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## 自選保障之保單 及保障資料

## Policy and Benefit Information for Optional Benefits

# 保柏靈活配自願醫保計劃

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## 自選保障條款及細則

### 1. 一般條文

- (a) 自選保障的條款及細則（「**自選保障條文**」）附於**保柏靈活配自願醫保計劃保單**，並屬當中一部分。**自選保障條文**為自選保障，不屬**認可產品**。
- (b) 本**自選保障條文**所列明的保障賠償，僅適用於支付額外保費選用自選保障的**保單持有人**及／或**受保人**，並且有關保障已載於**保單資料頁**。
- (c) 除本**自選保障條文**列明不適用者外，**認可產品**內的所有**條款及保障**均為適用，並且具十足效力及作用。倘若**條款及保障**下任何適用的不保事項與**自選保障條文**內所明確列明的保障有任何抵觸，概以**自選保障條文**的條款為準以解決有關不一致之處。為免存疑，下列不保事項不適用於本**自選保障條文** -
- (i) **條款及保障**第七部分第1及第6節所述的一般不保事項，不適用於以下第3節及第4節所述的保障；
  - (ii) **條款及保障**第七部分第7節所述的一般不保事項，不適用於以下第3節所述的保障；
  - (iii) **條款及保障**第七部分第8節所述的一般不保事項，不適用於以下第2(h)節、第2(i)節及第4節所述的保障；
  - (iv) **條款及保障**第七部分第10節所述的一般不保事項，不適用於以下第2(f)節、第2(g)節、第2(h)節及第2(i)節所述的保障；及
  - (v) **條款及保障**第七部分第12節所述的一般不保事項，不適用於以下第2(h)節及第2(i)節所述的保障。
- (d) 除另行釋義外，本**自選保障條文**內以斜體標註的詞彙需以**條款及保障**第八部分及下述第5節所載涵意詮釋。
- (e) 按**條款及保障**及本**自選保障條文**，**本公司**將按下述第2至4節所列明的保障項目，賠償**合理及慣常**的費用。可賠償費用不會超過所接受服務的實際開支。
- (f) 倘**本公司**向**保單持有人**或**受保人**賠償任何費用，該金額超出**自選保障表**所列明適用的最高賠償限額；或不符合**保單**的保障，則**保單持有人**及／或**受保人**須於收到**本公司**發票起十四(14)日內，悉數賠償**本公司**有關不受保費用。
- (g) 按本**自選保障條文**所列明保障應支付的任何保費，將不享有**條款及保障補充文件二**所列明之任何折扣，亦不符合稅務扣減的資格。

### 2. 門診保障

本第2節所列明門診保障只供已選擇**條款及保障補充文件一**升級保障之**保單持有人**投保。本第2節的賠償保障，受**自選保障表**內列明的最高賠償限額及診治次數上限所規限。

- (a) 普通科醫生  
本保障將賠償**受保人**到**註冊醫生**診所接受**註冊醫生**門診診治時，**註冊醫生**所收取的診症費及基本**醫療所需西藥**費用（僅限網絡保障）。  
  
本保障將賠償視像診症服務供應商由**註冊醫生**進行的醫療診症服務的診症費及由視像診症服務供應商的**註冊醫生**處方並於其診所取得的基本**醫療所需西藥**費用（僅限網絡保障）。本保障亦涵蓋指定的視像診症服務供應商的藥物運送費用。網絡保障下指定視像診症服務供應商名單可於**本公司**的網站查閱。**本公司**會不時更新及修訂此名單。
- (b) 專科醫生  
本保障將賠償**受保人**經主診**註冊醫生**書面建議（皮膚科、家庭醫學科、婦科、眼科、骨科、耳鼻喉科、小兒外科、兒科及精神科除外），到**專科醫生**診所接受**專科醫生**門診診治時，**專科醫生**所收取的診症費及基本**醫療所需西藥**費用（僅限網絡保障）。  
  
本保障將賠償於**非網絡保障**下視像診症服務供應商由**專科醫生**進行的醫療診症服務的診症費。為免存疑，**受保人**須自行承擔任何藥物運送費用，本保障將不會支付此類費用。
- (c) 家中應診  
本保障將賠償主診**註冊醫生**到**受保人**家中診症時，**註冊醫生**所收取的診症費。
- (d) 物理治療師  
本保障將賠償**受保人**經主診**註冊醫生**書面建議，接受**物理治療師**門診診治時，**物理治療師**所收取的診症費。
- (e) 脊醫  
本保障將賠償**受保人**經主診**註冊醫生**書面建議，接受**脊醫**門診診治時，**脊醫**所收取的診症費。
- (f) 中醫師  
倘**受保人**到**註冊中醫師**診所接受**註冊中醫師**門診診治，本保障將賠償**受保人**該次就醫的診症費，以及該中醫師於診症同日所處方、**受保人**由合法來源取得之基本**醫療所需中藥**費用。本保障將支付**受保人**於**非網絡保障**下由**註冊中醫師**處方並由合法來源（不論是否於該**註冊中醫師**的門診診所）取得之基本**醫療所需中藥**費用。本保障亦會賠償**非網絡保障**之**註冊中醫師**的門診針灸治療及推拿費用。  
  
本保障將賠償視像診症服務供應商由**註冊中醫師**進行的醫療診症服務的診症費及由視像診症服務供應商的**註冊中醫師**處方並於其診所取得的基本**醫療所需中藥**費用。本保障亦涵蓋指定的視像診症服務供應商的藥物運送費用。為免存疑，**受保人**須自行承擔任何煎藥費用，本保障將不會支付此類費用。網絡保障下指定視像診症服務供應商名單可於**本公司**的網站查閱。**本公司**會不時更新及修訂此名單。
- (g) 跌打醫師  
倘**受保人**到**註冊中醫師**診所接受**註冊中醫師**門診跌打治療，本保障將賠償**受保人**該次就醫的診症費，以及該中醫師於診症同日所處方、**受保人**由合法來源取得之基本**醫療所需中藥**費用。本保障將支付**受保人**於**非網絡保障**下由**註冊中醫師**處方並由合法來源（不論是否於該**註冊中醫師**的門診診所）取得之基本**醫療所需中藥**費用。本保障亦會賠償**非網絡保障**之**註冊中醫師**的門診針灸治療及推拿費用。
- (h) 精神科相關治療  
本保障將賠償**受保人**到**註冊醫生**診所或**註冊中醫師**診所，接受關於精神、心理、情緒或行為症狀、認知障礙症（包括阿茲海默氏症）和帕金遜病的門診診治。本保障將支付該次就醫時，接受由**註冊醫生**提供的診症、**醫療所需西藥**、診斷成像檢測及化驗或由**註冊中醫師**提供的診症、**中藥**、針灸治療、只限X光及化驗所招致的醫療費用。

為免存疑，若本保障所賠償的費用亦受保於本第2節所列明的其他保障項目，則有關費用將只會根據本第2(h)節單獨獲得賠償，而不會根據本第2節其他保障項目獲得任何賠償。儘管與**條款及保障**第七部分所述的一般不保事項有任何不一致，本保障亦會賠償因**先天性疾**

病及懷孕（包括其併發症）所引致的精神、心理或行為症狀；然而，所有因濫用藥物及酗酒引致或與其相關的所有症狀或疾病一律明確地不會獲得賠償。

- (i) 臨床心理輔導  
倘若**受保人**經主診**精神科醫生**書面建議，到**心理學家**診所接受關於精神、心理、情緒或行為症狀的門診診治，本保障將支付**受保人**該次就醫接受臨床心理輔導時，**心理學家**所收取的心理輔導費。

儘管與**條款及保障**第七部分所述的一般不保事項有任何不一致，本保障亦會賠償因**先天性疾病**及懷孕（包括其併發症）所引致的精神、心理或行為症狀；然而，所有因濫用藥物及酗酒引致或與其相關的所有症狀及疾病一律明確地不會獲得賠償。

- (j) 診斷成像及化驗  
本保障將賠償**受保人**接受門診診斷檢測時的成像或化驗費。檢驗必須與病徵或診斷相符，並經主診**註冊醫生**書面建議之所有診斷成像檢測及化驗或**註冊中醫師**或**脊醫**書面建議只限X光及化驗。
- (k) 處方西藥  
本保障將賠償**受保人**經**註冊醫生**處方並由合法來源取得之**醫療所需西藥**費用。

本保障將支付經由視像診症服務供應商之**註冊醫生**或**專科醫生**處方並於其診所取得的**醫療所需西藥**費用。為免存疑，**受保人**須自行承擔任何藥物運送費用，本保障將不會支付此類費用。

### 3. 牙科保障

如符合下列條款，本第3節賠償額將等於下列服務所收取的實際費用，惟不可超出**自選保障表**內所列明的適用最高賠償限額及診治次數上限。

牙科保障將賠償**受保人**於**網絡牙科中心**接受所需**註冊牙醫**治療或**註冊牙齒衛生員**洗牙時，就受保牙科服務項目而招致的費用，惟不可超出**自選保障表**內列明的最高賠償限額。如在非**網絡牙科中心**接受治療，所有合資格牙科費用賠償均不可超出**自選保障表**內列明的非**網絡牙科中心**保障最高賠償限額。

### 4. 產科保障

- (a) 如符合本第4節條文及受限於**自選保障表**內列明的適用最高賠償限額，產科保障將賠償**註冊醫生**所收取的以下費用 -
- (i) 就**住院**期間有關懷孕或相關狀況的**醫療服務**而收取的**合資格費用**；
  - (ii) 為產前產後護理接受**註冊醫生**任何因懷孕而招致的診症、產前產後檢查、診斷檢測及處方**醫療所需西藥**之費用；及
  - (iii) **住院**期間因新生嬰兒護理而招致的費用。
- (b) 產科保障按懷孕所選分娩方式或最終手術而賠償。順產保障及剖腹生產保障賠償不可超出**自選保障表**內分別列明的順產及剖腹生產最高賠償限額。倘因流產、經**註冊醫生**建議而墮胎或因懷孕併發症令懷孕中止，將按**自選保障表**內列明的流產保障作賠償。
- (c) 本第4節所列明之保障，僅賠償於本產科保障生效日後受孕所招致的費用。除下列第4(d)節及4(e)節所述之外，本保障並不會賠償由本產科保障生效日起首九(9)個月等候期內的費用。
- 為免存疑，儘管懷孕期間橫跨多於一個**保單年度**，此保障將根據每次懷孕的最高賠償限額作出賠償。有關費用所產生的日期必須於本保障仍然生效的**保單年度**之內，本保障方會作出賠償。
- (d) 倘若因為終止懷孕或早產（妊娠二十(20)至三十七(37)週之間的分娩），本產科保障將不會應用以上本第4(c)節的九(9)個月等候期而作賠償，惟**受保人**必須於本產科保障生效日後受孕。
- 為免存疑，若**受保人**於妊娠三十七(37)週後但於九(9)個月等候期內分娩，將不獲此產科保障賠償。
- (e) 倘若已過九(9)個月等候期後而招致的合資格醫療費用已作賠償，而分娩後就相關懷孕的賠償限額尚有餘額，則**本公司**將根據分娩方式的最高賠償限額，亦會就九(9)個月的等候期內招致的合資格醫療費用作出賠償。
- (f) 產科保障並不賠償**住院**期間因新生嬰兒任何疾病或受傷而招致的任何醫療費用。
- (g) 無論如何，產科保障均不會賠償向**醫院**或**註冊醫生**預繳分娩套餐的費用，本第4節所列所有保障均須於所有治療已提供後，方會獲得賠償。
- (h) 為免存疑，本保障不會賠償所有因懷孕（包括其併發症）所引致或與其相關的任何精神、心理、情緒或行為症狀及疾病。

### 5. 釋義

本**自選保障表**條文中使用的字詞及表述必須按照以下所述解釋 -

「**自選保障表**」 是指自選保障條款及細則所附的保障表，當中必須列明所涵蓋的保障項目及最高賠償限額。

「**脊醫**」 是指符合以下資格的脊醫 -

- (a) 具有正式資格並已按香港法例第428章《脊醫註冊條例》在香港脊醫管理局註冊，或在**香港**境外的司法管轄區內由**本公司**絕對真誠及合理地認為具有同等效力的團體註冊；及
- (b) 在**香港**或**香港**境外的司法管轄區，經當地法例許可向**受保人**提供脊醫治療或服務，

下列人士在任何情況下均不得包括在內 - **受保人**、**保單持有人**、保險中介人、或**保單持有人**及/或**受保人**的僱主、僱員、直系親屬或業務夥伴（除非事先經**本公司**的書面批准）。若該脊醫未能按**香港**法例或在**香港**以外的司法管轄區具有同等效力的團體註冊（由**本公司**絕對真誠及合理地決定），**本公司**必須作出合理的判斷，以決定該脊醫是否仍被視為符合資格及已註冊。

「**網絡牙科中心**」 是指由**本公司**委任的牙科服務供應商的資料目錄，並提供**自選保障表**所列明受保牙科服務項目。此目錄由**本公司**以印刷本或電子版提供並不時進行修訂。

- 「**非網絡保障**」 是指 **自選保障表** 所述屬 **非網絡保障** 的保障。
- 「**物理治療師**」 是指符合以下資格的物理治療師 -
- (a) 具有正式資格並已按香港法例第 359 章《輔助醫療業條例》在香港輔助醫療業管理局註冊，或在 **香港** 境外的司法管轄區內由 **本公司** 絕對真誠及合理地認為具有同等效力的團體註冊；及
- (b) 在 **香港** 或 **香港** 境外的司法管轄區，經當地法例許可向 **受保人** 提供物理治療或服務，
- 下列人士在任何情況下均不得包括在內 - **受保人**、**保單持有人**、保險中介人、或 **保單持有人** 及/或 **受保人** 的僱主、僱員、直系親屬或業務夥伴（除非事先經 **本公司** 的書面批准）。若該治療師未能按 **香港** 法例或在 **香港** 以外的司法管轄區具有同等效力的團體註冊（由 **本公司** 絕對真誠及合理地決定），**本公司** 必須作出合理的判斷，以決定該治療師是否仍被視為符合資格及已註冊。
- 「**精神科醫生**」 是指符合以下資格的精神科醫生 -
- (a) 具有正式資格並已按香港法例第 161 章《醫療註冊條例》在香港醫務委員會註冊，或在 **香港** 境外的司法管轄區內由 **本公司** 絕對真誠及合理地認為具有同等效力的團體註冊；及
- (b) 在 **香港** 或 **香港** 境外的司法管轄區，經當地法例許可向 **受保人** 提供精神科治療或服務，
- 下列人士在任何情況下均不得包括在內 - **受保人**、**保單持有人**、保險中介人、或 **保單持有人** 及/或 **受保人** 的僱主、僱員、直系親屬或業務夥伴（除非事先經 **本公司** 的書面批准）。若該醫生未能按 **香港** 法例或在 **香港** 以外的司法管轄區具有同等效力的團體註冊（由 **本公司** 絕對真誠及合理地決定），**本公司** 必須作出合理的判斷，以決定該醫生是否仍被視為符合資格及已註冊。
- 「**心理學家**」 是指符合以下資格的心理學家 -
- (a) 於獲取心理學學位後，具有正式資格從事情緒及行為失調予以評估及提供服務，並擁有最少等同香港心理學會下的註冊心理學家資格；及
- (b) 在 **香港** 或 **香港** 境外的司法管轄區，經當地法例許可向 **受保人** 提供臨床心理輔導或服務，
- 下列人士在任何情況下均不得包括在內 - **受保人**、**保單持有人**、保險中介人、或 **保單持有人** 及/或 **受保人** 的僱主、僱員、直系親屬或業務夥伴（除非事先經 **本公司** 的書面批准）。若該醫生未能按 **香港** 法例或在 **香港** 以外的司法管轄區具有同等效力的團體註冊（由 **本公司** 絕對真誠及合理地決定），**本公司** 必須作出合理的判斷，以決定該心理學家是否仍被視為符合資格及已註冊。
- 「**註冊牙齒衛生員**」 是指符合以下資格的牙齒衛生員 -
- (a) 具有正式資格並已按香港法例第 156 章，附屬法例 B《牙科輔助人員（牙齒衛生員）規例》在香港牙齒衛生員協會註冊，或在 **香港** 境外的司法管轄區內由 **本公司** 絕對真誠及合理地認為具有同等效力的團體註冊；及
- (b) 在 **香港** 或 **香港** 境外的司法管轄區，經當地法例許可向 **受保人** 提供牙科服務，
- 下列人士在任何情況下均不得包括在內 - **受保人**、**保單持有人**、保險中介人、或 **保單持有人** 及/或 **受保人** 的僱主、僱員、直系親屬或業務夥伴（除非事先經 **本公司** 的書面批准）。若該牙齒衛生員未能按 **香港** 法例或在 **香港** 以外的司法管轄區具有同等效力的團體註冊（由 **本公司** 絕對真誠及合理地決定），**本公司** 必須作出合理的判斷，以決定該牙齒衛生員是否仍被視為符合資格及已註冊。
- 「**註冊牙醫**」 是指符合以下資格的牙醫 -
- (a) 具有正式資格並已按香港法例第 156 章《牙醫註冊條例》在香港牙醫管理委員會註冊，或在 **香港** 境外的司法管轄區內由 **本公司** 絕對真誠及合理地認為具有同等效力的團體註冊；及
- (b) 在 **香港** 或 **香港** 境外的司法管轄區，經當地法例許可向 **受保人** 提供牙科治療或服務，
- 下列人士在任何情況下均不得包括在內 - **受保人**、**保單持有人**、保險中介人、或 **保單持有人** 及/或 **受保人** 的僱主、僱員、直系親屬或業務夥伴（除非事先經 **本公司** 的書面批准）。若該牙醫未能按 **香港** 法例或在 **香港** 以外的司法管轄區具有同等效力的團體註冊（由 **本公司** 絕對真誠及合理地決定），**本公司** 必須作出合理的判斷，以決定該牙醫是否仍被視為符合資格及已註冊。
- 「**西藥**」 是指已按法例在香港衛生署藥劑事務部或於招致西藥及外科服務費用的任何其他地方內在同等法定機構註冊的藥物。

自選保障表

賠償限額 (港元)

1	門診保障 <sup>(6)</sup> (只供已選擇升級保障之人士投保)	網絡保障 <sup>(1)</sup>	非網絡保障
	<b>保柏尚健特選服務供應商數目<sup>(2)</sup></b>	約 1,800	不適用
a	普通科醫生	全數賠償 (包括診症費及最多 5 日之 基本 <b>醫療所需西藥</b> 費用)	每次診治 \$340 (只限診症費)
b	<b>專科醫生<sup>(3)</sup></b> ◦須獲 <b>註冊醫生</b> 書面轉介, 皮膚科、家庭醫學科、 婦科、眼科、骨科、耳鼻喉科、小兒外科、兒科 及精神科除外		每次診治 \$640 (只限診症費)
c	家中應診	不適用	每次診治 \$760 (只限診症費)
d	<b>物理治療師<sup>(5)</sup></b> ◦須獲 <b>註冊醫生</b> 書面轉介	全數賠償 (只限診療費)	每次診治 \$630 (只限診療費)
e	<b>脊醫<sup>(3)</sup></b> ◦須獲 <b>註冊醫生</b> 書面轉介	不適用	
f	中醫師	全數賠償 (包括診症費及最多兩劑之基本 <b>中藥</b> 費用)	每次診治 \$350 (包括診症費、基本 <b>中藥</b> 費用、針灸治療及推拿; 亦 支付由註冊中醫師處方並由合法來源 (不論是否於 該註冊中醫師的門診診所) 取得之醫療必需中藥費 用)
g	跌打醫師		
h	精神科相關治療 <sup>(4)</sup>	不適用	每次診治 \$550 (包括診症費、 <b>醫療所需西藥</b> 、 <b>中藥</b> 、針灸治療、 診斷成像及化驗)
i	臨床心理輔導 <sup>(3)</sup> ◦須獲 <b>精神科醫生</b> 書面轉介	不適用	每次診治 \$550
j	診斷成像及化驗 <sup>(3)</sup> ◦須獲 <b>註冊醫生</b> (適用於所有診斷成像及化驗) 或 <b>註冊中醫師</b> 或 <b>脊醫<sup>(5)</sup></b> 只適用於 X 光及化驗) 書面轉介	全數賠償	每 <b>保單年度</b> \$5,200
k	處方 <b>西藥</b>	每 <b>保單年度</b> \$5,200 (經由 <b>註冊醫生</b> 處方並由合法來源取得之 <b>醫療所需西藥</b> 費用)	

以網絡保障及非網絡保障合計, 每 **保單年度** 有關項目(a) - (i)之診治次數上限合共為 30 次, 其中項目(f) - (g)之診治次數上限合共為每 **保單年度** 20 次, 而項目(h) - (i)之診治次數上限則合共為每 **保單年度** 10 次, 每一項目以每日最多一次為限。

註解

- 有關門診保障之網絡保障
  - 每名已投保門診保障之合資格**受保人**均會獲發一張**保柏尚健卡**。**受保人**可使用**保柏尚健卡**享用全數賠償服務, 惟必須依循以下的所有規定 -
    - 你的門診治療必須由**保柏尚健特選服務供應商** 提供及於其診所內進行;
    - 專科醫生**診症 (皮膚科、家庭醫學科、婦科、眼科、骨科、耳鼻喉科、小兒外科、兒科及精神科除外) 及物理治療必須經**註冊醫生**轉介;
    - 必須按**本公司**供應商指引之要求向**本公司**取得初步保障審核確認, 方可享用診斷成像及化驗之全數賠償 (有關初步保障審核之步驟, 請參閱會員指引); 及
    - 請在求診登記時出示你的**保柏尚健卡**, 並以此卡繳付醫療費用。
  - 如沒有依循以上第(i)節的所有規定, 你的合資格醫療費用將於**非網絡保障**下作出賠償。你須先直接向供應商繳付醫療費用, 然後向**本公司**申請索償。
- 有關**保柏尚健特選服務供應商**  
請登入**本公司**的客戶服務網站 myBupa 查閱最新的**保柏尚健特選服務供應商**名單。此名單會不時更改。
- 於轉介信發出日起計 6 個月內, 可就相同或相關病症使用該轉介信。若須診治全新或不相關的病症, 則須提交新的轉介信。
- 此保障適用於精神、心理、情緒或行為症狀、認知障礙症 (包括阿茲海默氏症) 及帕金森病的門診診治 (因濫用藥物及酗酒而引致或相關的症狀或疾病除外)。若此保障下的費用亦同時受保於門診保障下的其他項目, 有關費用只可獲此項目(h)的賠償, 而不會獲得其他項目之賠償。
- 部分診斷影像中心或不接受由**註冊中醫師**及/或**脊醫**轉介的某些 X 光及化驗。如有疑問, 請直接聯絡有關中心。
- 門診保障下的普通科醫生、**專科醫生**及中醫師亦涵蓋視像診症服務供應商由普通科醫生、**專科醫生**及中醫師進行的醫療診症服務的診症費。此保障亦涵蓋由指定視像診症服務供應商的藥物運送費用 (只包括普通科醫生及中醫師)。指定的視像診症服務供應商名單可於**本公司**的網站查閱, 此名單可能會不時更改及更新。

賠償限額 (港元)

2	牙科保障 (只適用於年齡介乎 15 日至 80 歲之受保人)	網絡牙科中心保障		非網絡牙科中心保障	
		計劃 A	計劃 B	計劃 A	計劃 B
	<b>網絡牙科中心數目<sup>(7)</sup></b>	12		不適用	
	適用範圍	只適用於在 <b>網絡牙科中心<sup>(7)</sup></b> 診症時間以內由 <b>註冊牙醫</b> (所有適用項目) 或 <b>註冊牙齒衛生員</b> (只適用於項目(a)) 進行的合資格牙科服務		適用於在 <b>網絡牙科中心</b> 以外由 <b>註冊牙醫</b> (所有適用項目) 或 <b>註冊牙齒衛生員</b> (只適用於項目(a)) 進行的合資格牙科服務。所有合資格牙科費用將以下列的賠償限額為限。請先直接向牙科服務供應商支付費用, 然後再向 <b>本公司</b> 申請索償	
	賠償率	不適用		100%	100%
a	洗牙	每 <b>保單年度</b> 共一次	每 <b>保單年度</b> 共兩次	每 <b>保單年度</b> \$300	每 <b>保單年度</b> \$500
b	定期口腔檢查				
c	口腔 X 光及藥物	全數賠償 <sup>(8)</sup>			
d	補牙及脫牙	全數賠償 <sup>(8)</sup> (只適用於蛀牙或患嚴重牙周病之牙齒之大牙 (銀粉) 或門牙 (瓷粉) 補牙。脫除智慧齒、複雜脫牙、口腔手術脫除牙腳、需移走牙骨或牙齒、任何口腔手術或因矯正牙齒而脫牙將不包括在保障內)			
e	牙周病治療	全數賠償 <sup>(8)</sup> (只限由普通科 <b>註冊牙醫</b> 進行之輕微至中度的牙周病治療, 包括清洗牙周袋內的牙菌膜及牙根刮治等牙科治療)			
f	牙痛急症處理	全數賠償 <sup>(8)</sup> (只適用於緊急牙痛舒緩(包括敷料及藥物)、膿瘡切割及排放)			

註解

- (7) **網絡牙科中心**指由本公司委任的牙科中心網絡以提供自選保障表上**網絡牙科中心**保障所列的牙科服務項目。**網絡牙科中心**地點包括金鐘、銅鑼灣、鰂魚涌、尖沙咀、將軍澳、沙田、青衣、東涌等。請登入本公司之客戶服務網站 myBupa 查閱最新的牙科中心地址。此名單會不時更改。有關診症時間請向個別**網絡牙科中心**查詢。
- (8) 要享有全數賠償的**網絡牙科中心**保障：
- (i) **受保人**必須於指定**網絡牙科中心**出示保柏會員卡、醫療卡或保單號碼，及香港身份證以作核實及紀錄便可使用免找數服務。如**受保人**直接向**網絡牙科中心**繳付費用，合資格的索償將根據非**網絡牙科中心**保障作出賠償，並以賠償限額為限。
- (ii) 每保單年度**網絡牙科中心**保障下項目(c) - (f)的診治次數不設上限。

賠償限額 (港元)

3	產科保障 (只適用於年齡介乎 18 至 49 歲之女性受保人)	尊尚 / 升級尊尚	智選 / 升級智選	基本 / 升級基本
a	順產	每次懷孕 \$42,960	每次懷孕 \$29,230	每次懷孕 \$18,420
b	剖腹生產	每次懷孕 \$64,440	每次懷孕 \$43,850	每次懷孕 \$27,630
c	流產	每次懷孕 \$21,480	每次懷孕 \$14,620	每次懷孕 \$9,210
	<ul style="list-style-type: none"><li>產科保障將支付因懷孕引致之醫療費用，包括<b>醫院住院</b>、<b>註冊醫生</b>診症及處方的<b>西藥</b>、診斷化驗、產前檢查及產後檢查，以及初生嬰兒護理費用。</li><li>此保障不包括初生嬰兒在<b>醫院住院</b>期間之任何醫療費用，或任何因懷孕而引致或相關的精神科、心理、情緒或行為問題之治療。</li><li><b>受保人</b>必須於本保障生效日之後受孕方可獲得賠償，首九(9)個月等候期內不會獲得賠償。倘若因為終止懷孕或早產(妊娠 20 至 37 週之間的分娩)，此產科保障將不會應用 9 個月等候期而作賠償，惟<b>受保人</b>必須於此產科保障生效日後受孕。為免存疑，若<b>受保人</b>於妊娠 37 週後但於 9 個月等候期內分娩，將不獲此產科保障賠償。</li><li>所有因懷孕或產科相關的醫療費用僅在本產科保障獲得賠償，並不會於<b>認可產品</b>或其他自選保障下獲得賠償(與產科相關的精神科狀況並受<b>認可產品</b>及/或門診保障有關項目覆蓋則除外)。</li></ul>			

# **Bupa MyFlexi VHIS Plan**

**(1 April 2024 Edition)**

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## Terms and Conditions for Optional Benefits

### 1. General provisions

- (a) The terms and conditions for optional benefits (“Optional Benefit Provisions”) is attached to and forms part of the Policy of Bupa MyFlexi VHIS Plan. The Optional Benefit Provisions are optional benefits and do not form part of the Certified Plan.
- (b) Benefits payable under this Optional Benefit Provisions are only applicable to a Policy Holder and/or Insured Person who has opted for the optional benefit by payment of additional premium and the relevant benefit is shown on the Policy Schedule.
- (c) Except as otherwise specified in this Optional Benefit Provisions, all Terms and Benefits applied to the Certified Plan shall have full force and effect. To the extent that any exclusion applied to the Terms and Benefits is inconsistent with the benefits expressly provided in the Optional Benefit Provisions, the provisions in the Optional Benefit Provisions shall prevail to resolve such inconsistency. For the avoidance of doubt, the following exclusions do not apply to the benefits covered under this Optional Benefit Provisions –
  - (i) Sections 1 and 6 of the general exclusions under Part 7 of the Terms and Benefits do not apply to the benefits payable under Sections 3 and 4 below;
  - (ii) Section 7 of the general exclusions under Part 7 of the Terms and Benefits does not apply to the benefits payable under Section 3 below;
  - (iii) Section 8 of the general exclusions under Part 7 of the Terms and Benefits does not apply to the benefits payable under Sections 2(h) and 2(i) and Section 4 below;
  - (iv) Section 10 of the general exclusions under Part 7 of the Terms and Benefits does not apply to the benefits payable under Sections 2(f), 2(g), 2(h) and 2(i) below; and
  - (v) Section 12 of the general exclusions under Part 7 of the Terms and Benefits does not apply to the benefits payable under Sections 2(h) and 2(i) below.
- (d) Unless otherwise defined, capitalised terms used in this Optional Benefit Provisions shall have the meanings ascribed to them under Part 8 of the Terms and Benefits and Section 5 below.
- (e) Subject to the Terms and Benefits and this Optional Benefit Provisions, the Company shall reimburse the expenses which are Reasonable and Customary in accordance with the benefit items set out in Sections 2 to 4 below. The amount of expenses payable shall not exceed the actual costs of the services provided.
- (f) If the Company reimburses the Policy Holder or Insured Person for any expense which has exceeded the applicable maximum limits under the Benefit Schedule of Optional Benefits; or is not eligible under the Policy, the Policy Holder and/or the Insured Person shall reimburse the Company in full for these ineligible expenses within fourteen (14) days of receipt of an invoice from the Company.
- (g) Any premium paid in respect of the benefits under this Optional Benefit Provisions are not subject to any discount under Supplement 2 of the Terms and Benefits and will not be eligible for tax deduction.

### 2. Clinical benefit

Only if the Policy Holder has enrolled push the limit benefit under Supplement 1 of the Terms and Benefits can subscribe for the clinical benefit under this Section 2. The amount of expenses payable under this Section 2 shall be subject to the maximum limits and maximum number of visits as stated in Benefit Schedule of Optional Benefits.

- (a) **General practitioner**

This benefit shall be payable for the consultation fee and charges for basic Medically Necessary Western Medication (for network benefit only) charged by a Registered Medical Practitioner when the Insured Person is treated by a Registered Medical Practitioner on an outpatient basis at the Registered Medical Practitioner’s clinic.

This benefit shall be payable for the consultation fee charged by a Registered Medical Practitioner of a video consultation service provider and charges for basic Medically Necessary Western Medication (for network benefit only) prescribed by the Registered Medical Practitioner of the video consultation service provider and obtained at his clinic. This benefit shall also cover the medication delivery charge incurred by the designated video consultation service provider. The list of designated video consultation service providers under network benefit can be found at the Company’s website. The list may be updated and amended by the Company from time to time.
- (b) **Specialist**

This benefit shall be payable for the consultation fee and charges for basic Medically Necessary Western Medication (for network benefit only) charged by a Specialist when the Insured Person is treated by a Specialist on an outpatient basis at the Specialist’s clinic and such visit is recommended in writing by the attending Registered Medical Practitioner (except for dermatology, family medicine, gynaecology, ophthalmology, orthopaedics, otolaryngology, paediatric surgery, paediatrics and psychiatry).

This benefit shall be payable for the consultation fee charged by a Specialist of a video consultation service provider under Non-Network Benefit. For the avoidance of doubt, any medication delivery charge must be borne by the Insured Person and such fees shall not be payable under this benefit.
- (c) **Home consultation**

This benefit shall be payable for the consultation fee charged by a Registered Medical Practitioner when the Insured Person is treated by the attending Registered Medical Practitioner at the Insured Person’s home.
- (d) **Physiotherapist**

This benefit shall be payable for the treatment expense charged by a Physiotherapist when the Insured Person is treated by a Physiotherapist on an outpatient basis and such visit is recommended in writing by the attending Registered Medical Practitioner.

(e) Chiropractor  
This benefit shall be payable for the treatment expense charged by a Chiropractor when the Insured Person is treated by a Chiropractor on an outpatient basis and such visit is recommended in writing by the attending Registered Medical Practitioner.

(f) Chinese herbalist  
If the Insured Person is treated by a Registered Chinese Medicine Practitioner on an outpatient basis at the Registered Chinese Medicine Practitioner's clinic, this benefit shall be payable for the consultation fee and charges for basic Medically Necessary Chinese Medicines prescribed at the time of consultation by such practitioner and obtained at a legitimate source on the same day of consultation. This benefit shall be payable when the Insured Person incurs charges for basic Medically Necessary Chinese Medicines prescribed by a Registered Chinese Medicine Practitioner and obtained at a legitimate source (at or outside the treating Registered Chinese Medicine Practitioner's clinic) under Non-Network Benefit. This benefit shall also be payable for acupuncture and tui na performed by a Registered Chinese Medicine Practitioner on an out-patient basis under Non-Network Benefit.

This benefit shall be payable for the consultation fee charged by a Registered Chinese Medicine Practitioner of a video consultation service provider and charges for basic Medically Necessary Chinese Medicines prescribed by the Registered Chinese Medicine Practitioner of the video consultation service provider and obtained at his clinic. This benefit shall also cover the medication delivery charge incurred by the designated video consultation service provider. For the avoidance of doubt, any brewing charges must be borne by the Insured Person and such fees shall not be payable under this benefit. The list of designated video consultation service providers under network benefit can be found at the Company's website. The list may be updated and amended by the Company from time to time.

(g) Chinese bonesetter  
If the Insured Person is treated by a Registered Chinese Medicine Practitioner for bonesetting treatment on an outpatient basis at the Registered Chinese Medicine Practitioner's clinic, this benefit shall be payable for the consultation fee and charges for basic Medically Necessary Chinese Medicines prescribed at the time of consultation by such practitioner and obtained at a legitimate source on the same day of consultation. This benefit shall be payable when the Insured Person incurs charges for basic Medically Necessary Chinese Medicines prescribed by a Registered Chinese Medicine Practitioner and obtained at a legitimate source (at or outside the treating Registered Chinese Medicine Practitioner's clinic) under Non-Network Benefit. This benefit shall also be payable for acupuncture and tui na performed by a Registered Chinese Medicine Practitioner on an outpatient basis under Non-Network Benefit.

(h) Psychiatric-related treatments  
This benefit shall be payable if the Insured Person receives medical treatment for psychiatric, psychological, mental, or behavioural conditions, senile dementia (including Alzheimer's disease) and Parkinson's diseases at the clinics of Registered Medical Practitioner or Registered Chinese Medicine Practitioner on an outpatient basis. This benefit shall reimburse the medical expenses incurred at the time of consultation for consultation, Medically Necessary Western Medication, diagnostic imaging and laboratory tests prescribed by the Registered Medical Practitioner or consultation, Chinese Medicines, acupuncture, X-ray only and laboratory tests prescribed by the Registered Chinese Medicine Practitioner.

For the avoidance of doubt, if the expenses under this benefit are also covered under other benefit items under this Section 2, the expenses for such items shall be exclusively paid under this Section 2(h) and no benefit shall be payable under other benefit items of this Section 2. Notwithstanding anything to the contrary as stated under general exclusions of Part 7 of the Terms and Benefits, this benefit shall also cover psychiatric, psychological, mental, or behavioural conditions arising from Congenital Conditions and maternity conditions (including its complications) but all conditions caused by or related to drug abuse and alcoholism are expressly excluded.

(i) Psychological counselling  
If the Insured Person is treated by a Psychologist at his clinic on the account of psychiatric, psychological, mental, or behavioural conditions on an outpatient basis and such visit is recommended in writing by the attending Psychiatrist, this benefit shall be payable for the psychological counselling fee charged by the Psychologist for rendering psychological counselling treatment to the Insured Person.

Notwithstanding anything to the contrary as stated under general exclusions of Part 7 of the Terms and Benefits, this benefit shall also cover psychiatric, psychological, mental, or behavioural conditions arising from Congenital Conditions and maternity conditions (including their complications) but all conditions caused by or related to drug abuse and alcoholism are expressly excluded.

(j) Diagnostic imaging and laboratory tests  
This benefit shall be payable for the costs of imaging or laboratory examination when the Insured Person undergoes diagnostic tests on an outpatient basis. The examination must be consistent with the symptoms or diagnosis and subject to written recommendation from the attending Registered Medical Practitioner for all diagnostic imaging and laboratory tests or written recommendation from a Registered Chinese Medicine Practitioner or Chiropractor for X-ray only and laboratory tests.

(k) Prescribed Western Medication  
This benefit shall be payable for the costs of Medically Necessary Western Medication prescribed to the Insured Person by a Registered Medical Practitioner and obtained at a legitimate source.

This benefit shall also be payable for the Medically Necessary Western Medication prescribed by a Registered Medical Practitioner or Specialist of a video consultation service provider and obtained at his clinic. For the avoidance of doubt, any medication delivery charge must be borne by the Insured Person and such fees shall not be payable under this benefit.

### 3. Dental benefit

Subject to the terms below, the amount payable under this Section 3 shall be equal to the actual charges of such services described below subject to the applicable maximum limits and maximum number visits as shown in Benefit Schedule of Optional Benefits.

Dental benefit shall be payable when the Insured Person shall necessarily be treated by a Registered Dentist or a Registered Dental Hygienist for scaling and polishing only at the Network Dental Centre and incurs treatment fees in respect of the covered dental services items and subject to maximum limits as specified under the Benefit Schedule of Optional Benefits. If the treatment is not performed at the Network Dental Centre, all eligible dental expenses will be payable in accordance with the maximum limits under non-Network Dental Centre benefit of the Benefit Schedule of Optional Benefits.

### 4. Maternity benefit

- (a) Subject to the terms in this Section 4 and the applicable maximum limits as stated in Benefit Schedule of Optional Benefits, maternity benefit shall be payable for the following expenses charged by a Registered Medical Practitioner -
- (i) the Eligible Expenses charged on the Medical Services related to pregnancy or related condition during Confinement;
  - (ii) the charges for consultation, prenatal and postnatal check-up, diagnostic tests and prescribed Medically Necessary Western Medication incurred in any obstetric visit to a Registered Medical Practitioner for prenatal and postnatal care; and
  - (iii) the expenses incurred for newborn baby care during Confinement.
- (b) Maternity benefit shall be payable according to the delivery option or final procedure received for such pregnancy. Normal delivery benefit and caesarean section benefit shall be payable in accordance with the maximum limits under normal delivery and caesarean sections as stated in the Benefit Schedule of Optional Benefits respectively. If the pregnancy is terminated due to miscarriage, abortion advised by a Registered Medical Practitioner or complications of pregnancy, miscarriage benefit under the Benefit Schedule of Optional Benefits shall be payable.
- (c) The benefit under this Section 4 shall only be payable provided that the conception occurs after the commencement date of this maternity benefit. Except for the conditions set out in Sections 4(d) and 4(e) below, this benefit shall not be payable during the waiting period of first nine (9) months from the commencement date of this maternity benefit.

For the avoidance of doubt, the maximum benefit limits are applied on a per pregnancy basis notwithstanding that the pregnancy period may stretch across more than one Policy Year. The benefit shall only be payable when the relevant expenses incur date must fall within the Policy Year when this benefit is in force.

- (d) In the event of premature termination of pregnancy or premature birth (delivery that occurs between twenty (20) and thirty-seven (37) weeks of gestation), maternity benefit shall be payable without the application of the nine (9) months' waiting period as specified in this Section 4(c) above provided that the conception of such pregnancy occurs after the commencement date of this maternity benefit.

For the avoidance of doubt, if delivery is occurred after thirty-seven (37) weeks of gestation but within the nine (9) months' waiting period, this maternity benefit shall not be payable.

- (e) If the eligible medical expenses incurred after the nine (9) months' waiting period have been paid and there is a remaining balance of the benefit limit with respect of the relevant pregnancy after delivery, the Company shall also cover eligible medical expenses incurred during the nine (9) months' waiting period up to the maximum benefit limit according to the delivery option.
- (f) Maternity benefit shall not cover any medical expenses incurred by the newborn baby in respect of any illness or injury during Confinement.
- (g) In no event the maternity benefit shall be payable for a prepaid maternity package that requires advance payment to a Hospital or Registered Medical Practitioner and all benefits under this Section 4 shall only cover the charges after all treatments have been rendered.
- (h) For the avoidance of doubt, this benefit shall not be payable for any psychiatric, psychological, mental, or behavioural conditions arising from or in connection with maternity conditions (including its complications).

### 5. Definitions

Under this Optional Benefits Provisions, words and expressions used shall have the following meanings -

"Benefit Schedule of Optional Benefits" shall mean a schedule of benefit attached to the terms and conditions of optional benefit which sets out, among others, the benefit items and maximum benefits covered.

"Chiropractor" shall mean a chiropractor,  
(a) who is duly qualified and is registered with the Chiropractors Council of Hong Kong pursuant to Chiropractors Registration Ordinance (Cap. 428 of the Laws of Hong Kong) or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith); and  
(b) legally authorised for rendering chiropractor treatment or service in Hong Kong or the relevant jurisdiction outside Hong Kong where the treatment or service is provided to the Insured Person,

but in no circumstances shall include the following persons - the Insured Person, the Policy

Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder and/or the Insured Person (unless approved in advance by the Company in writing). If the chiropractor is not duly qualified or registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall exercise reasonable judgment to determine whether such practitioner shall nonetheless be considered qualified and registered.

“Network Dental Centre” shall mean the list of dental service providers appointed by the Company to provide the covered dental services items as specified under the Benefit Schedule of Optional Benefits. The particulars of these dental service providers are published by the Company in either print or digital format and shall be amended from time to time.

“Non-Network Benefit” shall mean the benefit referred to as a Non-Network Benefit in the Benefit Schedule of Optional Benefits.

“Physiotherapist” shall mean a physiotherapist,  
(a) who is duly qualified and is registered with the Supplementary Medical Professions Council of Hong Kong pursuant to Supplementary Medical Professions Ordinance (Cap. 359 of the Laws of Hong Kong) or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith); and  
(b) legally authorised for rendering physiotherapy treatment or service in Hong Kong or the relevant jurisdiction outside Hong Kong where the treatment or service is provided to the Insured Person,

but in no circumstances shall include the following persons – the Insured Person, the Policy Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder and/or the Insured Person (unless approved in advance by the Company in writing). If the physiotherapist is not duly qualified or registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall exercise reasonable judgment to determine whether such practitioner shall nonetheless be considered qualified and registered.

“Psychiatrist” shall mean a psychiatrist,  
(a) who is duly qualified and is registered with the Medical Council of Hong Kong pursuant to Medical Registration Ordinance (Cap. 161 of the Laws of Hong Kong) or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith); and  
(b) legally authorised for rendering psychiatric treatment or service in Hong Kong or the relevant jurisdiction outside Hong Kong where the treatment or service is provided to the Insured Person,

but in no circumstances shall include the following persons – the Insured Person, the Policy Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder and/or the Insured Person (unless approved in advance by the Company in writing). If the practitioner is not duly qualified or registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall exercise reasonable judgment to determine whether such practitioner shall nonetheless be considered qualified and registered.

“Psychologist” shall mean a psychologist,  
(a) who is duly qualified to practise as a clinical psychologist for rendering services for emotional and behavioural disorder following completion of a degree in psychology and has qualifications at least equivalent to those of a psychologist registered with the Hong Kong Psychological Society; and  
(b) legally authorised for rendering psychological counselling or service in Hong Kong or the relevant jurisdiction outside Hong Kong where the counselling or service is provided to the Insured Person.

but in no circumstances shall include the following persons – the Insured Person, the Policy Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder and/or the Insured Person (unless approved in advance by the Company in writing). If the practitioner is not duly qualified or registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall exercise reasonable judgment to determine whether such practitioner shall nonetheless be considered qualified and registered.

“Registered Dental Hygienist” shall mean a dental hygienist,  
(a) who is duly qualified and is registered with the Hong Kong Dental Hygienists’ Association pursuant to Ancillary Dental Workers (Dental Hygienists) Registrations (Cap. 156B of the Laws of Hong Kong) or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith); and

- (b) legally authorised for rendering dental services in Hong Kong or the relevant jurisdiction outside Hong Kong where the treatment or service is provided to the Insured Person,

but in no circumstances shall include the following persons - the Insured Person, the Policy Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder and/or the Insured Person (unless approved in advance by the Company in writing). If the dental hygienist is not duly qualified or registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall exercise reasonable judgment to determine whether such practitioner shall nonetheless be considered qualified and registered.

“Registered Dentist”

shall mean a dentist,

- (a) who is duly qualified and is registered with the Dental Council of Hong Kong pursuant to Dentists Registration Ordinance (Cap. 156 of the Laws of Hong Kong) or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith); and
- (b) legally authorised for rendering dental treatment or service in Hong Kong or the relevant jurisdiction outside Hong Kong where the treatment or service is provided to the Insured Person,

but in no circumstances shall include the following persons - the Insured Person, the Policy Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder and/or the Insured Person (unless approved in advance by the Company in writing). If the dentist is not duly qualified or registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall exercise reasonable judgment to determine whether such practitioner shall nonetheless be considered qualified and registered.

“Western Medication”

shall mean medication legally registered with the Pharmaceutical Service of Department of Health in Hong Kong or the equivalent legal authority of any other place where expenses are incurred to render western medicine and surgical services.

## Benefit Schedule of Optional Benefits

			<b>Benefit limit (in HKD)</b>	
1	<b>Clinical Benefit <sup>(6)</sup> (Only available for enrolment after selecting push the limit benefit)</b>	<b>Network benefit <sup>(1)</sup></b>	<b>Non-Network Benefit</b>	
	No. of Bupa HealthPlus Appointed Service Providers <sup>(2)</sup>	Around 1,800	N/A	
a	General practitioner	Full cover (Includes consultation fee and up to 5 days of basic Medically Necessary Western Medication)	\$340 per visit (Consultation fee only)	
b	Specialist <sup>(3)</sup> o Subject to written referral from a Registered Medical Practitioner, except for dermatology, family medicine, gynaecology, ophthalmology, orthopaedics, otolaryngology, paediatric surgery, paediatrics and psychiatry		\$640 per visit (Consultation fee only)	
c	Home consultation	N/A	\$760 per visit (Consultation fee only)	
d	Physiotherapist <sup>(3)</sup> o Subject to written referral from a Registered Medical Practitioner	Full cover (Treatment fee only)	\$630 per visit (Treatment fee only)	
e	Chiropractor <sup>(3)</sup> o Subject to written referral from a Registered Medical Practitioner	N/A		
f	Chinese herbalist	Full cover (Includes consultation fee and up to 2 packets of basic Chinese Medicines)	\$350 per visit (Includes consultation fee, basic Chinese Medicines, acupuncture and tui na; also payable for Medically Necessary Chinese Medicines prescribed by a Registered Chinese Medicine Practitioner and obtained at a legitimate source (at or outside the treating Registered Chinese Medicine Practitioner's clinic))	
g	Chinese bonesetter			
h	Psychiatric-related treatments <sup>(4)</sup>	N/A	\$550 per visit (Includes consultation fee, Medically Necessary Western Medication, Chinese Medicines, acupuncture, diagnostic imaging and laboratory tests)	
i	Psychological counselling <sup>(3)</sup> o Subject to written referral from a Psychiatrist	N/A	\$550 per visit	
j	Diagnostic imaging and laboratory tests <sup>(3)</sup> o Subject to written referral from a Registered Medical Practitioner for all diagnostic imaging and laboratory tests, or from a Registered Chinese Medicine Practitioner or Chiropractor <sup>(5)</sup> for X-ray only and laboratory tests	Full cover	\$5,200 per Policy Year	
k	Prescribed Western Medication	\$5,200 per Policy Year (Medically Necessary Western Medication prescribed by a Registered Medical Practitioner and obtained at a legitimate source)		
Maximum number of visits for both network benefit and Non-Network Benefit in aggregate per Policy Year for items (a) - (i) is 30 in total, with a sub-limit of 20 visits per Policy Year for items (f) - (g) and a sub-limit of 10 visits per Policy Year for item (h) - (i). Subject to a maximum of one visit per item per day.				

### Notes

- (1) About network benefit under Clinical Benefit
- (i) A BHP Card will be issued to every eligible Insured Person with Clinical Benefit. The Insured Person may use the BHP card to enjoy full cover under network benefit if all of the following requirements are fulfilled -
- Your clinical treatment must be performed by a Bupa HealthPlus Appointed Service Provider and carried out at their clinic(s);
  - Specialist consultation (except for dermatology, family medicine, gynaecology, ophthalmology, orthopaedics, otolaryngology, paediatric surgery, paediatrics and psychiatry) and physiotherapy must be referred by a Registered Medical Practitioner;
  - Pre-authorisation confirmation must be obtained from the Company as required by the Company's provider guidelines to enjoy full cover for diagnostic imaging and laboratory tests (Please refer to the membership guide for the pre-authorisation procedure); and
  - Please present your BHP Card upon registration for treatment and use it to pay the medical expenses.
- (ii) If the requirements in (i) above are not fully satisfied, your claims, if eligible, will be reimbursed under Non-Network Benefit. You are required to pay the medical expenses to the provider directly and then submit a claim to the Company.
- (2) About Bupa HealthPlus Appointed Service Providers  
Please log in to the Company's customer service portal myBupa to view the latest list of Bupa HealthPlus Appointed Service Providers. This list is subject to change from time to time.
- (3) A referral letter is valid for the same or related medical condition for 6 months from the issue date. Another referral letter is required for treatment of a new or unrelated medical condition.
- (4) This benefit is applicable to treatment for psychiatric, psychological, mental or behavioural conditions, senile dementia (including Alzheimer's disease) and Parkinson's disease (except for conditions caused by or related to drug abuse and alcoholism). If the expenses under this benefit are also covered under other benefit items in this Clinical Benefit, the expenses for such items shall be exclusively paid under this item (h) and no benefit shall be payable under other benefit items.
- (5) Some diagnostic centres may not accept referrals from a Registered Chinese Medicine Practitioner and/or Chiropractor for certain X-ray and laboratory tests. If you have any queries, please contact the centres directly.
- (6) General practitioner, Specialist and Chinese herbalist under Clinical Benefit also covers the consultation fee charged by the general practitioners, Specialists and Chinese herbalists of video consultation service providers. This benefit shall also cover the medication delivery charge incurred by the designated video consultation service provider (general practitioner and Chinese herbalist only). The list of designated video consultation service providers can be found on the Company's website. The list may be updated and amended by the Company from time to time.

**Benefit limit (in HKD)**

2	Dental benefit (Only applicable to Insured Persons from Age 15 days to 80 years)	Network Dental Centre benefit		Non-Network Dental Centre benefit	
		Plan A	Plan B	Plan A	Plan B
No. of Network Dental Centres <sup>(7)</sup>		12		N/A	
Eligibility		Only applicable to covered dental service items performed by a Registered Dentist (for all applicable items) or Registered Dental Hygienist (for item (a) only) at Network Dental Centres <sup>(7)</sup> within consultation hours		Applicable to eligible dental services from a Registered Dentist (for all applicable items) or Registered Dental Hygienist (for item (a) only) which are not performed at Network Dental Centres. All eligible dental expenses will be subject to the benefit limits below. Please settle the expenses with the dental providers directly and submit your claim to the Company.	
Reimbursement percentage		N/A		100%	100%
a	Scaling and polishing	One visit in total per Policy Year	Two visits in total per Policy Year	\$300 per Policy Year	\$500 per Policy Year
b	Routine oral examination				
c	Intra-oral X-rays and medications	Full cover <sup>(8)</sup>			
d	Fillings and extractions	Full cover <sup>(8)</sup> (Applicable to fillings and extractions due to tooth decay or gum disease only, including amalgam (silver) fillings for premolar and molar teeth and white (composite) fillings for front teeth. Extraction of wisdom teeth, complicated extractions, extractions requiring bone removal, surgical extractions or extractions for orthodontic reasons are excluded)			
e	Periodontal (gum) treatment	Full cover <sup>(8)</sup> (Includes treatment of mild to moderate periodontal (gum) disease, which involves curettage and root planing with medication as required, and is limited to treatment by a general Registered Dentist)			
f	Emergency consultation and treatment	Full cover <sup>(8)</sup> (Includes emergency pain relief of toothache (including dressing and medication), incision and drainage of abscesses only)			

Notes

- (7) Network Dental Centre refers to the network of dental service providers appointed by the Company to provide dental services items listed under Network Dental Centre benefit in the Benefit Schedule of Optional Benefits. Locations of the Network Dental Centres include Admiralty, Causeway Bay, Quarry Bay, Tsim Sha Tsui, Tseung Kwan O, Sha Tin, Tsing Yi, Tung Chung, etc. Please log in to the Company's customer service portal myBupa to view the latest location list. This list is subject to change from time to time. Please contact the Network Dental Centre to understand their consultation hours.
- (8) To enjoy full cover under Network Dental Centre benefit:
- The Insured Person must use cashless service at designated Network Dental Centres by presenting the Bupa membership card, medical card or membership number and Hong Kong Identity Card for verification and record. If the payment is made by the Insured Person to the Network Dental Centres directly, eligible claims will be paid under non-Network Dental Centre benefit and subject to the benefit limits thereunder.
  - There is no limit on the number of visits for Network Dental Centre benefit Items (c) - (f) per Policy Year.

**Benefit limit (in HKD)**

3	Maternity benefit (Only applicable to female Insured Persons from Age 18 to 49)	Deluxe / Deluxe Plus	Advance / Advance Plus	Standard / Standard Plus
a	Normal delivery	\$42,960 per pregnancy	\$29,230 per pregnancy	\$18,420 per pregnancy
b	Caesarean section	\$64,440 per pregnancy	\$43,850 per pregnancy	\$27,630 per pregnancy
c	Miscarriage	\$21,480 per pregnancy	\$14,620 per pregnancy	\$9,210 per pregnancy
<ul style="list-style-type: none"> <li>The maternity benefit shall cover medical expenses incurred during pregnancy, including Hospital Confinement, consultation of a Registered Medical Practitioner and prescribed Western Medication, diagnostic tests, prenatal check-up and postnatal check-up, as well as nursery care of a newborn baby.</li> <li>This benefit does not cover any medical expenses incurred by the newborn baby during Hospital Confinement or any treatments for psychiatric, psychological, mental or behavioural conditions arising from or in connection with maternity conditions.</li> <li>This benefit is payable provided that the conception occurs after the commencement date of this benefit and no benefit shall be payable during the waiting period of first nine (9) months. In the event of premature termination of pregnancy or premature birth (delivery that occurs between 20 and 37 weeks of gestation), this Benefit shall be payable without the application of the 9 months' waiting period provided that the conception of such pregnancy occurs after the commencement date of this Maternity Benefit. For the avoidance of doubt, if delivery is occurred after 37 weeks of gestation but within the 9 months' waiting period, this maternity benefit shall not be payable.</li> <li>All pregnancy or maternity related medical expenses shall be exclusively payable under this maternity benefit and no benefit shall be payable under the Certified Plan or other optional benefits (except for those maternity related psychiatric conditions covered under the Certified Plan and/or relevant Clinical Benefit items).</li> </ul>				

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