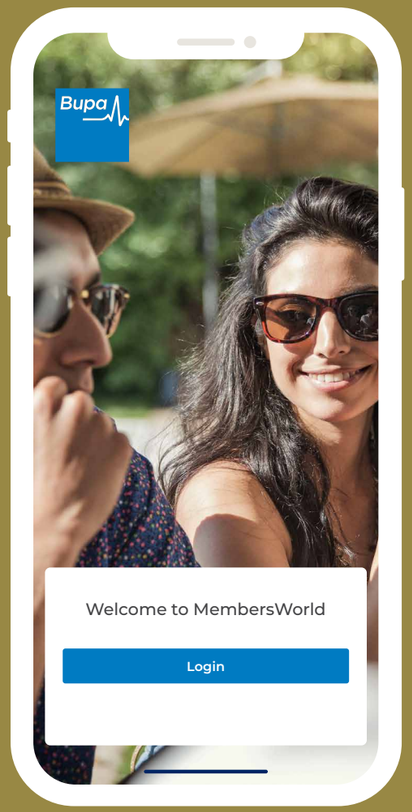
Additional rules may apply in respect of **covered benefits** received from an 'out-of-**network**' **benefits provider** in certain countries.

These charge levels may be governed by guidelines published by relevant government or official medical bodies in the particular geographical region, or may be determined by **our** experience of usual, and most common, charges in that region.

Pre-authorisation complete and now going for treatment?
Always remember to keep **your** insurance cards with **you** and present the appropriate card to **your benefits provider** when **you** arrive.

WELCOME TO MEMBERSWORLD

Your MembersWorld account gives **you** access to **Bupa Global** whenever **you** need it.



You can register for MembersWorld at: https://membersworld.bupaglobal.com and download the **Bupa Global** MembersWorld App from **your** app store.

MembersWorld is for everyone on the policy aged 16 and over.

All **dependants** over 16 can access these services, so it's important they register too.

If **you** are the **policyholder** and would like to access information about **your dependants** in MembersWorld, they will need to register for an account and give permission. They can do this by simply going to their account settings and updating their consent options.

If **you** are not the **policyholder, you** will not be able to access information about other **dependants** in MembersWorld.

How to access MembersWorld

You can access and register online at https://membersworld.bupaglobal.com with **your** favourite web browser or via **our** app.

Search for "MembersWorld" on the App Store or Google Play and download to **your** device for access to **your** account on-the-go.

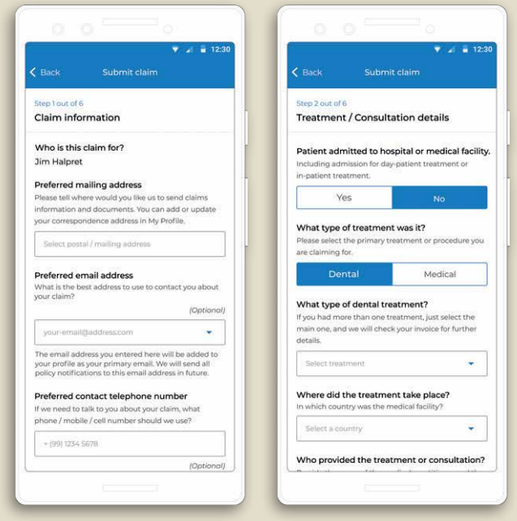
Download on the App Store

GET IT ON Google Play

*MembersWorld may not track claims in the U.S. as **we** use a **service partner** here.

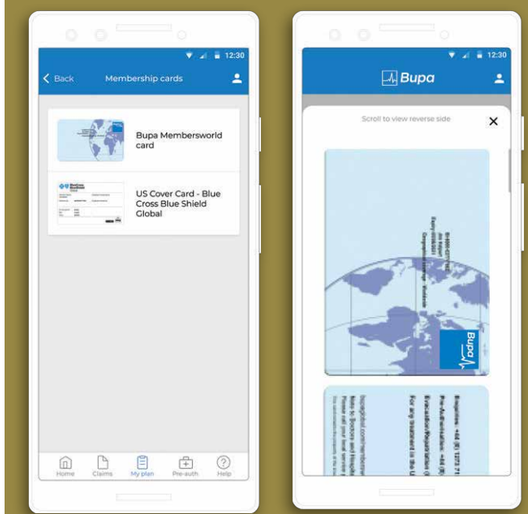
Claims and pre-authorisations

- Submit claims*
- Request pre-authorisation
- View and track progress*
- Review and send additional or missing information



Membership cards

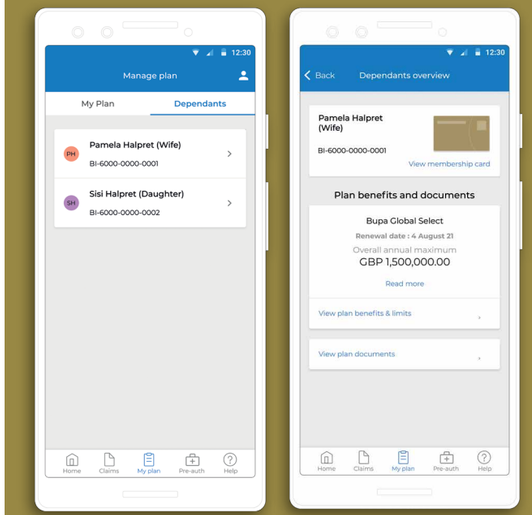
- Access to **your** membership cards whenever **you** need them



The membership cards shown are for illustration purposes only – cards vary depending on the area of cover.

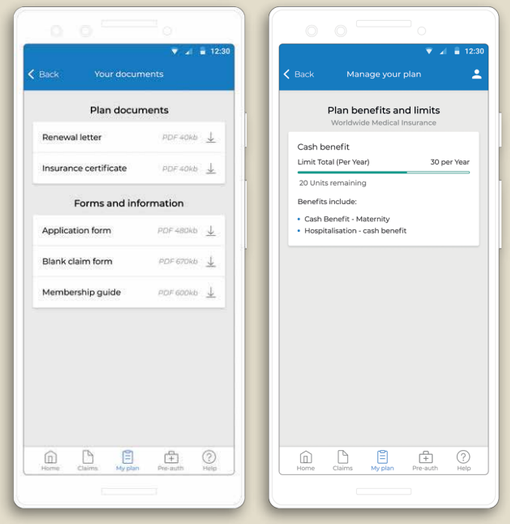
Dependants

- View **dependants'** plans, documents and membership cards
- Submit and view claims*
- Allow the **policyholder** to manage a **dependants'** account



Policy documents

- View and download documents for **your** plan



WELLBEING SERVICES

At **Bupa Global we** understand wellbeing means more than simply **your** physical health. **Our** wellbeing programmes support **you** and **your** family in all the moments that matter including **your** physical and mental health. **You** can start using these wellbeing programmes right away!

They are available to **you** from the very start of **your policy** at no additional cost. The use of the services listed on this page does not impact **your policy** premiums or benefits from **your** plan. For more information on any of these services please contact Customer Services.

Your Wellbeing

Explore **Bupa Global's** ever-growing health and lifestyle webpages at www.bupaglobal.com/en/your-wellbeing

Find a wealth of inspiring articles, practical information and easy to follow tips to help **you** and **your** family live longer, healthier, happier lives.

Second Medical Opinion*

As a **Bupa Global** customer, **you** can access a second medical opinion from a team of international **specialist doctors**.

This virtual service can give **you** added reassurance and confidence in **your** diagnosis or **treatment** recommendation to help **you** take the most appropriate steps with regards to **your** health. An independent team of **doctors** will review **your** previous medical history, along with any proposed **treatment** and issue **you** with a detailed report including recommendations for the best approach towards optimal recovery.

To request a second medical opinion, complete an online referral form via the MembersWorld website, or contact the **Bupa Global** Customer Service team on +852 2531 8503 or email service.hk@bupaglobal.com

Global Virtual Care*

Our virtual consult app provides **you** and **your dependants** with on demand access to a **network** of highly qualified international **doctors**. The **doctor** can help **you** and **your** family to better understand **your** symptoms and how to get the best care available - wherever **you** are in the world.

Features include (subject to local regulations):

- Video and telephone consultations
- **Doctor's** notes
- Selfcare
- Referrals
- Prescriptions

Access virtual consultations with a **doctor** any time of the day or night by signing-in to the MembersWorld app. If **you** haven't registered yet, go to the MembersWorld page to get started.

Virtual Care

Bupa Global retains the right to change the scope of these services. Select services* noted on this page of the membership guide are provided by independent third party service provider(s); access to these services is procured by **Bupa Global** for **your** use. These services are subject to third party availability. **Bupa Global** assumes no liability and accepts no responsibility for information provided by the services detailed above.



THE CLAIMING PROCESS

Whether **you** choose direct payment or 'pay and claim' **we** provide a quick and easy claims process. **We** aim to arrange direct settlement wherever possible, but it has to be with the agreement of whoever is providing the **treatment**. In general, direct settlement can only be arranged for **in-patient treatment** or **day-patient treatment**. Direct settlement is easier for **us** to arrange if **you** pre-authorise **your treatment** first, or if **you** use a participating **hospital** or healthcare facility.

How to make a claim

- The quickest way to submit **your** claim is to log on to **your** MembersWorld account and submit **your** claim electronically. **You** have the choice of submitting an online claim or uploading any completed claims form.
- Make sure **we've** got all the information as the biggest delay to paying a claim is normally incomplete, missing or ineligible information.
- Make sure **you** have given **your** correct bank details. Reimbursement by bank transfer is by far the quickest way to receive **your** payment.

If **you** need assistance with a claim **you** can

- Go online at https://membersworld.bupaglobal.com
- Call us on +852 2531 8503
- Email service.hk@bupaglobal.com

	1	2	3	4
Direct Payment	**Bupa** pays **your benefits provider** directly. **You** should present **your** insurance card when **you** receive **treatment**.	**We** send **your benefits provider** a pre-authorisation statement. **We** will also send a copy to **you** on request. The **benefits provider** will ask **you** to sign the pre-authorisation statement when **you** arrive for **treatment.**	If **you** have a **co-insurance** or **deductible** on **your** plan, **we** will pay the **benefits provider** in full and collect any **co-insurance** or **deductible** from **you** using the payment details **we** hold for **you**, unless **your treatment** took place in the U.S. For **treatment** in the U.S, **we** may either pay the **benefits provider** in full and collect any share from **you** using the payment details **we** hold for **you**, or **your benefits provider** may request settlement of the balance after **we** have settled the claim with them. If **we** need to collect any payment from **you we** will send **you** a statement showing the amount that **we** will be collecting from **you.**	The **benefits provider** will then send **your** claim to **us**. **We** pay the **benefits provider** directly.
Pay and Claim	When **you** visit your **benefits provider, you** should take a claim form with **you** so that the **medical practitioner** can fill in the medical information section. A claim form can be found in **your** membership pack, or found online at https://bupaglobal.com/membersworld	Once **you** have received **treatment** and made a payment to **your benefits provider, you** should complete all other sections of the claim form, include the original invoices and send the claim to **us**.	**You** can submit **your** claim online via **our** website, https://bupaglobal.com/membersworld or by post to this address: **Bupa** (Asia) Limited 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, **Hong Kong**	**We** pay **you**. The **deductible** is the contribution **you** make towards the cost of **your treatment** each **policy year** before **we** will start reimbursing **your** expenses. Please refer to 'How does the **deductible** work?' in this guide for further details. It is important that **you** send all **your** claims to **us**, even if the value of the claim is less than the remaining **deductible.**

We send **your** claim payment statement to **you**.

When **we** settle **your** claim, **your** benefits are paid in line with the limits shown in **your** 'Table of benefits'.



WANT TO ADD MORE PEOPLE TO YOUR MAJOR MEDICAL GLOBAL HEALTH PLAN?

You can apply to include **dependants**, including newborn children, to this **health plan** by filling in an application form. **You** can download this easily from https://membersworld.bupaglobal.com
Or **you** can contact **us** and **we** will send one to **you**.

It is possible to add dependants on to a different health plan.

When **you** apply, the **dependant's** medical history will be reviewed by **our** medical team which may result in cover for **pre-existing conditions**, special restrictions or exclusions, or **we** may decline to offer cover. Any special restrictions or exclusions are personal to the person **you** add and will be shown on **your** insurance certificate.

Adding your newborn child?

Congratulations on **your** new arrival!

To add **your** newborn baby **you** will need to send **us** a completed newborn application form. If:

- either parent has been a **Bupa Global** member for at least 18 months before the baby's birth, and
- **we** receive the application form within 30 days of the baby's birth

we will add the baby to the **policy** from their date of birth.

However, if:

- neither parent has been a **Bupa Global** member for at least 18 months before the baby's birth, or
- **we** receive the application form more than 30 days after the baby was born

cover will start on the date that **we** receive the application form.

When **you** apply, the baby's medical history will be reviewed by **our** medical team which may result in cover for **pre-existing conditions**, special restrictions or exclusions, or **we** may decline to offer cover. This means that if the baby has medical conditions that need **treatment**, these might not be covered by the **policy**.

YOUR HEALTH PLAN BENEFITS

The 'Table of benefits' provides an explanation of what is covered on **your health plan** and the associated limits.

Benefit limits

There are two kinds of benefit limits shown in this table:

1. The 'overall annual maximum' – the maximum amount **we** will pay in total for all benefits, for each person, in each **policy year**.

2. Individual benefit limits – the maximum amount **we** will pay for individual benefits such as **rehabilitation**.

All benefit limits apply per person. Some apply each **policy year**, which means that once a limit has been reached, the benefit will no longer be available until **you** renew **your health plan**. Others apply per lifetime, which means that once a limit has been reached, no further benefits will be paid, regardless of the **renewal** of **your health plan**.

Currencies

All the benefit limits and notes are set out in two currencies: USD and HKD. The currency in which **you** pay **your** premium is the currency that applies to **your health plan** for the purpose of the benefit limits.

Waiting periods

You will notice that waiting periods apply to some of the benefits. This means that **you** cannot make a claim for that particular benefit until **you** have been covered for the full duration of the waiting period stated.

How does the deductible work?

Your deductible is the annual amount **you** must pay each **policy year** towards covered expenses before **we** start paying. There is no **deductible** as standard with an option to increase it to USD 4,000 or USD 10,000. It's important that **you** send all **your** claims to **us**, even if the value of **your** claim is less than the **deductible**. **We** won't make any payment, but the claim will count towards **your deductible**. If **your** claim is for an amount higher than the value of **your deductible** or remaining **deductible**, **we** will pay costs in line with **your** benefit limits.

The **deductible** applies:

- per **policy year**
- separately for each person

EXAMPLE	
You have chosen a **USD 4,000 deductible** on **your health plan**	
You have **treatment** in **hospital** for a broken leg which costs **USD 6,000**	
Amount paid by **you** is **USD 4,000**	Amount paid by **us** is **USD 2,000**
Remaining **deductible** for the rest of the **policy year** is **USD 0**	

Please note that direct settlement may not be available outside **your** chosen **network** and/or room type options in **Hong Kong**. If direct settlement is not possible, **you** will have to pay for **your treatment** and claim the costs back from **us**.

We will assess the total costs for **your** covered **treatment** and then assess what the **reasonable and customary** rates are for **your treatment**. If **your** claimed amount is higher than the **reasonable and customary** rates, a shortfall will apply.

If **you** have the Standard **network** option in **Hong Kong**, a **network co-insurance** of 50% will apply if **you** choose a provider outside the Standard **network**.

If **you** have semi-private room cover in **Hong Kong**, a room type **co-insurance** of 50% will apply if **you** choose to stay in a private room.

If either the **network co-insurance** and/or the room type **co-insurance** is applied, **you** could pay a large amount for **your treatment**.

EXAMPLE	
You have **treatment** in **hospital** in **Hong Kong** totalling **HKD 1,000,000**. **You** have the Standard **network** option in **Hong Kong**. **You** have semi-private room cover in **Hong Kong**.	
We will first assess the **reasonable and customary** rates for **your treatment**. If **your** claimed amount is higher than the **reasonable and customary** rates, a shortfall will apply.	For this example, the **reasonable and customary** rates are **HKD 800,000**
You visit a **hospital** outside the Standard **network**. **We** then apply the **network co-insurance** of 50%.	50% **co-insurance** applied taking the claimed amount to **HKD 400,000**
You stay in a private room. **We** then apply the room type **co-insurance** of 50%.	Further 50% **co-insurance** applied taking the claimed amount to **HKD 200,000**
Total amount paid by **us** is **HKD 200,000** Amount paid by **you** is **HKD 800,000**	

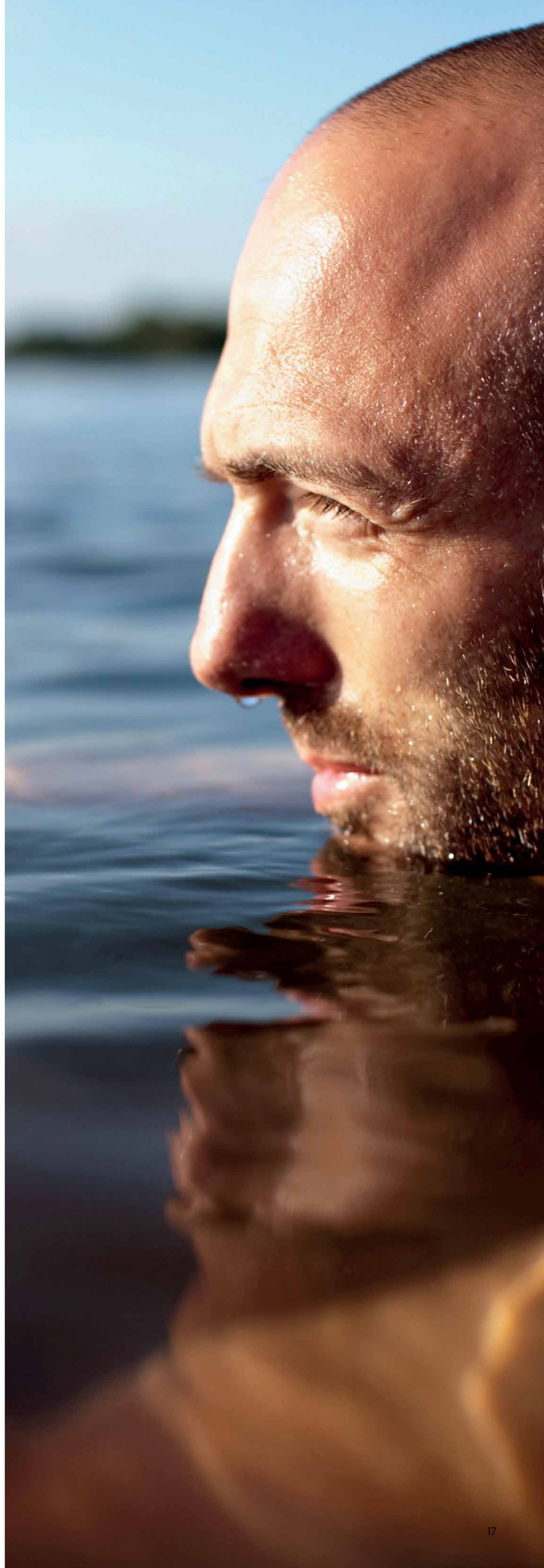


TABLE OF BENEFITS - MAJOR MEDICAL GLOBAL HEALTH PLAN

BENEFIT AND EXPLANATION	LIMITS
OVERALL ANNUAL **POLICY** MAXIMUM All benefits below, even those paid in full, will contribute to the overall annual **policy** maximum limit. The currency applicable for **your** contract is as shown on **your** insurance certificate.	Overall annual **policy** maximum USD 4,500,000 or HKD 35,000,000
DEDUCTIBLE OPTIONS No **deductible**, Optional USD 4,000 or HKD 31,200, or Optional USD 10,000 or HKD 78,000 Please see **your** insurance certificate for details of the **deductible** that applies to **your** plan. Please see details within the Table of Benefits for which benefits the **deductible** applies to. MANDATORY PRE-AUTHORISATION There are some benefits for which **you** must receive pre-authorisation. This will be stated in the benefit explanation. Benefits may not be paid unless pre-authorisation has been provided. Please contact **us** for pre-authorisation before proceeding with all **in-patient** and **day-patient treatment**. Benefits may not be paid unless pre-authorisation has been provided.	
AREA OF COVER OPTIONS There are two area of cover options. The **policyholder** has chosen one of these. They are: ◦ Worldwide ◦ Worldwide, excluding the U.S. **Your** geographical area for coverage is shown on **your** insurance certificate. Please see the '**Treatment** outside of area of cover' exclusion in the 'General exclusions' section.	Worldwide or Worldwide, excluding the U.S.

BENEFIT AND EXPLANATION	LIMITS
HONG KONG HOSPITAL NETWORK OPTIONS **Your** insurance certificate will show which **network** applies to **you**. These **networks** are only for **treatment** that **you** have at a **hospital** in **Hong Kong**. This applies to **treatment** as an **in-patient**, **day-patient** or **out-patient**. If **you** have the Standard **network** but have **treatment** at a **hospital** not in the **network**: **We** will not pay the **hospital** directly. **You** will have to pay and then claim the costs from **us**. 1. **We** will assess the total **hospital** costs for **your treatment** that the **health plan** covers. Examples include room costs and **treatment** costs. 2. For **specialists'** and **doctors'** fees, **we** will assess what are **reasonable and customary** fees for **your treatment**. 3. **We** will then apply a 50% co-insurance to the **specialists'** and **doctors'** fees and **hospital** charges that **we** have assessed in points 1 and 2. This means that **you** could pay a large amount for **your treatment**. For **hospitals** in **Hong Kong** only: To view a summary of **hospitals** within **your** chosen **network** option, please visit MembersWorld.	Standard **network** or Comprehensive **network**
TREATMENT IN **HONG KONG** If **you** have **treatment** from a **specialist** or **doctor** or at a place that is not part of **our network**, **we** may not pay all the costs. **You** will have to pay the difference between what **we** pay and the final bill. There are many places where a **specialist** or **doctor** might treat **you**. This could be, for example, a **hospital**, a clinic, a day-centre. In **Hong Kong**, the **specialist** or **doctor** who treats **you** works separately from the place where **you** have the **treatment**. This means that **you** could have **treatment** in a **hospital** that is in **our network** but the **specialists** or **doctors** who treat **you** are not part of **our network**. In this case **we** would pay the **hospital** bill in full but may only pay part of the **specialist's** or **doctor's** bill. It is important to pre-authorise any **treatment you** plan to have. This gives **us** the chance to tell **you** if the place where **you** plan to have the **treatment** and the **specialist** or **doctor** treating **you** are in **our network**. In the table of benefits **we** often say 'paid in full'. **We** can only pay in full if: ◦ **you** have **treatment** that the **policy** covers ◦ the place **you** are treated is in **our network**, and ◦ the people who treat **you** are in **our network**.	
IN-PATIENT CARE: FOR ALL **IN-PATIENT** AND **DAY-PATIENT TREATMENT** COSTS	
Your chosen **deductible** option applies to all the **in-patient** and **day-patient** benefits below. Please see **your** insurance certificate for details of the **deductible** that applies to **your** plan.	

BENEFIT AND EXPLANATION	LIMITS
HOSPITAL ACCOMMODATION, ROOM AND BOARD When: ◦ there is a medical need to stay in **hospital** ◦ the **treatment** is given or managed by a **specialist**, and ◦ the length of **your** stay is medically appropriate **We** will not pay the extra costs of a deluxe, executive or VIP suite. If the cost of **treatment** is linked to the type of room, **we** pay the cost of **treatment** at the rate which would be charged if **you** occupied a room type appropriate for **your** level of cover. In a semi-private room patients may have to share a room and bathroom. **Your** insurance certificate will show if **your** cover in **Hong Kong** is for a semi-private room. If **you** have semi-private room cover and choose to stay in a private room: **We** will not pay the **hospital** directly. **You** will have to pay and then claim the costs from **us**. 1) **We** will assess the total **hospital** costs for **your treatment** that the **health plan** covers. Examples include room costs and **treatment** costs. 2) For **specialists'** and **doctors'** fees, **we** will assess what are **reasonable and customary** fees for **your treatment**. 3) **We** will then apply a 50% co-insurance to the **specialists'** and **doctors'** fees and **hospital** charges that **we** have assessed in points 1 and 2. This means that **you** could pay a large amount for **your treatment**. For **in-patient** stays of five nights or more, **you** or **your specialist** must send **us** a medical report before the fifth night, confirming **your** diagnosis, **treatment** already given, **treatment** planned and discharge date. **We** will also pay up to USD 17 or HKD 130 each day for personal expenses such as newspapers, television rental and guest meals when **you** have had to stay overnight in **hospital**.	Paid in full Standard private room or Semi-private room (for **hospitals** in **Hong Kong** only).
PARENT ACCOMMODATION IN **HOSPITAL** Room and board costs for a parent staying in **hospital** with their child when the costs are for one parent only, **you** are staying with a child up to 18 years old and the child is insured and receiving **treatment** that is covered.	Paid in full
OPERATING ROOM, MEDICINES AND SURGICAL DRESSINGS Costs of the: ◦ operating room ◦ recovery room ◦ medicines and dressings used in the operating or recovery room ◦ medicines and dressings used during **your hospital** stay	Paid in full
INTENSIVE CARE Costs for **treatment** in an **intensive care** unit when it is **medically necessary** or an essential part of **treatment**.	Paid in full
SURGERY, INCLUDING SURGEONS' AND ANAESTHETISTS' FEES Surgery, including surgeons' and anaesthetists' fees, as well as **treatment** needed immediately before and after the surgery on the same day. **SPECIALISTS'** CONSULTATION FEES When **you** require medical **treatment** during **your** stay in **hospital**.	Paid in full

BENEFIT AND EXPLANATION	LIMITS
PATHOLOGY, RADIOLOGY AND **DIAGNOSTIC TESTS**: ◦ pathology such as blood test(s) ◦ radiology such as ultrasound or X-ray(s) ◦ **diagnostic tests** such as electrocardiograms (ECGs) when recommended by **your specialist** to help diagnose or assess **your** condition when **you** are in **hospital**.	Paid in full
MENTAL HEALTH **Mental health treatment**, overnight in **hospital** or as a **day-patient**, to include room, board and all **treatment** costs related to the mental health condition. Please contact **us** for pre-authorisation before proceeding with **treatment**. Benefit may not be paid unless pre-authorisation has been provided.	Paid in full
PHYSIOTHERAPISTS, OCCUPATIONAL **THERAPISTS**, **SPEECH THERAPISTS** AND **DIETITIANS** **Treatment** provided by **therapists** (such as occupational **therapists**), physiotherapy and **dietitian** or speech therapy if it is needed as part of **your treatment** in **hospital**, meaning this is not the sole reason for **your hospital** stay.	Paid in full
OBESITY SURGERY (AFTER A WAITING PERIOD OF 24 MONTHS) **We** may pay, subject to **Bupa Global's** medical **policy** criteria, for bariatric surgery, if **you**: ◦ have a body mass index (BMI) of 40 or over and have been diagnosed as being morbidly obese ◦ can provide documented evidence of other methods of weight loss which have been tried over the past 24 months and ◦ have been through a psychological assessment which has confirmed that it is appropriate for **you** to undergo the procedure The bariatric surgery technique needs to be evaluated by **our** medical teams and is subject to **Bupa Global's** medical **policy** criteria. In some cases, **you** may qualify for weight-loss surgery if **your** BMI is between 35 and 40 and **you** have a serious weight-related health problem, such as type 2 diabetes. The decision for **Bupa Global** to cover this will be entirely made by **our** medical teams. Please contact **us** for pre-authorisation before proceeding with **treatment**. Benefit may not be paid unless pre-authorisation has been provided.	Paid in full
PROPHYLACTIC SURGERY **We** may pay depending on **Bupa Global's** medical **policy** criteria, for example, a mastectomy when there is a significant family history and/or **you** have a positive result from genetic testing. Please contact **us** for pre-authorisation before proceeding with **treatment**. Benefit may not be paid unless pre-authorisation has been provided.	Paid in full
PROSTHETIC DEVICES The initial prosthetic device needed as part of **your treatment**. By this **we** mean an external artificial body part, such as a prosthetic limb or prosthetic ear which is required at the time of **your** surgical procedure. **We** do not pay for any regular maintenance or replacement prosthetic devices for adults including any replacement devices or regular maintenance needed for a **pre-existing condition**. **We** will pay for the initial and up to two replacements per device for children under the age of 18.	Up to USD 6,000 or HKD 46,800 each device

BENEFIT AND EXPLANATION	LIMITS
PROSTHETIC IMPLANTS AND APPLIANCES Eligible prosthetic implants and appliances shown in the following lists. Prosthetic implants: ◦ to replace a joint or ligament ◦ to replace a heart valve ◦ to replace an aorta or an arterial blood vessel ◦ to replace a sphincter muscle ◦ to replace the lens or cornea of the eye ◦ to control urinary incontinence or bladder control ◦ to act as a heart pacemaker (internal cardiac defibrillator may be available subject to **Bupa Global's** medical **policy** criteria. Please contact **us** for pre-authorisation before proceeding with **treatment**. Benefit may not be paid unless pre-authorisation has been provided) ◦ to remove excess fluid from the brain ◦ cochlear implant – provided the initial implant was provided when **you** were under the age of five, **we** will pay ongoing maintenance and replacements ◦ to restore vocal function following surgery for cancer Appliances: ◦ a knee brace which is an essential part of a **surgical operation** for the repair to a cruciate (knee) ligament ◦ a spinal support which is an essential part of a **surgical operation** to the spine ◦ an external fixator such as for an open fracture or following surgery to the head or neck	Paid in full
RECONSTRUCTIVE SURGERY **Treatment** to restore **your** appearance after an illness, injury or surgery. **We** may pay for surgery when the original illness, injury or surgery and the reconstructive surgery take place during **your** current continuous cover. Please contact **us** for pre-authorisation before proceeding with any reconstructive surgery. Benefit may not be paid unless pre-authorisation has been provided.	Paid in full
ACCIDENT RELATED DENTAL **TREATMENT** **We** pay for dental **treatment** that is required in **hospital** after a serious accident.	Paid in full
IN-PATIENT HOSPITAL CASH BENEFIT **We** pay **in-patient hospital** cash benefit if **you**: ◦ have been treated in a public **hospital** in **Hong Kong** ◦ have received **in-patient treatment** in **hospital** which is covered under this plan whether or not **you** have been charged for **your** room, board and **treatment**.	Up to USD 250 or HKD 1,950 each night, for up to 20 nights each **policy year**
PRE- AND POST-HOSPITALISATION **Your** chosen **deductible** option applies to all the pre- and post-hospitalisation benefits below. Please see **your** insurance certificate for details of the **deductible** that applies to **your** plan.	

BENEFIT AND EXPLANATION	LIMITS
PRE- AND POST- HOSPITALISATION Pre-examinations that are **medically necessary** in order to perform the surgery or **treatment** which is to take place during hospitalisation are covered 30 days prior to hospitalisation. Check-ups that are **medically necessary** in order to verify that the insured is recovering successfully from surgery or **treatment** received while hospitalised are covered up to 60 days after hospitalisation. Note: any pre-and post-hospitalisation for cancer **treatment** is paid from the cancer **treatment** benefit.	Paid in full up to 30 days prior to hospitalisation Paid in full up to 60 days after hospitalisation
HOME NURSING Following **treatment** in **hospital** which is covered under this **health plan**, when it: ◦ is prescribed by **your specialist** ◦ starts immediately after **you** leave **hospital** ◦ reduces the length of **your** stay in **hospital** ◦ is provided by a **qualified nurse** in **your** home and ◦ is needed to provide medical care, not personal assistance Please contact **us** for pre-authorisation before proceeding with **treatment**. Benefit may not be paid unless pre-authorisation has been provided.	Paid in full Up to 30 days each **policy year**
HOSPICE AND PALLIATIVE CARE Hospice and palliative care services if **you** have received a terminal diagnosis and can no longer have **treatment** which will lead to **your** recovery: ◦ **hospital** or hospice accommodation ◦ nursing care ◦ prescribed medicines ◦ physical, psychological, social and spiritual care	Up to USD 40,000 or HKD 312,000 for the whole of **your** lifetime
REHABILITATION (MULTIDISCIPLINARY REHABILITATION) **We** pay for **rehabilitation**, including room, board and a combination of therapies such as physical, occupational and speech therapy after an event such as a stroke. **We** do not pay for room and board for **rehabilitation** when the **treatment** being given is solely physiotherapy. **We** pay for **rehabilitation** only when **you** have received **our** pre-authorisation before the **treatment** starts, for up to 45 days **treatment** each **policy year**. For **treatment** in **hospital** one day is each overnight stay and for **day-patient** and **out-patient treatment**, one day is counted as any day on which **you** have one or more appointments for **rehabilitation treatment**. **We** only pay for **multidisciplinary rehabilitation** where it: ◦ starts within 30 days after the end of **your treatment** in **hospital** for a condition which is covered by **your health plan** (such as trauma or stroke), and ◦ arises as a result of the condition which required the hospitalisation or is needed as a result of such **treatment** given for that condition Note: in order to give pre-authorisation, **we** must receive full clinical details from **your specialist**; including **your** diagnosis, **treatment** given and planned and proposed discharge date if **you** stayed in **hospital** to receive **rehabilitation**. Please contact **us** for pre-authorisation before proceeding with **treatment**. Benefit may not be paid unless pre-authorisation has been provided.	Paid in full Up to 45 days each **policy year**

BENEFIT AND EXPLANATION	LIMITS
PRESCRIBED MEDICINES AND DRESSINGS Medicines and dressings prescribed by **your medical practitioner**, at the **hospital**, after **in-patient** or **day-patient treatment** when **you** are discharged, required to treat a disease, illness or injury.	Up to USD 1,000 or HKD 7,800 each **policy year** Prescribed at the **hospital** following **in-patient** or **day-patient treatment**
DURABLE MEDICAL EQUIPMENT Durable medical equipment that: ◦ can be used more than once ◦ is not disposable ◦ is used to serve a medical purpose ◦ is not used in the absence of a disease, illness or injury and ◦ is fit for use in the home For example oxygen supplies or wheelchairs.	
IN-PATIENT AND/OR **OUT-PATIENT** CARE	
Your chosen **deductible** option applies to all the **in-patient** and/or **out-patient** care benefits below. Please see **your** insurance certificate for details of the **deductible** that applies to **your** plan.	
OUT-PATIENT SURGICAL OPERATIONS When carried out by a **specialist** or a **doctor**, including **out-patient** endoscopic examinations.	Paid in full
CANCER **TREATMENT** If **you** are diagnosed with cancer, **we** will pay for costs related specifically to planning and carrying out **treatment** for the cancer. This includes: ◦ surgery (including any prostheses needed) ◦ **specialists'** fees ◦ **diagnostic tests** ◦ consultations with a **specialist** ◦ chemotherapy ◦ radiotherapy ◦ **treatment you** need to relieve the side effects of cancer **treatment** ◦ examples include antibiotics, anti-sickness drugs, pain relief, blood transfusions, cold cap **treatment** needed as a result of cancer **treatment**. ◦ bone marrow and peripheral blood stem cell transplants (see the 'transplant services' benefit for details of what **we** cover) ◦ one wig ◦ consultations and **diagnostic tests** to monitor **your** condition after **your** cancer **treatment** has finished and **you** are still under the care of **your** cancer **specialist** **We** will also pay for **you** to have a chemotherapy at home where this is possible. Please contact **us** for pre-authorisation before proceeding with **treatment**. Benefit may not be paid unless pre-authorisation has been provided. **Treatment** for cancer using **ATMPs** will be covered separately from the **ATMP** benefit.	Paid in full

BENEFIT AND EXPLANATION	LIMITS

ADVANCED THERAPY MEDICINAL PRODUCTS (ATMPS)
 	
We pay for **ATMP treatment** if it is:
 	
◦ administered by a **specialist** in the country where **you** receive it, and;
◦ approved by the licensing authority in the country where **you** receive it, for **your** condition, stage of disease and stage of **treatment** that **you** have, and;
◦ endorsed by an independent **specialist** appointed by **Bupa Global** who confirms it:
  ◦ as medically appropriate, based on established medical practice, or
  ◦ is provided under a registered and ethically approved study (in this case **we** will not apply the 'experimental or unproven **treatment**' exclusion).
 	
Please contact **us** for pre-authorisation before proceeding with **treatment**. Benefit may not be paid unless pre-authorisation has been provided.
	Paid in full, one course of **treatment** for each condition for the whole of **your** lifetime

TRANSPLANT SERVICES All medical expenses, including consultations with a **doctor** or **specialist** and medical **treatments** whether staying in **hospital** overnight, as a **day-patient** or an **out-patient** for the following transplants, if the organ has come from a relative or a certified and verified source of donation: ◦ cornea ◦ small bowel ◦ kidney ◦ kidney/pancreas ◦ liver ◦ heart ◦ lung, or ◦ heart/lung transplant Costs for anti-rejection medicines and medical expenses for bone marrow transplants and peripheral stem cell transplants, with or without high dose chemotherapy when treating cancer, are covered under the cancer **treatment** benefit. Donor expenses, for each condition needing a transplant whether the donor is insured or not, including: ◦ the harvesting of the organ, whether from a live or deceased donor ◦ all tissue matching fees ◦ **hospital**/operation costs of the donor, and ◦ any donor complications, but to a maximum of 30 days post-operatively only Please contact **us** for pre-authorisation before proceeding with **treatment**. Benefit may not be paid unless pre-authorisation has been provided.	Up to USD 750,000 or HKD 5,850,000 for each condition
KIDNEY DIALYSIS Provided as an **in-patient**, **day-patient** or as an **out-patient**.	Paid in full
NEWBORN CARE The newborn care benefit is paid instead of any other benefit. Newborn children must have their own membership and must be registered on a **Bupa Global** plan before this benefit can be claimed. Please contact **us** for pre-authorisation before proceeding with **treatment**. Benefit may not be paid unless pre-authorisation has been provided.	Up to USD 1,250 or HKD 9,750 maximum benefit for all **treatment** received during the first 90 days following birth each **policy year**.

BENEFIT AND EXPLANATION	LIMITS
ADVANCED IMAGING ◦ magnetic resonance imaging (MRI) ◦ computed tomography (CT) ◦ positron emission tomography (PET) if recommended by **your specialist** to help diagnose or assess **your** condition.	Paid in full

TRANSPORTATION/TRAVEL

Please note: **your** chosen **deductible** option does not apply to the below transportation and travel benefits.

This section contains the rules and information for medical transfers, which help **you** if the **treatment you** need is not available locally.

We can arrange a transfer if the **treatment you** need is:

- recommended by **your specialist** or **doctor**
- covered under **your** plan. It must be **in-patient** or **day-patient treatment**.

Evacuation covers **you** for reasonable transport costs to the nearest appropriate place of **treatment**.

Repatriation also gives **you** the option to travel to **your** country of nationality or **your** country of residence.

We may authorise evacuation if **you** need a CT, MRI or PET scan, or cancer **treatment** such as radiotherapy or chemotherapy.

You must contact **us** before **you** travel, and **we** must agree the arrangements with **you**. If **you** do not, **we** may not pay the costs of **your** transport and **treatment**.

Notes:

- **We** will only pay for Evacuation when the **treatment you** need is not available where **you** are. **We** will help **you** get to the nearest place where the **treatment you** need is available. This could be to another part of the country that **you** are in. It might not be **your** home country.
- In some cases, **you** may request a medical repatriation when contacting **Bupa Global's service partners** for authorisation, but this may not be medically appropriate. In these cases, **we** will first evacuate **you** to the nearest appropriate place where **treatment** is available. Once **you** have been stabilised, **we** may then repatriate **you** to **your** country of nationality or **your** country of residence.

How to arrange your medical transfer

If **you** need a medical transfer, call **us** on +852 2531 8503. **We** will arrange the medical transfer. **You** must give **us** any information or proof that **we** may reasonably ask **you** for to support **your** request. **We** will only pay if **we** arrange and agree everything in advance.

We will not approve a transfer which, in **our** reasonable opinion, is inappropriate based on established clinical and medical practice. **We** are entitled to conduct a review of **your** case if it is reasonable to do so. **We** will not authorise a medical transfer if this would be against medical advice.

We will guarantee to pay for a medical transfer that **we** have agreed and approved in advance. If someone else arranges a transfer which the plan covers, **we** will only pay what **we** would have paid if **we** had arranged the transfer.

- **We** will not cover a medical transfer if **you** were aware of the symptoms of **your** condition before **you** applied for Assistance cover.
- **You** must have Assistance cover in place before **you** need the **treatment**. **You** must also have cover for **treatment** in the country **you** need to be transferred from.
- **We** will not arrange a medical transfer if it is too dangerous to do so, or not practical to enter the area. This could be because of the local situation, or geography. Examples include war zones, or an oil rig.
- Transport depends on local or international resources. This can include equipment and crew. It must also remain within the scope of all law and regulations which apply. **We** may have to obtain authorisation from authorities. This is outside **our** control.
- **We** cannot be held liable for any delays or connection problems caused by the weather, mechanical problems, restrictions imposed by public authorities or by the pilot or any other condition beyond **our** control.
- **We** do not provide the transport and other services set out in the assistance cover section. **We** will arrange those services on **your** behalf. In some countries **we** may use **service partners** to arrange these services.
- **We** do not pay for extra nights in **hospital** when **you** are no longer having **active treatment** which **you** need to be in **hospital** for. An example would be if **you** are waiting for **your** return flight.

BENEFIT AND EXPLANATION	LIMITS
EVACUATION Transport costs for an evacuation: ◦ to the nearest appropriate place where the required **treatment** is available. (This could be to another part of the country that **you** are in or to another country), and ◦ for the return journey to the place **you** were transferred from When this is authorised in advance by **us**. The costs **we** pay for the return journey will be either: ◦ the reasonable cost of the return journey by land or sea, or ◦ the cost of an economy class air ticket whichever is the lesser amount **We** do not pay any other costs related to the evacuation such as travel costs or hotel accommodation. In some cases, it may be more appropriate for **you** to travel to the airport by taxi, than other means of transport, such as an ambulance. In these cases, and if approved in advance, **we** will pay for taxi fares.	Paid in full
REPATRIATION Transport costs for a repatriation: ◦ to **your specified country of nationality** as given on **your** application form, or **your specified country of residence**, and ◦ the return journey to the place **you** were transferred from when: ◦ this is authorised in advance by **Bupa Global**, and ◦ the return journey is within 14 days of the end of the **treatment** The costs **we** pay for the return journey will be either: ◦ the reasonable cost of the return journey by land or sea, or ◦ the cost of an economy class air ticket whichever is the lesser amount **We** do not pay any other costs related to the repatriation such as travel costs or hotel accommodation. In some cases, it may be more appropriate for **you** to travel to the airport by taxi, than other means of transport, such as an ambulance. In these cases, and if approved in advance, **we** will pay for taxi fares. In some cases **you** may request a medical repatriation when contacting **Bupa Global** for authorisation, but this may not be medically appropriate. In these cases, **we** will first evacuate **you** to the nearest appropriate place where **treatment** is available. Once **you** have been stabilised, **we** may then repatriate **you** to **your specified country of nationality** or **your specified country of residence**.	Paid in full

BENEFIT AND EXPLANATION	LIMITS
TRAVEL COST FOR AN ACCOMPANYING PERSON Reasonable travel costs for a close relative (spouse/partner, parent, child, brother or sister) to accompany **you** if there is a reasonable need for **you** to be accompanied. By 'reasonable need' **we** mean that **you** need someone to accompany **you** for one of the following reasons: ◦ **you** need assistance to board or disembark from transport ◦ **you** need to be transferred over a long distance (over at least 1000 miles or 1600 kilometres) ◦ there is no medical escort ◦ in the case of **serious acute illness** The accompanying person may travel in a different class from the person receiving **treatment** depending on medical requirements. Reasonable travel costs for the return journey to the place **you** were transferred from when this is authorised in advance by **Bupa Global**. The costs **we** pay for the return journey will be either: ◦ the reasonable cost of the return journey by land or sea, or ◦ the cost of an economy air ticket whichever is the lesser amount **We** do not pay for someone to travel with **you** when the evacuation is for **you** to receive **out-patient treatment**.	Paid in full
TRAVEL COST FOR THE TRANSFER OF CHILDREN Reasonable travel costs for children to be transferred with **you** in the event of an evacuation or repatriation, provided they are under the age of 18 when: ◦ it is **medically necessary** for **you** as their parent or guardian to be evacuated or repatriated ◦ **your** spouse, partner, or other joint guardian is accompanying **you**, and ◦ they would otherwise be left without a parent or guardian	Paid in full
COMPASSIONATE VISIT TRANSPORT COSTS AND COMPASSIONATE VISIT LIVING ALLOWANCE The cost of economy class travel costs for a close relative (spouse/partner, parent, child, brother or sister) who is in another country to visit when **you** have a sudden accident or illness and are going to be hospitalised for at least five days or **you** have received a short-term terminal prognosis. This includes economy class costs of **your** relative's return journey to their home country. This benefit is only paid when authorised in advance by **Bupa Global**. For: ◦ a maximum of five trips per lifetime ◦ only when authorised in advance by **Bupa Global** Costs towards living expenses for **your** relative: ◦ following an covered compassionate visit only, and ◦ for up to 10 days whilst away from their usual **specified country of residence** This benefit is not paid when either an evacuation or repatriation has taken place. In the event of an evacuation or repatriation taking place during a compassionate visit, no further benefits as described in notes 'Travel cost for an accompanying person', 'Travel cost for the transfer of children' or 'Living allowance' will be payable.	Visit and return: Up to five trips per lifetime USD 1,500 or HKD 11,700 each trip Visit living allowance: Up to USD 150 or HKD 1,170 each day Up to 10 days each **policy year**

BENEFIT AND EXPLANATION	LIMITS
LIVING ALLOWANCE Costs towards living expenses for a relative (spouse/partner, parent, child, brother or sister) who is authorised to travel with **you**: ◦ following an evacuation, and ◦ for up to 10 days, or **your** date of discharge whichever is the earlier, whilst away from their usual **specified country of residence** **We** do not pay for someone to travel with **you** when evacuation is for **out-patient treatment** only.	10 days each **policy year** up to USD 150 or HKD 1,170 per day
LOCAL AIR AMBULANCE ◦ from the location of an accident to a **hospital**, or ◦ for a transfer from one **hospital** to another When a local air ambulance is: ◦ **medically necessary** ◦ used for short distances of up to 100 miles/160 kilometres, and ◦ related to **treatment** that is covered that **you** need to receive in **hospital** A local air ambulance may not always be available in cases where the local situation makes it impossible, unreasonably dangerous or impractical to enter the area, for example from an oil rig or within a war zone. **We** do not pay for mountain rescue.	Paid in full
LOCAL ROAD AMBULANCE ◦ from the location of an accident to a **hospital** ◦ for a transfer from one **hospital** to another, or ◦ from **your** home to the **hospital** When a local road ambulance is: ◦ **medically necessary**, and ◦ related to **treatment** that is covered that **you** need to receive in **hospital**	Paid in full
REPATRIATION OF MORTAL REMAINS Reasonable costs for the transportation of **your** body or cremated mortal remains to **your** home country or to **your specified country of residence**: ◦ in the event of **your** death while **you** are away from home, and ◦ subject to airline requirements and restrictions **We** will only pay statutory arrangements, such as cremation and an urn or embalming and a zinc coffin, if this is required by the airline authorities to carry out the transportation. **We** do not pay for any other costs related to the burial or cremation, the cost of burial caskets or the transport costs for someone to collect or accompany **your** mortal remains.	Paid in full

YOUR EXCLUSIONS

In the 'General exclusions' section below, **we** list specific **treatments**, conditions and situations that **we** do not cover as part of **your health plan**. In addition to these **you** may have personal exclusions or restrictions that apply to **your health plan**, as shown on **your** insurance certificate.

Do you have cover for pre-existing conditions?

When **you** applied for **your health plan you** were asked to provide all information about any disease, illness or injury for which **you** received medication, advice or **treatment**, or **you** had experienced symptoms before **you** became a customer – **we** call these **pre-existing conditions**.

Our medical team reviewed **your** medical history to decide the terms on which **we** offered **you** this **health plan**. **We** may have offered to cover any **pre-existing conditions**, possibly for an extra premium, or decided to exclude specific **pre-existing conditions** or apply other restrictions to **your health plan**. If **we** have applied any personal exclusion or other restrictions to **your health plan**, this will be shown on **your** insurance certificate. This means **we** will not cover costs for **treatment** of this **pre-existing condition**, related symptoms, or any condition that results from or is related to this **pre-existing condition**. Also **we** will not cover any **pre-existing conditions** that **you** did not disclose in **your** application.

If **we** have not applied a personal exclusion or restriction to **your** insurance certificate, this means that any **pre-existing conditions** that **you** told **us** about in **your** application are covered under **your health plan**.

General exclusions

The exclusions in this section apply in addition to and alongside any personal exclusions and restrictions explained above.

For all exclusions in this section, and for any personal exclusions or restrictions shown on **your** insurance certificate, **we** do not pay for conditions which are directly related to:

- excluded conditions or **treatments**
- additional or increased costs arising from excluded conditions or **treatments**
- complications arising from excluded conditions or **treatments**

Important note

Our global **health plans** are non-U.S. insurance products and accordingly are not designed to meet the requirements of the U.S. Patient Protection and Affordable Care Act (the Affordable Care Act). **Our** plans may not qualify as minimum essential coverage or meet the requirements of the individual mandate for the purposes of the Affordable Care Act, and **we** are unable to provide tax reporting on behalf of those U.S. taxpayers and other persons who may be subject to it. The provisions of the Affordable Care Act are complex and whether or not **you** or **your dependants** are subject to its requirements will depend on a number of factors. **You** should consult an independent professional financial or tax advisor for guidance. For customers whose coverage is provided under a group **health plan**, **you** should speak to **your health plan** administrator for more information.

Please note that, should **you** choose to have **treatment** or services with a **benefits provider** who is not part of **network**, **we** will only cover costs that are **Reasonable and Customary**. Additional rules may apply in respect of **covered benefits** received from an 'out-of-**network**' **benefits provider** in certain specific countries. This applies whether **we** pay the benefit provider directly, or **you** pay the costs and claim this back from **us**.

GENERAL EXCLUSIONS	
Administration / registration fees	Administration and/or registration fees (unless **we**, at **our** reasonable discretion, deem that such fees are proper and usual, accepted practice in the relevant country).
Advance payments / deposits	Advance payments and/or deposits towards the costs of any **covered benefits**.
Antenatal classes	**We** will not pay for antenatal classes from **your** maternity benefits or any other benefits.
Artificial life maintenance	**We** will not pay for **artificial life maintenance** for more than 90 days - including mechanical ventilation, where such **treatment** will not or is not expected to result in **your** recovery or restore **you** to **your** previous state of health. Example: **We** will not pay for **artificial life maintenance** when **you** are unable to feed and breathe independently and require percutaneous endoscopic gastrostomy (PEG) or nasal feeding for a period of more than 90 days.
Assisted fertility **treatment**	**Treatment** to assist reproduction such as: ◦ in-vitro fertilisation (IVF) ◦ gamete intrafallopian transfer (GIFT) ◦ zygote intrafallopian transfer (ZIFT) ◦ artificial insemination (AI) ◦ prescribed drug **treatment** ◦ embryo transport (from one physical location to another), or ◦ donor ovum and/or semen and related costs Note: **we** pay for reasonable investigations into the causes of infertility if: ◦ **you** had not been aware of any problems before joining, and ◦ **you** have been a member of this plan (or any **Bupa** administered plan which included cover for this type of investigation) for a continuous period of two years before the investigations start. Once the cause is confirmed, **we** will not pay for any additional investigations in the future.
Birth control	Contraception, sterilisation, vasectomy, termination of pregnancy (unless there is a threat to the mother's health), family planning, such as meeting **your doctor** to discuss becoming pregnant or contraception.
Complementary therapists	**Treatment** and medicine by **Complementary therapists** including any Chinese medicine practitioner.
Conflict and disaster	**We** shall not be liable for any claims which concern, are due to or are incurred as a result of **treatment** for sickness or injuries directly or indirectly caused by **you** putting yourself in danger by entering a known area of conflict (as listed below) and/or if **you** were an active participant or **you** have displayed a blatant disregard for **your** personal safety in a known area of conflict: ◦ nuclear or chemical contamination ◦ war, invasion, acts of a foreign enemy ◦ civil war, rebellion, revolution, insurrection ◦ terrorist acts ◦ military or usurped power ◦ martial law ◦ civil commotion, riots, or the acts of any lawfully constituted authority ◦ hostilities, army, naval or air services operations whether war has been declared or not
Convalescence and admission for **treatment** that could take place as a **day-patient** or **out-patient**, general care, or staying in **hospital** for	◦ convalescence, pain management, supervision, or ◦ receiving only general nursing care, or ◦ **therapist** or **complementary therapist** services, or ◦ domestic/living assistance such as bathing and dressing

Cosmetic **treatment**	Non-medically essential surgery and **treatment** to alter **your** appearance including abdominoplasty or **treatment** related to or arising from the removal or addition of non-diseased or surplus or fat tissue is not covered. **We** do not pay for **treatment** of keloid scars. **We** also do not pay for scar revision, even if the scar is causing a functional problem. Note: If **your doctor** recommends cosmetic **treatment** to correct a functional problem, for example, excess eye tissue which is interrupting the visual field, please contact **us** for pre-authorisation as **your** case will be assessed according to **Bupa Global's** medical **policy** criteria. If approved, benefits will be paid in line with the rules and benefits of **your health plan**.
Developmental problems	**Treatment** for, or related to developmental problems, including: ◦ learning difficulties, such as dyslexia ◦ developmental problems treated in an educational environment or to support educational development
Experimental or unproven **treatment**	Clinical tests, **treatments**, equipment, medicines, devices or procedures that are considered to be unproven or investigational with regards to safety and efficacy. This includes: ◦ any test, **treatment**, equipment, medicine, device or procedure that is not considered to be in standard clinical use but is (or should, in **Bupa's** reasonable clinical opinion, be) under investigation in clinical trials with respect to its safety and efficacy. ◦ any tests, **treatment**, equipment, medicine, products or procedures used for purposes other than defined under its licence, unless this has been pre-authorised by **Bupa Global** in line with its criteria for standard clinical use. Standard clinical use includes: ◦ **treatment** agreed to be "best" or "good practice" in national or international evidence-based (but not consensus-based) guidelines, such as those produced by NICE (National Institute for Health and Care Excellence) (excluding medicines approved though the UK Cancer Drugs Fund), Royal Colleges or equivalent national **specialist** bodies in the country of **treatment**; ◦ the conclusions from independent evidence-based health technology assessment or systematic review (e.g. Hayes, CADTH, The Cochrane Collaboration, the NCCN level 1 or **Bupa's** in-house Clinical Effectiveness team) indicate that the **treatment** is safe and effective; ◦ where the **treatment** has received full regulatory approval by the licensing authority (e.g. U.S. Food and Drugs Agency (FDA), the European Medicines Agency (EMA), the Saudi Arabia Food and Drug Agency) in the location where the customer has requested **treatment**, and is duly licensed for the condition and patient population being requested (please note – full regulatory approval would require submission of data to the local licensing agency that adequately demonstrated safety and effectiveness in published phase 3 trials); and/or ◦ tests, **treatments**, equipment, medicines, devices or procedures which are mandated to be made available by the local law or regulation of the country in which **treatment** is requested. Case studies, case reports, observational studies, editorials, advertorials, letters, conference abstracts and non-peer reviewed published or unpublished studies are not considered appropriate evidence to demonstrate a test, **treatment**, equipment, medicine, device or procedure should be used in standard clinical use. Where licensing authority approval to market tests, **treatment**, equipment, medicines, devices or procedures does not, in **Bupa's** reasonable clinical opinion, demonstrate safety and efficacy, the criteria for standard clinical use shall prevail.

Eyesight	**Treatment** equipment or surgery to correct eyesight, such as laser **treatment**, refractive keratotomy (RK) and photorefractive keratotomy (PRK).
Footcare	**Treatment** for: corns, calluses, or thickened or misshapen nails.
Gender issues	Sex changes or gender reassignments.
Genetic testing	Genetic tests, when such tests are performed to determine whether or not **you** may be genetically likely to develop a medical condition. Example: **We** do not pay for tests used to determine whether **you** may develop Alzheimer's disease, when that disease is not present.
Harmful or hazardous use of alcohol, drugs and/or medicines	**Treatment** for or arising directly or indirectly, from the deliberate, reckless (including where the insured has displayed a blatant disregard for his/her personal safety or acted in a manner inconsistent with medical advice), harmful and/or hazardous use of any substance including alcohol, drugs and/or medicines; and in any event, from the illegal use of any such substance.
Health hydros, nature cure clinics or any establishment that is not a **hospital**	**Treatment** or services received in a health hydro, nature cure clinic, spa, or any similar establishment that is not a **hospital**.
Illegal activity	**We** will not pay for **treatment** which arises, directly or indirectly, as result of **your** deliberate or reckless participation (whether actual or attempted) in any illegal act, including road traffic offenses.

Ineligible medical practitioner, **hospital or healthcare facility**	**We** do not pay for:
	
	◦ **treatment** that **you** have from a person or at a place if:
	  ◦ the relevant local authorities do not recognise them as having **specialist** knowledge of, or expertise in treating the disease, illness or injury that **you** need **treatment** for, or
	  ◦ **we** have told them in writing that **we** will not pay for **treatment** they give to anyone covered by **our health plans**. **You** can contact **us** for details of who **we** have sent written notice to, or visit Facilities Finder at bupaglobal.com/en/facilities/finder
	
	◦ **treatment you** give yourself
	◦ **treatment** from anyone who lives with **you**
	◦ **treatment** from a **family member**.

Maternity and childbirth	**Treatment** for maternity including childbirth for any condition arising from maternity or childbirth except the following conditions and **treatments**: ◦ abnormal cell growth in the womb (hydatidiform mole) ◦ foetus growing outside of the womb (ectopic pregnancy) ◦ other conditions arising from pregnancy or childbirth, but which could also develop in people who are not pregnant
Mechanical or animal donor organs	Mechanical or animal organs, except where a mechanical appliance is temporarily used to maintain bodily function whilst awaiting transplant, purchase of a donor organ from any source or harvesting or storage of stem cells when a preventive measure against possible future disease.
Obesity and weight management	**Treatment** for or as a result of obesity and weight management such as: ◦ slimming aids or drugs, or ◦ slimming classes Note: **we** may cover costs associated with obesity surgery as detailed in the 'Table of benefits', subject to **Bupa Global's** medical **policy** criteria.

Persistent vegetative state (PVS) and neurological damage	**We** will not pay for **treatment** while staying in **hospital** for more than 90 continuous days for permanent neurological damage or if **you** are in a **persistent vegetative state**.
Professional sports activities	**Treatments** and services arising as a result of **professional sports activities**, including but not limited to, any form of aerial flight, any kind of power-vehicle race, water sports, horse riding activities, mountaineering activities, violent sports such as judo, boxing, and wrestling, bungee jumping and any other **professional sports activities**.
Sexual problems	Sexual problems, such as impotence, whatever the cause.
Sleep disorders	**Treatment**, including sleep studies, for insomnia, sleep apnoea, snoring, or any other sleep-related problem.
Stem cells	Harvesting or storage of stem cells. For example ovum, cord blood or sperm storage. Note: **we** pay for bone marrow transplants and peripheral stem cell transplants when carried out as part of the **treatment** for cancer. This is covered under the cancer **treatment** benefit.
Surrogacy	**Treatment** directly related to surrogacy. This applies to **you** if **you** act as a surrogate, or to anyone else acting as a surrogate for **you**.
Temporomandibular joint (TMJ) disorders	Disorders of the Temporomandibular joint (TMJ) and related complications.
Treatment outside of area of cover	If **you** have Worldwide excluding the U.S. area of cover, then any **treatment** or services received in the U.S. are not covered when: ◦ this takes place after the 28th day of **your** visit to the U.S.; or ◦ this relates to any condition where symptoms of the condition were apparent to **you** before **your** visit to the U.S.; or ◦ **we** know or have reasonable grounds to conclude that **you** travelled to the U.S. for the purpose of receiving **treatment** or services. This applies whether or not **your treatment** or services were the main or sole purpose of **your** visit; or ◦ these relate to the delivery of a baby, other than in the case of unexpected premature delivery; or ◦ these relate to a newborn baby born in the U.S., other than in the case of an unexpected premature delivery. (In the case of unexpected premature delivery, the newborn must have been validly added to the membership); or ◦ when arrangements for **treatment** or services were not pre-authorised by **our** agents in the U.S. Note: to claim for unexpected **treatment** or services received within 28 days of **your** arrival in the U.S., **you** must send a photocopy of **your** airline ticket and stamped passport as evidence of **your** arrival date with **your** claim. Please see terms around adding newborn babies in the 'WANT TO ADD MORE PEOPLE TO **YOUR HEALTH PLAN**?' section of this membership guide.

TERMS AND CONDITIONS

No	CLAUSE
1.	**Your policy**
1.1	The definitions set out in the "Glossary" in the **Guide to your Bupa Global health plan** apply to these Terms and Conditions and are marked in bold.
1.2	This **policy** is an insurance contract between **you the policyholder** and **Bupa Global** for each **policy year**.
1.3	No other persons, including any **dependants**, may enforce any legal rights under this insurance contract. **Dependants** may use **our** complaints process set out in clause 13 below.
1.4	This insurance contract is set out in: ◦ these Terms and Conditions; ◦ the **Guide to your Bupa Global health plan**; ◦ the information and declarations in **your** application form; and ◦ the insurance certificate.
1.5	If **you the policyholder** add **dependants** to this **policy**, those **dependants** will be covered by this **policy** from the date shown on the updated insurance certificate sent to **you the policyholder**.
2.	**Your cover**
2.1	**We** will pay for the cost of any **covered benefits** in accordance with the terms of this **policy** and as defined in the **Guide to your Bupa Global health plan**.
2.2	**Your health plan** may include a mandatory annual **deductible**, which will be shown in the **Guide to your Bupa Global health plan**. **You** may also have an optional annual **deductible**, if available and selected by **you the policyholder** in **your** application form. **Your deductibles** will be shown on **your** insurance certificate. All annual **deductibles** apply to **you the policyholder** and each of the **dependants** separately. **You the policyholder** and each **dependant** may have different annual **deductible** amounts. **You** will have a new annual **deductible** if this **policy** renews. If an annual **deductible** applies, **you** must pay the cost of any **covered benefits** received directly to the provider until **you** have reached the level of **your** annual **deductible**. Costs in excess of the maximums shown in the **Guide to your Bupa Global health plan** will not count towards **your** annual **deductible**. The cost of any **covered benefits you** receive which are covered by **your** annual **deductible** (excluding costs in excess of the maximums shown in the **Guide to your Bupa Global health plan**), count towards the maximum cover limits shown in the **Guide to your Bupa Global health plan**. Even if the amount **you** are claiming is less than the amount of **your** annual **deductible**, **you** should still submit a claim to **us** so **we** know when **you** have reached the level of **your** annual **deductible**. As this is an annual **deductible**, if **your** first claim is towards the end of the **policy year** and **your covered benefits** continue over **your renewal** date, the annual **deductible** is payable separately for the **covered benefits** received in each **policy year**.
2.3	**Your health plan** may include a mandatory co-insurance, which will be shown in the **Guide to your Bupa Global health plan**. **You** may also have an optional co-insurance, if available and selected by **you the policyholder** in **your** application form. **Your** co-insurance will be shown on **your** insurance certificate. **You** must pay for the co-insurance proportion of the cost of any **covered benefits** to which the co-insurance applies directly to the **benefits provider**.

No	CLAUSE
2.4	Should **we** be required for any reason to pay a **benefits provider** an amount which is covered by any annual **deductible** or co-insurance **we** will then collect payment from **you** for that amount. **You** authorise **us** to take this payment from **you** under the direct debit agreement or credit card authority **you** have given to **us** in **your** application form or as updated. If this **policy** has an annual **deductible** or co-insurance **you** must ensure that **we** always have a valid direct debit agreement or credit card authority that enables **us** to take payment of any annual **deductible** or co-insurance **we** have paid. **You** must update the direct debit agreement or credit card authority **you** have given to **us** when necessary or when requested by **us**. Otherwise it may cause delays in **our** paying claims. **We** will not pay claims until **we** have received any outstanding annual **deductible** or co-insurance payments
2.5	**You** must obtain pre-authorisation for any **covered benefits** where it is stated that this is required in the **Guide to your Bupa Global health plan**. Details of how to pre-authorise **covered benefits** are available in the **Guide to your Bupa Global health plan**.
2.6	Before **we** pre-authorise any **covered benefits** or pay any claim, **we** are entitled to request additional information, such as medical reports, and **we** may require that **you** have a medical examination by an independent **medical practitioner** appointed by **us** (at **our** cost) who will then provide **us** with a medical report If this information is not provided in a timely manner once requested this may result in a delay in pre-authorisation and to **your** claims being paid. If this information is not provided to **us** at all this may result in **your** claims not being paid.
2.7	In certain situations **we** may pay for medical services or benefits which are not covered by this **policy**. This is called a discretionary or ex gratia payment and may include, should **we** determine not to seek to recover it, a payment made at **our** error. Any payment that **we** may make on this basis will still count towards the overall annual maximum limit that applies to this **policy**. If **we** make a payment like this it does not mean that **we** are required to pay identical or similar costs in the future.
3.	**Premium & Payment**
3.1	**You** should pay **your** premiums direct to **Bupa Global**. If **you** pay **your** premiums to anyone else, such as an intermediary or insurance broker, **we** are not responsible for ensuring those persons pass the premium on to **us**.
3.2	If **we** do not receive **your** premium (or any instalment) or any other payment **you** owe **us** under this **policy** by the due date, **we** will write to **you the policyholder** requesting payment by a specific date, which will be not less than 30 days after the date **we** issue **our** letter or email to **you**. If **we** do not receive payment by that date, this **policy** will be cancelled and all rights under this **policy** will cease from the original date on which **your** premium (or the first missed instalment) or other payment should have been received. **We** will not pay any claims until all overdue payments have been paid, unless the reason for non-payment is an error outside of **your** control, such as a bank error
3.3	If **we** incorrectly make any payment to either a **benefits provider** for **treatment** or benefits received by **you** but not covered by this **policy**, or to **you**, **we** reserve the right to deduct the amount **we** incorrectly paid from **your** future claims or seek repayment from **you**.

No	CLAUSE
4.	**Making a claim**
4.1	**We** want it to be simple for **you** to make a claim. **We** try to pay providers directly but sometimes this isn't possible. Claim forms Before **we** can pay a claim, **we** need to make sure that it is a valid claim. The claim form gives **us** the information that **we** need to check that **your** claim is valid. Please make sure that **you** complete the form. If not, **we** may have to ask for more information. This can take time and delay any payment. An incomplete claim form is the most common reason for delayed payments. **You** can: ◦ complete a claim form in MembersWorld, or ◦ contact **us** and **we** will send **you** one. **You** must make a separate claim for each: ◦ member ◦ condition ◦ **in-patient** or **day-patient** stay, and ◦ currency of claim. If **you** need **treatment** for more than six months, **we** can ask **you** to complete a new claim form. What **we** need for **your** claim **We** need to receive the completed form, with any invoices, receipts and prescriptions related to the claim. This must be within two years of receiving the **treatment**. **We** do not pay claims that **we** receive more than two years after **treatment** unless there is a good reason why **you** couldn't make the claim earlier. More information **We** may ask for more information about **your** claim. For example: ◦ medical reports or other information about **your treatment** ◦ the results of any medical examination by a **medical practitioner** who **we** appointed and that **we** paid for. If **you** don't give **us** the information **we** ask for, **we** may not be able to pay **your** claim. Important **We** only pay for **treatment**: ◦ **you** have while **you** are on the **policy** ◦ up to the benefit levels that apply at the time **you** have it ◦ costs that are **reasonable and customary**. **We** can't return original documents to **you** - for example invoices. However, when **you** make a claim, **you** can send **us** copies. If **you** do send an original document, **we** can send **you** a copy if **you** ask **us**.

No	CLAUSE
4.2	Confirming a claim If **you** are aged 16 or over, **we'll** explain to **you** how **we** have dealt with **your** claim. For **dependants** aged 15 and under, **we** will write to the **policyholder**. How **we** pay **your** claim Where possible, **we** follow the instructions in the 'Payment details' section of the claim form. Who **we** will pay **We** only make payments to the: ◦ member who received the **treatment** ◦ provider of the **treatment** ◦ **policyholder** ◦ executor or administrator of the member's estate. **We** pay a **dependant** only if: ◦ they received the **treatment** ◦ they are aged 16 or over, and ◦ **we** have their bank details. **We** do not make payments to anyone else. Payment method **We** can: ◦ transfer payment to **your** bank account. This is quick and secure. However, **we** can send a payment only if **we** know details of where to send the payment, for example the full account number, SWIFT code, bank address and (in Europe only) IBAN number ◦ pay by cheque. **You** should cash a cheque within six months. If **you** have an out-of-date cheque, please contact **us** and **we** will replace it. If **your** bank charges **you** for a transfer **we** make, **we** will try to refund this as well. **We** do not pay any other bank charges, for example currency exchange fees.
4.3	Payment currency and conversions **We** will reimburse **you** in the currency: ◦ in which **we** receive the premium ◦ of the invoices **you** send **us**, or ◦ of **your** bank account. Sometimes banking rules may not let **us** pay in the currency **you** would like. So, **we** will pay in the currency **we** receive the premium in. Very rarely, paying in a certain currency may be illegal or expose **us** (or the **Bupa Group**) to United Nations sanctions. If so: ◦ **we** may not be able to pay **you** immediately, or ◦ will pay **you** in a currency which **we** are allowed to and able to. How **we** convert one currency to another **We** use the rate that is in place in the UK on the invoice date. If there is no invoice date, **we** will use **your treatment** date. The exchange rate **we** use will be from a leading market provider of rates. Please call **us** if **you** would like more details.

No	CLAUSE
4.4	Other claim information Incorrect payment of claims If **we** incorrectly pay **your** claim, **we** can: ◦ deduct the incorrectly paid amount from future claims, or ◦ seek repayment from **you**. Discretionary payments If **we** may make a payment for a benefit **your policy** doesn't cover, **we** don't have to pay identical or similar costs in the future. The payment will count towards the overall annual maximum that applies to this **policy**. Claiming for **treatment** when others are responsible **You** may need to claim for **treatment** that **you** need because someone else is at fault. An example would be if **you** were a victim in a car crash. **You** will need to complete the relevant section of the claim form. **You** will also need to take any reasonable steps **we** ask of **you** to help **us**: ◦ recover from the person at fault the cost of the **treatment we** paid for. This could be through their insurance company. ◦ claim interest if **you** are entitled to do so. **We** may make a claim in **your** name. **You** must give **us** any help **we** reasonably need to make that claim. For example: ◦ giving **us** any documents or witness statements ◦ signing court documents, and ◦ having a medical examination. **You** must not: ◦ take any action ◦ settle any claim or ◦ do anything which has a negative effect on **our** right to claim in **your** name. Claiming with joint or double insurance If **you** have other insurance for costs **you** have claimed from **us**, **you** must: ◦ tell **us** about this when **you** make a claim from **us** ◦ complete the appropriate section of the claim form. **We** will only pay **our** share of the costs.

No	CLAUSE
4.5	<u>What do **we** do to detect and prevent fraud?</u> **We** can check **your** details with: ◦ fraud prevention agencies ◦ other insurers, and ◦ other relevant third parties. If **you** give **us** false or inaccurate information and **we** suspect fraud, **we** may record this with a fraud prevention agency. **We** and other organisations may also use these records to: ◦ help make decisions about cover for **you** and members of **your** plan ◦ help make decisions on other insurance proposals and claims for **you** and members of **your** plan/group ◦ trace debtors, recover debt, prevent fraud and to manage **your** insurance plans ◦ establish **your** identity ◦ undertake credit searches and additional fraud searches. <u>Fraudulent claims</u> If a claim on the **policy** is fraudulent in any way, **we** can: ◦ refuse to pay it and any later claim ◦ recover any payments **we** have already made for it and for any later claim. What if the **policyholder** makes a fraudulent claim? **We** can cancel the **policy**. This will be from the date of that claim. What if a **dependant** makes a fraudulent claim? **We** can cancel their cover. This will be from the date of that claim. In either case **we** don't have to refund any premium already paid to **us**. What is an example of a fraudulent claim? ◦ making a false or exaggerated claim ◦ giving **us** false information. For example forged, falsified or manipulated documents ◦ not giving **us** information which **we** need to assess a claim ◦ refusing to give **us** information which **we** have reasonably asked for to assess a claim. For example, medical history reports, proof of payment and original invoices.
5.	**Renewal**
5.1	**We** will write to let **you** know the terms on which **you** may renew this **policy** for the next year, in advance of the **renewal** date (unless Clause 5.2 applies). Each **policy year we** may change how **we** calculate **your** premiums, how **we** determine premiums, what **you** have to pay and the method of payment. **We** may also change the **Guide to your Bupa Global health plan** (including which **covered benefits** are covered and the limits for **covered benefits**) and the terms of this **policy**. **We** will issue **you** a notice at least 30 days' in advance of the **renewal** date, with details of the new premium, any changes to the renewed **policy** and the reasons for those changes. If **you** do not want to renew this **policy you** must contact **us** within 30 days following the start of the renewed **policy**. Unless **you** contact **us** to tell **us** not to, **we** will continue to take payment of the new premium using the payment details **you** have given **us**.
5.2	**We** reserve the right not to renew this **policy** if **we** have decided to stop making this **health plan** available. Should this happen, **we** will seek to provide alternative options, where possible and subject to regulatory requirements.
5.3	If **we** decide to renew this **policy**, **we** won't add any new personal restrictions or exclusions (those that appear on **your** insurance certificate) to **your** renewed **policy**. However, should **you** move to a different **health plan**, **we** may add new personal restrictions or exclusions
6.	**Making changes to the policy**
6.1	Only **we** and the **policyholder** can agree to make changes. Changes will take effect only when **we** confirm them in writing.

No	CLAUSE
6.2	This **policy** lasts one year: ◦ the **policyholder** can only make changes at **renewal** ◦ any waiting periods would not re-start.
6.3	**We** may make changes to the **policy** before **renewal**: ◦ if laws or regulators say **we** must, or ◦ to improve cover for all members with the same product. If so, **we** will write to tell **you** about the changes.
6.4	If **we** reasonably consider that by continuing this **policy we** or **you** may breach any: ◦ law ◦ regulation ◦ code or ◦ court order the **policy** can end immediately. **We** will not provide cover and **we** will not pay any claim or provide any benefit under this insurance, if doing so would: ◦ break any United Nations resolution, or any trade or economic sanctions, laws or regulations that apply to **us** (including those of the European Union, the UK, and / or the U.S.), or ◦ put **us** at risk of being sanctioned by any relevant authority or competent body, or ◦ put **us** at risk of being involved (directly or indirectly) in something which any relevant authority, banks **we** use, or competent body would consider to be banned or restricted. If any resolutions, sanctions, laws or regulations referred to in this clause apply (or start to apply), **we** can take any action **we** consider necessary, to make sure **we** continue to work within them. If this happens, **you** acknowledge that this may restrict, delay or end **our** obligations under **your** plan, and **we** may not be able to pay any claim.
6.5	If **you** ask to add a new **dependant** to this **policy**, **we** will review that person's medical history. **We** may not agree to add the person to this **policy**, or **we** may add special restrictions or exclusions to the cover for that new **dependant**. **We** may, at **our** discretion, agree to provide cover for certain **pre-existing conditions** of the new **dependant**. **You** must pay any additional premium. Children may be added without medical history or additional premium being required where this is provided for (and in accordance with any relevant requirements) in **your Guide to your Bupa Global health plan**. For certain **health plans**, **we** may not be able to add **dependants** who are over a certain age at the time **we** receive the request for them to be added to this **policy**.
7.	**Your country of residence**
7.1	**You** must tell **us** straight away if **you** move to a different country or **your specified country of residence** or **specified country of nationality** changes. This **policy** will terminate if the law of the country in which **you** are located, or **your** country of residence or nationality, or any other law which applies to **us** or this **policy**, prohibits the provision of healthcare cover by **us** to local nationals, residents or citizens.
7.2	**You** must tell **us** straight away if **you** change **your** correspondence address or other contact details as **we** will use the last address and contact details **you** gave **us** until **you** tell **us** otherwise.
8.	**Ending your policy or removing a dependant from cover**
8.1	<u>Cancellation:</u> The **policyholder** can at any time: ◦ cancel the entire **policy**, which will end cover for everyone; or ◦ cancel cover for a **dependant**. To do this, please tell **us** by telephone, email or post. The change will take effect 14 days after the **policyholder** tells **us** about the change. Please note: 1. **we** will not back-date the cancellation date and 2. will not pay claims for **treatment** which takes place after the **policy** ends.

No	CLAUSE
8.2	<u>Refund timeframes:</u> The refund of any premium will depend on the date the **policyholder** cancels the entire **policy** or the **policy** of a **dependant**. There are two scenarios: A. Cancellation within the first 30 days of the **policy**; or B. Cancellation after the first 30 days of taking out the **policy**. A. Cancellation within the first 30 days of cover: If the **policyholder** cancels the entire **policy**: ◦ within the first 30 days of cover starting for that **policy year**, and ◦ there have been no claims for **treatment** which took place in that 30-day period **we** will refund all premiums paid for that **policy year**. If the **policyholder** cancels cover for a **dependant**: ◦ within the first 30 days of cover starting for that **dependant** for that **policy year**, and ◦ there have been no claims for **treatment** for that **dependant** which took place in that 30-day period **we** will refund all premium paid for that **dependant** for that **policy year**. Important: In either case, where a claim has been made in the first 30 days of cover either by the **policyholder** or a **dependant**, **we** will treat this as acceptance to have a **policy** with **us**. This means if **you** wish to cancel the **policy**, it will be treated as cancellation taking place after the first 30 days (section B below). B. Cancellation after the first 30 days of cover: If the **policyholder** cancels the entire **policy**: ◦ after the first 30 days of cover for that **policy year**, or ◦ there have been claims for **treatment** which took place in the first 30 days of cover **we** will cancel the **policy** 14 days from the date the **policyholder** asked **us** (as mentioned in section 8.1 above). And **we** will refund any premiums already paid for after the 14-day cancellation period. For example, if the **policyholder** cancels the entire **policy** on 1 March, **we** will refund any premium paid for 15 March onwards. If the **policyholder** cancels cover for a **dependant**: ◦ after the first 30 days of cover for that **policy year**, or ◦ there have been claims for **treatment** which took place in those first 30 days of cover **we** will refund any premium already paid for that **dependant** for after the 14-day cancellation period. For example, if the **policyholder** cancels the cover for a **dependant** on 1 March, **we** will refund any premium paid for 15 March onwards.
8.3	<u>Refund of premium:</u> **We** will refund **you** on the same method **you** used to pay premium. This means the refund will go back into **your** bank account, credit card, debit card or via a cheque. Please be aware that if **you** have any outstanding payments with **us**, **we** may deduct this from the refund.
8.4	<u>If a member dies:</u> If: ◦ a **dependant** dies – The **policyholder** should tell **us** within 30 days. ◦ the **policyholder** dies – Any **dependants** on the **policy**, or **family members** of the **policyholder**, should tell **us** within 30 days. After **we** have been informed of the death, **we** will end the **policy**. Where the **policyholder** has died, a **dependant** aged 18 or over can apply to be the **policyholder** and can add more **dependants** to the **policy**. If there is no new **policyholder**, the **policy** will end. In either case, where there have been no claims, **we** will refund the premium for the period after the **policy** ended.

No	CLAUSE
8.5	**We** may decide to end **your** plan. If this happens, it will be at **your** next **renewal**. **We**: ◦ will notify **you** of **our** decision at least 3 months before **your** next **renewal**; and ◦ may offer **you** membership of another of **our** plans with the current insurer. If **you** accept **our** proposed alternative plan, this new plan will take effect from **your renewal** date without a break in cover and without any new underwriting terms. **You** may wish to discuss this with **us** before **your renewal** date or **you** may decide not to continue **your** cover with **us**.
9.	**Our role under this policy and appointment as your agent**
9.1	**Our** role under this **policy** is to provide **you** with insurance cover and sometimes to make arrangements (on **your** behalf) for **you** to receive any **covered benefits**. It is not **our** role to provide **you** with the actual **covered benefits**.
9.2	**You the policyholder**, on behalf of yourself and the **dependants**, appoint **us** to act as agent for **you**, to make appointments or arrangements for **you** to receive **covered benefits** which **you** request. **We** will use reasonable care when acting as **your** agent.
9.3	**You the policyholder**, on behalf of yourself and the **dependants**, authorise **us** as **your** agent, if for any reason **you** are not available to give **us** instructions with regard to any **covered benefits** (for example if **you** are incapacitated), to: ◦ take such action as **we** reasonably consider to be in **your** best interests (in accordance with the cover **you** have under this **policy**); ◦ provide any information about **you** to **your benefits provider** as **we** reasonably consider to be appropriate in the circumstances; and/or ◦ take instructions from the person **we** reasonably consider to be the most appropriate person (for example a **family member**, **your** treating **doctor** or **your** employer).
9.4	When acting as **your** agent **we** may act via **our Bupa group** companies and administrators.
10.	**Our liability to you**
10.1	**We** (and **our Bupa group** companies and administrators) shall not be liable to **you** or anyone else for any loss, damage, illness and/or injury that may occur as a result of **your** receiving any **covered benefits**, nor for any action or failure to act of any **benefits provider** or other person providing **you** with any **covered benefits**. **You** should be able to bring a claim directly against such **benefits provider** or other person.
10.2	**Your** statutory rights are not affected.

No	CLAUSE
11.	**Provision of accurate and complete information**
11.1	**You** and any **dependant** must take reasonable care to make sure that all information provided to **us** is accurate and complete, at the time **you** take out this plan, and at each **renewal** and variation of this plan. **You** and any **dependant** must also tell **us** if any of the answers to the questions in the application form change prior to this plan starting. Otherwise, the following apply with effect from the date the plan was taken out, renewed or varied (depending on when **we** were provided with inaccurate or incomplete information). A. **We** may treat this plan as if it had not existed if **you** deliberately or recklessly give **us** inaccurate or incomplete information. B. Where **you** negligently or carelessly give **us** inaccurate or incomplete information, or where A. applies but **we** choose not to rely on **our** rights under A, **we** may treat the plan and any claims in a way which reflects what **we** would have done if **we** had been provided with accurate and complete information, as follows: ◦ if **we** would have refused to cover **you** at all, **we** may treat this plan as if it had not existed; ◦ if **we** would have provided **you** with cover on different terms, then **we** may apply those different terms to this plan. This means a claim will only be paid if it is covered by and/or if **you** have complied with such different terms - for example **your** plan may contain new personal restrictions or exclusions; and/or ◦ if **we** would have charged **you** a higher premium, **we** may reduce the amount payable on any claim by comparing the additional premium to the original premium. For example, **we** will only pay half of a claim, if **we** would have charged double the premium. Where it is a **dependant** (or **you** on their behalf) who has provided incomplete or inaccurate information, the same rules apply but only to that part of the plan which applies to the **dependant**, or to claims made by that **dependant**. The same rules apply if someone else provides **us** with information on **your** behalf or any **dependant's** behalf.
12.	**Data Processing Notice**
12.1	**Bupa Global** takes the confidentiality of **your** personal health information seriously. **Bupa Global** sometimes uses third parties to process data on **our** behalf. Such processing, which may be undertaken outside **your** jurisdiction in countries which do not provide the same protection as **your** own, will always be subject to contractual restrictions with regard to confidentiality and security obligations. If **you** transfer to another **Bupa** plan or a plan offered by one of **our** partners, **we** may share **your** medical, claims and **policy** history with the new insurer. **We** may share the **dependant's** information with the **policyholder** including **covered benefits** received, claims paid, amount of **deductible** used and, if relevant, any medical history which impacts on the provision of **covered benefits**. In **your** application form and in any claim form **we** will give **you** more detailed information on how **we** process **your** personal data and **we** will ask **you** for **your** consent to process **your** personal data and the personal data of any **dependants** in this way.
13.	**Complaints**
13.1	Occasionally things go wrong and when this happens, **we'll** do **our** best to put things right quickly. **You** can: ◦ contact **us** through MembersWorld (this is the quickest way) ◦ email: service.hk@bupaglobal.com ◦ call **us**: +852 2531 8503 ◦ write to: Head of Customer Relations, **Bupa Global**, c/o **Bupa** (Asia) Limited, 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, **Hong Kong** Please let **us** know if **you** want a full copy of **our** complaints procedure. None of these procedures affect **your** legal rights.

No	CLAUSE
13.2	If **we** have not been able to resolve the problem and **you** wish to take **your** complaint further, please call the **Bupa Global** customer helpline on +852 2531 8503 or write to the Complaints Manager at: **Bupa Global** c/o **Bupa** (Asia) Limited, 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, **Hong Kong** If **we** can't settle **your** complaint, **you** may be able to refer it to the Insurance Complaints Bureau: ◦ write to: The Insurance Complaints Bureau, 29/F, Sunshine Plaza, 353 Lockhart Road, Wanchai, **Hong Kong** ◦ call them: 2520 2728 ◦ email: icb.enquiry@icb.org.hk For more details go to: www.icb.org.hk
14.	**The law of this policy and where you can bring court action**
14.1	This **policy** is governed by **Hong Kong** law. Any disputes or differences arising out of or in connection with this **policy** shall be referred to and determined by arbitration at the **Hong Kong** International Arbitration Centre and in accordance with the **Hong Kong** International Arbitration Centre Administered Arbitration rules in force when the notice of arbitration is submitted. Any dispute that cannot otherwise be resolved may be dealt with by courts in **Hong Kong**, and in such instance, **we** and **you** submit to the exclusive jurisdiction of the Courts in **Hong Kong**.
14.2	If any dispute arises as to the interpretation of this **policy** as between different language versions, then the English version shall be deemed to be conclusive and take precedence over any other versions. Please note that although **we** may provide this document in other languages for **your** convenience only, future correspondence relating to this **policy** may be serviced in English.

PRIVACY NOTICE

Bupa (Asia) Limited
Privacy Notice relating to the Personal Data (Privacy) Ordinance (the "Ordinance")

1. Introduction

1.1. Bupa (Asia) Limited ("Company", "we" or "us") is committed to protecting your privacy and security of your personal information. This Notice is provided to you in connection with your dealings and provision of data or information to the Company. This Notice is prepared in accordance with the Ordinance and also operates as the Personal Information Collection Statement which we will provide, or make available, to you on or before the collection of your personal information by the Company. You can find more details in our full privacy notice available at our corporate website: www.bupa.com.hk. If you do not have access to the internet or would like a paper copy of the full privacy notice, please contact our service team.

1.2. This Notice is intended to ensure that you can make informed decisions about providing your personal information to Company in accordance with this Notice. Please be aware that this Notice replaces any notice or statement of similar nature that may have been provided to you previously. When you click on "I Agree" or select any options with similar content, or log in, confirm, agree to, use or accept this Notice we provide via registration procedure or any other way, you consent to your personal information being collected, stored, used, processed, transferred, disclosed or shared in accordance with this Notice.

1.3. For the purposes of this Notice, "Group Company" means the Company and its holding companies, branches, subsidiaries, representative offices and affiliates, wherever situated, and any one of them. Affiliates include branches, subsidiaries, representative offices and affiliates of the Company's holding companies, wherever situated (collectively, the "Group").

1.4. If you provide us with the personal information about other individuals, you must tell those individuals that you have provided us with their details and let them know where they can find a copy of this Notice.

2. Personal Information We Collect

2.1 From time to time, it is necessary for you, or other members/ insured persons covered under your policy (each a "Member"), to supply the Company with certain personal information (including where relevant, credit information and claims history) when you interact with us, apply for and use our products and services.

2.2 During the course of your relationship with the Company, further personal information relating to you, or the Member, may also be collected in the ordinary course of our business, for example, when you lodge insurance claims with the Company in relation to yourself or the Member.

2.3 Failure to supply personal information requested by the Company may result in the Company being unable to process your application, request for information or services, enquiries and/or provide services or products to you, or the Member.

2.4 The personal information we collect and/or hold from time to time may include your personal identification information, contact information, transaction records, financial background, medical and health records, biometric data and your location and activities when you access or browse our website(s) or use our mobile application(s) or portal(s) (including any diagnostic or health-monitoring tools thereon and the Bluetooth and/or wearable device that are used to collect data for the purposes of such tools).

2.5 We will always try to collect your personal information from you through the course of your relationship with us and in a range of ways. However, there may be instances where we will need to collect your personal information from third parties or sources in certain circumstances, such as a family member or someone else acting on your behalf, your employers, medical personnel, business/asset acquisition transactions of the Company, business partners, or public databases. Data may also be generated or combined with other information, available to the Company or any member of the Company.

2.6 If you are under the age of 18, you should obtain consent from your parent or guardian before you provide the Company with your personal information.

2.7 Storage of personal information may be in various forms including, physical (paper) form, digital customer systems or applications, data management software or systems in the usual course of business practices, depending on your engagement with the Company.

2.8 Separate privacy notices apply for recruitment or employment purposes.

3. Purposes of Collection

3.1 Your personal information collected may be used, stored, processed, transferred, disclosed or shared by the Company for the following purposes from time to time:

(a) processing, assessing and determining any applications for products and services;

(b) verifying your identity before providing our products or services to you;

(c) offering and providing products and services to you, or the Member, and processing requests made by you, or the Member, from time to time, including but not limited to requests for addition, alteration, deletion, maintenance, management and operation of benefits or membership;

(d) registering you, or the Member, as a user or a member of services or information provided or to be provided by us on the website(s), mobile application(s) or portal(s) managed and/or operated by us;

(e) coordinating your care, or the Members', within Group Companies to achieve better health management outcomes;

(f) any purposes in connection with any claims made by or against or otherwise involving you, or the Member, in respect of any products and/or services provided by the Company including, without limitation, making, defending, analysing, investigating, detecting and preventing fraud (whether or not relating to the policy issued in respect of any application or claim) processing, assessing, determining, settling or responding to such claims;

(g) performing any functions and activities related to the products and/or services provided by the Company including, without limitation, audit, reporting, market research, general servicing, maintenance of online and other services, identity verification, data matching, research, data analytics, statistical analysis, and reinsurance arrangements;

(h) providing you with personalised health information and information about our services or products, and personalised website, mobile application or portal interface;

(i) providing you with appropriate health, insurance administration, wellness or other related services (including, without limitation, e-ticketing, appointment booking and clinic / medical professional search and service and product redemption functions on the website(s), mobile application(s) or portal(s)) managed and/or operated by us) or products;

(j) communicating with you regarding the administration, features and renewal of the insurance policy that you subscribe to;

(k) operating, maintaining, evaluating, improving, troubleshooting problems, and understanding your preference(s) with our website(s), mobile application(s) or portal(s);

(l) provision and design of products and services of the Company;

(m) exercising the Company's rights in connection with provision of any products and services to you, or the Member, from time to time, for example, to determine any amount of indebtedness from you, and collecting and recovering owing from you or any person who has provided any security or undertaking for your liabilities;

(n) communication with you or the Member (or with you on behalf of the Member) in relation to any of the purposes set out in this Notice;

(o) with your consent, marketing services, products and other subjects by us, any member and/or brand of the Group Companies (such as Horizon Health and Care Limited and/or Quality HealthCare Group, our affiliates) and/or other third parties (please see further details in paragraph 5 below);

(p) managing our relationship with you, our business and organisations who work with us in relation to providing our products or services to you, or the Member (including, without limitation, futures changes to this Notice);

(q) enabling an actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation;

(r) making disclosure to satisfy the requirements of any laws, rules and regulations, codes of practice, guidance notes or guidelines binding on the Company; and

(s) any other purposes which we notify you of at the time of obtaining your consent; and

(t) fulfilling any other purposes directly related to (a) to (s) above.

4. Transfer of Personal Information

4.1 Personal information collected or held by the Company relating to you, or the Member, will be kept confidential but the Company may transfer such personal information inside or outside the Hong Kong Special Administrative Region of the People's Republic of China, for the purposes specified in paragraph 3 to the following classes of transferees:

(a) any member and/or brand of the Group Companies;

(b) any insurance adjusters, agents and brokers;

(c) any re-insurance companies authorised by the Company;

(d) any relevant policyholders or main member of the subscription and/or service plan (including your employer and the relevant employee enrolling the dependant under a group and/or family plan);

(e) any funders who arrange products or services on your behalf;

(f) any payment recipients, or anyone whose data is provided for receiving benefits under the plan or otherwise;

(g) healthcare professionals and hospitals;

(h) any third parties engaged in connection with a member of the Group Company's business who provides medical, health, insurance, wellness or other related services or products;

(i) any agent, contractor or third party service providers who provide administrative, telecommunications, computer, payment, data processing, storage of analytics, cloud, printing, research, advertising, distribution or other services to the Company in connection with the operation of business, (including without limitation insurers; banks; lawyers; accountants; claims investigators; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph); organisations that consolidate claims and underwriting information for the insurance industry (including the Hong Kong Federation of Insurers or any similar insurance industry bodies); the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; debt collection agencies; data processing companies; research agencies and professional advisors);

(j) with your consent, third parties (within or outside the Group Companies) in relation to direct marketing (please see further details in paragraph 5 below);

(k) third party reward, loyalty, co-branding and privileges programme providers and co-branding partners of a member of the Group Companies;

(l) financial institutions engaged by the Company or you for billing and payment purposes;

(m) any actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business; and

(n) any person to whom the Company is under an obligation to make disclosure under the requirements of any law, rules, regulations, codes of practice or guidelines binding on the Company including, without limitation, any applicable

regulators, governmental bodies, industry recognised bodies, credit reference agencies, the Courts, and where otherwise required by law.

4.2 We will only disclose personal information limited to that which is necessary to the above parties for the relevant purposes, who may process (including, without limitation, by recording, organising, structuring, storing, adapting, altering, retrieving, using, aligning, combining or erasing) your personal information for the relevant purposes set out in paragraph 3 above.

4.3 In the event that we complete the acquisition of a new business or brand, we shall communicate with you through the communication channels you provided to us, and any personal information shall be treated in accordance with this Notice if it is practicable and permissible to do so.

5. Use of Personal Information in Direct Marketing

5.1 Only with your consent (which includes an indication of no objection), the Company, any member and/or brand of the Group Companies and/or the third parties stated under paragraphs 3.1 (o) and 5.2 (b) to (e) may use your personal information (including your name, contact details, products and services portfolio, transaction pattern and behaviour) collected from time to time to provide you with marketing communications (including by email, SMS, mobile application, social media, instant messenger or other means that become available from time to time) relating to the following products and services:

(a) insurance, medical, dental, healthcare, wellness, personal development, beauty, sporting activities and membership, lifestyle, entertainment, financial, and related services and products;

(b) rewards, benefits, discounts, member activities, loyalty or privileges programmes and related services and products;

(c) services and products offered by the Company's co-branding partners; and

(d) donations and contributions for charitable and/or non-profit making purposes.

5.2 The above services, products and subjects may be provided or (in the case of donations and contributions) solicited by the Company and/or:

(a) any member and/or brand of the Group Companies;

(b) third party service providers;

(c) third party reward, loyalty, co-branding or privileges programme providers;

(d) co-branding partners of a member of the Group Companies; and

(e) charitable or non-profit making organisations.

5.3 We will not use your personal information for direct marketing purposes unless we have received your consent. For the avoidance of doubt, the latest instruction (for example, consent or indication of no objection, or request for opt-out) received from you shall override any previous instruction given to the Company in this regard in relation to all of your personal information collected or held by the Company from time to time.

5.4 If you choose to personalise your services where such options are available, we will use personal information that we collect so that we can offer you those personalised services or communications. If you do not wish to accept those personalised services or communications, you can unsubscribe from those services at any time and we will cease to offer such services to you.

5.5 For the avoidance of doubt, whether or not you consent to receive marketing communications of the type described in this paragraph 5, the Company may still communicate with you regarding the administration, features and renewal of your policy, subscription plan, membership or any other service plan that you subscribe to.

6. Security and Retention

6.1 The Company retains your personal information for as long as necessary for the purposes set out in this Notice, or otherwise agreed between you and us, unless otherwise required or permitted under applicable law.

6.2 Where the Company no longer requires your personal information for the purposes under this Notice, or otherwise required under law, we will take appropriate steps to securely delete or destroy your personal information.

6.3 We will take all practicable steps to protect your personal information against unauthorised or accidental access, processing, erasure, loss or use. This includes implementing a range of digital and physical security measures. In addition, we will restrict access to your personal information to those properly authorised to have access.

6.4 When you use our sites, we and third-party companies collect information by using cookies and other technologies such as pixel tags (for simplicity we refer to all such technologies as "cookies"). The updated version of the Cookies Policy is available for download from our corporate website and is available upon request.

6.5 Our websites, mobile applications or portals may provide the links to other external websites over which we do not have control. You are advised to refer to the privacy policies of these websites for more information.

7. Artificial Intelligence, Profiling and Automated Decision Making

7.1 Like many businesses, we may use artificial intelligence (AI) and other automation technologies to provide products or services to you, which may involve the use of your personal information from the purposes described in this Notice. We evaluate information about you and use technology to give you automatic responses and decisions. This is known as profiling and automated decision making. You can read more about this in our full privacy notice.

8. Data Access and Correction

8.1 Under and in accordance with the terms of the Ordinance, you have the following rights to:

(a) check whether the Company holds personal information relating to you or the Member and to access such personal information;

(b) require the Company to correct any personal information relating to you or the Member which is inaccurate;

(c) ascertain our policies and practices in relation to personal data and to be informed of the kind of personal data held by the Company;

(d) request the Company to cease using your personal information for direct marketing purposes; and

(e) change your preference in respect of our use of your personal information.

8.2 Requests can be made in writing to the Company's Data Protection Officer at the following address:

Data Privacy Officer/ Customer Service Manager
6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong

9.

In accordance with the terms of the Ordinance, the Company has the right to charge a reasonable fee for the processing of any personal information access or correction request.

10.

For any enquiries about this Notice, please do not hesitate to contact our service team at +852 2531 8503.

11.

Nothing in this Notice shall limit the rights of customers under the Ordinance.

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In case of discrepancies between the English and Chinese versions of this Notice, the English version shall prevail. This Notice may be amended by the Company from time to time. You may access and obtain a copy of this Notice, as amended from time to time, at www.bupa.com.hk or https://www.bupa.co.uk/legal-notices/privacy-and-cookies.

Issued by Bupa (Asia) Limited
16 January 2026

GLOSSARY

Acceptable current clinical evidence	International medical and scientific evidence of effectiveness and safety of the **treatment**, which include peer-reviewed scientific studies published in or accepted for publication by medical journals that meet internationally recognised requirements for scientific manuscripts. This does not include individual case reports, studies of a small number of people, or clinical trials which are not registered.
Active treatment	**Treatment** from a **medical practitioner** of a disease, illness or injury that leads to **your** recovery, conservation of **your** condition or to restore **you** to **your** previous state of health as quickly as possible.
Advanced therapy medicinal products (ATMPs)	**Treatments** that are based on genes, tissues or cells, for example Chimeric Antigen Receptor (CAR) T-cell **treatment**.
Artificial life maintenance	Any medical procedure, technique, medication or intervention delivered to a patient in order to prolong life.
Assisted Reproduction Technologies	Technologies including but not limited to in-vitro fertilisation (IVF) with or without intra-cytoplasmic sperm injection (ICSI) gamete intra-fallopian transfer (GIFT), zygote intra-fallopian transfer (ZIFT), egg donation and intra-uterine insemination (IUI) with ovulation induction.
BCBSA/Blue Shield Global	**Bupa Global** is a trade name of **Bupa**, the international health and care company. **Bupa** is an independent licensee of **BCBSA**, an association of independent, community-based and locally operated member companies. **Blue Shield Global** is a brand owned by **BCBSA**. Some limitations apply. Please consult **your policy** terms and conditions for coverage availability. For more information about **Bupa Global**, visit bupaglobalaccess.com, and for more information about **BCBSA**, visit www.BCBS.com.
Benefits provider	The **recognised medical practitioner**, **hospital** or clinic, or any other service provider, which provides **you** with any **covered benefits**.
Bupa	The British United Provident Association Limited, a UK limited liability company limited by guarantee, registered in England and Wales with company number 00432511, with registered office at **Bupa** 1 Angel Court, London, EC2R 7HJ, England.
Bupa Global	Bupa (Asia) Limited (a limited liability company incorporated in Hong Kong, company number 103048, registered office at 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong) – the sole insurer of this plan.
Bupa Group	**Bupa** (Asia) Limited, **Bupa Global**, **Bupa** Insurance Limited and all other companies in the **Bupa Group**, and those companies which provide any administration of this **policy** on behalf of **Bupa** (Asia) Limited.
Complementary therapist	Such as an acupuncturist, homeopath, reflexologist, naturopath or Chinese medicine practitioner who is fully trained and legally qualified and permitted to practise by the relevant authorities in the country in which the **treatment** is received.
Covered benefits	The **treatment** and benefits shown as covered in the **Guide to your Bupa Global health plan**.

Day-patient	**Treatment** which for medical reasons requires **you** to be admitted to stay in a facility for recovery in **hospital** or day procedure centre during the day only. **We** do not require **you** to stay in a facility for recovery for **day-patient mental health treatment**.
Deductible	The amount payable by **you** in any insurance period before **we** will pay for any **covered benefits**.
Dependants	Any other people covered by this **policy**, as named on the insurance certificate.
Diagnostic tests	Investigations, such as X-rays or blood tests, to find the cause of **your** symptoms.
Dietitian	Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the **treatment** is received.
Doctor	A person who: is legally qualified in medical practice following attendance at a recognised medical school to provide medical **treatment**, does not need a **specialist's** training, and is licensed to practise medicine in the country where the **treatment** is received. By recognised medical school **we** mean a medical school which is listed in the World Directory of Medical Schools as published from time to time by the World Health Organisation.
Emergency	A serious medical condition or symptoms resulting from a disease, illness or injury which arises suddenly and, in the judgment of a reasonable person, requires immediate **treatment**, generally within 24 hours of onset, and which would otherwise put **your** health at risk.
Family Members	Persons of a family relationship (related to **you** by blood or by law or otherwise). A full list of the family relationships falling within this definition is available on request.
Guide to your Bupa Global health plan	The booklet entitled "**Guide to your Bupa Global health plan**" for the **health plan** which is stated to apply to **you** on **your** insurance certificate. This sets out which **treatments** and benefits are included under and any exclusions that apply to this **policy**. Where **you the policyholder** have a different **health plan** to the **dependants**, a different "**Guide to your Bupa Global health plan**" will apply to each of **you**.
Health plan	Any insurance plans made available by **Bupa Global** from time to time.
Hong Kong	The **Hong Kong** Special Administrative Region of the People's Republic of China.
Hospital	A centre of **treatment** which is registered, or recognised under the local country's laws, as existing primarily for carrying out major **surgical operations**, or providing **treatment** which only **specialists** can provide.
In-patient	**Treatment** which for medical reasons normally means that **you** have to stay in **hospital** bed overnight or longer.
Ineligible medical practitioner, hospital or healthcare facility	◦ **treatment** that **you** have from a person or at a place if: ◦◦ the relevant local authorities do not recognise them as having **specialist** knowledge of, or expertise in treating the disease, illness or injury that **you** need **treatment** for, or ◦◦ **we** have told them in writing that **we** will not pay for **treatment** they give to anyone covered by **our health plans**. **You** can contact **us** for details of who **we** have sent written notice to, or visit Facilities Finder at bupaglobal.com/en/facilities/finder ◦ **treatment you** give yourself ◦ **treatment** from anyone who lives with **you** ◦ **treatment** from a **family member**.

Intensive care	**Intensive care** includes; High Dependency Unit (HDU): a unit that provides a higher level of medical care and monitoring, for example in single organ system failure. Intensive Therapy Unit/**Intensive Care** Unit (ITU/ICU): a unit that provides the highest level of care, for example in multi-organ failure or in case of intubated mechanical ventilation. Coronary Care Unit (CCU): a unit that provides a higher level of cardiac monitoring. Special care baby unit: a unit that provides the highest level of care for babies.
Medical practitioner	A **specialist**, **doctor**, **psychologist**, **psychotherapist**, **physiotherapist**, **osteopath**, **chiropractor**, **dietitian**, **speech therapist**, **complementary therapist** or **therapist** who provides **active treatment** of a known condition.
Medically necessary:	**Treatment**, medical service or prescribed drugs/medication which is: (a) consistent with the diagnosis and medical **treatment** for the condition ; (b) is consistent with generally accepted standards of medical practice; (c) necessary for such a diagnosis or **treatment**; (d) not being undertaken primarily for the convenience of the insured or the treating **medical practitioner**
Mental health treatment	**Treatment** of mental conditions, including eating disorders.
Network	**Hospitals** or similar facilities, or **medical practitioner's** that have an agreement in effect with **Bupa Global** or a **service partner** to provide **you** with eligible **treatment**.
Out-patient	**Treatment** given at a **hospital**, consulting room, **doctor's** office or **out-patient** clinic where **you** do not stay overnight or as a **day-patient** to receive **treatment**.
Ovulation induction treatment	**Treatment** including medication to stimulate production of follicles in the ovary including but not limited to clomiphene and gonadotrophin therapy.
Persistent vegetative state	A state of profound unconsciousness, with no sign of awareness or a functioning mind, even if the person can open their eyes and breathe unaided, and the person does not respond to stimuli such as calling their name, or touching. The state must have remained for at least four weeks with no sign of improvement, when all reasonable attempts have been made to alleviate this condition.
Physiotherapists, **osteopaths** and **chiropractors**	Practitioners must be fully trained and legally qualified and permitted to practise by the relevant authorities in the country where the **treatment** is received.
Policy	**Your** contract of insurance with **Bupa Global** as described in Clause 1 of the Terms and Conditions.
Policy year	The 12 month period for which this **policy** is effective, as first shown on **your** insurance certificate and, if this **policy** is renewed, each 12 month period which follows the **renewal** date.
Policyholder	The main applicant set out in the application and who will be the first person named on the insurance certificate.
Pre-existing condition	◦ Any medical condition declared in **your** application for cover which has been noted as a 'personal exclusion' under **your** insurance certificate; or ◦ Any disease, illness or injury for which **you** received medication, advice or **treatment**, or **you** had experienced symptoms of whether the condition was diagnosed or not, prior to becoming a member which was not disclosed under **your** application for cover. Where **we** have accepted **your** transfer to this plan from another insurance product on a continuous cover basis, the above reference to 'application for cover' shall be deemed to mean **your** original application for cover under that previous insurance product.

Professional sports activities	Any sport the member takes part in and is compensated for, whether when participating in training practice or in competitive practice.
Prophylactic surgery	Surgery to remove an organ or gland that shows no signs of disease, in an attempt to prevent development of disease of that organ or gland.
Psychologist and **psychotherapist**	A person who is legally qualified and is permitted to practice as such in the country where the **treatment** is received.
Qualified nurse	A nurse whose name is currently on any register or roll of nurses maintained by any statutory nursing registration body in the country where the **treatment** is received.
Reasonable and Customary	**Reasonable and Customary** means the 'usual', or 'accepted standard' amount payable for a specific healthcare **treatment**, procedure or service in a particular geographical region, and provided by **benefits providers** of comparable quality and experience.
Recognised medical practitioner, **hospital or healthcare facility**	Any provider who is not an **ineligible medical practitioner**, **hospital or healthcare facility**.
Rehabilitation (**multidisciplinary rehabilitation**)	**Treatment** in the form of a combination of therapies such as physical, occupational and speech therapy aimed at restoring full function after an acute event such as a stroke.
Renewal	Each anniversary of the date **you** joined the **health plan**.
Serious acute illness	A medical condition, or symptoms resulting from a disease, illness or injury which arises suddenly and in the reasonable opinion of the attending **specialist** and **our** medical consultants, requires immediate **treatment**, generally within 24 hours of onset, and which would otherwise put **your** health at serious risk.
Service partner	A company or organisation that provides services on behalf of **Bupa Global**. These services may include location of local medical facilities.
Specialist	A surgeon, anaesthetist or physician who: is legally qualified to practise medicine or surgery following attendance at a recognised medical school, is recognised by the relevant authorities in the country in which the **treatment** is received as having specialised qualification in the field of, or expertise in, the **treatment** of the disease, illness or injury being treated. By 'recognised medical school' **we** mean a medical school which is listed in the World Directory of Medical Schools, as published from time to time by the World Health Organisation.
Specified country of nationality	The country of nationality specified by **you** in **your** application or as advised to **us** in writing, whichever is the later.
Specified country of residence	The country of residence specified by **you** in **your** application and shown in **your** insurance certificate, or as advised to **us** in writing, whichever is the later. The country **you** specify must be the country in which the relevant authorities (such as tax authorities) consider **you** to be resident for the duration of the **policy**.
Speech therapist	Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the **treatment** is received.
Surgical operation	A medical procedure that involves the use of instruments or equipment which are inserted into the body. This does not apply to minor surgical procedures e.g. removal of wart.
Therapists	An occupational **therapist** or orthoptist, who is legally qualified and is permitted to practise as such in the country where the **treatment** is received.

Treatment	Surgical or medical services (including **diagnostic tests**) that are needed to diagnose, relieve or cure disease, illness or injury.
We/us/our	**Bupa Global**
You the policyholder	Just the **policyholder**.
You/your	The **policyholder** and/or any **dependants**.

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The plans are insured by Bupa (Asia) Limited and administered by Bupa Global. Bupa Global is a trading name adopted by Bupa (Asia) Limited in relation to its portfolio of International Private Medical Insurance products and services.

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Bupa Global offers you

Global medical plans for individuals and groups

Assistance, repatriation and evacuation cover

24-hour multi-lingual helpline

bupaglobal.com

環球住院醫療計劃指南

備受推崇的全球兩大醫療保健公司通力合作，攜手帶來優質計劃及服務

2026 年 12 月 1 日



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您好

透過**保柏環球**和**藍盾環球**®的**醫療計劃**，結合兩間頂級環球醫療保險公司的雄厚實力、豐富知識與醫療專長，讓**您**盡享保障。本**指南**將針對**您的醫療計劃**，為**您**提供易於了解的資料。這包括：

- 在**您**需要**治療**時提供相關的指引
- 介紹索償程序的簡單步驟
- 「保障範圍表」及「一般不受保障項目」清單，其中簡要說明屬於和不屬於保障範圍的項目，及各個項目可能適用的保障限額
- 協助**您**了解相關詞彙的「詞彙」

為充分善用**您的醫療計劃**，請詳閱「保障範圍表」及「一般不受保障項目」部份，和迎新文件內的「條款及細則」，以充分了解保障範圍與各項細則。

開始前，**我們**懇請**您**特別注意……

您的保險公司	**保柏環球**是本計劃的唯一承保人。
您的地理區域可見於**您的**保險證書	設有兩個保障區域可供選擇。**保單持有人**已選擇以下其中一項。這兩個保障區域分別是： ◦ 全球 ◦ 全球（不包括美國） 只要是屬於**您的醫療計劃**保障範圍，**您**即可選擇在**您的**保障區域內透過任何**認可註冊的醫療從業人員、醫院或醫療機構**接受**治療**。 如要查看**醫院**概覽，敬請瀏覽 www.bupaglobal.com/facilitiesfinder
粗體文字	**粗體**字詞為定義術語，與**您的**保障範圍息息相關。**您**可參考「詞彙」中提供的定義。
保障範圍所涵蓋的**治療**	**您的**環球住院**醫療計劃**涵蓋疾病、病症、受傷等**治療**費用，以及使**您**保持健康、促進康復，或讓**您**回復先前健康狀態的相關**治療**。其中包括保障範圍可能涵蓋的慢性、先天性及遺傳疾病之**治療**（須經核保）。 **治療**若符合下列條件，即屬於保障範圍： ◦ 屬於**醫療計劃**的保障範圍 ◦ 符合當地一般的公認醫療標準 ◦ 不論**治療**類型、持續時段、地點及次數均根據適當臨床指示
全球醫療保險領域最受信賴的兩大品牌	在醫療保險界享負盛名的兩大公司：**保柏環球**及**藍盾環球**，攜手合作，提供高質素的醫療保險計劃及服務。透過**我們**與**藍盾環球**的合作，計劃中包含美國地區保障的客戶現可享有更多保障，受惠於最龐大的**醫療服務提供者網絡**。如果**您**希望升級至更高保障水平（包括可使用美國的醫療機構），請與**我們**聯絡。
獲取美國的護理服務	如果**您**享有全球保障，**您**便可使用**藍盾**旗下公司的**網絡**。這意味著**您**能受惠於最廣泛的**網絡**保障。 如欲了解更多，請瀏覽 www.bupaglobalaccess.com

有任何問題？**我們**很樂意為您解答。

詳細聯絡資料請參閱**您的**保險卡。

保柏環球為國際醫療及保健公司**保柏**的業務名稱。**保柏**是經**藍十字與藍盾協會**授權的獨立機構，由獨立運作、以社區為基礎及於當地經營的成員公司組成。**藍盾環球**是**藍十字與藍盾協會**旗下的品牌。受某些限制約束。關於適用保障範圍，請查閱您的**保單**條款及細則。欲了解更多關於**保柏環球**的資訊，請瀏覽 bupaglobalaccess.com；欲了解更多關於**藍十字與藍盾協會**的資訊，則請瀏覽 www.BCBS.com。

我們全天候隨時待命

當**您**需要以下協助時，可以隨時致電**我們***：

- 尋找可以為**您**提供**治療**的地點和醫療人員。**我們**會盡量在 48 小時內為**您**提供相關資訊
- 取得第二醫療意見。

您可要求**我們**安排本計劃所涵蓋的運送和運返服務，包括：

- 救護直升機運送
- 商務航班，無論是否有醫療護送人員
- 擔架運送
- 遺體運送
- 親人及陪同人員交通安排

我們相信，每位客戶的情況各有不同，所以會全力尋求適合**您的**答案與解決方案。**我們的**支援團隊將全程負責處理**您的**個案，使**您**隨時可以得到了解**您**狀況的人員協助。

當您需要時提供協助

如**您**或**您**保單上的其他任何人士需要任何支援，請通知**我們**。**您**可以告訴**我們**，**您**是否有任何健康狀況、殘疾，或面臨生活上的轉變，從而希望**我們**與**您**接觸時多加留意，例如聽力或視力障礙。

*__我們__從多個不同來源獲取資訊。__我們__不會驗證這些資訊，因此請__您__自行檢查有關資訊是否正確。__我們__不會就資訊錯誤、遺漏或因此導致的損失、損害、疾病或受傷負責。

需要治療時



預授權的重要性
當**您**需要**治療**時，**我們**希望一切順利。這樣**您**就可以專注於療癒。

為甚麼要預授權治療？
這樣**您**就可以告訴**我們您**需要接受的**治療**。**您**應該在接受**治療**之前聯絡**我們**，以向**我們**提供詳細資料。然後**我們**便可以：

- 檢查**保單**是否涵蓋**您的治療**
- 檢查**醫療服務提供者**是否是**我們網絡**的一部份
- 幫助**您**在**我們的網絡**中找到**醫療服務提供者**
- 解釋適用的任何限制
- 告訴**醫療服務提供者您**是**保柏環球**會員。**我們**與**我們網絡**內的**醫療服務提供者**就**治療**費用達成協議
- 管理複雜**治療**的個案。保障範圍表清楚地顯示了**我們**希望**您**告訴**我們**的複雜**治療**。如果**您**需要這些服務，請聯絡**我們**。**我們**可能會要求提供更多資料（例如檢查是否有任何**保單**不受保障項目適用）
- 看看**我們**是否可以直接向**醫療服務提供者**支付任何賬單。這樣**您**不必先行支付醫療賬單然後遞交賠償申請。

如果**您**接受非**網絡**內的**醫療服務提供者**之**治療**，**我們**只會支付**一般合理**的費用。這樣**您**可能需要支付剩餘的費用。

在**我們**可以授權**治療**或支付索償之前，**我們**可能會要求提供更多資料，例如醫療報告。如果**我們**沒有及時收到，可能會延遲預授權和支付**您的**索償申請。如果**我們**根本沒有收到，**我們**可能無法支付**您的**索償申請。

我們可能會指定一名獨立的專業醫療人員，並要求**您**前往他們的地點接受醫療檢查（費用由**我們**承擔）。然後他們會向**我們**提供一份醫療報告。

請留意：我們可以提供第二醫療意見諮詢服務。

健康問題的解決方案並非黑白分明。正因為如此，**我們**可安排**您**向獨立**專科醫生**尋求醫療意見。

當**您**獲取**我們的網絡**內**醫療服務提供者**的預授權**治療**後，**您**在接受該**治療**時符合以下情況，**我們**將承擔費用：

- **保單**現正生效
- **您**正受**保單**保障
- 保費已按時繳付
- 預授權仍然有效。當**我們**授權**治療**時，**我們**會告訴**您**預授權的有效期。

如何取得預授權治療？
登入 MembersWorld 應用程式、瀏覽 **https://membersworld.bupaglobal.com**，或以電話或電郵聯絡**我們**。當**我們**獲得詳細資料後，**我們**將向**您**和**醫療服務提供者**發送一份預授權書。

如果我的預授權不再有效怎麼辦？
我能重新預授權嗎？
當然可以。只需再次申請即可。

如果我需要在緊急情況下去醫院怎麼辦？
在**緊急情況**下可能沒有時間聯絡**我們**。如果發生這種情況，請務必讓**醫院**在 48 小時內聯絡**我們**。

我們對費用原則
當**您**需要**醫療服務提供者**，**我們的**專責團隊可以助**您**尋找**網絡**內的**認可註冊的醫療從業人員、醫院或醫療機構**。**您**亦可以透過 www.bupaglobal.com/facilitiesfinder 的「醫療機構搜尋工具」部份總覽**醫療服務提供者**名單。如果**您**選擇接受**網絡**內**醫療服務提供者**的**治療**及服務，**我們**從賠償申請的總金額扣除任何須由**您**負責支付的適用**自付額**或**墊底費**後，會支付任何**保障項目**中符合資格費用。

如果**您**在保障項目中選擇使用「**網絡**外」**醫療服務提供者**的服務，**我們**只會保障**一般合理**的費用。由**醫療服務提供者**收取的費用不得超過其一般收取的金額，並必須與該地區其他提供同等醫療服務的**醫療服務提供者**相若。以上根據**我們**對該區的通常及最普遍收費的經驗釐定。有些政府或官方醫療組織訂明費用及醫療執業指引（包括既定**治療**計劃，當中列明特定病症、手術或程序的最恰當療程）。若遇此類情況或存在保險業既有標準，**我們**可能按照此類通用規則進行評估與賠償。「**網絡**外」**醫療服務提供者**如提出超過頒布指引或**一般合理**範圍的費用，將不獲賠償。

請同時參閱「保障範圍表」內的「**香港醫院網絡**選項」。

換言之，如果**您**在保障項目中選擇使用「**網絡**外」**醫療服務提供者**的服務：

- **您**將會負責支付任何超過或高於**我們**合理釐定為**一般合理**的費用——這將由**您**直接支付給**您**選擇的「**網絡**外」**醫療服務提供者**；
- **我們**無法控制**您**選擇的「**網絡**外」**醫療服務提供者**直接向**您**收取多少費用。

有時**您**可能未能接受**網絡**內**醫療服務提供者**的**治療**，例如**您**因**急症**被送往「**網絡**外」**醫療服務提供者**接受**治療**。若發生此情況，**我們**會支付任何**保障項目**中合資格服務的費用（經扣除任何適用的**自付額**或**墊底費**後）。

如果**您**被**緊急**送往「**網絡**外」**醫療服務提供者**處，**您**或該**醫療服務提供者**必須在**您**入院之後 48 小時內或在情況容許時立即聯絡**我們**。如果於**您**有益，**我們**可能會在**您**的情況穩定後立即安排將**您**送往**網絡**內**醫療服務提供者**處，繼續接受**治療**。如果**您**拒絕轉送往**網絡**內**醫療服務提供者**處，就提出轉送當天之後的費用，**我們**只會支付任何**保障項目**中的**一般合理**費用（經扣除任何適用的**自付額**或**墊底費**後）。

額外規則可能會應用於特定國家/地區的「**網絡**外」**醫療服務提供者**的**保障項目**。

該費用水平可能受某地區的有關政府機構或官方醫療組織頒布的指引規管，或由**我們**根據該區通常及最普遍的收費釐定。

已取得預授權，並準備接受治療？
請記得攜帶**您的**保險卡，並在入院時向**您的醫療服務提供者**出示合適的卡。

歡迎使用 MEMBERSWORLD

您的專屬 MembersWorld 賬戶讓**您**在有需要時，可以隨時使用**保柏環球**的服務。



您可以前往 **https://membersworld.bupaglobal.com** 註冊 MembersWorld，並從應用程式商店下載 **Bupa Global** MembersWorld 應用程式。

MembersWorld 適用於保單上所有年滿 16 歲及以上人士。

所有 16 歲以上的**受供養人**在註冊後，均可享用這些服務。

如果**您**是**保單持有人**並希望在 MembersWorld 中獲取**您的受供養人**的資料，則需要他們先註冊賬戶並授權。他們只需前往賬戶設定，並更新同意選項即可。

如果**您**不是**保單持有人**，則無法在 MembersWorld 中查看其他**受供養人**的資料。

如何使用 MembersWorld

您可以使用心水的瀏覽器前往 **https://membersworld.bupaglobal.com**，或者透過**我們的**應用程式註冊及登入使用。

在 Apple App Store 或 Google Play 商店中搜尋「MembersWorld」，並下載至**您的**裝置上，以便隨時隨地登入**您的**賬戶。

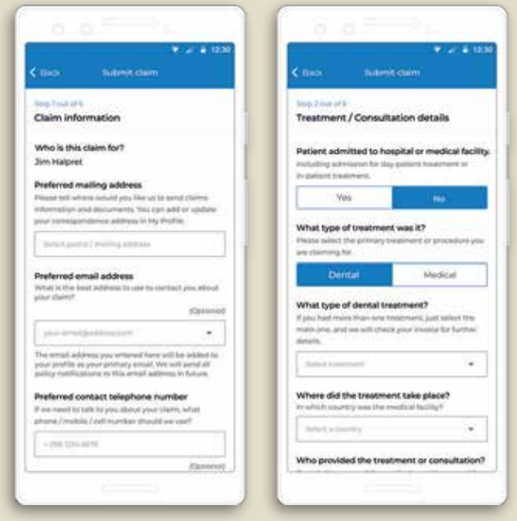
Download on the App Store

GET IT ON Google Play

*MembersWorld 在美國採用**服務夥伴**，因此未必能追蹤當地申請的索償。

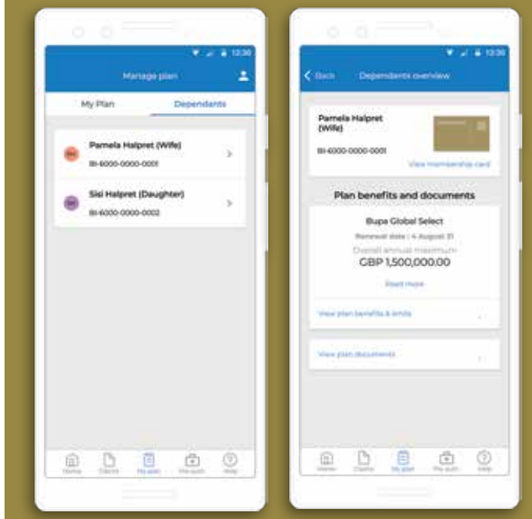
索償及預授權

- 提交索償申請*
- 要求預授權
- 查看及追蹤進度*
- 核對及提交額外或缺少的資料



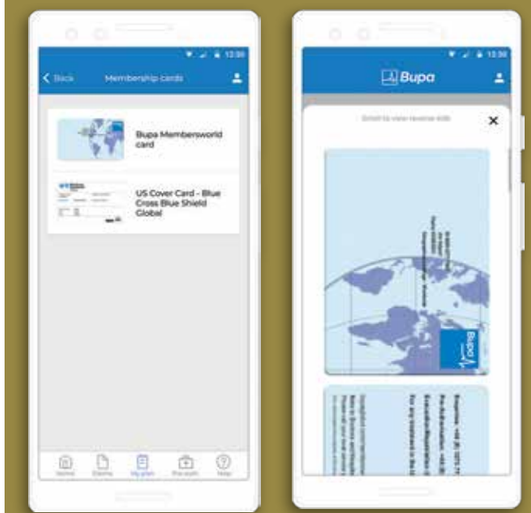
受供養人

- 檢視**受供養人**的計劃、文件和會員卡
- 提交及查看索償*
- 允許**保單持有人**管理**受供養人**的賬戶



會員卡

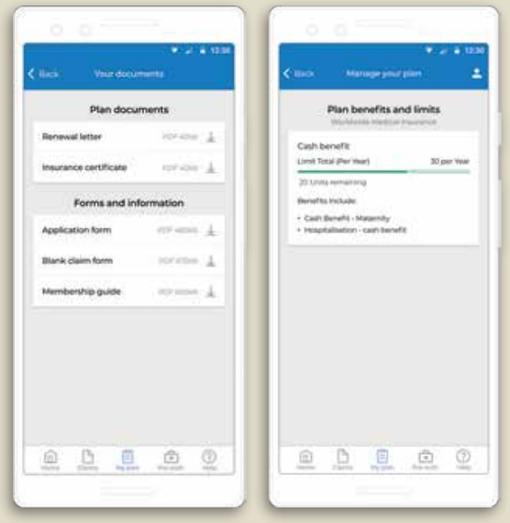
- 在**您**有需要的時候輕鬆取用**您的**會員卡



此處顯示的會員卡僅供參考之用。會員卡會根據保障區域而有所不同。

保單文件

- 檢視及下載**您的**保險計劃文件



健康管理服務

保柏環球深明健康遠非單純關乎生理狀況。**我們的**健康管理計劃，在生理與心理健康的大小重要時刻，均為**您**和**您的**家人提供支援。**您**可以立即享受這些健康管理計劃！

這些服務於**保單**生效日期起即可使用，無需額外收費。使用本頁列出的服務不會影響**您的**保費或**您**透過計劃享受到的保障。如需關於這些服務的詳細資料，請聯絡客戶服務團隊。

您的健康

探索**保柏環球**不斷豐富內容的健康與生活方式網頁：**www.b**

尋找一系列啟發人心的文章、實用的資料和簡單易做的貼士；這些內容有助**您**和**您的**家人活出更長壽、更健康和更愉快的人生。

第二醫療意見*

貴為**保柏環球**的尊貴客戶，**您**可以獲得國際**專科醫生**團隊的第二醫療意見。

這項網上服務能讓**您**對診斷或**治療**建議多加一重放心保障，讓**您**為自己的健康邁出最恰當的一步。獨立**醫生**團隊將負責審視**您**以往的病歷和任何建議**治療**，並向**您**發出一份詳盡的報告，裡面羅列為達成最理想康復效果的最佳方針建議。

如需尋求第二醫療意見，請在 MembersWorld 網站上填妥一份網上轉介表格，或聯絡**保柏環球**客戶服務團隊：**+852 2531 8503 或發送電郵至 service.hk@bupaglobal.com**

Global Virtual Care*

我們的網上諮詢應用程式為**您**和**您的受供養人**提供由世界各地優秀**醫生**組成的按需服務**網絡**。無論**您**身處何地，**醫生**都可以深入了解**您**和**您**家人的症狀，並了解如何取得最佳護理。

其服務範圍包括（視乎當地條例而定）：

- 視像及電話診症
- **醫生**備註
- 自行護理
- 推薦轉介
- 處方

登入 MembersWorld 應用程式，即可全天候隨時與**醫生**進行視像診症。若**您**尚未註冊，請前往 MembersWorld 頁面以開始。

Virtual Care

保柏環球保留權利更改這些服務的範圍。此頁會員指引標註的指定服務*，乃由獨立第三服務供應商提供；這些服務由**保柏環球**購買供**您**使用。這些服務視乎第三方的提供情況而定。**保柏環球**恕不對上述詳列之服務所提供的資料承擔任何責任。



索償程序

無論**您**選擇直接付款或「先行支付醫療賬單然後遞交賠償申請」，**我們**都將提供快速簡單的索償程序。**我們**將盡量直接支付，惟必須獲提供**治療**一方同意。一般而言，僅能安排直接支付**住院治療**或**日間留院治療**費用。如果**您**預授權**您的治療**，或使用參與網絡的**醫院**或醫療機構，會更方便**我們**安排直接支付。

如何申請索償

- 提交索償最快的方法，莫過於登入**您的** MembersWorld 賬戶並透過電子方式提交索償申請。**您**可選擇網上提交索償申請或上載任何已填妥的索償申請表。
- 請確保妥善提交所需資料，因為導致延誤支付索償的最大原因，通常是由於提交不全、缺漏或不合資格的資料。
- 請務必提供正確的銀行資料。透過銀行轉賬賠付是**您**收取款項的最快捷方式。

若**您**需要索償協助，**您**可以

- 前往 **https://membersworld.bupaglobal.com**
- 致電：**+852 2531 8503**
- 電郵：**service.hk@bupaglobal.com**

直接付款

1

保柏直接付款予**您的醫療服務提供者**。

接受**治療**時**您**應該出示**您的**保險卡。

2

我們向**您的醫療服務提供者**寄出預授權書。

我們亦會因應**您的**要求向**您**發送副本。

當**您**到院接受**治療**時，**醫療服務提供者**將要求**您**在預授權書上簽名。

3

如果**您的**保險計劃包括**自付額**或**墊底費**，**我們**將向**醫療服務提供者**全額付款，並根據**我們**所擁有關於**您的**付款詳細資料，向**您**收取任何**自付額**或**墊底費**，如**您**在美國接受**治療**則除外。對於在美國接受的**治療**，**我們**可能會向**醫療服務提供者**全額付款，並根據**我們**所擁有有關**您的**付款詳細資料，向**您**收取任何應付部分，或者**您的醫療服務提供者**可能會在**我們**與其完成索償結算後，要求**您**支付剩餘的款項。

如果**我們**需要向**您**收取任何款項，則會向**您**發送賠償單，說明**我們**將向**您**收取的金額。

4

醫療服務提供者將會把**您的**索償申請寄給**我們**。

我們直接向**醫療服務提供者**付款。

我們會向**您**發出賠償單。

當處理**您的**索償事宜時，**我們**會根據「保障範圍表」上顯示的限額來支付索償金額。

先行支付醫療賬單然後遞交賠償申請

當**您**向**您的醫療服務提供者**求診時，**您**應帶同索償申請表，讓**醫療從業人員**填寫醫療資料一欄。

索償申請表可於**您的**迎新文件或 https://bupaglobal.com/membersworld 網站找到。

您接受治療並向**您的醫療服務提供者**付款後，應填妥其他部份，附上賬單正本，並寄給**我們**。

您可瀏覽**我們的**網站 https://bupaglobal.com/membersworld 以提交網上索償申請，或郵寄至：

保柏（亞洲）有限公司
香港
九龍
觀塘海濱道 77 號
海濱匯第 2 座 6 樓

我們向**您**付款。

墊底費是指，在**我們**開始賠償任何費用前，**您**在每個**保單年度**須自行承擔的**治療**費用金額。

詳情請參考本指南「**墊底費**如何運作？」的部份。

即使索償金額低於剩餘的**墊底費**，**您**亦應該將**您的**所有賠償申請寄給**我們**。



想將更多人納入您的環球住院醫療計劃？

您可提交申請表，申請將**受供養人**（包括新生子女）納入本**醫療計劃**。**您**可於 https://membersworld.bupaglobal.com 下載申請表。**您**也可以聯絡**我們**，**我們**會寄一份申請表給**您**。

您可將受供養人納入不同的醫療計劃。

若**您**提出申請，**我們的**醫療團隊將審查**受供養人的**病歷，並決定會否將**已存在病症**納入保障範圍、設定特別限制條款/不受保障項目，或完全拒絕承保。特別限制條款或不受保障項目僅適用於**您**申請納入的個人，並將記載於**您的**保險證書。

納入您的新生子女？
恭喜**您**家中添了新成員！

要納入**您的**新生子女，**您**需要向**我們**發送一份完整的新生子女申請表。如果：

- 在子女出生前，父母其中一方成為**保柏環球**會員已滿 18 個月或以上，以及
- **我們**在子女出生後 30 天內收到申請表

我們將從子女出生之日起將其新增至**保單**中。

然而，如果：

- 在子女出生前，父母雙方成為**保柏環球**會員皆未滿 18 個月，或
- **我們**在子女出生超過 30 天後才收到申請表

保障將從**我們**收到申請表之日開始。

若**您**提出申請，**我們的**醫療團隊將審查子女的病歷，並決定會否將**已存在病症**納入保障範圍、設定特別限制條款/不受保障項目，或完全拒絕承保。如果子女有需要**治療**的疾病，這些疾病可能不在**保單**承保範圍內。

您的醫療計劃保障

「保障範圍表」說明**醫療計劃**的保障範圍和相關限額。

保障限額
本表中顯示的保障限額分為兩類：

1.「年度最高保障總額」：每個**保單年度**中，每人可享的最高總賠償額。

2. 個別保障限額 — **我們**針對個別保障項目（例如**復康治療**）的支付金額上限。

每個人的保障限額將分別計算。部份保障限額適用於每個**保單年度**，代表達到限額後，在**您的醫療計劃**續保前，**我們**將不再賠償。其他保障限額則適用於終生，代表達到限額後，無論**您的醫療計劃**是否**續保**，**我們**都不再賠償。

貨幣
所有保障限額及單據均以兩種貨幣標示：美元及港元。**您**支付保費的貨幣即是適用於**醫療計劃**保障限額的貨幣。

等候期
您會發現部份保障設有等候期。在**您**的等候期完結前，**您**不能申請該項索償。

墊底費如何運作？
墊底費是指在**我們**開始支付賠償前，**您**在每個**保單年度**針對保障費用需要承擔的年度費用金額。標準情況下不設**墊底費**，惟**您**可選擇將其增加至 4,000 美元或 10,000 美元。即使索償金額低於**墊底費**，**您**亦應該將**您的**所有索償**申請**寄給**我們**。**我們**將不會支付任何款項，但索償金額將計入**您的墊底費**中。若**您的**索償金額高於**您的墊底費**或剩餘**墊底費**，**我們**將依據**您的**保障限額支付賠償。

墊底費適用於：

- 每個**保單年度**
- 每位受保人

例子	
您的醫療計劃自選**墊底費**為 4,000 美元	
您因腳骨骨折而在**醫院**接受**治療**，費用為 6,000 美元	
您支付的金額為 4,000 美元	**我們**支付的金額為 2,000 美元
該**保單年度**的剩餘**墊底費**為 0 美元	

請注意：直接賠償可能在**您**所選的**網絡**及/或**香港**的病房類型選項以外並不適用。如無法直接賠償，**您**將需要支付**您的治療**費用，然後向**我們**提出索償。

我們將評估**您的**受保**治療**總金額，然後就**您的治療**評估**一般合理**費用。如果**您的**索償金額高於**一般合理**費用，**您**便需要支付差額。

如果**您**受到**香港**標準**網絡**選項所保障，則當**您**選用標準**網絡**以外的**醫療服務提供者**時，便須支付 50% 的**網絡自付額**。

如果**您**享有**香港**半私家病房保障，則當**您**選擇入住私家病房時，便須支付 50% 的病房類型**自付額**。

如涉及**網絡自付額**及/或病房類型**自付額**，**您**可能需要為**您的治療**支付一筆龐大費用。

例子	
您在**香港**的**醫院**接受**治療**，總費用為 1,000,000 港元。 **您**享有**香港**標準**網絡**選項的保障。 **您**享有**香港**半私家病房的保障。	
我們會先就**您的治療**評估**一般合理**費用。 如果**您的**索償金額高於**一般合理**費用，**您**便需要支付差額。	在這個範例中，**一般合理**費用為 800,000 港元
您前往標準**網絡**以外的**醫院**求診。 那麼，**我們**將需要**您**支付 50% 的**網絡自付額**。	在 400,000 港元的索償金額中，將包括 50% 的**自付額**
您入住私家病房。 那麼，**我們**將需要**您**支付 50% 的房型**自付額**。	由於有 50% 的**自付額**，令索償金額下調至 200,000 港元
我們支付的總金額為 200,000 港元 **您**支付的金額為 800,000 港元	



保障範圍表 – 環球住院醫療計劃

保障項目與說明	限額
保單年度保障最高總額 下列保障，包括全數賠償項目，均將計入年度**保單**最高保障總額。 適用於**您**合約的貨幣可參閱**您的**保險證書。	**保單年度**保障最高總額 4,500,000 美元或 35,000,000 港元
墊底費選項 不設**墊底費**， 自選 4,000 美元或 31,200 港元，或 自選 10,000 美元或 78,000 港元 有關適用於**您的**計劃的**墊底費**詳情，請參閱**您的**保險證書。關於**墊底費**適用於哪些保障的詳情，請參閱「保障範圍表」。 必須取得預授權 針對部份保障，**您**必須取得預授權。這將在保障說明中加以註明。若未取得預授權，可能無法獲得賠償。 請在一切**住院**和**日間留院治療**前先與**我們**聯絡並取得預授權。若未取得預授權，可能無法獲得賠償。	
保障區域選項 設有兩個保障區域可供選擇。**保單持有人**已選擇以下其中一項。這兩個保障區域分別是： ○ 全球 ○ 全球（不包括美國） **您**地理上的保障區域可見於**您的**保險證書。請參閱「一般不受**保障項目**」部份中「保障區域之外的**治療**」不受**保障項目**。	全球 或 全球（不包括美國）

保障項目與說明	限額
香港醫院網絡選項 **您的**保險證書將列明哪個**網絡**適用於**您**。 這些**網絡**僅適用於**您**在本港**醫院**接受的**治療**。適用的**治療**涵蓋**住院**、**日間留院**或**門診**。 如果**您**享有標準**網絡**保障，但在**網絡**以外的**醫院**接受**治療**： **我們**將不會向**醫院**直接付款。**您**需要先付款，然後再向**我們**提出索償。 1.**我們**將根據**您**在**醫療計劃**保障下所接受的**治療**來評估**醫院**總費用。例如病房費用及**治療**費用。 2.至於**專科醫生**及**醫生**費用，**我們**會就**您的治療**評估**一般合理**費用。 3.之後，針對第 1 點和第 2 點**我們**所評估的**專科醫生**及**醫生**費用，以及**醫院**費用，將有 50% 的自付額。換而言之，**您**可能需要為**您的治療**支付一筆龐大的費用。 僅限**香港**的**醫院**： 如須查閱**您**所選**網絡**選項內的**醫院**摘要，請瀏覽 MembersWorld。	標準**網絡** 或 全面**網絡**
在**香港**的**治療** 如果**您**接受**專科醫生**或**醫生**的**治療**，或在**我們的網絡**以外接受**治療**，**我們**可能不會支付所有費用。**您**需要支付**我們**所付費用與最終賬單金額之間的差額。 **專科醫生**或**醫生**可能會在許多地方為**您**提供**治療**。例如：**醫院**、診所、日間中心。在**香港**，為**您**提供**治療**的**專科醫生**或**醫生**不一定在**您**接受**治療**的地方任職。換而言之，雖然**您**在**我們網絡**內的**醫院**接受**治療**，但是為**您**提供**治療**的**專科醫生**或**醫生**並不屬於**我們的網絡**內。在此情況下，雖然**我們**會全額支付**醫院**賬單費用，但可能只會支付**專科醫生**或**醫生**賬單的部份費用。 請務必就有計劃接受的任何**治療**取得預授權。這樣**我們**便能通知**您**，**您**計劃接受**治療**的地方，以及為**您**提供**治療**的**專科醫生**或**醫生**是否屬於**我們的網絡**。 在「保障範圍表」中，**我們**經常會提到「全數賠償」。只有在以下情況，**我們**才會全數賠償： ○ **您**所接受的**治療**屬於**保單**保障範圍內 ○ **您**接受**治療**的地方屬於**我們的網絡**，以及 • 為**您**提供**治療**的人士屬於**我們的網絡**。	
住院服務：**住院**及**日間留院治療**費	
您的自選**墊底費**選項適用於下列所有**住院**和**日間留院**保障。 有關適用於**您的**計劃的**墊底費**詳情，請參閱**您的**保險證書。	

保障項目與說明	限額
住院費（包括食宿） 適用條件： ○ 在醫療上有需要**住院** ○ **治療**由**專科醫生**操作或管理；以及 ○ **住院**時間在醫療上應屬適當 **我們**不支付豪華、行政或 VIP 病房的額外費用。若**治療**費用依病房類型而定，**我們**將按**您的**保障等級所適用的房型支付**治療**費用。 在半私家病房中，病人可能需要共用病房及浴室。**您的**保險證書將列明**您**在**香港**所享有的保障是否適用於半私家病房。 如**您**享有半私家病房保障，並選擇入住私家病房： **我們**將不會向**醫院**直接付款。**您**需要先付款，然後再向**我們**提出索償。 1) **我們**將根據**您**在**醫療計劃**保障下所接受的**治療**來評估**醫院**總費用。例如病房費用及**治療**費用。 2) 至於**專科醫生**及**醫生**費用，**我們**會就**您的治療**評估**一般合理**費用。 3) 之後，針對第 1 點和第 2 點**我們**所評估的**專科醫生**及**醫生**費用，以及**醫院**費用，將有 50% 的自付額。換而言之，**您**可能需要為**您的治療**支付一筆龐大的費用。 若**住院**達五晚以上，**您**或**您的專科醫生**必須在第五晚前向**我們**發送醫療報告，以確認**您的**診斷、已提供的**治療**、計劃進行的**治療**，以及出院日期。 **我們**亦為提供報紙、租用電視與訪客餐點等個人開支每日支付最多 17 美元或 130 港元，前提是**您**必須在**醫院**留宿。	全數賠償 標準私家病房 或 半私家病房（僅限**香港**的**醫院**）。
父母在**醫院**留宿陪伴 家長陪同子女留宿**醫院**的病房與膳宿費用，此類費用僅適用於一位家長；**您的**子女應在 18 歲以下，是受保人並接受保障範圍內的**治療**。	全數賠償
手術室、藥物及敷料 包含下列費用： ○ **手術**室 ○ 復康室 ○ **手術**室或復康室中使用的藥物和敷料 ○ **您住院**期間使用的藥物和敷料	全數賠償
深切治療 **深切治療**部的**治療**費用，以具有醫療必要性，或屬於**治療**的必要部份者為限。	全數賠償
手術，包括外科**醫生**及麻醉師費 **手術**，包括外科**醫生**和麻醉師費，以及**手術**當日，在**手術**前及後的必須**治療**。	全數賠償
專科醫生診症費 若**您**在**住院**期間需要**治療**。	
病理、放射及**診斷檢查**： ○ 病理檢查，例如血液檢查 ○ 放射檢查，例如超音波或 X 光 ○ **診斷檢查**，例如心電圖 (ECG) 以在**您住院**期間，經**您的專科醫生**建議，有助於診斷或評估**您的**病症者為限。	全數賠償

保障項目與說明	限額
心理健康治療 需要在**醫院**留宿或**日間留院**的心理**治療**，這類費用包括與精神健康疾病相關的病房、膳宿及所有**治療**費用。 請在接受**治療**前聯絡**我們**取得預授權。若未取得預授權，可能無法獲得賠償。	全數賠償
物理治療師、職業**治療師**、**言語治療師**及**營養師** 由**治療師**（例如職業**治療師**）提供的**治療**、物理**治療**、**營養師**或言語**治療**，以屬於**住院治療**的一部份者為限，亦即此類**治療**不能是**您住院**的唯一原因。	全數賠償
減重**手術**（在 24 個月的等候期後） **我們**將依照**保柏環球**醫療**保單**的標準支付減重**手術**的費用，但**您**應符合下列條件： ○ 身體質量指數 (BMI) 達 40 以上，並經診斷為病態肥胖症 ○ 可提供過去 24 個月嘗試其他減重方法的書面證明；以及 ○ 已接受心理評估，確認**您**適合接受本項**手術** 減重**手術**技術需由**我們的**醫療團隊評估，並受**保柏環球**醫療**保單**標準約束。 在部份情況下，若**您的**身體質量指數在 35 到 40 之間，並有與體重相關的嚴重健康問題（例如乙型糖尿病），**您**可能符合減重**手術**資格。此類**手術**是否屬於保障範圍，將由**保柏環球**的醫療團隊全權決定。 請在接受**治療**前聯絡**我們**取得預授權。若未取得預授權，可能無法獲得賠償。	全數賠償
預防性手術 **我們**將依照**保柏環球**醫療**保單**的標準支付如乳房切除**手術**等的費用，前提是家族病史有明顯趨勢，及/或**您的**基因檢測呈現陽性。 請在接受**治療**前聯絡**我們**取得預授權。若未取得預授權，可能無法獲得賠償。	全數賠償
人造器官裝置 **您的治療**所必需的初始人造器官裝置。人造器官裝置是指外部人工身體器官，例如**手術**所需的義肢或義耳。 **我們**不賠償成人的定期保養或替換人造器官裝置，包括因**已存在病症**而需要的任何裝置替換或定期保養。針對未滿 18 歲的兒童，每項裝置**我們**將支付第一次及最多兩次的替換費用。	每項裝置以 6,000 美元或 46,800 港元 為限

保障項目與說明	限額
植入式人造器官及器械 合格人造器官植入及器械如下表所列。 人造器官植入： ○ 更換關節或韌帶 ○ 更換心瓣膜 ○ 更換主動脈或動脈血管 ○ 更換括約肌 ○ 更換水晶體或眼角膜 ○ 控制尿失禁或膀胱控制 ○ 作為心律調節器（或植入體內心臟去顫器，視**保柏環球**醫療**保單**標準而定。 請在接受**治療**前聯絡**我們**取得預授權。若未取得預授權，可能無法獲得賠償） ○ 移除腦部積液 ○ 植入人工耳蝸，以初次植入在**您**未滿 5 歲時完成為限，**我們**將支付維持及更換費用 ○ 癌症**手術**後重建聲帶功能 設備： ○ 護膝，必須為十字（膝部）韌帶修補**手術**的必要部份 ○ 護脊，必須為脊椎**手術**的必要部份 ○ 外部固定支架，例如開放性骨折或頭部、頸部**手術**後所使用者	全數賠償
重建**手術** 疾病、受傷或**手術**後的外觀重建**治療**。若最初的疾病、受傷或**手術**及重建**手術**發生在現有持續投保期間，**我們**可能支付此類**手術**。 請在接受重建**手術**前取得預授權。若未取得預授權，可能無法獲得賠償。	全數賠償
意外事故相關牙科**治療** **我們**將支付嚴重意外事故後在**醫院**接受的必要牙科**治療**。	全數賠償
住院治療的現金保障 若**您**符合下列條件，**我們**將提供**住院治療**的現金保障： ○ 在**香港**的公立**醫院**接受**治療** ○ 在**醫院**接受本計劃所涵蓋的**住院治療** 不論**您**是否需要支付病房、餐點和**治療**費用。	每晚以 250 美元或 1,950 港元 為限 每個**保單年度**以 20 晚為限
住院前及**住院**後 **您的**自選**墊底費**選項適用於下列所有**住院**前和**住院**後保障。 有關適用於**您的**計劃的**墊底費**詳情，請參閱**您的**保險證書。	
住院前及**住院**後 若受保人基於醫療目的接受預檢，以便在**住院**期間接受**手術**或**治療**，則**住院**前 30 日的預檢可納入保障範圍。 若受保人基於醫療目的接受檢查，以便確認受保人在**住院**期間接受**手術**或**治療**後順利復原，則**住院**後 60 日內的檢查可納入保障範圍。 備註：癌症**治療**的**住院**前後檢查的費用屬於癌症**治療**的保障範圍。	全數賠償，以**住院**前 30 日為限 全數賠償，以**住院**後 60 日為限

保障項目與說明	限額
居家護理 在**醫院**接受本**醫療計劃**所涵蓋的**治療**之後，並符合下列條件： ○ 由**您的專科醫生**主理 ○ 在**您**離開**醫院**後立即開始 ○ 減少**您的住院**天數 ○ 在**您**家中由**合資格護士**提供；及 ○ 提供醫療護理所需，並非個人協助 請在接受**治療**前聯絡**我們**取得預授權。若未取得預授權，可能無法獲得賠償。	全數賠償 每個**保單年度**以 30 日為限
寧養服務與紓緩**治療** 寧養服務與紓緩**治療**，以經診斷為疾病末期、並無任何**治療**可使身體復原者為限： ○ **醫院**或寧養服務中心食宿 ○ 護理 ○ 處方藥物 ○ 身心靈及社會照顧	**您的**終生上限為 40,000 美元或 312,000 港元
復康治療（跨專業復康治療） **我們**支付例如中風後的**復康治療**，包括食宿及物理、職業、言語等合併療法。若**治療**內容僅為物理**治療**，**我們**不支付**復康治療**的食宿費用。 **我們**僅在**您**於**治療**開始前已取得**我們**預授權的情況下，方會支付**復康治療**費用，每個**保單年度**的**治療**時間以 45 日為限。就**住院治療**而言，「1 天」是指留宿 1 晚；就**日間留院**與**門診治療**而言，「1 天」是指某個接受 1 次以上**復康治療**的日期。 **我們**僅支付符合下列條件的**跨專業復康治療**： ○ 因**醫療計劃**所涵蓋的病症（例如外傷或中風）接受**醫院治療**結束後 30 日內開始 ○ 因必須**住院**的病症造成，或基於**治療**該病症所需 備註：為審核預授權申請，**我們**必須收到來自**您的專科醫生**的完整臨床資料，其中包括**您的**診斷、已完成及已計劃進行的**治療**及預計出院日期（如**您**曾入住**醫院**進行**復康治療**）。 請在接受**治療**前聯絡**我們**取得預授權。若未取得預授權，可能無法獲得賠償。	全數賠償 每個**保單年度**以 45 日為限
處方藥物及敷料 在**醫院**接受**住院**或**日間留院治療**後而當**您**出院時，由**您的醫療從業人員**處方以**治療**疾病、病症或受傷的處方藥物及敷料。	每個**保單年度**以 1,000 美元或 7,800 港元 為限 接受**住院**或**日間留院治療**後在**醫院**取得處方
耐用醫療設備 具有以下特性的耐用醫療設備： ○ 可重複使用多次 ○ 非一次性設備 ○ 用作醫療用途 ○ 在沒有疾病、病症或受傷的情況下不可使用 ○ 適合在家中使用 例如氧氣瓶及輪椅。	
住院及/或**門診**服務 **您的**自選**墊底費**選項適用於下列所有**住院**及/或**門診**護理保障。 有關適用於**您的**計劃的**墊底費**詳情，請參閱**您的**保險證書。	

保障項目與說明	限額
門診手術 由**專科醫生**或**醫生**主理，包括**門診**內窺鏡檢查。	全數賠償
癌症**治療** 如**您**診斷出患有癌症，**我們**會賠償予計劃及接受癌症**治療**有關的費用。其中包括： ○ **手術**（包括任何所需的人造器官） ○ **專科醫生**費用 ○ **診斷檢查** ○ **專科醫生**診症 ○ 化療 ○ 放射**治療** ○ 緩解癌症**治療**副作用所需的**治療** 　○ 例如：因癌症**治療**而需要的抗生素、止嘔藥、止痛藥、輸血、冷凍帽等。 ○ 骨髓及周邊血幹細胞移植（有關**我們**所提供的保障詳情，請參閱「器官移植」保障） ○ 一頂假髮 ○ **您的**癌症**治療**結束後，如**您**仍須接受癌症**專科醫生**護理，則包括監測**您**病情的診症及**診斷檢查** **我們**亦會支付**您**在家接受化療（如可行）的費用。 請在接受**治療**前聯絡**我們**取得預授權。若未取得預授權，可能無法獲得賠償。 使用 ATMP **治療**癌症的費用，會由 ATMP **保障項目**支付。	全數賠償
先進療法製品 (ATMP) 如果滿足以下條件，**我們**將支付 ATMP **治療**費用： ○ 在**您**接受**治療**的國家/地區由**專科醫生**處方，以及； ○ 根據**您的**病症、疾病階段和**治療**階段，獲**您**所在國家/地區的許可機構批准，以及； ○ 獲**保柏環球**指定的獨立**專科醫生**認可並確認： 　○ 根據醫療實務在醫療上適合的情況下，或 　○ 由已註冊及獲倫理審批的研究提供（在這種情況下，**我們**不會將其列為「實驗性或未經證實的**治療**」不受**保障項目**）。 請在接受**治療**前聯絡**我們**取得預授權。若未取得預授權，可能無法獲得賠償。	全數賠償，**您的**終生上限為每種病症僅限一個療程

保障項目與說明	限額
器官移植 下列移植**手術**的所有醫療費用，包括**醫生**或**專科醫生**診症，不論是於器官移植後**住院**、**日間留院**或**門診治療**，惟器官需由親人或經認可的來源捐贈： ○ 角膜 ○ 小腸 ○ 腎臟 ○ 腎臟/胰臟 ○ 肝臟 ○ 心臟 ○ 肺臟 ○ 心肺移植 抗排斥藥物及骨髓和周邊幹細胞移植醫療費用，無論**治療**癌症時是否使用高劑量化療，均屬癌症**治療**保障範圍。 各項需移植病症的捐贈者費用，無論捐贈者是否受保人，包括： ○ 摘取器官，無論是活體或屍體捐贈 ○ 所有組織配對費用 ○ **醫院**/捐贈者**手術**費 ○ 捐贈者併發症，以**手術**後 30 日內為限 請在接受**治療**前聯絡**我們**取得預授權。若未取得預授權，可能無法獲得賠償。	每種病症以 750,000 美元或 5,850,000 港元 為限
腎臟透析 涵蓋**住院**、**日間留院**及**門診**。	全數賠償
新生嬰兒護理 新生嬰兒護理保障會取代其他保障。 新生子女必須有其個別會籍，且必須已登記**保柏環球**計劃，才能對就此保障索償。 請在接受**治療**前聯絡**我們**取得預授權。若未取得預授權，可能無法獲得賠償。	最高為 1,250 美元或 9,750 港元 予出生後首 90 天內接受的所有**治療**
醫學診斷掃描 ○ 磁力共振掃描 (MRI) ○ 電腦掃描 (CT) ○ 正電子電腦掃描 (PET) 以經**您的專科醫生**建議，有助於診斷或評估**您的**病症者為限。	全數賠償
運送/交通	
請注意：**您的**自選**墊底費**選項不適用於下列運送及交通保障。	

保障項目與說明	限額
此部份包含醫療轉送的守則和資訊，如果**您**在本地無法取得**您**需要的**治療**，則這些資訊可能對**您**有幫助。 如果**您**需要以下**治療**，**我們**可以安排轉送： ○ **您的專科醫生**或**醫生**提出建議 ○ 受**您的**計劃保障。必須為**住院**或**日間留院治療**。 醫療運送保障**您**前往最近適當**治療**地點的合理交通費。 運返保障亦讓**您**可選擇前往**您的**國籍國或**您的**居住國。 如果**您**需要 CT、MRI 或 PET 掃描，又或者放射**治療**或化療等癌症**治療**，**我們**亦可能提供運送授權。 **您**必須在出發前聯絡**我們**，並得到**我們**同意安排。否則，**我們**可能不會支付**您的**交通及**治療**費用。 備註： ○ 只有當**您**身處的地點無法提供所需**治療**時，**我們**才會支付醫療運送費用。**我們**會幫助**您**前往能提供**您**所需**治療**且距離最近的地方。那可能是**您**身處之國家的另一地區，不一定是**您的**原居地。 ○ 在部份情況下，**您**可在聯絡**保柏環球**的**服務夥伴**取得授權時要求醫療運返，但未必具備醫療適當性。在這類情況，**我們**會先將**您**送至最近的適當**治療**地。在**您**狀況穩定後，**我們**可將**您**送至**您的**國籍國或**您的**居住國。 **如何安排您的醫療運送** 如**您**需要醫療運送，請致電 +852 2531 8503 與**我們**聯絡。**我們**將安排醫療運送。在**我們**合理要求下，**您**必須向**我們**提供能夠證明**您**申請的任何資料或證據。除非**我們**事先安排及同意所有事項，否則**我們**不會支付。 在基於既定臨床及醫學做法下，如果**我們**合理地認為醫療運送並不適當，**我們**將不予批准。**我們**有權在合理情況下審核**您的**個案。**我們**將不會授權與醫療意見相左的醫療運送。 如果醫療運送事先得到**我們**同意及批准，**我們**將保證支付。如果別人安排的運送受計劃保障，則**我們**將僅支付假設該等運送由**我們**安排時，**我們**應支付的費用。 ○ 如果**您**申請支援保障前已知道**您的**病症症狀，**我們**將不會為醫療運送提供保障。 ○ 在**您**需要**治療**之前，**您**必須先享有支援保障。在**您**需要被轉移的出發國，**您**亦必須享有在當地接受**治療**的保障。 ○ 如果醫療運送過於危險或無法進入該區域，**我們**將不會作出相關安排。這可能是因當地情況或地理狀況所致。例如：當地屬於戰爭區域或設有石油鑽井。 ○ 運送須視乎當地或國際資源而定。其中可能包括設備和工作團隊。另外亦必須符合所有適用的法律和法規。**我們**可能需要有關當局的授權。這不在**我們的**控制範圍內。 ○ 若因天氣狀況、機件問題、政府機構或飛行員實施的限制，或其他**我們**無法控制的原因而導致運送延誤或接駁問題，**我們**概不承擔相關責任。 ○ **我們**不提供支援保障部份中列明的運送及其他服務。**我們**將代**您**安排該等服務。在某些國家/地區，**我們**可能會使用**服務夥伴**來安排這些服務。 ○ 若**您**不再接受使**您**需要**住院**的**積極治療**，**我們**將不會支付額外**住院**晚數的費用。例子之一是**您**正在等待回程航班。	
醫療運送 運送交通費包括： ○ 至最近的適當**治療**地（得與**您的**所在地位於同一國家或其他國家） ○ 返回**您的**運送出發地 惟須預先取得**我們的**授權。 **我們**支付的回程費用為下列費用中較低者： ○ 陸運或海運回程的合理費用，或 ○ 經濟艙機票 **我們**不支付其他醫療運送相關費用，例如交通費或酒店住宿。在部份情況下，**您**可能較適合搭的士前往機場，而非採用其他交通方式，例如救護車。在這類情況，若事先取得許可，**我們**將支付的士車資。	全數賠償

保障項目與說明	限額
運返 運返交通費包括： ○ 至**您**在申請表上填寫的**指定國籍國**，或**您的指定居住國** ○ 返回**您的**運送出發地，應符合下列條件： ○ 預先取得**保柏環球**授權 ○ 回程在**治療**結束後 14 日內 **我們**支付的回程費用為下列費用中較低者： ○ 陸運或海運回程的合理費用，或 ○ 經濟艙機票 **我們**不支付其他醫療運返相關費用，例如交通費或酒店住宿。 在部份情況下，**您**可能較適合搭的士前往機場，而非採用其他交通方式，例如救護車。在這類情況，若事先取得許可，**我們**將支付的士車資。 在部份情況下，**您**可在聯絡**保柏環球**取得授權時要求醫療運返，但未必具備醫療適當性。在這類情況，**我們**會先將**您**送至最近的適當**治療**地。在**您**狀況穩定後，**我們**可將**您**送至**您的指定國籍國**，或**您的指定居住國**。	全數賠償
同行人士交通費 陪伴**您的**家人（配偶/伴侶、父母、子女、兄弟姊妹）的合理交通費，以具備合理需求者為限。「合理需求」是指**您**因為下列原因之一而需要有人陪伴： ○ **您**需要協助上落交通工具 ○ **您**需要長途運送（至少超過 1,000 英里或 1,600 公里） ○ 並無醫療護送人員 ○ 罹患**急性重病** 陪伴人得與接受**治療**人乘搭不同艙等，視醫療必要性而定。 返回**您的**運送出發地的合理交通費，惟須預先取得**保柏環球**的授權。 **我們**支付的回程費用為下列費用中較低者： ○ 陸運或海運回程的合理費用，或 ○ 經濟艙機票，以金額較低者計 若醫療運送目的是讓**您**接受**門診治療**，**我們**不支付同行人的交通費。	全數賠償
同行兒童交通費 在進行醫療運送或運返中，同行兒童的合理交通費，應以未滿 18 歲的兒童， 且符合以下條件者為限： ○ **您**是他們的父母或監護人，且接受醫療運送具有醫療必要性 ○ **您的**配偶、伴侶或共同監護人是**您的**醫療運送陪伴人，以及 ○ 如果不同行，兒童將沒有父母或監護人在身邊	全數賠償

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慰問探訪交通費及生活費 身處其他國家/地區的家人（配偶/伴侶、父母、子女、兄弟姊妹）前往探訪**您的**經濟艙交通費，以**您**因突發性意外或罹患**急性重病**而將**住院**至少 5 日，或因未期疾病將不久於人世者為限。本項費用包括**您的**家人返回原居地的經濟艙交通費。本項保障以預先取得**保柏環球**授權為必要條件。 適用條件： ○ 終生有 5 次慰問探訪上限 ○ 應預先取得**保柏環球**授權 家人的生活費，應符合下列條件： ○ 必須經隨已批核的慰問探訪產生；以及 ○ 針對其離開**指定居住國**的期間，以 10 日為限 若已進行醫療運送或運返，即不提供本項支付。若於慰問探訪期間進行醫療運送或運返，即不再提供「同行人士交通費」、「同行兒童交通費」及「生活費」項目的支付。	往返：**您的**終生上限為 5 次旅程 每次旅程以 1,500 美元或 11,700 港元 為限 探訪生活津貼：每日以 150 美元或 1,170 港元 為限 每個**保單年度**以 10 日為限
生活費 經授權與**您**同行的家人（配偶/伴侶、父母、子女、兄弟姊妹）的生活費，應符合下列條件： ○ 因醫療運送而產生；以及 ○ 針對其離開**指定居住國**的期間，以 10 日為限，或至**您**出院日為止，以較短者為準 若醫療運送目的是讓**您**接受**門診治療**，**我們**不支付同行人的交通費。	每日以 150 美元或 1,170 港元為限 每個**保單年度**以 10 日為限
本地救護直升機 ○ 自意外地點至**醫院**，或 ○ 自一間**醫院**轉送往另一間 本地救護直升機應符合下列條件： ○ **具醫療必要性** ○ 用於 100 英里/160 公里以下的短程運送；以及 ○ 與**您**需要於**醫院**接受的保障範圍內**治療**相關 若因當地情況過於危險，導致不可能進入該地區（例如鑽油平台、戰區），**我們**將不會安排本地救護直升機運送。**我們**不支付山地救援費用。	全數賠償
本地救護車 ○ 自意外地點至**醫院** ○ 自一間**醫院**轉送至另一間，或 ○ 自**您的**家中至**醫院** 本地救護車應符合下列條件： ○ **具醫療必要性**，以及 ○ 與**您**需要於**醫院**接受的保障範圍內**治療**相關	全數賠償

保障項目與說明	限額
遺體運返 將遺體或骨灰運送至原居地或**指定居住國**的合理運送費，應符合下列條件： ○ 於國外離世；以及 ○ 符合航空公司規定與限制 若航空主管機構針對運送方法設有規定，**我們**僅支付法定安排，例如火化和骨灰甕，或屍體防腐和鋅製棺材。 **我們**不支付有關埋葬或火化的其他費用、埋葬棺材費用，以及陪伴遺體或骨灰返國者的交通費用。	全數賠償

您的不受保障項目

在以下「一般不受**保障項目**」部份，**我們**列出某些**治療**、病症及情況是**我們**不作為**您的**計劃的一部份保障。除此之外，**您的醫療計劃**可能還有其他適用的個人不受**保障項目**或限制條款，請見會員證書。

已存在病症是否在您的保障範圍？

您申請投保本**醫療計劃**時，**我們**已請**您**針對過去已接受藥物、建議或**治療**，或在**您**成為客戶前已出現症狀的任何疾病、病症或受傷，提供一切相關資料，**我們**將這類情況稱為**已存在病症**。

我們的醫療團隊將審查**您的**病歷，以判斷**我們**向**您**提供**醫療計劃**所適用的條件。**我們**可能以加收保費的方式針對**已存在病症**提供保障，或是決定將特定**已存在病症**納入不受**保障項目**，或是針對**您的醫療計劃**訂明其他限制。若**您的醫療計劃**有適用的任何之個人不受**保障項目**或限制條款，將記載於**您的**保險證書。這代表**我們**不支付該項**已存在病症**、相關症狀及因該項**已存在病症**導致或與其相關的病症**治療**。此外，針對**您**未在提出申請時申報的任何**已存在病症**，**我們**將不會提供保障。

若**我們**未在**您的**保險證書中訂明不受**保障項目**或限制條款，即表示**您**在提出申請時申報的**已存在病症**已納入**醫療計劃**的保障範圍。

一般不受保障項目

本部份的不受**保障項目**將與前述之個人不受**保障項目**及限制條款一併適用。

針對本部份的所有不受**保障項目**，及**您的**保險證書所記載的個人不受**保障項目**或限制條款，**我們**不支付與下列項目直接相關的病症：

- 不保的病症或**治療**
- 因不保病症或**治療**產生或增加的費用
- 因不保病症或**治療**產生的併發症

重要提示

我們的環球**醫療計劃**均非美國保險產品，因此並非根據《Affordable Care Act》的規定而設計。**我們的**計劃可能無法達到最低基本保障標準，或者不符合《Affordable Care Act》中個人強制保險規定的要求，而且**我們**無法代表該等美國納稅人及其他可能受該法案約束的人士提供納稅報告。《Affordable Care Act》條文繁複，**您**與**您的受供養人**是否符合其要求，取決於諸多因素。**您**應該諮詢獨立財務專業人士或稅務顧問，以尋求指引。受團體計劃保障的客戶應該諮詢其醫療保險計劃管理人以了解詳情。

請注意：如果**您**選擇接受的**治療**或服務是由**網絡**外的醫療服務提供者提供，**我們**只保障**一般合理**費用。額外規則可能適用於特定國家/地區之「**網絡**外」醫療服務提供者的**保障項目**。這適用於**我們**直接向醫療服務提供者付款，或**您**先付款然後向**我們**提出索償的情況。

一般不受**保障項目**	
行政管理/手續費	行政管理及/或手續費（除非依**我們的**合理判斷，此類費用在相關國家/地區應屬適當並可接受的一般慣例）。
預繳款項/訂金	任何**保障項目**的預繳款項及/或訂金。
產前課程	**我們**不會從**您的**產科保障或任何其他保障中支付產前課程的費用。
人工生命維持系統	**我們**不支付超越 90 天的人工維持生命系統（包括呼吸機）**治療**，若此類**治療**不會或預期不會使**您**復原或恢復原有健康狀態。例如：若**您**無法獨立進食以及呼吸，並需要經皮內窺鏡造口術 (PEG) 或鼻胃管餵食超過 90 日，**我們**不支付維持人工生命的相關費用。

一般不受**保障項目**	
輔助生育**治療**	協助生殖的**治療**，例如： ○ 體外人工授精 (IVF) ○ 輸卵管內配子移植 (GIFT) ○ 輸卵管內受精卵植入 (ZIFT) ○ 人工授精 (AI) ○ 處方藥**治療** ○ 胚胎運送（自一地點至另一地點）；或 ○ 捐卵及/或捐精及相關費用 備註：在下述情況下，**我們**賠償合理調查不孕原因的費用： ○ **您**在參加計劃之前不知悉任何問題，以及 ○ 在展開調查前，**您**已經連續兩年是本計劃（或由**保柏**執行並包括保障這類調查的計劃）的會員。 一經確定原因，**我們**不賠償任何在日後再進行的調查。
避孕	避孕、絕育、輸精管結紮、終止懷孕（除非對母體健康造成威脅）、家庭計劃、例如與**您的醫生**討論懷孕或避孕。
輔助治療師	**輔助治療師**（包括中醫）的**治療**與藥物。
衝突及災害	**我們**概不為**您**自行進入已知衝突地區（如下），及/或**您**是積極參與者或**您**明顯妄顧**您**在已知衝突地區的自身安危，**您**因而直接或間接生病或受傷所衍生的**治療**費用或引起的任何索償費用負責： ○ 核或化學污染 ○ 戰爭、侵略、外敵入侵 ○ 內戰、叛亂、革命、暴亂 ○ 恐怖活動 ○ 軍事行動或奪權 ○ 戒嚴令 ○ 騷亂、暴動或任何合法組成的權力機構的行動 ○ 交戰、海陸空軍行動（不管是否已宣戰）
日間留院或**門診**範圍內的一般療養及**治療**、一般看護或留院	○ 接受一般療養、疼痛管理、指導，或 ○ 只接受一般護理，或 ○ 接受**治療師**或**輔助治療師**服務，或 ○ 接受居家/生活協助（例如沐浴及更衣）
整形**治療**	以改變外觀為目的，不**具醫療必要性**的**手術**及**治療**，包括因切除或植入非疾病、多餘或脂肪組織而進行，或與此相關的腹部整形或**治療**，均不屬於保障範圍。**我們**不賠償蟹足腫疤痕的**治療**。**我們**亦不賠償疤痕修整，即使疤痕導致了功能問題。 備註：若**您的醫生**建議以整形**治療**矯正功能問題，例如阻擋視野的眼球增生組織，請與**我們**聯絡並取得預授權，因為**我們**將依據**保柏環球**醫療**保單**標準評估**您的**情況。若取得許可，支付內容將依**您的醫療計劃**條款而定。
發展問題	發展問題或與之相關的情況的**治療**，包括： ○ 學習困難，例如閱讀障礙 ○ 在教育環境下**治療**發展問題或支援教育發展

一般不受**保障項目**	
實驗性或未經證實的**治療**	安全性和有效性方面未經證實或未經研究的臨床測試、**治療**、設備、藥物、裝置或程序。 包括： ○ 任何被認為不屬於標準臨床用途但（或以**保柏**的合理臨床觀點認為應該）正在對其安全性和有效性進行臨床試驗的測試、**治療**、設備、藥物、裝置或程序。 ○ 超過使用許可所載用途的測試、**治療**、設備、藥物、產品或程序，除非**保柏環球**已根據其標準臨床使用標準預授權。 標準醫療用途包括： ○ 國家/地區或國際上基於證據（而非共識）的指南中，**治療**被認為是「最佳」或「良好實踐」，例如由 NICE（國家健康與護理卓越研究所）（不包括通過英國癌症藥物基金會批准的藥物）、皇家醫學院或**治療**國家/地區的同等國家/地區專業機構所製作的指南； ○ 基於證據的獨立健康科技評估或系統評估（例如 Hayes、CADTH、Cochrane Collaboration，NCCN 1 級或**保柏**內部臨床療效團隊）得出的結論表明該**治療**安全有效； ○ 客戶所要求的**治療**已在**治療**所在地獲得許可機構（例如美國食品藥品管理局、歐洲藥品管理局、沙特阿拉伯食品藥品局）的全面監管批准，並已獲得針對所要求的病症和患者人群之正式許可（請注意：全面的監管批准將要求向當地許可機構提交數據，以顯示在已發表的第 3 階段臨床試驗中充分證明了其安全性和有效性）；及/或 ○ 要求**治療**所在的國家/地區的當地法律或法規規定必須提供的測試、**治療**、設備、藥物、裝置或程序。 案例研究、案例報告、觀察性研究、評論、廣告、信件、會議摘要以及未經同行審查的已發表或未發表研究，均不被視為適合證明測試、**治療**、設備、藥物、裝置或程序應作標準臨床使用。 如果測試、**治療**、設備、藥物、裝置或程序獲許可機構批准，但**保柏**的合理臨床意見認為其未證明安全性和有效性，則應以標準臨床使用標準為準。
視力	矯正視力的**治療**設備或**手術**，例如鐳射**治療**、激光角膜切除術 (RK) 和激光屈光角膜切削術 (PRK)。
足部護理	雞眼、老繭或是增厚變形指甲的**治療**。
性別問題	變性或性別重置。
基因檢測	為判斷**您**在基因上是否可能罹患病症的基因檢測。 例如：若尚未出現症狀，**我們**不支付用於判斷**您**是否可能罹患阿茲海默症的檢測。
酒精、毒品及/或藥物之有害或危險使用	針對蓄意、魯莽（包括受保人明顯不顧自身安危或以不符合醫療建議的方式行事）、有害及/或危險地使用任何物質，包括酒精、毒品及/或藥物，或因上述原因而直接或間接引致的**治療**；以及在任何情況下非法使用任何此類物質。
水療、自然療法診所或任何非**醫院**機構	在水療、自然療法診所、浴療所或類似非**醫院**場所接受的**治療**或服務。
不法活動	**我們**不會支付因**您**蓄意或魯莽之下參與（不論是實際參與或企圖參與）任何不法活動（包括違反道路交通規則）而直接或間接產生的**治療**費用。

一般不受**保障項目**	
不合資格的醫療從業人員、醫院或醫療機構	**我們**不支付以下費用： ○ **您**在下述情況下接受某人或某地方的**治療**： ○ 對於**您**需要接受**治療**的疾病、病症或受傷，有關地方當局不承認該等人士或地方具備提供**治療**的專業知識或專業技能；或 ○ **我們**已透過書面方式通知該等人士或地方，指**我們**不會支付其為在**我們醫療計劃**保障範圍內之任何人士提供的**治療**。**您**可以聯絡**我們**，以詳細了解**我們**向誰發出了書面通知，或前往 bupaglobal.com/en/facilities/finder 使用醫療機構搜尋工具 • **您**為自己提供的**治療** • 與**您**同住者為**您**提供的**治療** • **家庭成員**為**您**提供的**治療**
產科及分娩	懷孕或生產相關病症的產科**治療**（包括分娩），下列病症及**治療**除外： ○ 子宮內異常細胞增生（葡萄胎） ○ 胚胎於子宮外成長（宮外孕） ○ 因懷孕或分娩所導致，但無懷孕者亦可能發生的其他病症
機械性人造或動物捐贈器官	機械性人造或動物捐贈器官（不包括等待移植時暫時使用的機械性設備維持身體功能）、自任何來源購買器官、為預防將來可能疾病而摘取或儲存幹細胞。
肥胖症及體重管理	肥胖症和體重管理問題所需的**治療**，例如： ○ 減肥輔助品或藥物；或 ○ 瘦身課程 備註：**我們**可能依**保柏環球**醫療**保單**標準，支付「保障範圍表」所記載的減重**手術**費用。
持續性植物人狀態 (PVS) 及神經損傷	**我們**不支付因永久性神經損傷或**持續性植物人狀態**而**住院**持續超過 90 日的**治療**。
職業運動	因**職業運動**（包括但不限於：任何形式的高空飛行活動、任何類型的動力汽車競賽、水上運動、騎馬活動、攀山活動、柔道、拳擊、摔跤等劇烈運動、笨豬跳、以及任何其他**職業運動**）而導致的**治療**和服務。
性問題	性問題，例如陽萎，不論原因。
睡眠障礙	失眠、睡眠窒息症、打鼻鼾或與任何其他與睡眠有關之問題的**治療**（包括睡眠研究）。
幹細胞	幹細胞採集或儲存。例如卵子、臍帶血或精子儲存。 備註：**我們**支付在癌症**治療**範圍內進行的骨髓及周邊幹細胞移植。本項支付屬於癌症**治療**保障範圍。
代孕	與代孕直接有關的**治療**。適用於本身為代母的**您**，以及為**您**擔任代母的任何人。
顳顎關節 (TMJ) 障礙症	顳顎關節障礙症及相關併發症。

一般不受**保障項目**	
在受保障區域以外接受的**治療**	如果**您的**保障區域為全球（不包括美國），則在下列情況中，在美國接受的任何**治療**或服務概不屬於保障範圍： ○ **您**到達美國 28 天後；或 ○ 與**您**前往美國之前症狀於**您**顯明易見的任何病症有關；或 ○ **我們**知道或有合理理由推斷**您**前往美國是為了接受**治療**或服務。不論接受**治療**或服務是否**您**前往美國的主要或唯一目的亦成立；或 ○ 與分娩有關，除了預期以外的早產外；或 ○ 與在美國出生的新生嬰兒有關，除了預期以外的早產外；（如果發生預期以外的早產，新生嬰兒必須已經有效地增加至會籍）；或 ○ 該等**治療**或服務安排並未獲**我們**在美國的代理預授權。 備註：如要對抵達美國之後 28 天內接受的預期以外之**治療**或服務提出索償，**您**必須連同**您的**索償申請一併提交**您的**機票和蓋印護照影印本，作為**您的**抵達日期證明。 請參閱本會員指南的「想將更多人加入**您的醫療計劃**？」部份中有關增加新生嬰兒的條款。

條款及細則

編號	條款
1.	**您的保單**
1.1	**您的保柏環球醫療計劃指南**內的詞彙之定義，適用於這些條款及細則，並以粗體標示。
1.2	本**保單**是**您**（即：投保人）與**保柏環球**每個**保單年度**的保險合約。
1.3	其他人士（包括任何**受供養人**）均不得執行本保險合約下之任何法律權利。**受供養人**可跟循下列第 13 條所述之申訴程序。
1.4	本保險合約列明於： ○ 本條款及細則； ○ **您的保柏環球醫療計劃指南**； ○ **您的**申請表內所述之資料及聲明；以及 ○ 保險證書。
1.5	若**您**（投保人）新增**受供養人**至本**保單**，**受供養人**的保障生效日期將會列於寄給**您**（投保人）的更新保險證書上。
2.	**您的**保障範圍
2.1	**我們**將會按照本**保單**之條款**您的保柏環球醫療計劃指南**之定義，支付任何醫療保障之費用。
2.2	**您的醫療計劃**可能包含一項強制之年度**墊底費**，該**墊底費**將列於**您的保柏環球醫療計劃指南**。**您**也可自選年度**墊底費**（如果有提供此選項，且經身為投保人的**您**在**您的**申請表上作此選擇）。**您的墊底費**將在**您的**保險證書上標明。 所有年度**墊底費**，將分別適用於投保人以及每位**受供養人**。投保人以及每位**受供養人**所適用之年度**墊底費**金額可能不同。於本**保單續保**時，**您的**年度**墊底費**將重新計算。 如年度**墊底費**適用，在達到**您的**年度**墊底費**之上限以前，**您**必須直接支付任何醫療保障費用予其服務提供者。 超過**您的保柏環球醫療計劃指南**所列最高限額之費用，不會再算入**您的**年度**墊底費**。 在**您的**年度**墊底費**（不包括超過**您的保柏環球醫療計劃指南**所列之最高限額）保障範圍內、**您**所獲取的任何保障費用，應計入**您的保柏環球醫療計劃指南**所示之最高保障總額內。 即使**您**申請索償之金額，低於**您的**年度**墊底費**之金額，**您**仍應向**我們**提交索償申請，以便**我們**了解**您**何時已達到年度**墊底費**之上限。 由於此乃年度**墊底費**，若**您的**首次索償申請是接近**保單年度**完結時，而**您的**醫療保障會跨年持續至**您的續保**日之後，則年度**墊底費**需根據每**保單年度**醫療保障範圍分開逐年計算。
2.3	**您的醫療計劃**可能包含一項強制之年度自付額，該自付額將會列在**您的保柏環球醫療計劃指南**。**您**也可能有適用的自選之自付額（如果有提供此選項，且經身為投保人的**您**在**您的**申請表上作此選擇）。**您的**自付額將在**您的**保險證書上列明。 **您**必須按照自付額比例，向醫療服務提供者直接支付就適用自付額**保障項目**規定之任何費用。

編號	條款
2.4	若**我們**因任何原因，被要求向醫療服務提供者支付任何年度**墊底費**或自付額所保障之費用，**我們**會向**您**收回該筆已支付費用。 **您**已授權**我們**根據**您**在申請表或其他更新文件提供予**我們**之直接付款協議或信用卡授權，向**您**收取此筆款項。 若本**保單**含有年度**墊底費**或自付額規定，**您**應確保**我們**具有有效之直接付款協議或信用卡授權，使**我們**能收回**我們**已支付之年度**墊底費**或自付額款項。 當有必要或**我們**要求時，**您**應更新**您**提供給**我們**之直接付款協議或信用卡授權；否則可能會導致**我們**延後支付保險賠償。如有任何未結清之年度**墊底費**或自付額款項，在**我們**收回該等款項前，**我們**不會支付任何保險賠償。
2.5	若**您的保柏環球醫療計劃指南**內，要求**您**必須就**保障項目**取得預授權，**您**應遵照辦理。 有關如何就保障費用取得預授權，請參閱**您的保柏環球醫療計劃指南**。
2.6	在**我們**就任何**保障項目**批核預授權或處理索償之前，**我們**有權要求額外資料，例如醫療報告，**我們**可能要求由**我們**指定之獨立**醫療從業人員**為**您**進行醫療檢查（費用由**我們**負擔）並提供醫療報告。 若未能適時提供該資料可能會導致預授權及索償延誤。若完全未能向**我們**提供該等資料，則可能導致**您的**索償不獲賠款。
2.7	在某些情況下，**我們**可能會支付不在本**保單**保障範圍內之醫療服務或費用。此稱為酌情賠償或特許款項，包括可能為**我們**出錯而**我們**決定不作追討的賠款（如**我們**決定不追討）。**我們**以此為基礎而支付的任何款項，仍將算入本**保單**所適用之年度最高保障總額。若**我們**支付此類款項，並不代表**我們**未來必須支付相同或類似之款項。
3.	保費與付款
3.1	**您**應將**您的**保費直接支付予**保柏環球**。若**您**將**您的**保費支付予其他人，例如中介人或保險經紀人，**我們**並不負責確保該等人士將保費轉交予**我們**。
3.2	若**我們**未於到期日前，收到**您的**保費（或任何分期款項）或**您**根據本**保單**應付給**我們**之任何其他款項，**我們**將以書面通知身為投保人的**您**，請**您**在特定日期前付款，而該日期應為自**我們**發出信函或電郵予**您**之日起至少 30 日後。 若**我們**並未在該日期前收到款項，本**保單**將會取消，而本**保單**下之所有權利亦將會由**您**原本應該支付保費（或第一筆未交付之款項）的日期或其他款項的日期起終止。 除非一切逾期款項都已付清，否則我方不會就任何索償申請進行支付。但如果**您**因無法控制的錯誤，如銀行錯誤等而導致無法支付，則不在此限。
3.3	針對**您**所獲得之**治療**或醫療保障，若該等**治療**或保障並不在本**保單**之保障範圍，而**我們**卻誤付任何款項予醫療服務提供者或**您**，**我們**將保留權利，可能自**您**未來的索償申請扣回或要求**您**退回**我們**誤付之款項。

編號	條款
4.	索償申請
4.1	**我們**希望**您**申請索償的過程輕鬆簡便。**我們**嘗試直接向醫療服務提供者付款，但並非每次均可行。 <u>索償申請表</u> 在**我們**支付索償金額之前，**我們**需要確保索償申請有效。索償申請表為**我們**提供了檢查**您的**索償申請是否有效所需的資訊。請確保**您**填寫了表格。如果表格未全部填妥，**我們**可能要求**您**提供更多資料。過程可能需時並導致付款延遲。未填妥的索償申請表是延遲付款最常見的原因。 **您**可： ○ 在 MembersWorld 上填妥索償申請表，或 ○ 聯絡**我們**，**我們**會郵寄一份表格給**您**。 **您**必須為下列項目分別索償： ○ 成員 ○ 病症 ○ **住院**或**日間留院**，以及 • 索償貨幣。 如果**您**需要進行超過六個月的**治療**，**我們**可以要求**您**填寫一份新的索償申請表。 <u>索償申請所需文件</u> **我們**需要收到填妥的表格，以及與索償申請相關的任何賬單、收據和處方。必須在**您**接受**治療**之後兩年內提交。**我們**不會支付在**治療**後超過兩年才收到的索償申請，除非**您**有充分的理由證明**您**無法於此前索償。 <u>更多資料</u> **我們**可能會要求**您**提供更多有關索償申請的資料。如： ○ 關於**您的治療**之醫療報告或其他資料 ○ 由**我們**指定並支付費用之**醫療從業人員**所進行的任何醫療檢驗結果。 如果**您**不向**我們**提供**我們**要求的資料，**我們**可能無法支付**您的**索償申請。 <u>重要事項</u> **我們**只在以下情況支付**治療**費用： ○ **您**在**保單**有效期間進行的**治療** ○ 與**您**進行**治療**時適用之保障相符的**治療** ○ **一般合理**費用。 **我們**無法將賬單等文件正本退還給**您**。然而，當**您**索償時，**您**可以向**我們**寄送副本。如果**您**寄送了文件正本，**我們**可以在**您**要求後寄送一份副本給**您**。

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4.2	確認索償申請 如果**您**年滿 16 歲或以上，**我們**將向**您**解釋**我們**如何處理**您的**索償申請。對於 15 歲或以下的**受供養人**，**我們**將致函**保單持有人**。 **我們**如何支付**您的**賠償 **我們**會盡量遵照索償申請表中「付款資料」部份所列明的指示。 **我們**向誰賠償 **我們**只會付款予： ○ 接受**治療**的成員 ○ **治療**提供者 ○ **保單持有人** ○ 成員財產的執行人或管理人。 **我們**只會在以下情況付款予**受供養人**： ○ 他們接受了**治療** ○ 他們年滿 16 歲；以及 ○ **我們**有他們的銀行詳細資料。 除此以外**我們**不會賠償給任何人士。 付款方式 **我們**可以： ○ 將款項轉賬至**您的**戶口。過程快速安全。但是，**我們**需要知道收款戶口的詳細資料，例如完整戶口、SWIFT 代碼、銀行地址和 IBAN 號碼僅限歐洲），才能支付賠償。 ○ 支票支付。**您**應在六個月內兌現支票。如果**您**有過期的支票，請聯絡**我們**，**我們**將作更換。 如果**您的**銀行就**我們**轉入的款項向**您**收取轉賬費用，**我們**也會嘗試退回轉賬費用。**我們**不支付任何其他銀行費用，例如貨幣兌換費。
4.3	支付貨幣及換算 **我們**將根據下列情況決定向**您**提供賠付的貨幣： ○ **我們**收取保費時使用的貨幣 ○ **您**郵寄予**我們**之賬單的貨幣，或 ○ **您**銀行戶口的貨幣。 有時，銀行規則可能不允許**我們**以**您**想要的貨幣付款。因此，**我們**將以**我們**收到保費時使用的貨幣支付。 在極少數情況下，以某種貨幣支付可能違法或會使**我們**（或**保柏集團**）受到聯合國制裁。在該等情況下： ○ **我們**可能無法立即向**您**付款，或 ○ 將以**我們**獲許並能夠使用的貨幣向**您**付款。 **我們**如何轉換貨幣 **我們**將採用賬單日期當天的英國匯率。如果沒有賬單日期，**我們**會採用**您的治療**日期。**我們**採用的匯率將來自主要的市場匯率提供者。欲了解更多詳情，請致電**我們**。

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4.4	其他索償申請資料 錯誤支付索償申請 如果**我們**向**您**支付的賠償有誤，**我們**可以： ○ 從未來的索償中扣除錯誤支付的金額，或 ○ 向**您**要求退還款項。 酌情賠償 如果**我們**為**您保單**未涵蓋的保障支付費用，**我們**日後亦不必支付相同或類似的費用。付款將計入適用於本**保單**的年度最高限額。 當他人有責任時的**治療**索償 **您**可能需要因為其他人的過失，就**您**需要的**治療**索償。例如**您**是車禍的受害者。請填寫索償申請表的相關部份。**您**亦需要採取**我們**要求**您**採取的任何合理步驟協助**我們**： ○ 向有過失的人追回**我們**支付的**治療**費用。這可以通過他們的保險公司。 ○ 要求賠償利息（如果**您**有權這樣做）。 **我們**可能會以**您的**名義索償。**您**必須為**我們的**索償提供合理所需的任何幫助。如： ○ 向**我們**提供任何文件或證人供詞 ○ 簽署法院文件；以及 ○ 進行醫療檢查。 **您**不能： ○ 採取任何行動 ○ 處理任何索償申請；或 ○ 做任何事 對**我們**以**您的**名義索償的權利有負面影響的任何事情。 以聯合或雙重保險索償 如果**您**購買的其他保險保障包括向**我們**索償的費用，**您**必須： ○ 在**您**向**我們**申請索償時告知**我們** ○ 填寫索償申請表的相應部份。 **我們**將僅支付**我們**應負擔之部份。

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4.5	<u>如何偵測及防止欺詐？</u> **我們**可以透過以下方式檢查**您的**詳細資料： ○ 防欺詐組織 ○ 其他保險公司，以及 ○ 其他相關第三方。 如果**您**向**我們**提交虛假或不正確資料且**我們**懷疑存在欺詐行為，**我們**可能向防止欺詐機構舉報。**我們**及其他機構可能會使用這些記錄： ○ 協助作出與**您**及**您的**計劃成員之保障有關的決定 ○ 協助作出與**您**及**您的**計劃/團體成員之其他保險建議有關的決定 ○ 追尋債務人、追討欠債、預防欺詐及管理**您的**保險計劃 ○ 確定**您的**身份 ○ 進行信貸調查及額外欺詐調查。 <u>欺詐索償申請</u> 如果**保單**索償存在任何欺詐行為，**我們**可以： ○ 拒絕支付該索償申請和以後任何索償申請 ○ 收回任何**我們**就該索償申請和以後任何索償申請支付的款項。 如果**保單持有人**提出欺詐索償申請怎麼辦? **我們**可以取消**保單**。這將從該索償申請的日期開始。 如果**受供養人**提出欺詐索償申請怎麼辦? **我們**可以取消他們的保障。這將從該索償申請的日期開始。 在任何一種情況下，**我們**都不必退還任何已支付給**我們的**保費。 欺詐索償申請有哪些例子？ ○ 作出虛假或誇大的聲明 ○ 提供虛假資訊。例如經偽造、仿造或修改的文件 ○ 未向**我們**提供評估索償申請所需的資料 ○ 拒絕向**我們**提供**我們**為評估索償申請而合理要求的資料。例如：病歷報告、付款證明和賬單正本。
5.	**續保**
5.1	**我們**將於**續保**日前（但不包括適用第 5.2 條之時）發函予**您**，說明**您**就本**保單**於下一年度**續保**之條件。 在各個**保單年度**，**我們**有可能會變更對於**您的**保費之計算方法、**我們**決定保費的準則，以及**您**應向**我們**支付的費用及付款方式。**我們**亦可變更**您的保柏環球醫療計劃指南**（包括醫療保障及其保障總額）和本**保單**之條款。 我方將於**續保**日至少 30 日前寄發通知給**您**並詳列新的保費、**續保保單**之任何變更及其變更理由。若**您**不願就本**保單**再行**續保**，**您**必須於**續保保單**開始後 30 日內知會**我們**。 除非**您**聯絡**我們**並告知**我們**不再**續保**，**我們**將繼續採用**您**提供給**我們**之付款資料並收取續期保費。
5.2	若**我們**已決定停止提供此**醫療計劃**，**我們**將保留不再**續保**本**保單**之權利。如發生這種情況，**我們**將根據監管要求在可行之下尋求提供替代方案。
5.3	若**我們**決定就本**保單續保**，**我們**不會對**您的續保保單**新增任何只適用**您**個人的新限制條款或不受**保障項目**（列於**您的**保險證書上者）。然而，若**您**轉換至不同的**醫療計劃**，**我們**則可新增只適用於**您**個人之新限制條款或不受**保障項目**。
6.	**更改保單**
6.1	只有**我們**和**保單持有人**才能同意進行更改。只有在**我們**以書面形式確認後，更改才會生效。

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6.2	本**保單**有效期為一年： ○ **保單持有人**只能在**續保**時進行更改 ○ 任何等候期都不會重新開始。
6.3	**我們**可能會在下列情況於**續保**前更改**保單**： ○ 如果法律或監管機構規定**我們**必須更改，或 ○ 旨在改善所有使用相同計劃的成員的保障。 如果是這樣，**我們**會以書面形式通知**您**該等更改。
6.4	如果**我們**合理認為通過繼續此**保單**，**我們**或**您**可能會違反任何： ○ 法律 ○ 法規 ○ 守則，或 ○ 法庭命令 **保單**可即時終止。 如這樣做會導致下列後果，則**我們**不會提供保障，以及**我們**不會根據這份保險支付任何索償或提供任何保障： ○ 違反任何聯合國決議，或任何適用於**我們的**貿易或經濟制裁措施、法律或法規（包括歐盟、英國及/或美國的法律或法規）；或 ○ 使**我們**面臨被任何有關當局或監管機構制裁的風險；或 ○ 使**我們**面臨任何直接或間接參與任何有關當局、**我們**使用的銀行，或監管機構視為被禁止或限制之行為的風險。 如果本條款中提及的任何決議、制裁措施、法律或法規適用（或開始適用），則**我們**可以採取任何**我們**認為必要的行動，以確保**我們**能夠繼續在這些決議、制裁措施、法律或法規範圍內工作。如果發生這種情況，**您**知悉這可能會限制、延遲或終止**我們**在**您的**計劃下的義務，以及**我們**可能無法支付任何索償申請。
6.5	若**您**要求新增一名新的**受供養人**至本**保單**，**我們**將審核其病歷。**我們**可能會不同意將該**受供養人**新增至本**保單**，或在將該名新的**受供養人**加入保障時，增設特別限制條款或不受**保障項目**。**我們**可能根據全權決定，同意為該名新的**受供養人**之若干既有病症提供保障。**您**必須支付任何額外的保費。若在**您的保柏環球醫療計劃**內，**您的**指南有此規定（並符合任何相關要求），則未成年子女得不經審查病歷或增收保費，即予納入本**保單**。在某些**醫療計劃**，在**我們**收到加入**受供養人**至本**保單**之請求時如果其已超過特定年齡，**我們**無法將其加入本**保單**內。
7.	**您的**居住國
7.1	若**您**遷移到不同國家或**您**列出之居住國或**您**列出之國籍有變更，**您**必須立即知會**我們**。 若**您**所在國、或**您的**居住國或國籍地之法律、或任何其他適用**我們**或本**保單**之法律，禁止**我們**提供醫療保障予當地國民、居民或公民時，本**保單**將會終止。
7.2	當**您**變更**您的**聯絡地址或其他通訊資料時，**您**必須立即知會**我們**，因為**我們**會使用**您**最後給予**我們**之地址及通訊資料，直到**您**另向**我們**作出變更為止。

編號	條款
8.	結束**保單**或移除受保人保障
8.1	取消**保單**： **保單持有人**可以隨時： ○ 取消整個**保單**，這將終止對所有人的保障；或 • 取消**受供養人**的保障。 為此，請通過電話、電郵或郵寄方式告知**我們**。 變更將在**保單持有人**告知**我們**變更後 14 天生效。請注意： 1.**我們**不會追溯取消日期，並且 2.不會支付**保單**結束後發生的**治療**索償。
8.2	退款時間： 任何保費的退款將取決於**保單持有人**取消整個**保單**或**受供養人保單**的日期。有兩種情況： A. 在**保單**生效後的首 30 天內取消；或 B. 在**保單**生效後的首 30 天之後取消； A. **保單**生效後首 30 天內取消： 如果**保單持有人**取消整張**保單**： ○ 在該**保單年度**開始承保後的首 30 天內，以及 ○ 在此 30 天內未曾提出任何**治療**索償 **我們**將退還該**保單年度**支付的所有保費。 如果**保單持有人**取消對**受供養人**的保障： ○ 在該**保單年度**開始承保該**受供養人**後的首 30 天內，以及 ○ 在此 30 天內未曾提出該**受供養人**的**治療**索償 **我們**將退還該**保單年度**就該**受供養人**支付的所有保費。 重要事項：在任何情況下，如果**保單持有人**或**受供養人**在投保後的 30 天內提出索償，**我們**將把這視為持有**我們的保單**。如果**您**想取消**保單**，將被視為在 30 天之後取消（下文 B 部份）。 B. **保單**生效後首 30 天之後取消： 如果**保單持有人**取消整張**保單**： ○ 在該**保單年度**開始承保後的首 30 天之後，或 ○ 在此 30 天內曾提出任何**治療**索償 **我們**將在**保單持有人**向**我們**提出要求（如上文第 8.1 節所述）之日起 14 天後取消**保單**。 在 14 天的取消期後，**我們**將退還任何已支付的剩餘保費。 例如，如果**保單持有人**在 3 月 1 日取消整個**保單**，**我們**將退還 3 月 15 日之後支付的所有剩餘保費。 如果**保單持有人**取消對**受供養人**的保障： ○ 在該**保單年度**開始承保後的首 30 天之後，或 ○ 在此 30 天內曾提出該**受供養人**的**治療**索償 在 14 天的取消期後，**我們**將退還就該**受供養人**支付的所有剩餘保費。 例如，如果**保單持有人**在 3 月 1 日取消對**受供養人**的保障，**我們**將退還 3 月 15 日之後支付的所有剩餘保費。
8.3	保費退還： **我們**將按照**您**支付保費的方式向**您**退款。退款將退回到**您的**銀行戶口、信用卡、扣帳卡或通過支票。 請注意，如果**您**有任何未付款項，**我們**可能會從退款中扣除。

編號	條款
8.4	如果成員身故： 如果： ○ **受供養人**身故 - **保單持有人**應在 30 天內告訴**我們**。 ○ **保單持有人**身故 - **保單**的任何**受供養人**或**保單持有人**的**家庭成員**應在 30 天內告訴**我們**。 在**我們**被告知離世後，**我們**將終止該**保單**。 若**保單持有人**身故，年滿 18 歲的**受供養人**可申請成為**保單持有人**，並可將更多**受供養人**加入**保單**。如果沒有新的**保單持有人**，**保單**將終止。 在任何情況下，如果沒有索償，**我們**將退還**保單**結束後期間的剩餘保費。
8.5	**我們**可能決定終止**您的**計劃。如果發生這種情況，這將在**您**下次**續保**時發生。 **我們**： ○ 將在**您**下次**續保**前至少 3 個月就**我們的**決定通知**您**；以及 ○ 可能與現行保險公司向**您**提供**我們的**另一項醫療保險計劃。 如**您**接受**我們**提出的替代計劃，則該新計劃將從**您的續保**日期起生效，保障不會被中斷，以及不會有任何新的核保條款。 **您**可能希望在**您的續保**日期前與**我們**討論有關安排，或可能決定不再延續**我們**提供的保障。
9.	**我們**於本**保單**下之職責及受命擔任**您的**代理人
9.1	**我們**於本**保單**下之職責，乃為**您**提供保險保障，有時會為**您**（代表**您**）作出安排以獲得任何保障。**我們的**角色並非向**您**提供實際**保障項目**。
9.2	身為投保人的**您**，代表**您**自身及**受供養人**，指派**我們**擔任**您的**代理人，按照**您的**要求，為**您**作出獲得醫療保障之預約或安排。**我們**充當**您的**代理時會合理謹慎行事。
9.3	出於任何因素，若**您**未能向**我們**給予關於任何保障之指示（例如**您**無行為能力），身為投保人的**您**，代表**您**自身及**受供養人**，授權**我們**擔任**您的**代理人，以： ○ 採取**我們**合理認為符合**您的**最佳利益之行動（依據**您**在本**保單**所享有之保障）； ○ 按**我們**於該情況下合理認為適當，提供**您的**醫療服務提供者有關於**您的**資料；及/或 ○ 遵行**我們**合理認為最為適當人士（例如某名**家庭成員**、**您的**主診**醫生**或是**您的**僱主）所給予的指示。
9.4	擔任**您的**代理人時，可能透過**我們**之**保柏集團公司及管理者**行動。
10.	**我們**對**您的**責任
10.1	**我們**（及**我們**之**保柏集團**公司與管理者）毋須對**您**或任何其他人士，因**您**接受任何醫療保障致生之任何損失、損害、疾病及/或人身傷害負責，亦毋須對於任何醫療服務提供者或提供**您**任何醫療保障之其他人士之行為或錯過行動而負責。**您**應能自行向該等醫療服務提供者或其他人士直接提出索償。
10.2	**您的**法定權利不受影響。

編號	條款
11.	提供準確及完整的資料
11.1	**您**及任何**受供養人**必須認真謹慎，確保在申請本計劃及每次**續保**和變更本計劃時向**我們**提供的所有資料準確完整。如果申請表格中問題的答案發生任何變更，**您**及任何**受供養人**亦必須在本計劃開始前告知**我們**。否則，自計劃申請生效、**續保**或變更之日起（視乎**您**向**我們**提供不準確及不完整資料的具體日期）以下條款便會生效。 A. 如果**您**刻意或罔顧地向**我們**提供不準確或不完整的資料，**我們**可能視本計劃為不曾存在。 B. 如果**您**因疏忽或大意而向**我們**提供不準確或不完整的資料，或在上文 A. 項所述情況發生時**我們**選擇不使用該條款下**我們**之權利，則**我們**可假設**您**已提供準確完整的資料，並據此處理**您的**計劃和任何索償申請，如下所述： ○ 若**我們**完全拒絕為**您**承保，**我們**可能會視本計劃為不曾存在； ○ 若**我們**以不同的條款向**您**提供保障，則**我們**可能會對本計劃應用該等條款。這表示如果某項索償申請在不同的條款保障內及/或如果**您**符合本該應用的不同的條款，才會獲賠償。例如**您的**計劃可能涵蓋新增的個人限制條款或不受**保障項目**；及/或 • 若**我們**要向**您**收取較高的保費，則**我們**可根據額外保費與應收保費之差額，相應扣減任何索償申請應付的金額。例如，若**我們**原應收取雙倍保費，**我們**便只會賠償半數索償金額。 如果有一位**受供養人**（或**您**代表他）提供不完整或不準確的資料，則上述條款亦將適用，但僅適用於該**受供養人**的計劃或該**受供養人**提出的索償申請。 如果資料由他人代表**您**或代表任何**受供養人**向**我們**提供，上述相同的條款將適用。
12.	資料處理聲明
12.1	**保柏環球**極為重視**您**個人健康資料之保密性。 **保柏環球**有時會僱用第三方代表**我們**處理資料。此等處理可能會在**您的**所在地以外之區域進行，而該等區域並未提供與**您的**所在國相同程度之保護，但仍將受到有關保密及安全義務之合約限制。 若**您**轉移至**保柏**之其他計劃或**我們**合作夥伴提供之計劃，**我們**得將**您的**醫療、賠償及**保單**記錄，提供給新的保險人。 **我們**得將**受供養人**之資料提供予投保人，包括曾接受之保障、已獲支付之賠償、已使用之**墊底費**金額，以及（如有相關）會影響保障提供之任何病歷。 在**您的**申請表及任何索償申請表內，**我們**將提供**您**有關**我們**如何處理**您**個人資料之更詳盡資料，且**我們**會針對按照此方式處理**您**以及任何**受供養人**的個人資料，向**您**徵求**您的**同意。
13.	申訴
13.1	事情間中會出錯，遇到這種狀況時，**我們**會全力盡快修正。**您**可： ○ 透過 MembersWorld 聯絡**我們**（這是最快的途徑） ○ 電郵：service.hk@bupaglobal.com ○ 電話：+852 2531 8503 ○ 致函：**香港**九龍觀塘海濱道 77 號海濱匯第 2 座 6 樓，**保柏**（亞洲）有限公司，**保柏環球**客戶關係主管收 如欲索取**我們**申訴程序之完整印刷文件，請告知**我們**。這些程序概不會影響**您的**法律權利。

編號	條款
13.2	如果**我們**無法解決問題，而**您**希望進一步投訴，請致電**保柏環球**客戶服務專線 +852 2531 8503 或致函投訴部經理，地址： **保柏**（亞洲）有限公司，轉交**保柏環球** **香港**九龍觀塘 海濱道 77 號 海濱匯第 2 座 6 樓 如果**我們**未能處理**您的**投訴，**您**可將**您的**申訴提交至保險投訴局： ○ 致函：保險投訴局，地址：**香港**灣仔駱克道 353 號三湘大廈 29 樓 ○ 致電：2520 2728 ○ 電郵：icb.enquiry@icb.org.hk 詳情請瀏覽：www.icb.org.hk
14.	本**保單**依據之法律及**您**可提起訴訟之地方
14.1	本**保單**受**香港**法律之約束。因本**保單**所生或與之有關的任何爭議或分歧，應交由**香港**國際仲裁中心，依據仲裁通知提交時有效之**香港**國際仲裁中心機構仲裁規則，以仲裁方式解決。如果未能透過此方式解決，則得提交**香港**法庭處理，在此等情況下，**我們**與**您**均同意，**香港**法院具有最終裁決權。
14.2	若因本**保單**不同語言版本之解釋而生任何爭議，則英文版本應視為具有最終效力之版本，且其效力高於任何其他版本。 請注意，雖然**我們**可能僅出於方便**您**而提供本文件的其他語言版本，但與**保單**相關的後續通信，則可能以英文提供。

私隱公告

保柏（亞洲）有限公司
有關個人資料（私隱）條例（「條例」）之私隱通知

1.簡介
1.1. 保柏（亞洲）有限公司（「本公司」、「我們」）致力保障您的私隱及您的個人資料安全。本私隱通知乃就您與我們往來及向本公司提供數據或資料而向您提供。 本私隱通知乃按照條例編製而成並作為收集個人資料聲明，我們會在本公司收集您的個人資料時或之前向您提供或供您查閱。 有關我們完整私隱公告的更多詳情，敬請參閱我們的公司網站：www.bupa.com.hk。 如果您無法連接互聯網並希望獲取完整私隱公告的印刷本，請致電我們的服務團隊。

1.2. 本私隱通知旨在確保您能依照本通知就向本公司提供您的個人資料作出知情決定。 請注意：本私隱通知將取代之前可能已向您提供之任何類似性質的私隱通知或私隱聲明。 當您點擊「我同意」或選擇任何類似內容的選項，或透過註冊程序或任何其他方式登入、確認、同意、使用或接受我們提供的本私隱通知時，即表示您同意我們依照本私隱通知收集、儲存、使用、處理、轉移、披露或分享您的個人資料。

1.3. 就本私隱通知而言，「集團公司」是指本公司及其控股公司、分公司、附屬公司、代表辦事處及關聯公司，而不論其位於何處。關聯公司包括本公司之控股公司的分公司、附屬公司、代表辦事處及關聯公司，而不論其位於何處（統稱為「本集團」）。

1.4. 如果您向我們提供其他人士的個人資料，您必須就您已向我們提供其詳細資料一事通知他們，以及告知他們可於何處查閱本私隱通知。

2.我們收集的個人資料
2.1 當您或您的保單所保障的其他會員/受保人（各稱為「會員」）與本公司互動、申請及使用我們的產品及服務時，必須不時向本公司提供部分特定的個人資料（包括信用資料和以往索償紀錄，如適用）。

2.2 本公司亦可能會在日常業務運作的過程中向您或會員收集更多個人資料，例如當您為本人或代會員向本公司提出保險索償時。

2.3 如您未能提供本公司所要求的個人資料，本公司可能無法處理您的申請、資料或服務要求、查詢及/或向您或會員提供服務或產品。

2.4 我們不時收集及/或持有的個人資料可能包括您的個人身份證明資料、聯絡資料、交易記錄、財務背景、醫療及健康記錄、生物識別資料，以及您在存取或瀏覽我們的網站或使用我們的流動應用程式或門戶平台時之位置及活動（包括其上的任何診斷或健康監測工具，以及用於為該等工具收集數據的藍牙及/或穿戴式裝置）。

2.5 在您與我們往來的過程中，我們可透過多種方式向您收集您的個人資料。 然而在某些情況下，我們可能需要從第三方或來源收集您的個人資料，例如代表您的家庭成員或其他人士、您的僱主、醫護人員、本公司的業務/資產收購交易、業務合作夥伴或公共數據庫。資料亦可能會被生成或與其他資訊結合，以供本公司或本公司的任何成員使用。

2.6 如您未滿 18 歲，在您向本公司提供您的個人資料前，應先徵得您父母或監護人的同意。

2.7 根據您與我們的往來關係，個人資料的儲存可以採用不同形式，包括實體（紙質）形式、數碼客戶系統或應用程式、日常業務實踐過程中的數據管理軟件或系統等。

2.8 招聘或僱用時另設私隱通知。

3.收集目的
3.1 本公司將就以下目的不時使用、儲存、處理、轉移、披露或分享您的個人資料：

(a) 處理、評估、決定任何產品及服務之申請；

(b) 在向您提供我們的產品或服務之前驗證您的身份；

(c) 為您或會員提供產品及服務，以及處理您或會員不時提出的要求，包括但不限於要求增加、更改、刪除、維持、管理及操作保障或會籍；

(d) 因應在我們管理及/或營運的網站、流動應用程式或門戶平台所提供或將提供的服務或資訊，為您或會員登記成為這些服務或資訊的使用者或會員；

(e) 在集團公司旗下協調您或會員的護理，以實現更好的健康管理結果；

(f) 任何有關您或會員對本公司所提供之保險產品及服務提出之索償，包括但不限於賠償、辯護、分析、調查、偵測及防止欺詐行為（無論是否與就此申請而簽發之保單及相關的任何申請或索償）、處理、評估、決定、解決或回應該等索償；

(g) 執行與本公司所提供的保險產品及/或服務相關的功能及活動，包括但不限於審計、報告、市場調查、一般服務和維持網上及其他服務、核實身份、資料配對、研究、數據分析、統計分析及再保險之安排；

(h) 向您提供個人化健康資料及有關我們產品或服務的資訊，以及個人化網站、流動應用程式或門戶平台介面；

(i) 向您提供適合的健康、保險管理、保健或其他相關服務（包括但不限於電子票務、預約及診所/專業醫護人員搜尋，以及在我們管理及/或營運之網站、流動應用程式或門戶平台上的服務及產品兌換功能）或產品；

(j) 就您購買之保險保單的管理、特點及續保事宜與您溝通；

(k) 就我們的網站、流動應用程式或門戶平台進行營運、維護、評估、改善、疑難排解，以及了解您的偏好；

(l) 提供及設計本公司的產品及服務；

(m) 行使本公司向您或會員提供任何產品和服務時有關的權利，例如釐定您拖欠的任何款項的金額，及向您或任何已為您的債務提供任何擔保或承諾的人士，追收和收回拖欠的任何款項；

(n) 就任何本通知中所述的用途與您或會員（或與代表會員的您）聯絡；

(o) 在您同意的情況下就我們、任何本集團公司成員及/或旗下品牌（例如我們的關聯公司 Horizon Health and Care Limited 及/或卓健醫療集團）及/或第三方的服務、產品及其他主題（詳情請參閱下文第 5 段）進行市場推廣；

(p) 管理我們與您、我們的業務及與我們合作向您或會員提供產品或服務的組織之關係（包括但不限於本私隱通知的未來變更）；

(q) 允許本公司全部或部份的權益或業務的實際或建議承讓人、受讓人、參與人或次參與人，就涉及的轉讓、出讓、參與或次參與的交易進行評估；

(r) 為遵守任何法例之要求，或根據監管或其他機關所發出對本公司具有約束力或要求其遵守的規則、規例、實務守則、須知或指引，而作出披露；以及

(s) 我們於徵求您的知情同意書時所通知您的任何其他目的；以及

(t) 達到與上述 (a) 至 (s) 直接相關的其他目的。

4.個人資料的轉移
4.1 有關您或會員被本公司收集或持有的個人資料將會保密，但本公司可能會向以下不論在中華人民共和國香港特別行政區境內或境外之資料承讓人轉移該等個人資料作第 3 段列出的用途：

(a) 本集團公司的任何成員及/或旗下品牌；

(b) 任何由本公司授權的保險理算人、代理及經紀；

(c) 任何由本公司授權的再保險公司；

(d) 任何相關保單持有人或訂閱服務及/或服務計劃的主要會員（包括您的僱主及在團體及/或家庭計劃名下為受供養人註冊的相關僱員）；

(e) 任何代表您安排產品或服務的出資者；

(f) 任何款項收款人或獲提供其資料以享有計劃保障的任何人士；

(g) 醫護專業人員及醫院；

(h) 任何就本集團公司的業務而獲聘用以提供醫療、健康、保險、保健或其他相關服務或產品的第三方；

(i) 任何代理人、承包商、或向本公司提供行政、電訊、電腦、付款、資料處理、分析數據儲存、雲端、印刷、研究、廣告宣傳、分發或其他向本公司提供服務的第三方服務供應商（包括但不限於保險公司；銀行；律師；會計師；理賠調查員；防欺詐組織；其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指名的其他人士）；為保險業界整合申索及承保資料之組織（包括香港保險業聯會或任何類似的保險業機構）；警察、供保險業界用作分析及核對所提供的資料與既有資料的資料庫及登記冊（及其營運者）；收數公司；資料處理公司；研究服務機構及專業顧問）；

(j) 在您的同意下，任何參與直接市場推廣的第三方（無論在本集團公司內或外）（詳情請參閱下文第 5 段）；

(k) 獎賞、會員忠誠、聯合品牌或優惠計劃之第三方供應商，及本集團公司成員的聯合品牌合作夥伴；

(l) 本公司或您為帳單及付款目的而聘用的金融機構；

(m) 本公司的任何全部或部份的權益或業務的實際或建議承讓人、受讓人、參與人或次參與人；以及

(n) 為遵守任何法例之要求，或根據監管或其他機關所發出對本公司具有約束力或要求其遵守的規則、規例、實務守則或指引，而作出披露，包括但不限於適用監管機構、政府機構、相關行業認可機構、信貸資料服務機構或法院，及在其他情況下，法律規定本公司必向其披露的人士或機構。

4.2 我們只會向上述各方披露對該等相關目的具必要性的個人資料，他們可按上文第 3 段所述的相關目的處理（包括但不限於記錄、整理、構建、儲存、改編、修改、檢索、使用、對齊、合併或刪除）您的個人資料。

4.3 如果我們完成了對新業務或品牌的收購，我們會透過您提供給我們的通訊渠道與您溝通，而在可行及許可的情況下，任何個人資料均會依照本私隱通知予以處理。

5.在直接市場推廣中使用個人資料
5.1 只有在您的同意下（包括不表異議），本公司、本集團公司的任何成員及或旗下品牌及/或第 3.1 (o) 段和第 5.2 (b) 至 (e) 段所述的第三方，方可使用不時收集的個人資料（包括您的姓名、聯絡資料、產品及服務組合、交易模式及行為），向您提供與下列服務或產品有關的市場推廣通訊（包括透過電郵、短訊、流動應用程式、社交媒體、即時通訊工具、或其他當時適用的途徑）：

(a) 保險、醫療、牙科、康健、保健、個人發展、美容、體育活動及會籍、生活消閒、娛樂、財務及其相關的服務及產品；

(b) 獎賞、權益、折扣、會員活動、會員忠誠或優惠計劃及其相關的服務及產品；

(c) 本公司聯合品牌合作夥伴提供的服務和產品；以及

(d) 為慈善及/或非牟利用途的捐款及捐贈。

5.2 上述服務、產品及主題可能由本公司及/或下列人士提供或（如為捐款及捐贈）徵集：

(a) 本集團公司的任何成員及/或旗下品牌；

(b) 第三方服務供應商；

(c) 第三方獎賞、會員忠誠計劃、聯合品牌或優惠計劃供應商；

(d) 本集團公司成員的聯合品牌合作夥伴；以及

(e) 慈善或非牟利機構。

5.3 除非我們已取得您的同意，否則本公司將不會使用您的個人資料作直接市場推廣用途。 為避免有疑慮，就本公司不時收集或持有的所有您的個人資料，本公司會以由您處收到的最新指示（例如同意或不表異議，或要求退出）取代本公司先前獲得的任何指示。

5.4 如果您選擇將服務個人化（如有提供這個選項），我們將使用所收集到的個人資料向您提供該等個人化服務或通訊。如果您不希望接受該等個人化服務或通訊，可以隨時取消訂閱，我們將停止向您提供該等服務。

5.5 為避免有疑慮，不論您是否同意接收以上第 5 段所述的市場推廣資訊類別，本公司仍然可能就您的保單、訂閱計劃、會籍或您訂閱的任何其他服務計劃相關之行政、保障及續保事宜與您聯絡。

6.安全與保留

6.1 除非適用法律另有要求或批准，否則本公司會一直保留您的個人資料，直至達到本私隱通知列明的所需目的為止，或根據您與我們之間的另行協議保留您的個人資料。

6.2 如果本公司不再需要您的個人資料作本私隱通知列明的目的或法律規定的其他目的，我們將採取適當措施，安全地刪除或銷毀您的個人資料。

6.3 本公司將採取合理措施以保障您的個人資料，防止未經授權或意外的存取、處理、刪除、遺失或使用。這包括實施一系列數碼及實體安全措施。此外，我們會將您個人資料的存取權限限制在獲得適當授權的人士。

6.4 當您使用我們的網站時，我們及第三方公司會透過使用 cookies 和其他技術（例如像素標籤）收集資料（為簡單起見，我們將所有此類技術統稱為「cookies」）。 Cookies 政策的更新版本可從我們的公司網站下載，我們亦可應要求提供。

6.5 我們的網站、流動應用程式或門戶平台可能載有其他外部網站的連結，我們對該等其他網站並無控制權。 建議您參閱該等網站的私隱政策以了解更多資訊。

7. 人工智能、分析及決策自動化

7.1 正如許多企業，我們可能會使用人工智能 (AI) 及其他自動化技術來向您提供產品或服務，當中可能涉及使用您的個人資料作本通知所述目的。 我們會評估有關您的資料並使用技術手段來給予您自動化回覆及決定。這稱為分析及決策自動化。 有關詳情載於完整私隱公告。

8. 資料存取與更改

8.1 根據條例中的條款，您有權：

(a) 查核本公司是否持有您或會員的個人資料及存取該等個人資料；

(b) 要求本公司修改任何有關您或會員的不準確個人資料；

(c) 查明本公司有關資料的政策及處理方法和獲告知本公司持有的個人資料種類；

(d) 要求本公司停止將您的個人資料用作直接市場推廣用途；以及

(e) 針對我們對您個人資料的使用更改您的偏好設定。

8.2 有關要求請致函本公司保障資料主任，地址如下：

香港九龍觀塘海濱道 77 號海濱匯第 2 座 6 樓
資料保障主任/客戶服務經理收

9.

根據有關條例之條款，本公司有權就任何處理個人資料查閱或更改的要求收取合理費用。

10.

如您對本私隱通知有任何查詢，請隨時致電我們的服務團隊，電話：+852 2531 8503。

11.

本通知不會限制客戶在條例下所享有之權利。

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中英文版本如有歧義，概以英文版本為準。 本公司可能會不時修訂本私隱通知。 您可於 www.bupa.com.hk 或 www.bupa.co.uk/legal-notices/privacy-and-cookies 閱覽及索取不時修訂的本私隱通知。

由保柏（亞洲）有限公司刊發
2026 年 1 月 16 日

詞彙

詞彙	說明
現時可接受的臨床證據	指有關**治療**療效和安全性的國際醫學和科學證據，包括符合國際認可科學論文要求的同行評審科學研究，於醫學期刊發表或獲醫學期刊同意刊登，但不包括小撮人的個案報告和研究，以及非註冊臨床試驗。
積極治療	由**醫療從業人員**提供的疾病、病患或受傷**治療**，以盡快令**您**康復、避免**您的**狀況惡化或恢復**您**原有的健康狀態。
先進療法製品 (ATMP)	基於基因、組織或細胞的**治療**，例如嵌合抗原受體 T 細胞（CAR-T 細胞）**治療**。
人工生命維持系統	為延長生命而對患者提供的醫療程序、技術、藥物或**治療**。
輔助生殖技術	包括但不限於體外人工授精 (IVF)，不論是否使用卵胞漿內單精子注射 (ICSI)、輸卵管內配子移植 (GIFT)、輸卵管內受精卵植入 (ZIFT)、卵子捐贈及誘發排卵及宮腔內人工授精 (IUI)。
藍十字與藍盾協會/藍盾環球	**保柏環球**為國際醫療及保健公司**保柏**的業務名稱。**保柏**是經**藍十字與藍盾協會**授權的獨立機構，由獨立運作、以社區為基礎及於當地經營的成員公司組成。**藍盾環球**是**藍十字與藍盾協會**旗下的品牌。受某些限制約束。關於適用保障範圍，請查閱**您的保單**條款及細則。欲了解更多關於**保柏環球**的資訊，請瀏覽 bupaglobalaccess.com；欲了解更多關於**藍十字與藍盾協會**的資訊，則請瀏覽 www.BCBS.com。
醫療服務提供者	為**您**提供**保障項目**服務的**認可註冊的醫療從業人員**、**醫院**、診所或其他服務提供者。
保柏	全稱 British United Provident Association Limited，是一間來自英國的擔保有限責任公司，註冊於英格蘭與威爾斯，公司編號為 00432511，註冊地址為 Bupa 1 Angel Court, London, EC2R 7HJ, England。
保柏環球	保柏（亞洲）有限公司（一間在香港成立的有限責任公司，公司註冊編號：103048，註冊地址：香港九龍觀塘海濱道 77 號海濱匯第 2 座 6 樓）是本計劃的唯一承保人。
保柏集團	**保柏**（亞洲）有限公司、**保柏環球**、**保柏**保險有限公司及**保柏集團**旗下的所有其他公司，以及代表**保柏**（亞洲）有限公司管理此**保單**的公司。
輔助治療師	例如受過完整訓練、具備合法資格，並於**治療**當地獲有關當局認可執業的針灸師、順勢**治療師**、反射**治療師**、自然**治療師**、中醫師。
保障項目	刊列於**保柏環球醫療計劃指南**保障範圍的**治療**與保障。
日間留院	基於醫療原因而要求**您**僅在日間留在**醫院**復康設施或日間**手術**中心的**治療**。**我們**不要求**您**因日間**心理健康治療**而留在復康設施。
墊底費	在**我們**支付任何**保障項目**前，**您**在任何保險期內應付的費用金額。
受供養人	參加本**保單**並列名於保險證書的其他受保人。
診斷檢查	為找出**您的**症狀原因而進行的檢查，例如 X 光及血液檢查。
營養師	必須受過完整訓練、具備合法資格，並於**治療**當地獲有關當局認可執業。

詞彙	說明
醫生	符合下列條件的人員：於經認可的醫學院完成醫療學程，具備執行醫療業務的合法資格，於**治療**當地取得行醫執照，無須經過**專科醫生**訓練。經認可的醫學院是指世界醫學院名錄 (World Directory of Medical Schools)（由世界衛生組織不定期出版）所列的醫學院。
急症	因突發疾病、病症或受傷而產生嚴重病徵或症狀，依合理人士判斷必須立即接受**治療** (通常是指在發病後 24 小時內)，否則將對健康造成危險。
家庭成員	家庭相關人士（血緣、法律或其他方面與**您**有關係）。**我們**可按要求提供本定義所涵蓋親人範圍的完整清單。
保柏環球醫療計劃指南	標題為「**保柏環球醫療計劃指南**」的手冊，適用於保險證書中註明適用於**您的醫療計劃**。該手冊將詳列各項適用於此**保單**的**治療**與保障，以及任何不受**保障項目**。若**您**（即**保單持有人**）為**受供養人**另外安排不同的**醫療計劃**，則**您**與對方將各有適用的「**保柏環球醫療計劃指南**」。
醫療計劃	**保柏環球**不定期提供的保險計劃。
海濱匯第 2 座 6 樓	中華人民共和國**香港**特別行政區。
醫院	指任何根據當地法律註冊或承認的**治療**中心，其主要功能包括進行大型**手術**或提供僅得由**專科醫生**提供的**治療**。
住院	入住**醫院**接受**治療**，因醫療原因須佔用床位留宿或更久。
不合資格的醫療從業人員、醫院或醫療機構	○ **您**在下述情況下接受某人或某地方的**治療**： 　○ 對於**您**需要接受**治療**的疾病、病症或受傷，有關地方當局不承認該等人士或地方具備提供**治療**的專業知識或專業技能；或 　○ **我們**已透過書面方式通知該等人士或地方，指**我們**不會支付其為在**我們醫療計劃**保障範圍內之任何人士提供的**治療**。**您**可以聯絡**我們**，以詳細了解**我們**向誰發出了書面通知，或前往 bupaglobal.com/en/facilities/finder 使用醫療機構搜尋工具 ○ **您**為自己提供的**治療** ○ 與**您**同住者為**您**提供的**治療** ○ **家庭成員**為**您**提供的**治療**
深切治療	**深切治療**包括：加護病房 (HDU)：提供較高程度醫療護理和監測的病房，例如用於單一器官系統衰竭等情況。深切護理部/**深切治療**部 (ITU/ICU)：提供最高程度護理的病房，例如用於多重器官衰竭或安裝插喉機械通氣等情況。心臟**深切治療**部 (CCU)：提供高等程度心臟監測的病房。特別嬰兒護理病房：提供最高程度嬰兒護理的病房。
醫療從業人員	就已知症狀提供**積極治療**的**專科醫生**、**醫生**、**心理學家**、**心理治療師**、**物理治療師**、**骨科醫生**、**脊醫**、**營養師**、**言語治療師**、**輔助治療師**或**治療師**。
具醫療必要性：	符合以下條件的**治療**、醫療服務或處方藥物： (a) 符合病症的診斷和**治療**； (b) 符合普遍接受的醫療實踐標準； (c) 進行診斷或**治療**為必需； (d) 並非為了方便受保人或**醫療從業人員**而進行
心理健康治療	精神狀態**治療**，包括飲食失調。
網絡	指**醫院**或類似設施，或是與**保柏環球**或**服務夥伴**簽訂有效協議以向**您**提供合格**治療**服務的**醫療從業人員**。
門診	在**醫院**、診症室、**醫生**診所或**門診**診所進行，無須佔用床位留宿或**日間留院**的**治療**。
誘導排卵治療	指包括以藥物刺激卵巢產生卵泡的**治療**，包括但不限於排卵藥及促性腺激素療法。

詞彙	說明
持續性植物人狀態	處於深度昏迷狀態，無感知或心智功能徵兆（縱使可自主睜眼及呼吸），對喚其名字、觸摸等刺激並無反應。此類狀態必須持續至少 4 週，且在嘗試減緩此類狀態的所有合理方法後，仍無改善徵兆。
物理治療師、骨科醫生及脊醫	此等從業人員必須受過完整訓練、具備合法資格，並於**治療**當地獲有關當局認可執業。
保單	**您**與**保柏環球**的保險合約，並列明於《條款及細則》第 1 條。
保單年度	本**保單**自保險證書首頁所列日期生效，效期為 12 個月，若本**保單續保**，效期則為**續保**日起的 12 個月期間。
保單持有人	申請所列的主要申請人，**保單持有人**將於保險證書中列為首位。
已存在病症	○ **您**在保障申請中已聲明，並在**您的**保險證書中列為「個人不受**保障項目**」的任何醫學情況；或 ○ 指**您**已接受藥物、**醫生**建議或**治療**的疾病、病症或受傷，或是**您**在成為受保人前，**您**沒有在申請保障中披露的相關症狀，不論是否有診斷出病症。 如果**我們**已接受**您**從另一項持續受保障的保險產品轉入本計劃，上述「保障申請」當視為**您**對先前的保險產品作出的原本保障申請。
職業運動	會員參與並獲得報酬的任何運動，不論是參與訓練或比賽。
預防性手術	指摘除並無疾病徵兆的器官或腺體，以預防該器官或腺體發展出疾病的**手術**。
心理學家及心理治療師	具備合法資格並於**治療**當地獲有關當局認可執業的人士。
合資格護士	目前於**治療**當地法定護士註冊機構護士名冊登記的護士。
一般合理	「**一般合理**」指在特定地區接受由質素及經驗相若的醫療服務提供者所提供的某項**治療**、程序或服務應付的「通常」或「已接受標準」金額。
認可註冊的醫療從業人員、醫院或醫療機構	任何並非不合資格**醫療從業人員**、**醫院**或醫療機構的醫療服務提供人員。
復康治療（跨專業復康治療）	指於急性事件（例如中風）後，為恢復完整功能，以合併療法（例如物理、職能及言語**治療**）形式實施的**治療**。
續保	**您**加入**醫療計劃**之週年日。
急性重病	指因突然發病、病症或受傷而產生病徵或症狀，根據主診**專科醫生**及**我們的**醫學顧問合理判斷而必須立即接受**治療**的；通常若不在發病後 24 小時內接受**治療**，將對健康造成嚴重危險。
服務夥伴	代表**保柏環球**提供服務的公司或機構。這些服務可能包括當地醫療設施的地點。
專科醫生	符合以下條件的外科**醫生**、麻醉師或**醫生**：於經認可的醫學院完成醫學課程，具備執行醫療業務或**手術**的合法資格，並於**治療**當地獲有關當局認可，為在**治療**的疾病、病症或受傷領域或專業具有專科資格。經認可的醫學院是指世界醫學院名錄（由世界衛生組織不定期出版）
指定國籍國	**您**在申請表中所指定，或以書面通知**我們**（以較晚提供者為準）的國籍國。
指定居住國	**您**在申請表所指定並顯示於保險證書，或以書面通知**我們**（以較晚提供者為準）的居住國。**您**指定的國家必須是有關當局（例如稅務局）在本**保單**期內視**您**為居民的國家。
言語治療師	必須受過完整訓練、具備合法資格，並於**治療**當地獲有關當局認可執業。

詞彙	說明
手術	涉及將器械或設備插入體內的醫療程序。不適用於小型外科**手術**（如除肉瘤**手術**）。
治療師	具備合法資格，並於**治療**當地獲有關當局認可執業的職業**治療師**或視覺矯正**治療師**。
-治療	用於診斷、紓緩或治癒病況、疾病、病症或受傷所需的**手術**或醫療服務（包括**診斷檢查**）。
我們/我們的	**保柏環球**
身為保單持有人的您	即指**保單持有人**。
您/您的	**保單持有人**及/或**受供養人**。

一般服務：
+852 2531 8503
Service.HK@bupaglobal.com
如需獲取預授權：
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其他地區：
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您的來電可能會被錄音或監聽。

保柏（亞洲）有限公司
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海濱匯第 2 座 6 樓

本保險計劃由保柏（亞洲）有限公司承保，並由保柏環球管理。保柏環球為保柏（亞洲）有限公司用於國際私人醫療保險產品和服務範圍的業務名稱。

保柏（亞洲）有限公司獲香港保險業監管局授權，並受其監管。本文件不應視為在香港境外任何保險計劃的銷售要約、招攬購買或條文。

保柏環球為您提供
個人及團體環球醫療保險計劃
緊急援助、醫療運送和運返保障
並設有 24 小時多語種服務熱線的環球醫療計劃

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