

保柏靈活配 自願醫保計劃 Bupa MyFlexi VHIS Plan



® Sun Flower Insurance Brokers Limited

Placing through Sun Flower Insurance Agency Limited

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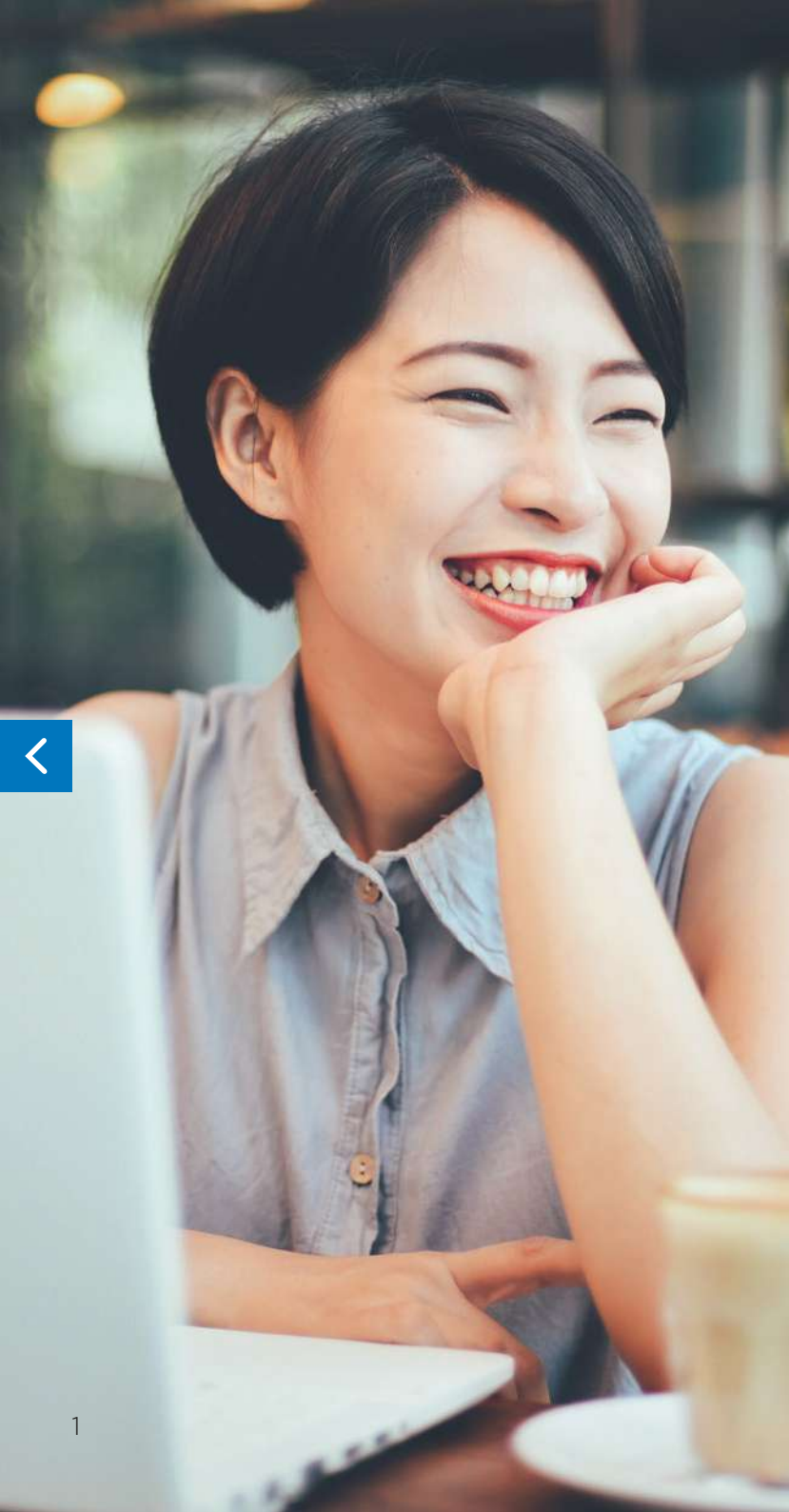
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Thank you for considering Sun Flower to be one of your selected intermediaries.

We are pleased to get in touch should you have any enquiry regarding the captioned insurance.

自願醫保認可產品 (編號: F00029)
VHIS Certified Plan (No. F00029)

開始 START HERE >



保柏靈活配自願醫保計劃 Bupa MyFlexi VHIS Plan

想找一個適合你的醫療保障計劃？「保柏靈活配自願醫保計劃」正是你的精明之選。本計劃符合自願醫保的要求並屬醫務衛生局認可的自願醫保靈活計劃，就認可產品所繳交之保費可申請稅項扣減。本計劃提供多種自選保障，讓你度身訂造切合個人需要的醫療保障計劃。各項保障級別更不設每年及終身保障限額，貼心照顧你的醫療康健需要。

想加強保障？選擇「升級保障」¹，合資格醫療費用即可享全數賠償，而超出基本保障或全數賠償保障限額的餘額更可獲額外8成賠償。「升級保障」更設有個人化的健康支援服務，讓你安心接受治療。

本計劃屬自願醫保認可的靈活計劃，提供比標準計劃更佳的保障範圍，請瀏覽 www.bupa.com.hk/comparevhis 查閱詳情。

Want to find the health insurance policy that's right for you? Choose **Bupa MyFlexi VHIS Plan**, a Voluntary Health Insurance Scheme Flexi Plan. This plan fulfills the VHIS requirements and is certified by the Health Bureau as a VHIS Flexi Plan. Premiums paid for the certified plan are eligible for claiming tax deduction. By selecting from our many flexible benefits, you can tailor your policy to better protect your health and wellbeing. Choose from different levels of cover with no annual or lifetime benefit limit.

Looking for even better protection? Push the Limit¹ offers full cover on eligible expenses and 80% reimbursement after you've reached your basic or full cover benefit limit, as well as personalised health support.

As a VHIS Flexi Plan, this plan offers enhanced benefits that go beyond the standard VHIS features. To learn more about these types of plans, please visit www.bupa.com.hk/comparevhis.

¹ 「升級保障」提供 (i) 全數賠償及 (ii) 附加醫療保障。若符合保單所訂之條件，於保柏特選醫院、專科醫生及服務供應商接受治療的合資格費用可享全數賠償，以每年賠償限額為限。而附加醫療保障則會賠償合資格費用之餘額（設20%共同保險，共同保險指保單持有人必須按比率分擔的合資格費用）。

¹ Push the Limit offers (i) full cover for eligible expenses incurred at Bupa appointed hospitals, specialists and service providers up to an annual benefit limit if the conditions under the Policy are fulfilled; and (ii) Supplementary Major Medical Benefit to cover eligible expenses in excess of the benefit limit, subject to 20% coinsurance. Coinsurance means the percentage of eligible expenses that must be paid by the policy holder.

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Optional enhanced
benefit - Push the Limit



其他自選保障
Other optional
benefits



客戶尊享禮遇
Customer
rewards



健康支援服務
Health Coaching
Services



網上管理你的保單
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保柏－你的明智之選
Why choose Bupa



常見問題
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questions



重要資料
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information

計劃選項 Plan options

計劃類別 Plan type: 靈活計劃 Flexi plan

「靈活配」基本及額外保障 MyFlexi basic and enhanced benefits

保柏靈活配自願醫保計劃 (基本)
Bupa MyFlexi VHIS Plan (Standard)

保柏靈活配自願醫保計劃 (智選)
Bupa MyFlexi VHIS Plan (Advance)

保柏靈活配自願醫保計劃 (尊尚)
Bupa MyFlexi VHIS Plan (Deluxe)

保障地域範圍：環球²
Territorial scope of cover: Worldwide²

病房級別：不設限制
Ward class: No restriction

加入「升級保障」 Adding Push the Limit Benefit

保柏靈活配自願醫保計劃 (升級基本)
Bupa MyFlexi VHIS Plan (Standard Plus)

保柏靈活配自願醫保計劃 (升級智選)
Bupa MyFlexi VHIS Plan (Advance Plus)

保柏靈活配自願醫保計劃 (升級尊尚)
Bupa MyFlexi VHIS Plan (Deluxe Plus)

保障地域範圍：環球²
(升級保障只適用於香港，設有例外情況)
Territorial scope of cover: Worldwide²
(Push the Limit Benefit covers Hong Kong only,
exceptions apply)

病房級別：設有標準私家房、半私家房及大房選擇
Ward class: Choose from Standard Private Room,
Semi-private Room and Ward Room

你的保障概要 Overview of your cover

保障一覽表 Cover at a glance

其他自選保障³ Other optional benefits³

門診保障⁴
Clinical Benefit⁴

牙科保障
Dental Benefit

產科保障
Maternity Benefit

免費保障及服務³ Free benefits and services³

免費保柏國際援助計劃
Free Bupa Worldwide Assistance Programme

健康支援服務
Health Coaching Services

醫療卡 Medical card

有 (適用於已加入「升級保障」之受保人)
Yes (Applicable when selecting Push the Limit Benefit)

投保前未知的已有病症 Unknown pre-existing conditions

當保單生效後，隨即保障投保前未知的已有病症及8歲起出現徵狀或確診的先天性疾病，受保單之一般不保事項約束
Unknown pre-existing conditions and congenital conditions with symptoms appearing or diagnosed from age 8 are covered as soon as your policy is in effect, subject to the policy's General Exclusions

終身保障限額 Lifetime benefit limit

無 Nil

保障期 Period of cover

一年，可每年續保至100歲
One year, renewable yearly up to the age of 100

² 精神科治療的保障地域範圍只限香港。

³ 其他自選保障 (門診、牙科及產科保障) 及免費保障及服務並不屬自願醫保認可產品的一部分，有關之保費 (如有) 不可用作申請稅項扣減，亦不適用於子女折扣及/或無索償續保折扣。

⁴ 門診保障只供已選擇「升級保障」之人士投保。

² For psychiatric treatment, the territorial scope only covers Hong Kong.

³ Other optional benefits (Clinical, Dental and Maternity Benefit) and free benefits and services are not part of the VHIS certified plan. The premiums paid (if any) are not eligible for claiming tax deduction, any child discount and/or no claim renewal discount.

⁴ Clinical Benefit is only available for enrolment after selecting Push the Limit Benefit.

你的保障概要 Overview of your cover

投保資格 Eligibility

保單持有人 Policy holder

18歲或以上 Aged 18 or above

受保人 Insured person

保單持有人 Policy holder

保單持有人之配偶、子女、孫子女

Policy holder's spouse, child, grandchild

保單持有人或其配偶之父母、(外)祖父母、兄弟姊妹

Policy holder or policy holder's spouse's parents,
grandparents, siblings

保單持有人之同居伴侶或其父母、子女

Policy holder's domestic partner or his/her parents or child

投保年齡 Issue age

保單生效時年齡須為15日至80歲（包括首尾歲數）

Aged 15 days to 80 years (inclusive) at policy commencement

（自選產科保障只適用於18至49歲之受保人

Optional Maternity Benefit is applicable to Insured Persons
from Age 18 to 49 only)

投保 Application

投保前無須進行醫療檢查⁵

No medical examinations are required⁵

續保 Renewal

保證續保至100歲⁶

Guaranteed renewal up to 100 years old⁶

⁵ 如你於投保時的身高體重比例屬過重、過輕或年齡為65歲或以上，保柏或會要求你提交健康檢查報告，以便處理你的申請。

⁶ 保柏保證每年續保你的保障至100歲，惟你須符合保單條款及細則內所列明的續保要求。

⁵ If your Body Mass Index is considered as overweight, underweight or you're aged 65 or above at enrolment, Bupa may ask you to submit a check-up report as part of your health insurance application process.

⁶ Bupa guarantees that your cover can be renewed every year up to the age of 100 as long as you meet the requirements as stated in the renewal provisions of your policy terms and conditions.

你的保障概要 Overview of your cover

折扣優惠 Discounts

子女折扣 (只適用於18歲以下的受保人) Child discount (Applicable to insured persons below 18)

父或母與子女一同投保：子女可享保費 75 折
25% child discount when the child enrolls with one parent

父母與子女一同投保：子女可享保費 65 折
35% child discount when the child enrolls with both parents

無索償續保折扣 No claim renewal discount

無賠償紀錄之年期 No claim period:

連續 2 或 3 個保單年度：95 折
2 or 3 consecutive policy years: 5%

連續 4 或 5 個保單年度：9 折
4 or 5 consecutive policy years: 10%

連續 6 個或以上保單年度：85 折
6 or more consecutive policy years: 15%

稅項扣減⁷ Tax deduction⁷

每年可用作申請稅項扣減的合資格保費上限為每位受保人港幣 8,000 元 (不包括保費徵費)。申請稅項扣減的保單數目或受保人數不設上限。

Claim a tax deduction of up to HK\$8,000 in qualifying premiums per insured person per year (excluding premium levy). There's no limit on the number of policies or insured persons claimed.

⁷ 每名投保合資格醫療保障計劃 (獲醫務衛生局認可之自願醫保計劃) 的納稅人均可就合資格保費扣稅。每年可用作申請稅項扣減的保費上限為每名受保人港幣 8,000 元。受保人與保單持有人之關係須列載於稅務局的《稅務條例》(第 112 章) 中「指明親屬」列表上。保費須於課稅年度內繳付方符合該課稅年度的申請稅項扣減資格。稅項扣減適用於 2019 年 4 月 1 日起生效的認可產品，不包括其他自選保障。每名納稅人可申請稅項扣減的受保人數及／或保單數目不設上限。為同居伴侶、孫子女、同居伴侶之父母／子女購買的保單並不符合稅項扣減的資格。請瀏覽 www.bupa.com.hk/taxfaq 了解更多稅項扣減詳情。

⁷ Any Hong Kong taxpayer who has purchased an eligible health insurance plan (certified by the Health Bureau as VHIS) can claim a tax deduction on qualifying premiums up to HK\$8,000 per insured person each year. These persons must be included in the list of "specified relatives" in Inland Revenue Ordinance (Cap. 112). You can claim the deduction in the same tax year when the premium was paid. The deduction is available for certified plans, but not any other Optional Benefits, with policy effective date of 1 April 2019 or later. There is no limit on the number of insured persons and/or policies claimed by each taxpayer. Policies purchased for a domestic partner, grandchild(ren) or domestic partner's parents/children are not eligible for tax deduction. For details about tax deduction, please visit www.bupa.com.hk/taxfaq.

自願醫保計劃詳情 VHIS Plan details

本計劃涵蓋日症手術、訂明診斷成像檢測、精神科治療等。賠償一系列環球醫療開支，所有保障項目更不設每年及終身保障限額。

This plan includes coverage for day case surgeries, prescribed diagnostic imaging tests, psychiatric treatment and more. You'll be covered worldwide for a wide range of medical expenses—and there's no annual or lifetime benefit limit.



保障投保前未知的已有病症 Enhanced cover including unknown pre-existing conditions

投保前未知的已有病症及8歲起出現徵狀或確診的先天性疾病均可獲保障，受保單之一般不保事項約束。你亦可選擇通過核保及繳付附加保費，保障投保前已有病症。

Your policy covers unknown pre-existing conditions and congenital conditions with symptoms appearing or diagnosed from age 8, subject to the policy's General Exclusions. You can also choose cover for pre-existing conditions, subject to underwriting and an additional premium.



訂明診斷成像檢測⁸ Prescribed diagnostic imaging tests⁸

接受訂明診斷成像檢測，如磁力共振掃描及電腦斷層掃描，每保單年度可獲高達港幣40,000元賠償。

Up to HK\$40,000 per policy year towards prescribed diagnostic imaging tests such as MRI and CT scans.



訂明非手術癌症治療 Prescribed non-surgical cancer treatments

保障涵蓋高達港幣158,000元訂明癌症治療，如放射性治療及化療。

Additional coverage of up to HK\$158,000 for prescribed cancer treatments such as radiotherapy and chemotherapy.



涵蓋在醫院日症室及診所進行的手術 Outpatient surgery in hospitals and clinics

不設最低住院時數限制，診所手術及日症手術均可獲得賠償。

With no minimum length of stay, surgeries performed in a clinic or day case unit of a hospital are also covered.

⁸ 設30%共同保險。共同保險指保單持有人必須按比率分擔的合資格費用。

⁸ Subject to 30% coinsurance. Coinsurance means the percentage of eligible expenses that must be paid by the policy holder.

自願醫保計劃詳情 VHIS Plan details



入院前或出院後／日間手術前後的門診護理 Pre- and post-confinement/day case procedure outpatient care

包括2次入院／日間手術前的門診護理或急症診症，以及所有出院／日間手術後90日內之跟進門診。

Including 2 outpatient visits or emergency consultations beforehand and all related follow-up outpatient visits within 90 days after discharge from hospital or completion of day case procedure.



額外保障 Enhanced benefits

除自願醫保標準計劃下的基本保障項目外，本計劃更設有額外保障，包括私家看護費、陪床費、急症意外門診保障、日症病人洗腎等，照顧全面。

Apart from the basic benefit items offered under the VHIS standard plan, this plan also offers enhanced benefits such as private nursing, companion bed, emergency outpatient treatment for accidents, day patient kidney dialysis and more.



保證續保 Guaranteed renewal

保柏保證續保你的保障至100歲，無論你因保單生效後所患疾病索償多少，保費只會根據你的年齡而調整。

Your cover can be renewed up to the age of 100. And your premium will only be based on your age no matter how much you claim after your policy is in effect.



精神科治療 Psychiatric treatments

獲專科醫生建議於香港進行的精神科住院治療可獲每保單年度高達港幣30,000元賠償。

Up to HK\$30,000 per policy year to cover psychiatric treatments during hospitalisation in Hong Kong as recommended by a specialist.



24小時客戶服務 Round-the-clock customer service

你可隨時隨地致電24小時客戶服務專線，客戶服務專員隨時為你效勞。你亦可透過免費的客戶服務網站myBupa，隨時隨地查閱你的保單詳情。

Our Customer Care Advisors are on hand 24 hours every day to answer your queries. You can also use our free online customer service portal myBupa to view details of your policy.



符合稅項扣減資格 Eligible for tax deduction

此計劃屬認可的自願醫保計劃，每年可用作申請稅項扣減的合資格保費上限為每名受保人港幣8,000元。

This plan is certified as VHIS compliant. You can claim a tax deduction on qualifying premiums up to a limit of HK\$8,000 per insured person each year.



自選提升保障 – 升級保障

Optional enhanced benefit - Push the Limit Benefit

「升級保障」設有「全數賠償」及「附加醫療保障」，給你額外保障，更提供「免找數服務⁹」，你可憑保柏醫療卡繳付於指定服務供應商進行的住院及其他醫療服務，無須申請索償，快捷簡便。

Our Push the Limit option offers both Full Cover Benefit and Supplementary Major Medical Benefit. To simplify payment for your medical procedures, Push the Limit Benefit features a cashless service⁹ option as well. Just use your Bupa medical card for hospitalisation and other medical services at designated service providers, and you won't need to submit any claims.



全數賠償¹⁰ Full Cover Benefit¹⁰

於保柏靈活配特選醫院¹¹、保柏尚健特選專科醫生之診所及服務供應商¹²接受治療的合資格醫療開支可獲全數賠償，以下列賠償限額為限。

Your eligible expenses at Bupa MyFlexi appointed hospitals¹¹, Bupa HealthPlus appointed specialist's clinics and service providers¹² will be fully reimbursed up to the benefit limit below.

升級基本 Standard Plus: HK\$272,500
升級智選 Advance Plus: HK\$536,700
升級尊尚 Deluxe Plus: HK\$1,076,000



附加醫療保障¹⁰ Supplementary Major Medical Benefit¹⁰

當醫療費用超出基本保障下個別保障項目或全數賠償的賠償限額時，「附加醫療保障」將賠償餘額，以下列賠償限額為限（設 20% 共同保險），助你大大減低自付醫療開支。

After you've exceeded the item limits in your basic benefits and Full Cover Benefit, the excess will be covered up to the Supplementary Major Medical Benefit limit below, subject to 20% coinsurance. This will greatly reduce your out-of-pocket expenses.

升級基本 Standard Plus: HK\$135,500
升級智選 Advance Plus: HK\$338,700
升級尊尚 Deluxe Plus: HK\$636,880



免找數服務⁹ Cashless service⁹

只須出示醫療卡，即可於保柏尚健特選專科醫生及服務供應商¹²（包括醫院、物理治療師、診斷中心等）享免找數服務。保柏會直接向有關服務供應商支付醫療費用（以你獲預先批核的限額為上限），你無須申請索償。

Simply present your Bupa medical card to enjoy cashless service at Bupa HealthPlus appointed specialists and service providers¹², which include hospitals, physiotherapists, diagnostic centres, etc. We'll pay your eligible medical expenses directly up to your pre-approved limit, so you don't have to submit any claims.

⁹ 免找數服務並不適用於認可產品之保障摘要上1) 基本保障下列的項目 (k) 及 (l)，以及 2) 額外保障下列的項目 (c) - (e)。醫療卡並不適用於本港私家醫院的門診部。你須按照所訂程序以享免找數服務。詳情請參閱保單及會員指引。

¹⁰ 升級保障下的「全數賠償」及「附加醫療保障」不適用於認可產品之保障摘要上1) 基本保障下列的項目 (k) 及 (l)，以及 2) 額外保障下的所有項目。你須按照所訂程序以享全數賠償服務。詳情請參閱保單及會員指引。

¹¹ 請參閱保柏網站 (www.bupa.com.hk/myflexi) 查閱最新的保柏靈活配特選醫院名單。此名單可能會不時更改。

¹² 請登入保柏的客戶服務網站 myBupa 查閱最新的保柏尚健特選專科醫生及服務供應商名單。此名單可能會不時更改。

⁹ Cashless service is not applicable to items (k) and (l) listed under 1) Basic Benefits and items (c) - (e) listed under 2) Enhanced Benefits in the Summary of Benefits for the Certified Plan. Your medical card is not applicable to the outpatient department of a local private hospital. You need to follow the required procedures to enjoy cashless service. Please refer to the Policy and membership guide for details.

¹⁰ Full Cover Benefit and Supplementary Major Medical Benefit offered under Push the Limit Benefit are not applicable to items (k) and (l) listed under 1) Basic Benefits and all items listed under 2) Enhanced Benefits in the Summary of Benefits for the Certified Plan. You need to follow the required procedures to enjoy full cover. Please refer to the Policy and membership guide for details.

¹¹ Please visit our website (www.bupa.com.hk/myflexi) for the latest list of Bupa MyFlexi appointed hospitals. This list is subject to change from time to time.

¹² Please log in to our customer service portal myBupa to view the latest list of Bupa HealthPlus appointed specialists and service providers. This list is subject to change from time to time.



於保柏網絡供應商使用升級保障 Push the Limit Benefit at Bupa network providers



王小姐受保於保柏靈活配自願醫保計劃（升級基本）。她於保柏尚健特選專科醫生之診所及保柏靈活配特選醫院接受診治後，享用了「全數賠償」及「附加醫療保障」。

Ms. Wong, covered by a Bupa MyFlexi VHIS Plan (Standard Plus), enjoyed full cover and Supplementary Major Medical Benefit after visiting a Bupa HealthPlus appointed specialist's clinic and Bupa MyFlexi appointed hospital.



王小姐感到右上腹痛，於是向其家庭醫生及保柏尚健特選專科醫生求診。經診斷後發現患上膽結石，醫生建議她進行膽囊切除術。

Ms. Wong had upper right abdominal pain. She consulted her family doctor and a Bupa HealthPlus appointed specialist. She was diagnosed with gallstones and a cholecystectomy was recommended.



該專科醫生為她揀選一間保柏靈活配特選醫院，並幫她取得保柏之預先批核，讓她可享全數賠償及免找數服務。

The specialist helped her choose a Bupa MyFlexi appointed hospital and get pre-approval so that she could enjoy full cover and cashless service.



於入院時，王小姐出示其保柏尚健卡及入院信，無須繳付任何按金。

Ms. Wong showed her Bupa HealthPlus card and admission letter during admission. She didn't need to pay any deposit.



她進行了手術，並入住大房共8天，總醫療開支為港幣285,000元。王小姐使用她的保柏尚健卡來支付此費用。

She had surgery and stayed in a ward room for 8 days. Total medical expenses were HK\$285,000. Ms. Wong used her Bupa HealthPlus card to settle the expenses.



王小姐的醫療開支可在「全數賠償」下獲得高達港幣272,500元的賠償，餘額亦可在「附加醫療保障」下獲得80%的賠償（港幣10,000元），她只需在收到差額通知書後為餘額支付20%的共同保險（港幣2,500元）。

Her expenses were covered up to the Full Cover Benefit limit (HK\$272,500) and 80% of the excess (HK\$10,000) was covered under Supplementary Major Medical Benefit. Ms. Wong only needed to pay 20% coinsurance for the excess (HK\$2,500) after receiving a shortfall notice.

總開支（港幣） Total expenses (HK\$):	285,000
「全數賠償」下可獲賠償（港幣） Coverage under Full Cover Benefit (HK\$):	272,500
「附加醫療保障」下可獲賠償（港幣） Coverage under Supplementary Major Medical Benefit (HK\$):	10,000
王小姐需支付的金額（港幣） Amount paid by Ms. Wong (HK\$):	2,500

於非保柏網絡使用免找數服務 Enjoy cashless service outside Bupa's network

陳先生受保於保柏靈活配自願醫保計劃（升級智選）。他於非保柏尚健特選專科醫生之診所接受診治後，享用了「附加醫療保障」及免找數服務。

Mr. Chan, covered by a Bupa MyFlexi VHIS Plan (Advance Plus), enjoyed Supplementary Major Medical Benefit with cashless service after visiting a non-Bupa HealthPlus appointed specialist.



陳先生於一場足球比賽中弄傷了腿。他的家庭醫生轉介他至非保柏尚健特選專科醫生，該專科醫生建議他到附近的醫院進行前十字韌帶重建手術（大型手術）。

Mr. Chan hurt his leg during a football match. His family doctor referred him to a non-Bupa HealthPlus appointed specialist who advised anterior cruciate ligament reconstruction (major surgery) at a private hospital nearby.



於入院前至少一個工作天，陳先生自行向保柏申請預先批核，以享用免找數服務。

Mr. Chan applied for cashless service himself by requesting pre-approval from Bupa at least 1 working day before admission.



此手術獲保柏預先批核。在入院時，陳先生只需出示其保柏尚健卡及入院信，無須繳付任何按金。

The procedure was pre-approved by Bupa. During admission, Mr. Chan showed his Bupa HealthPlus card and admission letter. No deposit was needed.



他進行了手術，並入住半私家房共3天，總醫療開支為港幣77,500元。陳先生使用他的保柏尚健卡來支付此費用。

He had surgery and stayed in a semi-private room for 3 days. The total cost was HK\$77,500. Mr. Chan used his Bupa HealthPlus card to settle the expenses.



按保障表內所列的每項費用賠償限額，升級智選計劃之基本保障賠償了大部分開支（港幣66,050元）。超出基本保障賠償限額的餘額，可在「附加醫療保障」下獲得80%的賠償（港幣9,160元）。陳先生只需在收到差額通知書後，為餘額支付20%的共同保險（港幣2,290元）。

The basic benefits of the Advance Plus plan covered most of the expenses based on the item limits in the Benefit Schedule (HK\$66,050). For amounts exceeding the basic benefit limits, 80% (HK\$9,160) was covered under Supplementary Major Medical Benefit. Mr. Chan only needed to pay 20% coinsurance for the excess (HK\$2,290) after receiving a shortfall notice.



於非保柏網絡使用免找數服務

Enjoy cashless service outside Bupa's network

(港幣 HK\$)	實際開支 Actual expenses	升級智選之基本保障下可獲賠償 Benefit paid under Basic Benefits of Advance Plus	醫療開支餘額 Excess medical expenses
病房及膳食 Room and board	3,000	3,000	-
主診醫生巡房費 Attending doctor's visit fees	3,500	3,500	-
手術室費 Operating theatre charges	27,000	15,550 (以項目最高賠償額15,550為限 capped by the item limit of 15,550)	11,450
外科醫生費 Surgeon's fee	22,500	22,500	-
麻醉科醫生費 Anaesthetist's fee	12,000	12,000	-
雜項開支 Miscellaneous charges	9,500	9,500	-
總額 Total	77,500	66,050	11,450

「附加醫療保障」下可獲賠償 (港幣) :

Coverage under Supplementary Major Medical Benefit (HK\$):

9,160 (餘額的80% of the excess)

陳先生需支付的金額 (港幣) :

Amount paid by Mr. Chan (HK\$):

2,290 (共同保險 20% coinsurance)

如果陳先生選擇升級至標準私家房(所入住的病房級別高於其升級智選計劃之限制病房級別(半私家房)),他於「附加醫療保障」下可獲得的賠償將會調整至一半。然而,如果陳先生向保柏尚健特選專科醫生求診,除了免找數服務,他更可享受「全數賠償」。

If Mr. Chan had chosen to upgrade to a standard private room (ward class higher than the restricted ward class (semi-private room) of his Advance Plus plan), his coverage under the Supplementary Major Medical Benefit would've been adjusted to half.

However, if Mr. Chan had consulted a Bupa HealthPlus appointed specialist, he would've been able to enjoy the Full Cover Benefit along with cashless service too.

以上例子僅供參考之用。更多有關如何享用升級保障的詳情,請參閱你的保單及會員指引。

The above examples are for illustrative purposes only. For more details about how to enjoy Push the Limit Benefit, please refer to your Policy and membership guide.

其他自選保障³ Other optional benefits³

除基本保障外，你可自選門診、牙科及其他保障，以應付你的各項醫療保健需要。

Expand your basic coverage with optional benefits for doctor's visits, dental care and more. Choose any or all optional benefits to meet your healthcare needs.



門診保障 Clinical Benefit

特設門診精神科相關治療及臨床心理輔導保障，賠償包括精神、心理、情緒或行為症狀、認知障礙症（包括阿茲海默氏症）及帕金森病等門診治療的費用。

門診保障亦涵蓋普通科醫生、專科醫生、診斷成像及化驗、處方西藥、物理治療師、脊醫、中醫師及跌打醫師的診治費用。

Our Clinical Benefit is specially designed to include coverage for psychiatric-related treatments and psychological counselling, such as outpatient treatments for psychiatric, psychological, mental or behavioural conditions, senile dementia (including Alzheimer's disease) and Parkinson's disease.

The Clinical Benefit also includes general practitioners, specialists, diagnostic imaging and laboratory tests, prescribed Western medication, physiotherapists, chiropractors, Chinese herbalists, as well as Chinese bonsetters.



視像診症服務 Video Consultation Services

投保門診保障更可享受視像診症服務，詳情請瀏覽 www.bupa.com.hk/vc。

You can enjoy video consultation services under Clinical Benefit. Visit www.bupa.com.hk/vc for details.



其他自選保障³ Other optional benefits³



牙科保障 Dental Benefit

保障包括洗牙、補牙及脫牙、牙痛急症等牙科治療。如你在指定網絡牙科中心¹³接受診治，更可就覆蓋的服務項目享用免找數服務及全數賠償¹⁴。

Covers dental expenses such as scaling and polishing, fillings and extractions, emergency consultations and more. If you receive treatment at designated network dental centres¹³, you can enjoy cashless service and full cover¹⁴ for covered items.



產科保障 Maternity Benefit

保障包括診症、住院、產前檢查及產後檢查，以及初生嬰兒護理費用。

Covers obstetrician's fees, hospitalisation charges, prenatal and postnatal check-up costs and nursery care for a newborn baby during hospital confinement.

³ 其他自選保障（門診、牙科及產科保障）並不屬自願醫保認可產品的一部分，有關之保費（如有）不可用作申請稅項扣減，亦不適用於子女折扣及／或無索償續保折扣。

¹³ 網絡牙科中心指由保柏委任的牙科中心網絡以提供保障摘要上「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。請登入保柏客戶服務網站 myBupa 查閱最新的牙科中心地址。此名單可能會不時更改。

¹⁴ 受保人只需出示保柏會員卡、醫療卡或保單號碼，及香港身份證以作核實及紀錄，便可於指定網絡牙科中心享用免找數服務及全數賠償。

³ Other optional benefits (Clinical, Dental and Maternity Benefit) are not part of the VHIS certified plan. The premiums paid (if any) are not eligible for claiming tax deduction, any child discount and/or no claim renewal discount.

¹³ Network Dental Centre refers to the network of dental service providers appointed by Bupa to provide dental services listed under "Network Dental Centre benefit" in the Summary of 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 Bupa's customer service portal myBupa to view the latest location list. This list is subject to change from time to time.

¹⁴ Insured persons can enjoy cashless service and full cover at designated Network Dental Centres by presenting their Bupa membership card, medical card or membership number and Hong Kong Identity Card for verification and record.

客戶尊享禮遇 Customer rewards

為感謝你信任並選擇保柏的服務，我們特別為你提供保費折扣優惠及優越的客戶體驗。

We're grateful that you've put your trust in Bupa. We promise to offer you special discounts and the best customer experience possible.



子女折扣¹⁵ Child discount¹⁵

如父/母或父母均已投保，18歲以下子女可獲65折或75折保費折扣。

Receive discounts of 25% or 35% on policies for children below age 18 when one or both parents enrol.



無索償續保折扣¹⁶ No claim renewal discount¹⁶

如無索償紀錄，續保時保費可獲85折至95折優惠。
Discounts of 5-15% can be applied to policy renewals when no claims have been made.



免費保柏國際援助計劃¹⁷ Free Bupa Worldwide Assistance Programme¹⁷

凡投保保柏靈活配自願醫保計劃，均可獲贈「免費保柏國際援助計劃」。當你於海外及國內需要醫療支援時，此計劃可為你提供協助。

With the Bupa MyFlexi VHIS Plan, you'll also receive our free worldwide assistance programme. It provides medical support and assistance if you need help while overseas or in mainland China.

¹⁵ 折扣適用於「靈活配」基本保障及額外保障之保費，不適用於升級保障及其他自選保障的保費。受保人父或母須同時受保於另一個保柏靈活配自願醫保計劃，方可獲得折扣。

¹⁶ 續保時，如於指定的期限內並未有支付任何賠償，折扣會用於扣減「靈活配」基本保障及額外保障之續保保費，不適用於升級保障及其他自選保障的保費。

¹⁷ 免費保柏國際援助計劃並不屬自願醫保認可產品的一部分。若你不希望獲得此免費保障，請透過書面通知保柏。

¹⁵ The discount will be applied to the premium of the MyFlexi basic benefits and enhanced benefits only, but not Push the Limit and other optional benefits. The discount will be valid as long as one or two parent(s) of the insured person is/are also covered under a MyFlexi VHIS plan.

¹⁶ Upon renewal, the discount will be applied to the renewal premium of the MyFlexi basic benefits and enhanced benefits only, but not Push the Limit and other optional benefits, if no claim was paid during the specified period.

¹⁷ The Free Bupa Worldwide Assistance Programme is not part of the VHIS certified plan. Please inform Bupa in writing if you don't want to receive this free benefit.



健康支援服務 Health Coaching Services

我們時刻伴你左右。投保指定計劃¹⁸的受保人可享由醫生、合資格護士和健康管理團隊提供的個人化健康支援及協助，讓你安心無憂。當遇上較嚴重的疾病時，我們更會提供額外支援，助你復原。

We're here for you at all times. We offer personal healthcare support and guidance delivered by a team of doctors, qualified nurses and health management professionals, depending on your plan¹⁸, to minimise your worries and give you peace of mind. For complicated conditions, we provide extra assistance for a smooth recovery.



24小時健康專線 24/7 Healthline

我們的合資格健康管理團隊¹⁹可為你提供協助及指導—由怎樣照顧患者親友，以至與你討論病情及治療方案等。

Our team of qualified health management professionals¹⁹ can provide assistance and guidance—from how to care for a sick relative to discussing symptoms, treatment and more.



第二醫療意見 2nd medical opinion

我們可安排醫療專家為你提供專業的第二意見，讓你掌握病情從而決定治療方法。

We'll arrange for you to get medical advice from a panel of medical specialists to clarify your doubts. Then you can make informed decisions about treatment.



健康顧問 Care Manager

我們的健康顧問可與你緊密聯絡，跟進你的索償、全程協助你的治療至康復過程，包括解釋你的治療計劃和醫療開支以至安排跟進治療。當你入住本港私家醫院時並得到你的同意下，我們可前往醫院探望你或致電慰問你。

Our Care Manager can be in touch with you to follow up on claims and assist you throughout treatment and recovery, from explaining your treatment plan and overseeing costs to arranging follow-up consultations. If you're admitted to a local private hospital, our Care Manager will make a courtesy call or visit, with your consent.



醫療中心選擇 Healthcare centre choices

可根據你的指定情況或需要為你提供診所及醫院名單以供參考。

We can provide a list of clinics and hospitals based on your specific condition or needs for your reference.



慢性疾病管理計劃 Chronic Conditions Programme

透過電話提供個人生活習慣建議及健康管理，助你積極控制慢性疾病如糖尿病。

This programme offers lifestyle coaching and management, including personal phone calls to help you manage any chronic condition such as diabetes.

¹⁸ 投保尊尚或升級尊尚級別的人士可享用全部健康支援服務。投保智選或升級智選級別的人士可享用慢性疾病管理計劃以外的全部服務。投保基本或升級基本級別的人士只可享用24小時健康專線服務，而健康顧問將會在受保人患上癌症或心臟病時提供協助。使用健康支援服務並不需額外費用。若我們建議的服務不在你的「保柏靈活配自願醫保計劃」之賠償範圍內，你便須支付有關費用。

¹⁹ 醫生會於辦公時間內支援護士解答問題。辦公時間為星期一至五，上午9時至下午6時（香港時間），公眾假期除外。

¹⁸ All Health Coaching Services are available for customers who select Deluxe or Deluxe Plus. Those who select Advance or Advance Plus can access all services except the Chronic Conditions Programme. Those who select Standard or Standard Plus can access the 24/7 Healthline and Care Manager (in case of cancer and heart failure). The use of Health Coaching Services is free of charge. If the services suggested aren't covered under your Bupa MyFlexi VHIS Plan, you'll be responsible for the fees incurred.

¹⁹ Doctors will be available during scheduled office hours to support the nurses answering queries. Office hours: Mon - Fri, 9am to 6pm (Hong Kong time), except public holidays.

一站式專科治療計劃 One-stop specialist treatment programmes

保柏在你健康路上的不同階段，一心守護你的健康。因此，保柏為會員設立了一系列專注於不同專科的治療計劃，透過網絡供應商及健康支援團隊，提供個人化的服務及指導。你可盡享以下計劃優勢：

Bupa is here to support your health at different stages along your healthcare journey. That's why we have a series of treatment programmes for members focusing on different specialties, providing personalised care and guidance through network providers and a health coaching team. Through these programmes, you can enjoy the following benefits:

健康·一心守護 Supporting your health every day, every way



涵蓋多項專科，照顧不同醫療需要
Multiple specialties to meet different medical needs



優質網絡診所及設施
Quality assured network clinics and facilities



資深醫療團隊由診症、治療以至跟進，全程提供支援
Experienced health professionals to guide you from consultation through treatment and follow-up



憑合資格醫療卡可享免找數服務
Cashless service with eligible medical card

有關專科治療計劃的詳情及最新資訊，請瀏覽保柏網站。

For more details and the latest updates about the specialist treatment programmes, please visit Bupa's website.



網上管理你的保單 Manage your policy online

你可隨時隨地透過保柏的一站式客戶服務網站及手機應用程式 **myBupa** 管理你的保單、查詢索償狀況，甚至領取會員特別優惠。

Bupa's one-stop online customer service portal and smartphone app **myBupa** provides quick and easy access to your policy whenever you need it. Manage your policy and check claims on the go or redeem special discounts for Bupa customers.



會籍文件 e-Documents

查閱及下載重要的會籍文件，包括保單及保障資料、會員指引等。
View and download important documents including your Policy and Benefit Information, membership guide and more.



網上索償 Claims assistance

網上提交索償、查詢索償狀況，或查閱差額通知書。
Submit claims, track your claims status or view shortfall invoices.



搜尋網絡醫生 Network doctors finder

透過地點或專科分類，搜尋網絡醫生及診所資料。
Search for network doctors and clinics around Hong Kong by location or specialty.



會籍資料 Your profile

網上更新你的聯絡資料。
Update your contact information at any time.



尊享優惠 Exclusive offers

查閱及領取各式服務及產品的特別優惠。
View and redeem special offers on a variety of services and products.



Blua Health 助你贏健康賺獎賞

Manage your health and earn rewards in Blua Health

健康是你最寶貴的財富，保持健康的身心，是對自己及家人最大的承諾。**Blua Health** 應用程式透過 AI 科技助你管理健康，達成目標更可賺積分換禮品，輕鬆收獲健康！

Staying healthy is the greatest commitment you can make to yourself and your family. **Blua Health** helps you manage your health with AI powered health-tracking technology. You can also earn points to redeem rewards for healthy living. Keep moving to earn more!



免費使用多項健康互動功能
Enjoy a variety of free health app features



30秒AI評估你的身心健康
Assess your health in 30 seconds with AI
technology



與AI教練隨時隨地一起健身
Exercise with AI coach anytime, anywhere



賺取積分以換領健康獎賞
Earn points to redeem rewards for healthy living

立即下載 **Blua Health**，未來健康由你掌握！

Download **Blua Health** now and take control of your healthier future!



Blua Health 由保柏集團成員、香港註冊公司 Horizon Health and Care Limited 提供、發佈及營運。

Blua Health 並不是醫療設備，也不會提供個性化的醫療建議。該應用程式的內容並不能代替專業醫護人員的醫療建議、診斷或治療。如有任何關於醫療狀況的問題，請立即尋求醫生或其他合資格醫療服務提供者的建議。

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

Blua Health is not a medical device, and it does not provide personalised medical advice. The contents of the mobile app cannot replace the medical advice, diagnosis and treatment of medical professionals. If you have any question on your medical condition, please seek advice immediately from doctor or other qualified medical service provider.



保柏—你的明智之選 Why choose Bupa

保柏是國際醫療保健專家，我們致力為客戶提供多元化的醫療保險計劃，助你應付不同人生階段的需要。

We're a global healthcare specialist providing a wide range of comprehensive and flexible insurance plans to suit every life stage and lifestyle.



信譽卓著的醫療保健專家 Our reputation and expertise in healthcare

我們於香港及世界各地提供醫療保險及醫療保健服務

- 於全球服務超過3,800萬客戶
- 不設股東，以客為本
- 作為保柏集團的一份子，卓健醫療透過逾1,600個服務點，包括旗下卓健醫療中心，連同聯營診所，為市民及社區服務

Providing healthcare funding and provision for people in Hong Kong and beyond

- Serving over 38 million customers worldwide
- With no shareholders, our customers are our focus
- As part of Bupa, Quality HealthCare provides primary care services through a network of over 1,600 service points in Hong Kong, including Quality HealthCare Medical Centres and affiliated clinics



賠償服務承諾 Our claims service pledge

我們承諾為你提供快捷簡便的索償服務

- 收妥所需文件後，5 - 7 個工作天內即可完成賠償處理
- 網上索償服務
- 當賠償辦妥後，你將收到通知

Promising you a quick and easy claims process

- All claims settled within 5-7 working days after receiving full documentation
- Submit claims online
- Notifications when your claim has been processed



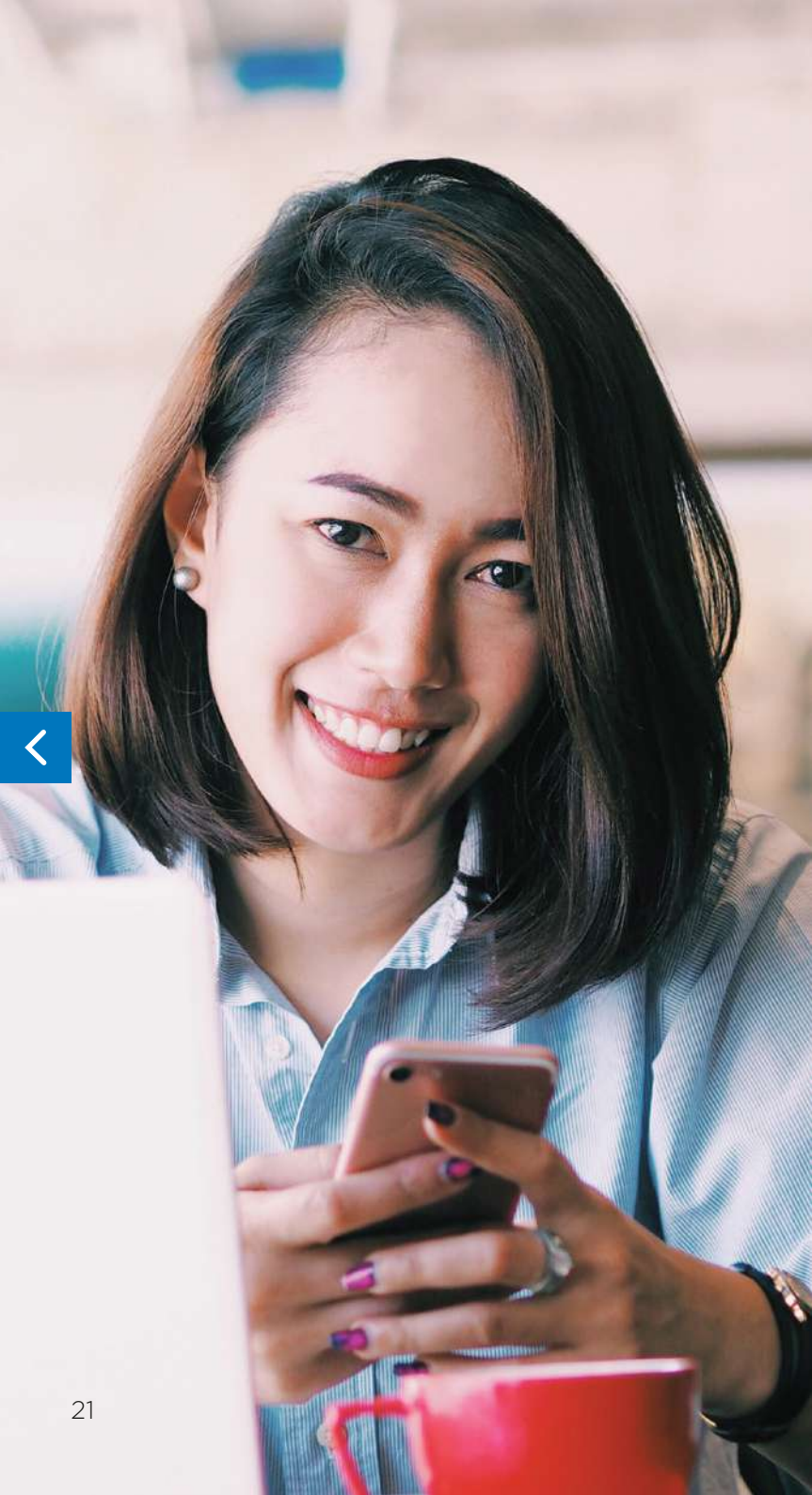
24小時支援 Our round-the-clock support

全面支援，讓你隨時隨地管理保單及掌握健康

- 24小時客戶服務專線
- 客戶服務網站myBupa

Allowing you to manage your policy and your health at your convenience via

- 24-hour telephone support
- Online customer service portal myBupa



計劃選項及概要
Plan options
and overview

自願醫保計劃詳情
VHIS Plan
details

升級保障
Push the Limit

其他自選保障
Other optional
benefits

健康支援服務
Health Coaching
Services

立即投保！ Enrol now!

投保「保柏靈活配自願醫保計劃」，自選靈活、個人化的保障。請透過以下途徑投保或了解更多詳情。

We hope you'll choose Bupa MyFlexi VHIS Plan for versatile, personalised coverage. You can enrol or learn more in the following ways.



致電投保
Phone enrolment

致電保柏的健康管理顧問或聯絡你的保險顧問投保。

Call Bupa's Health Management Consultant or contact your insurance consultant for enrolment.



網上報價
Online quotation

瀏覽我們的網站 www.bupa.com.hk/myflexi。

Visit our website at www.bupa.com.hk/myflexi.





常見問題 Frequently asked questions

1. 是否設有最低住院時數？日症及門診手術可獲得賠償嗎？

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

2. 投保此計劃後，我可怎樣享用稅項扣減？

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

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

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

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

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

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

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

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

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

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



常見問題 Frequently asked questions

3. 如何使用「訂明斷診成像檢測保障」？

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

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

4. 此計劃會賠償就醫療費用而徵收的增值稅和商品及服務稅嗎？

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

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

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

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

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

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

重要資料 Important information

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

我們想幫助你在投保前了解本計劃。請細閱以下資料。

等候期

本計劃下之認可產品及其他自選保障之等候期如下：

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

冷靜期

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

詳情請參閱隨迎新信件附上的「保單冷靜期通知」。

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

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

Waiting period

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

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

Cooling-off period

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

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



重要資料 Important information

取消保單權益

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

有關核保之資料披露

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

索償步驟

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

保費調整

每名受保人的首期保費會根據年齡、健康狀況及保障選擇等因素而定。

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

Cancellation rights

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

Disclosure of information for underwriting

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

Claims procedure

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

Premium adjustment

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

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



重要資料 Important information

續保

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

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

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

繳付保費

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

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

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

終止保單

你的保單將在以下情況時自動終止：

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

Renewal

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

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

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

Payment of premiums

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

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

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

Termination of your policy

Your policy will be terminated automatically in the following situations:

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

重要資料 Important information

轉換至新的保險計劃

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

一般不保事項

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

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

Changing to a new insurance plan

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

General exclusions

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

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



重要資料

Important information

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



重要資料

Important information

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

醫療所需

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

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

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

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

Medically necessary

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

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

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



重要資料

Important information

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

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

合理及慣常

「合理及慣常」是指就醫療服務的收費而言，對情況類似的人士（例如同性別及相近年齡），就類似傷病提供類似治療、服務或物料時，不超過當地相關醫療服務供應者收取的一般收費範圍的水平。合理及慣常的收費水平由我們合理及絕對真誠地決定，在任何情況下，此收費不得高於實際收費。

保柏必須參照以下資料（如適用）以釐定合理及慣常收費：

- 由保險或醫學業界進行的治療或服務費用統計及調查；
- 公司內部或業界的賠償統計；
- 政府憲報；及／或
- 提供治療、服務或物料當地的其他相關參考資料。

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

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

Reasonable and customary

In relation to a charge for medical services, “reasonable and customary” means a level which does not exceed the general range of charges being charged by relevant service providers in the locality where the charge is incurred for similar treatment, services or supplies to individuals with similar conditions, e.g. of the same sex and similar age, for a similar disability, as reasonably determined by Bupa in utmost good faith. The reasonable and customary charges shall not in any event exceed the actual charges incurred.

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

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

本計劃由保柏（亞洲）有限公司承保。保柏（亞洲）有限公司已獲保險業監管局授權於香港特別行政區經營一般保險，並受其監管。

This plan is insured by Bupa (Asia) Limited. Bupa (Asia) Limited is authorised and regulated by the Insurance Authority in Hong Kong to carry out general insurance business in the HKSAR.

保柏 (亞洲) 有限公司
Bupa (Asia) Limited

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保障摘要 Summary of Benefits

2024年4月1日版本 1 April 2024 Edition

保柏靈活配自願醫保計劃提供以下選擇（括號內數字為自願醫保認可產品編號）：

Bupa MyFlexi VHIS Plan offers the options below (VHIS certification numbers in brackets):

- 尊尚 / 升級尊尚 Deluxe / Deluxe Plus (F00029-03-000-05 / F00029-03-001-05)
- 智選 / 升級智選 Advance / Advance Plus (F00029-02-000-05 / F00029-02-001-05)
- 基本 / 升級基本 Standard / Standard Plus (F00029-01-000-05 / F00029-01-001-05)

A 認可產品之保障摘要 Summary of Benefits for the Certified Plan

1) 基本保障 Basic Benefits	尊尚 / 升級尊尚 Deluxe / Deluxe Plus	智選 / 升級智選 Advance / Advance Plus	基本 / 升級基本 Standard / Standard Plus
保障項目 ^① Benefit items ^①	賠償限額 (港元) Benefit limit (in HKD)		
a 病房及膳食 Room and board	每日 \$3,850 per day (每保單年度最多270日 Maximum 270 days per Policy Year)	每日 \$1,780 per day	每日 \$930 per day
b 雜項開支 Miscellaneous charges	每保單年度 \$45,600 per Policy Year	每保單年度 \$25,600 per Policy Year	每保單年度 \$16,400 per Policy Year
c 主診醫生巡房費 Attending doctor's visit fee	每日 \$3,100 per day (每保單年度最多270日 Maximum 270 days per Policy Year)	每日 \$1,440 per day	每日 \$850 per day
d 專科醫生費 ^② Specialist's fee ^②	每保單年度 \$13,400 per Policy Year	每保單年度 \$5,050 per Policy Year	每保單年度 \$4,600 per Policy Year
e 深切治療 Intensive care	每日 \$5,000 per day (每保單年度最多25日 Maximum 25 days per Policy Year)	每日 \$4,150 per day	每日 \$3,850 per day
f 外科醫生費 Surgeon's fee	每項手術，按手術表劃分的手術分類 - Per surgery, subject to surgical category for the surgery/procedure in the Schedule of Surgical Procedures - <ul style="list-style-type: none"> 複雜 Complex \$126,000 大型 Major \$63,200 中型 Intermediate \$26,800 小型 Minor \$9,650 		
g 麻醉科醫生費 Anaesthetist's fee	每項手術，按手術表劃分的手術分類 - Per surgery, subject to surgical category for the surgery/procedure in the Schedule of Surgical Procedures - <ul style="list-style-type: none"> 複雜 Complex \$43,200 大型 Major \$22,000 中型 Intermediate \$9,350 小型 Minor \$4,720 		
h 手術室費 Operating theatre charges	每項手術，按手術表劃分的手術分類 - Per surgery, subject to surgical category for the surgery/procedure in the Schedule of Surgical Procedures - <ul style="list-style-type: none"> 複雜 Complex \$43,200 大型 Major \$22,000 中型 Intermediate \$9,350 小型 Minor \$4,720 		
i 訂明診斷成像檢測 ^{②③} Prescribed Diagnostic Imaging Tests ^{②③}	每保單年度 \$40,000 per Policy Year	每保單年度 \$30,000 per Policy Year (設30%共同保險 Subject to 30% coinsurance)	每保單年度 \$20,000 per Policy Year
j 訂明非手術癌症治療 ^④ Prescribed Non-surgical Cancer Treatments ^④	每保單年度 \$158,000 per Policy Year	每保單年度 \$123,000 per Policy Year	每保單年度 \$83,000 per Policy Year
k 入院前或出院後 / 日間手術前後的門診護理 ^⑤ Pre- and post-Confinement / Day Case Procedure outpatient care ^⑤	每保單年度 \$6,000 per Policy Year	每保單年度 \$3,600 per Policy Year	每保單年度 \$3,200 per Policy Year
l 精神科治療 Psychiatric treatments	每保單年度 \$30,000 per Policy Year		
2) 額外保障 Enhanced Benefits	尊尚 / 升級尊尚 Deluxe / Deluxe Plus	智選 / 升級智選 Advance / Advance Plus	基本 / 升級基本 Standard / Standard Plus
保障項目 ^① Benefit items ^①	賠償限額 (港元) Benefit limit (in HKD)		
a 私家看護費 ^② Private nursing ^②	每日 \$1,020 per day (每保單年度最多120日 Maximum 120 days per Policy Year)	每日 \$680 per day	每日 \$410 per day
b 陪床費 Companion bed	每日 \$1,880 per day (每保單年度最多270日 Maximum 270 days per Policy Year)	每日 \$850 per day	每日 \$450 per day
c 急症意外門診保障 Emergency outpatient treatment for Accidents	每保單年度 \$11,900 per Policy Year	每保單年度 \$8,700 per Policy Year	每保單年度 \$6,600 per Policy Year
d 日症病人洗腎 ^② Day Patient kidney dialysis ^②	每保單年度 \$158,000 per Policy Year	每保單年度 \$123,000 per Policy Year	每保單年度 \$83,000 per Policy Year
e 住院或指定治療後由註冊中醫師提供之診症或針灸 Consultation or acupuncture by a Registered Chinese Medicine Practitioner after Confinement or specific treatments	每次 \$360 per visit	每次 \$270 per visit	每次 \$225 per visit (每保單年度最多20次 Maximum 20 visits per Policy Year)
其他限額 Other limits			
1) 基本保障及 2) 額外保障下所有保障項目的 每年保障限額 Annual Benefit Limit for all benefit items under 1) Basic Benefits and 2) Enhanced Benefits	無 Nil		
1) 基本保障及 2) 額外保障下所有保障項目的 終身保障限額 Lifetime Benefit Limit for all benefit items under 1) Basic Benefits and 2) Enhanced Benefits	無 Nil		

3) 自選提升保障 – 升級保障 (只適用於香港招致的合資格費用) ^⑤ Optional Enhanced Benefit - Push the Limit Benefit (Applicable to Eligible Expenses incurred within Hong Kong only) ^⑤	升級尊尚 Deluxe Plus	升級智選 Advance Plus	升級基本 Standard Plus
限制病房級別 ^⑥ Restricted ward class ^⑥	標準私家房 Standard Private Room	半私家房 Semi-private Room	大房 Ward Room
保障項目 Benefit items	賠償限額 (港元) Benefit limit (in HKD)		

a 全數賠償保障^⑥ Full cover benefit^⑥

此保障將賠償於 1) 基本保障下保障項目 (a) - (j) 項所述的合資格費用，有關治療須於保柏靈活配特選醫院 ^⑦ 、保柏尚健特選專科醫生之診所 ^⑧ 或保柏尚健特選服務供應商 ^⑨ 進行 This benefit is payable for Eligible Expenses of benefit items described under (a) - (j) under 1) Basic Benefits incurred at Bupa MyFlexi Appointed Hospitals ^⑦ , Bupa HealthPlus Appointed Specialist's clinics ^⑧ or Bupa HealthPlus Appointed Service Providers ^⑨	全數賠償 ^⑩ 以每保單年度 \$1,076,000 為限 Full cover ^⑩ up to \$1,076,000 per Policy Year	全數賠償 ^⑩ 以每保單年度 \$536,700 為限 Full cover ^⑩ up to \$536,700 per Policy Year	全數賠償 ^⑩ 以每保單年度 \$272,500 為限 Full cover ^⑩ up to \$272,500 per Policy Year
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b 附加醫療保障 Supplementary major medical benefit

此保障將支付 (i) 任何超出按 1) 基本保障下保障項目 (a) - (j) 項或 3a) 全數賠償可獲賠償的合資格費用；及 (ii) 任何於 1) 基本保障之保障項目 (i) 下支付的共同保險 This benefit is payable for (i) Any Eligible Expenses in excess of the benefit payable under benefit items (a) - (j) of 1) Basic Benefits or 3a) full cover benefit; and (ii) Any Coinsurance paid under benefit item (i) of 1) Basic Benefits	設 20% 共同保險 以每保單年度 \$636,880 為限 Subject to 20% Coinsurance up to \$636,880 per Policy Year	設 20% 共同保險 以每保單年度 \$338,700 為限 Subject to 20% Coinsurance up to \$338,700 per Policy Year	設 20% 共同保險 以每保單年度 \$135,500 為限 Subject to 20% Coinsurance up to \$135,500 per Policy Year
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註解 Notes

- ① 同一項目的合資格費用不可獲 1) 基本保障下 (a) - (j) 項及 2) 額外保障下 (a) - (e) 項多於一個保障項目的賠償。
- ② 本公司有權要求有關書面建議的證明，例如轉介信或由主診醫生或註冊醫生在索償申請表內提供的陳述。
- ③ 檢測只包括電腦斷層掃描 ("CT" 掃描)、磁力共振掃描 ("MRI" 掃描)、正電子放射斷層掃描 ("PET" 掃描)、PET-CT 組合及 PET-MRI 組合。
- ④ 治療只包括放射性治療、化療、標靶治療、免疫治療及荷爾蒙治療。
- ⑤ 升級保障所支付的賠償取決於你住院時所入住的病房級別，並只適用於香港招致的合資格費用 (設有例外情況)。若你住院時自願地入住高於你所選擇計劃的限制病房級別，
 - (i) 全數賠償保障將不予支付。你的合資格費用將會於 1) 基本保障之保障項目 (a) - (j) 下賠償，以相應的賠償限額為限；及
 - (ii) 附加醫療保障將就病房級別提升於實施 20% 共同保險後進一步乘以下列調整值：
 - 半私家房至標準私家房：50%
 - 大房至半私家房：50%
 - 大房至標準私家房：25%
 - 大房 / 半私家房 / 標準私家房至總統套房、貴賓房或豪華房：0%
- ⑥ 有關全數賠償保障
 - (i) 要享有全數賠償保障，請依循以下規定：
 - 你必須於保柏靈活配特選醫院接受住院、或於保柏尚健特選專科醫生的診所或保柏尚健特選服務供應商接受日間手術、訂明非手術癌症治療或訂明診斷成像檢測；
 - 於接受保柏尚健特選專科醫生 (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) 會診前，受保人必須取得註冊醫生的書面轉介；
 - 就住院、日間手術、訂明非手術癌症治療及訂明診斷成像檢測，必須由保柏尚健特選專科醫生轉介、主診及/或治療；
 - 你必須於住院及治療/手術前最少一個工作天向本公司提交初步保障審核表格，以供本公司批核 (有關初步保障審核之步驟，請參閱會員指引)；
 - 請於登記時出示保柏尚健卡及/或初步保障審核文件；及
 - 你於住院時必須入住你原有保障級別或以下的病房。
 - (ii) 如沒有完全依循以上第 (i) 節的規定，或全數賠償的賠償限額已耗盡，你的合資格索償將按 1) 基本保障之保障項目 (a) - (j) 的相應賠償限額賠償。超出金額將會於附加醫療保障下賠償。
- ⑦ 請參閱本公司網站 (www.bupa.com.hk/tc/medical-insurance/myflexi) 查閱最新的保柏靈活配特選醫院名單。此名單可能會不時更改。
- ⑧ 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專科醫生及保柏尚健特選服務供應商名單。此名單可能會不時更改。
- ⑨ 全數賠償是指不設分項賠償限額。
- ⑩ Eligible Expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table for items (a) - (j) of 1) Basic Benefits and items (a) to (e) of 2) Enhanced Benefits.
- ⑪ The Company shall have the right to ask for proof of recommendation e.g. written referral or testifying statement on the claim form by the attending doctor or Registered Medical Practitioner.
- ⑫ Tests covered here only include computed tomography ("CT" scan), magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan), PET-CT combined and PET-MRI combined.
- ⑬ Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
- ⑭ Benefit payable under Push the Limit Benefit is dependent on the ward class you stay in during Confinement and only applicable to Eligible Expenses incurred in Hong Kong (exceptions apply). If you are voluntarily Confined at a ward class level higher than the restricted ward class of your chosen plan,
 - (i) Full cover benefit will not be payable and your Eligible Expenses will be reimbursed under benefit items (a) - (j) of 1) Basic Benefits up to their corresponding benefit limits; and
 - (ii) Supplementary major medical benefit will be further adjusted (after applying 20% Coinsurance) by multiplying the following adjustment factors for ward class upgrade:
 - From Semi-private Room to Standard Private Room: 50%
 - From Ward Room to Semi-private Room: 50%
 - From Ward Room to Standard Private Room: 25%
 - From Ward Room/Semi-private Room/Standard Private Room to suite, VIP or deluxe room: 0%
- ⑮ About full cover benefit
 - (i) Please follow all requirements below to enjoy full cover benefit:
 - You must be Confined at a Bupa MyFlexi Appointed Hospital or receive the Day Case Procedure, Prescribed Non-surgical Cancer Treatment or Prescribed Diagnostic Imaging Test at a Bupa HealthPlus Appointed Specialist's clinic or Bupa HealthPlus Appointed Service Provider;
 - A written referral must be obtained from a Registered Medical Practitioner prior to the consultation with a Bupa HealthPlus Appointed Specialist (except for dermatology, family medicine, gynaecology, ophthalmology, orthopaedics, otolaryngology, paediatric surgery, paediatrics and psychiatry);
 - The Confinement, Day Case Procedure, Prescribed Non-surgical Cancer Treatment and Prescribed Diagnostic Imaging Test must be referred, attended and/or performed by a Bupa HealthPlus Appointed Specialist;
 - You must submit the pre-authorisation form to the Company at least one (1) working day prior to Confinement and treatment/procedures for the Company's approval (please refer to the Membership Guide for the pre-authorisation procedure);
 - You must present the BHP Card and/or pre-authorisation document to the provider upon registration; and
 - You must stay at your chosen ward level or lower for Confinement.
 - (ii) If the requirements in (i) above are not fully satisfied or there is no remaining balance of benefit limit under full cover benefit, your claims, if eligible, will be reimbursed under the benefit items (a) - (j) of 1) Basic Benefits up to the corresponding benefit limits. The excess amount shall be payable under supplementary major medical benefit.
- ⑯ Please refer to the Company's website (www.bupa.com.hk/en/medical-insurance/myflexi) for the latest list of Bupa MyFlexi Appointed Hospitals. This list is subject to change from time to time.
- ⑰ Please log in to the Company's customer service portal myBupa to view the latest list of Bupa HealthPlus Appointed Specialists and Bupa HealthPlus Appointed Service Providers. This list is subject to change from time to time.
- ⑱ Full cover shall mean no itemised benefit sublimit.

詳情請瀏覽 www.bupa.com.hk/myflexipolicy 參閱保單及保障資料。

Please refer to the Policy and Benefit Information at www.bupa.com.hk/myflexipolicy for details.

以下為保柏靈活配自願醫保計劃的自選保障，並非認可產品的一部分並且不適用於申請稅項扣減。

The optional benefits of the Bupa MyFlexi VHIS Plan shown below are not part of the Certified Plan and are not eligible for claiming tax deduction.

B 自選保障之保障摘要 Summary of Benefits for Optional Benefits

賠償限額 (港元) Benefit limit (in HKD)

1) 門診保障 ^③ Clinical Benefit ^③ (只供已選擇升級保障之人士投保 Only available for enrolment after selecting Push the Limit Benefit)	網絡保障 ^① Network benefit ^①	非網絡保障 Non-Network Benefit
保柏尚健特選服務供應商數目 ^② No. of Bupa HealthPlus Appointed Service Providers ^②	約 Around 1,800	不適用 N/A
a 普通科醫生 General practitioner		每次診治 \$340 (只限診症費) \$340 per visit (Consultation fee only)
b 專科醫生 ^③ Specialist ^③ <ul style="list-style-type: none"> 須獲註冊醫生書面轉介，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 Subject to written referral from a Registered Medical Practitioner, except for dermatology, family medicine, gynaecology, ophthalmology, orthopaedics, otolaryngology, paediatric surgery, paediatrics and psychiatry 	全數賠償 (包括診症費及最多5日之基本醫療所需西藥費用) Full cover (Includes consultation fee and up to 5 days of basic Medically Necessary Western Medication)	每次診治 \$640 (只限診症費) \$640 per visit (Consultation fee only)
c 家中應診 Home consultation	不適用 N/A	每次診治 \$760 (只限診症費) \$760 per visit (Consultation fee only)
d 物理治療師 ^③ Physiotherapist ^③ <ul style="list-style-type: none"> 須獲註冊醫生書面轉介 Subject to written referral from a Registered Medical Practitioner 	全數賠償 (只限診療費) Full cover (Treatment fee only)	每次診治 \$630 (只限診療費) \$630 per visit (Treatment fee only)
e 脊醫 ^③ Chiropractor ^③ <ul style="list-style-type: none"> 須獲註冊醫生書面轉介 Subject to written referral from a Registered Medical Practitioner 	不適用 N/A	
f 中醫師 Chinese herbalist		每次診治 \$350 (包括診症費、基本醫療所需中藥費用、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) 取得之基本醫療必需中藥費用) \$350 per visit (Includes consultation fee, basic Medically Necessary Chinese Medicines, acupuncture and tui na; also payable for basic Medically Necessary Chinese Medicines prescribed by a Registered Chinese Medicine Practitioner and obtained at a legitimate source (at or outside the treating Registered Chinese Medicine Practitioner's clinic))
g 跌打醫師 Chinese bonesetter	全數賠償 (包括診症費及最多兩劑之基本醫療所需中藥費用) Full cover (Includes consultation fee and up to 2 packets of basic Medically Necessary Chinese Medicines)	
h 精神科相關治療 ^④ Psychiatric-related treatments ^④	不適用 N/A	每次診治 \$550 (包括診症費、醫療所需西藥、中藥、針灸治療、診斷成像及化驗) \$550 per visit (Includes consultation fee, Medically Necessary Western Medication, Chinese Medicines, acupuncture, diagnostic imaging and laboratory tests)
i 臨床心理輔導 ^③ Psychological counselling ^③ <ul style="list-style-type: none"> 須獲精神科醫生書面轉介 Subject to written referral from a Psychiatrist 	不適用 N/A	每次診治 \$550 per visit
j 診斷成像及化驗 ^③ Diagnostic imaging and laboratory tests ^③ <ul style="list-style-type: none"> 須獲註冊醫生 (適用於所有診斷影像及化驗) 或註冊中醫師/脊醫^③ (只適用於X光及化驗) 書面轉介 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^③ for X-ray only and laboratory tests 	全數賠償 Full cover	每保單年度 \$5,200 per Policy Year
k 處方西藥 Prescribed Western Medication	每保單年度 \$5,200 (經由註冊醫生處方並由合法來源取得之醫療所需西藥費用) \$5,200 per Policy Year (Medically Necessary Western Medication prescribed by a Registered Medical Practitioner and obtained at a legitimate source)	

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。

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 items (h) - (i). Subject to a maximum of one visit per item per day.

賠償限額 (港元) Benefit limit (in HKD)

2) 牙科保障 Dental Benefit (只適用於年齡介乎15日至80歲之受保人 Only applicable to Insured Persons from Age 15 days to 80 years)	網絡牙科中心保障 Network Dental Centre benefit		非網絡牙科中心保障 Non-Network Dental Centre benefit	
	計劃 Plan A	計劃 Plan B	計劃 Plan A	計劃 Plan B
網絡牙科中心數目 ^① No. of Network Dental Centres ^②	12		不適用 N/A	
適用範圍 Eligibility	<p>只適用於在網絡牙科中心^① 診症時間內由註冊牙醫 (所有適用項目) 或註冊牙齒衛生員 (只適用於項目 (a)) 進行的合資格牙科服務</p> <p>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 within consultation hours^②</p>		<p>適用於在網絡牙科中心以外由註冊牙醫 (所有適用項目) 或註冊牙齒衛生員 (只適用於項目 (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，然後再向本公司申請索償。</p> <p>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.</p>	
賠償率 Reimbursement percentage	不適用 N/A		100%	100%
a 洗牙 Scaling and polishing	每保單年度共一次 One visit in total per Policy Year	每保單年度共兩次 Two visits in total per Policy Year	每保單年度 \$300 per Policy Year	每保單年度 \$500 per Policy Year
b 定期口腔檢查 Routine oral examination				
c 口腔 X 光及藥物 Intra-oral X-rays and medications	全數賠償 ^③ Full cover ^③			
d 補牙及脫牙 Fillings and extractions	<p>全數賠償^③ (只適用於蛀牙或患嚴重牙周病之牙齒之大牙 (銀粉) 或門牙 (瓷粉) 補牙。脫除智齒、複雜脫牙、口腔手術脫除牙腳、需移走牙骨或牙齒、任何口腔手術或因矯正牙齒而脫牙將不包括在保障內)</p> <p>Full cover^③ (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)</p>			
e 牙周病治療 Periodontal (gum) treatment	<p>全數賠償^③ (只限由普通科註冊牙醫進行之輕微至中度的牙周病治療，包括清洗牙周袋內的牙菌膜及牙根刮治等牙科治療)</p> <p>Full cover^③ (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)</p>			
f 牙痛急症處理 Emergency consultation and treatment	<p>全數賠償^③ (只適用於緊急牙痛舒緩 (包括敷料及藥物)、膿瘡切割及排放)</p> <p>Full cover^③ (Includes emergency pain relief of toothache (including dressing and medication), incision and drainage of abscesses only)</p>			

賠償限額 (港元) Benefit limit (in HKD)

3) 產科保障 Maternity Benefit (只適用於年齡介乎 18 至 49 歲之女性受保人 Only applicable to female Insured Persons from Age 18 to 49)	尊尚 / 升級尊尚 Deluxe / Deluxe Plus	智選 / 升級智選 Advance / Advance Plus	基本 / 升級基本 Standard / Standard Plus
a 順產 Normal delivery	每次懷孕 \$42,960 per pregnancy	每次懷孕 \$29,230 per pregnancy	每次懷孕 \$18,420 per pregnancy
b 剖腹生產 Caesarean section	每次懷孕 \$64,440 per pregnancy	每次懷孕 \$43,850 per pregnancy	每次懷孕 \$27,630 per pregnancy
c 流產 Miscarriage	每次懷孕 \$21,480 per pregnancy	每次懷孕 \$14,620 per pregnancy	每次懷孕 \$9,210 per pregnancy

- 產科保障將支付因懷孕引致之醫療費用，包括醫院住院、註冊醫生診症及處方的西藥、診斷化驗、產前檢查及產後檢查，以及初生嬰兒護理費用。
- 此保障不包括初生嬰兒在醫院住院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。
- 受保人必須於本保障生效日之後受孕方可獲得賠償，首 9 個月等候期內不會獲得賠償。倘若因為終止懷孕或早產（妊娠 20 至 37 週之間的分娩），此產科保障將不會應用 9 個月等候期而作賠償，惟受保人必須於此產科保障生效日後受孕。為免存疑，若受保人於妊娠 37 週後但於 9 個月等候期內分娩，將不獲此產科保障賠償。
- 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，並不會於認可產品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認可產品及/或門診保障有關項目覆蓋則除外）。
- 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.
- 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.
- This Benefit is payable provided that the conception occurs after the commencement date of this benefit and no benefit shall be payable during the waiting period of the first 9 months. In the event of premature termination of pregnancy or premature birth (delivery that occurs between 20 and 37 weeks of gestation), this Benefit shall be payable without the application of the 9 months' waiting period provided that the conception of such pregnancy occurs after the commencement date of this Maternity Benefit. For the avoidance of doubt, if delivery is occurred after 37 weeks of gestation but within the 9 months' waiting period, this Maternity Benefit shall not be payable.
- 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).

註解 Notes

- 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；
 - 必須按保柏尚健特選服務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/或牙醫轉介的某些 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。
 - 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之保障摘要上「網絡牙科中心保障」所列明的牙科服務項目。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。
 - 要享有全數賠償的網絡牙科中心保障：
 - 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。
 - 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。
- About network benefit under Clinical Benefit
 - 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.
 - 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.
- 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.
 - 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.
 - 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.
 - 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.
 - 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.
 - 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 Summary of Benefits for Optional Benefits. Locations of the Network Dental Centres include Admiralty, Causeway Bay, Quarry Bay, 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 Centres for their consultation hours.
 - 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.

C 免費保障及服務 Free Benefits and Services

1) 免費保柏國際援助計劃
Free Bupa Worldwide Assistance Programme

提供海外及中國住院按金墊支服務，全數支付緊急醫療運送費用及送返香港後高達港幣12萬元的額外住院保障，並設有24小時熱線提供旅遊、醫療或法律資訊及支援。 Provides admission deposit in the event of hospitalisation overseas and in China, unlimited cover for emergency medical evacuation and repatriation, and an extra hospital benefit of HK\$120,000 after repatriation to Hong Kong. A 24-hour hotline for travel, medical or legal information and assistance is also available.

- 免費保柏國際援助計劃並不屬自願醫保認可產品的一部分。若你不希望獲得此免費保障，請以書面通知保柏。
The Free Bupa Worldwide Assistance Programme is not part of the VHIS Certified Plan. Please inform Bupa in writing if you don't want to receive this free benefit.

2) 健康支援服務
Health Coaching Services

尊尚 / 升級尊尚
Deluxe /
Deluxe Plus

智選 / 升級智選
Advance /
Advance Plus

基本 / 升級基本
Standard /
Standard Plus

「健康支援服務」由醫生、合資格護士和健康管理團隊組成，為你提供個人健康管理支援服務。

The Health Coaching Services give you access to personal healthcare support delivered by a team of doctors, qualified nurses and health management professionals.

<p>24小時健康專線 24-hour Healthline 提供每天24小時支援服務，為你解答健康問題並提供指引，根據病徵或病況建議合適的做法 24/7 guidance on health-related queries, suggesting a suitable course of action based on your symptoms and condition</p>	✓	✓	✓
<p>醫療中心選擇 Healthcare Centre Choices 可根據你的指定情況或需要為你提供診所及醫院名單以供參考 Provide a list of clinics and hospitals based on your specific condition or needs for your reference</p>	✓	✓	不適用 Not applicable
<p>健康顧問 Care Manager 若入住本港私家醫院，保柏的健康顧問會全程協助，讓你了解你的治療詳情和醫療開支預算，替你處理有關入院、出院後跟進治療及索償等事宜 A personal Care Manager will follow you throughout your hospital stay in a local private Hospital to help you understand your treatment plan and obtain cost estimates, as well as facilitate admission, follow-up treatments after discharge and claims</p>	✓	✓	(健康顧問會在受保人患上癌症或心臟病時提供協助 Care Manager will support you in the event of cancer and heart failure)
<p>第二醫療意見 Second Medical Opinion 如在診斷和治療上遇到各種疑慮，我們可安排醫療專家為你提供專業的第二意見，讓你掌握病情從而決定治療方法 Clarify any doubts about your diagnosis and proposed treatment by obtaining medical advice from a panel of medical specialists</p>	✓	✓	不適用 Not applicable
<p>慢性疾病管理計劃 Chronic Conditions Programme 提供控制慢性疾病如糖尿病、高血壓的建議，包括生活習慣建議及跟進病情等服務 Lifestyle coaching and follow-up services to help you manage chronic conditions such as diabetes and hypertension</p>	✓	不適用 Not applicable	不適用 Not applicable

請瀏覽保柏網站 www.bupa.com.hk/health-coaching-services 查閱健康支援服務的條款及細則。

Please refer to Bupa's website at www.bupa.com.hk/health-coaching-services for the terms and conditions of the Health Coaching Services.

- 使用健康支援服務並不需額外費用。若我們建議的服務不在你的「保柏靈活配自願醫保計劃」之賠償範圍內，你便須支付有關費用。
- 醫生會於辦公時間內支援護士解答問題。辦公時間為星期一至五，上午9時至下午6時（香港時間），公眾假期除外。
- The use of Health Coaching Services is free of charge. If the services suggested aren't covered under your Bupa MyFlexi VHIS Plan, you'll be responsible for the fees incurred.
- Doctors will be available during scheduled office hours to support the nurses in answering enquiries. Office hours: Mon – Fri, from 9am to 6pm (Hong Kong time), except public holidays.



保費表 Premium Table

2024年4月1日版本 1 April 2024 Edition

保柏靈活配自願醫保計劃提供以下選擇 (括號內數字為自願醫保認可產品編號) :

Bupa MyFlexi VHIS Plan offers the options below (VHIS certification numbers in brackets):

- 尊尚 / 升級尊尚 Deluxe / Deluxe Plus (F00029-03-000-05 / F00029-03-001-05)
- 智選 / 升級智選 Advance / Advance Plus (F00029-02-000-05 / F00029-02-001-05)
- 基本 / 升級基本 Standard / Standard Plus (F00029-01-000-05 / F00029-01-001-05)

A 認可產品之標準保費表 Standard Premium Schedule for the Certified Plan

以港元計算 All figures in HKD

1) 基本保障 Basic Benefits + 2) 額外保障 Enhanced Benefits													
只適用於保單生效時年齡介乎0至59歲之受保人 For Insured Persons from Age 0 to 59 years at Policy commencement													
年齡 Age	尊尚 / 升級尊尚 Deluxe / Deluxe Plus		智選 / 升級智選 Advance / Advance Plus		基本 / 升級基本 Standard / Standard Plus		年齡 Age	尊尚 / 升級尊尚 Deluxe / Deluxe Plus		智選 / 升級智選 Advance / Advance Plus		基本 / 升級基本 Standard / Standard Plus	
	按年 Annual	按月 Monthly	按年 Annual	按月 Monthly	按年 Annual	按月 Monthly		按年 Annual	按月 Monthly	按年 Annual	按月 Monthly	按年 Annual	按月 Monthly
0 - 17	12,111	1,090	6,907	622	3,876	349	50	23,174	2,086	14,736	1,326	8,814	793
18	8,488	764	4,886	440	2,857	257	51	24,110	2,170	15,335	1,380	9,169	825
19	8,654	779	5,015	451	2,885	260	52	25,082	2,257	15,958	1,436	9,538	858
20	8,797	792	5,105	459	2,911	262	53	26,097	2,349	16,613	1,495	9,917	893
21	8,952	806	5,207	469	2,951	266	54	27,165	2,445	17,301	1,557	10,311	928
22	9,114	820	5,320	479	2,998	270	55	28,378	2,554	17,872	1,608	10,636	957
23	9,285	836	5,448	490	3,051	275	56	29,528	2,658	18,626	1,676	11,077	997
24	9,471	852	5,589	503	3,112	280	57	30,732	2,766	19,412	1,747	11,532	1,038
25	9,671	870	5,747	517	3,180	286	58	31,983	2,878	20,237	1,821	12,002	1,080
26	9,891	890	5,918	533	3,257	293	59	33,317	2,999	21,095	1,899	12,496	1,125
27	10,133	912	6,108	550	3,341	301	以下保費只供續保之用 The premiums below are for Renewal only						
28	10,411	937	6,316	568	3,434	309	60	34,577	3,112	21,990	1,979	13,146	1,183
29	10,710	964	6,543	589	3,539	319	61	36,228	3,261	23,033	2,073	13,793	1,241
30	11,126	1,001	6,862	618	3,710	334	62	37,952	3,416	24,120	2,171	14,474	1,303
31	11,498	1,035	7,209	649	3,886	350	63	39,851	3,587	25,264	2,274	15,188	1,367
32	11,905	1,071	7,591	683	4,040	364	64	41,955	3,776	26,441	2,380	15,932	1,434
33	12,344	1,111	7,887	710	4,214	379	65	44,343	3,991	27,698	2,493	16,791	1,511
34	12,838	1,155	8,192	737	4,410	397	66	46,863	4,218	28,460	2,561	17,828	1,605
35	13,352	1,202	8,548	769	4,585	413	67	49,574	4,462	29,712	2,674	19,162	1,725
36	13,884	1,250	8,882	799	4,809	433	68	52,473	4,723	30,860	2,777	19,971	1,797
37	14,436	1,299	9,223	830	5,045	454	69	55,549	4,999	31,936	2,874	20,781	1,870
38	15,010	1,351	9,579	862	5,293	476	70	58,739	5,287	33,054	2,975	21,330	1,920
39	15,617	1,406	9,958	896	5,554	500	71	61,799	5,562	34,048	3,064	21,596	1,944
40	16,263	1,464	10,393	935	5,850	527	72	64,913	5,842	34,909	3,142	21,763	1,959
41	16,809	1,513	10,741	967	6,176	556	73	68,132	6,132	35,615	3,205	22,089	1,988
42	17,385	1,565	11,110	1,000	6,428	579	74	71,353	6,422	36,157	3,254	22,568	2,031
43	17,980	1,618	11,490	1,034	6,694	602	75	74,438	6,699	36,505	3,285	23,299	2,097
44	18,590	1,673	11,877	1,069	6,968	627	76	77,596	6,984	36,876	3,319	23,529	2,118
45	19,219	1,730	12,344	1,111	7,276	655	77	80,773	7,270	37,235	3,351	23,698	2,133
46	19,868	1,788	12,771	1,149	7,577	682	78	84,049	7,564	37,607	3,385	23,865	2,148
47	20,546	1,849	13,217	1,190	7,886	710	79	87,424	7,868	37,969	3,417	24,035	2,163
48	21,250	1,913	13,674	1,231	8,207	739	80+	90,822	8,174	38,340	3,451	24,214	2,179
49	21,975	1,978	14,154	1,274	8,532	768							

1) 基本保障 Basic Benefits + 2) 額外保障 Enhanced Benefits

只適用於保單生效時年齡介乎 60 至 69 歲之受保人 For Insured Persons from Age 60 to 69 years at Policy commencement

年齡 Age	尊尚 / 升級尊尚 Deluxe / Deluxe Plus		智選 / 升級智選 Advance / Advance Plus		基本 / 升級基本 Standard / Standard Plus	
	按年 Annual	按月 Monthly	按年 Annual	按月 Monthly	按年 Annual	按月 Monthly
60	51,866	4,668	32,985	2,969	19,719	1,775
61	54,342	4,892	34,550	3,110	20,690	1,862
62	56,928	5,124	36,180	3,257	21,711	1,955
63	59,777	5,381	37,896	3,411	22,782	2,051
64	62,933	5,664	39,662	3,570	23,898	2,151
65	66,515	5,987	41,547	3,740	25,187	2,267
66	70,295	6,327	42,690	3,842	26,742	2,408
67	74,361	6,693	44,568	4,011	28,743	2,588
68	78,710	7,085	46,290	4,166	29,957	2,696
69	83,324	7,499	47,904	4,311	31,172	2,805
以下保費只供續保之用 The premiums below are for Renewal only						
70	88,109	7,931	49,581	4,463	31,995	2,880
71	92,699	8,343	51,072	4,596	32,394	2,916
72	97,370	8,763	52,364	4,713	32,645	2,939
73	102,198	9,198	53,423	4,808	33,134	2,982
74	107,030	9,633	54,236	4,881	33,852	3,047
75	111,657	10,049	54,758	4,928	34,949	3,146
76	116,394	10,476	55,314	4,979	35,294	3,177
77	121,160	10,905	55,853	5,027	35,547	3,200
78	126,074	11,346	56,411	5,078	35,798	3,222
79	131,136	11,802	56,954	5,126	36,053	3,245
80+	136,233	12,261	57,510	5,177	36,321	3,269

1) 基本保障 Basic Benefits + 2) 額外保障 Enhanced Benefits

只適用於保單生效時年齡介乎 70 至 80 歲之受保人 For Insured Persons from Age 70 to 80 years at Policy commencement

年齡 Age	尊尚 / 升級尊尚 Deluxe / Deluxe Plus		智選 / 升級智選 Advance / Advance Plus		基本 / 升級基本 Standard / Standard Plus	
	按年 Annual	按月 Monthly	按年 Annual	按月 Monthly	按年 Annual	按月 Monthly
70	117,478	10,574	66,108	5,950	42,660	3,840
71	123,598	11,124	68,096	6,128	43,192	3,888
72	129,826	11,684	69,818	6,284	43,526	3,918
73	136,264	12,264	71,230	6,410	44,178	3,976
74	142,706	12,844	72,314	6,508	45,136	4,062
75	148,876	13,398	73,010	6,570	46,598	4,194
76	155,192	13,968	73,752	6,638	47,058	4,236
77	161,546	14,540	74,470	6,702	47,396	4,266
78	168,098	15,128	75,214	6,770	47,730	4,296
79	174,848	15,736	75,938	6,834	48,070	4,326
80	181,644	16,348	76,680	6,902	48,428	4,358
以下保費只供續保之用 The premiums below are for Renewal only						
81+	181,644	16,348	76,680	6,902	48,428	4,358

以港元計算 All figures in HKD

3) 自選提升保障 - 升級保障 Optional Enhanced Benefit - Push the Limit Benefit
額外保費 Additional Premium

年齡 Age	升級尊尚 Deluxe Plus		升級智選 Advance Plus		升級基本 Standard Plus		年齡 Age	升級尊尚 Deluxe Plus		升級智選 Advance Plus		升級基本 Standard Plus	
	按年 Annual	按月 Monthly	按年 Annual	按月 Monthly	按年 Annual	按月 Monthly		按年 Annual	按月 Monthly	按年 Annual	按月 Monthly	按年 Annual	按月 Monthly
0 - 17	4,703	423	2,837	255	1,607	145	49	14,042	1,264	7,241	652	3,955	356
18	3,853	347	2,122	191	1,135	102	50	14,873	1,339	7,470	672	4,084	368
19	3,901	351	2,124	191	1,157	104	51	15,742	1,417	7,698	693	4,289	386
20	3,960	356	2,130	192	1,177	106	52	16,638	1,497	8,090	728	4,476	403
21	4,007	361	2,173	196	1,189	107	53	17,580	1,582	8,493	764	4,645	418
22	4,074	367	2,221	200	1,206	109	54	18,579	1,672	8,911	802	4,815	433
23	4,158	374	2,276	205	1,222	110	55	19,630	1,767	9,322	839	4,983	448
24	4,245	382	2,336	210	1,247	112	56	20,705	1,863	9,767	879	5,162	465
25	4,343	391	2,399	216	1,278	115	57	21,864	1,968	10,229	921	5,354	482
26	4,464	402	2,468	222	1,316	118	58	23,088	2,078	10,718	965	5,556	500
27	4,598	414	2,548	229	1,363	123	59	24,413	2,197	11,216	1,009	5,787	521
28	4,734	426	2,631	237	1,419	128	60	25,835	2,325	11,758	1,058	6,085	548
29	4,896	441	2,727	245	1,485	134	61	27,430	2,469	12,418	1,118	6,381	574
30	5,098	459	2,763	249	1,566	141	62	29,343	2,641	13,221	1,190	6,773	610
31	5,275	475	2,884	260	1,672	150	63	31,377	2,824	14,200	1,278	7,248	652
32	5,477	493	3,032	273	1,763	159	64	33,423	3,008	15,298	1,377	7,714	694
33	5,693	512	3,181	286	1,845	166	65	36,270	3,264	16,331	1,470	8,306	748
34	5,937	534	3,344	301	1,935	174	66	39,256	3,533	17,577	1,582	9,161	824
35	6,240	562	3,509	316	2,015	181	67	42,851	3,857	18,989	1,709	10,228	921
36	6,613	595	3,681	331	2,102	189	68	46,675	4,201	20,419	1,838	11,111	1,000
37	7,017	632	3,869	348	2,194	197	69	51,235	4,611	22,312	2,008	12,114	1,090
38	7,450	671	4,062	366	2,288	206	70	56,258	5,063	24,256	2,183	13,079	1,177
39	7,902	711	4,252	383	2,384	215	71	60,979	5,488	26,087	2,348	13,802	1,242
40	8,350	752	4,589	413	2,525	227	72	65,215	5,869	27,016	2,431	14,858	1,337
41	8,843	796	4,896	441	2,706	244	73	69,483	6,253	27,861	2,507	16,087	1,448
42	9,366	843	5,133	462	2,827	254	74	73,506	6,616	28,926	2,603	16,625	1,496
43	9,931	894	5,385	485	2,970	267	75	77,261	6,953	30,337	2,730	16,718	1,505
44	10,531	948	5,662	510	3,115	280	76	80,906	7,282	31,441	2,830	17,073	1,537
45	11,154	1,004	5,931	534	3,210	289	77	84,881	7,639	32,608	2,935	17,534	1,578
46	11,830	1,065	6,232	561	3,372	303	78	89,076	8,017	33,451	3,011	17,970	1,617
47	12,531	1,128	6,563	591	3,552	320	79	93,612	8,425	34,216	3,079	18,407	1,657
48	13,271	1,194	6,891	620	3,745	337	80+	98,198	8,838	35,145	3,163	18,702	1,683

B 自選保障之保費表 Premium Schedule for Optional Benefits

自選保障並非自願醫保認可產品的一部分，自選保障之保費不可用作申請稅項扣減。

Optional benefits are not part of the Certified Plan. The premiums paid for optional benefits are not eligible for claiming tax deduction.

以港元計算 All figures in HKD

1) 門診保障 Clinical Benefit (只供已選擇升級保障之人士投保 Only available for enrolment after selecting Push the Limit Benefit) 額外保費 Additional Premium											
年齡 Age	按年 Annual	按月 Monthly	年齡 Age	按年 Annual	按月 Monthly	年齡 Age	按年 Annual	按月 Monthly	年齡 Age	按年 Annual	按月 Monthly
15日 days - 17歲 years	8,690	782	33	9,611	865	49	14,514	1,306	65	19,844	1,786
18	7,626	686	34	9,850	887	50	14,549	1,309	66	20,144	1,813
19	7,667	690	35	9,991	899	51	14,624	1,316	67	20,331	1,830
20	7,708	694	36	10,212	919	52	14,997	1,350	68	20,514	1,846
21	7,782	700	37	10,498	945	53	15,365	1,383	69	20,696	1,863
22	7,859	707	38	10,763	969	54	15,754	1,418	70	20,884	1,880
23	7,940	715	39	11,031	993	55	16,156	1,454	71	21,048	1,894
24	8,024	722	40	11,068	996	56	16,567	1,491	72	21,212	1,909
25	8,118	731	41	11,646	1,048	57	16,979	1,528	73	21,375	1,924
26	8,227	740	42	11,936	1,074	58	17,421	1,568	74	21,540	1,939
27	8,344	751	43	12,231	1,101	59	17,868	1,608	75	21,704	1,953
28	8,469	762	44	12,535	1,128	60	17,912	1,612	76	21,864	1,968
29	8,603	774	45	13,151	1,184	61	18,246	1,642	77	22,028	1,983
30	9,028	813	46	13,474	1,213	62	18,701	1,683	78	22,188	1,997
31	9,202	828	47	13,811	1,243	63	19,177	1,726	79	22,350	2,012
32	9,397	846	48	14,161	1,274	64	19,654	1,769	80+	22,511	2,026

2) 牙科保障 Dental Benefit (只適用於年齡介乎15日至80歲之受保人 For Insured Persons from Age 15 days to 80 years only) 額外保費 Additional Premium					3) 產科保障 Maternity Benefit (只適用於年齡介乎18至49歲之女性受保人 For female Insured Persons from Age 18 to 49 years only) 額外保費 Additional Premium						
年齡 Age	計劃 Plan A		計劃 Plan B		年齡 Age	尊尚 / 升級尊尚 Deluxe / Deluxe Plus		智選 / 升級智選 Advance / Advance Plus		基本 / 升級基本 Standard / Standard Plus	
	按年 Annual	按月 Monthly	按年 Annual	按月 Monthly		按年 Annual	按月 Monthly	按年 Annual	按月 Monthly	按年 Annual	按月 Monthly
15日 days - 80歲 years	877	79	1,268	114	18 - 29	16,142	1,453	11,444	1,030	7,223	650
					30 - 49	21,524	1,937	15,259	1,373	9,631	867
					50 - 54 (只供續保 for renewal only)	21,524	1,937	15,259	1,373	9,631	867

以上所有保費表並未包括由保險業監管局徵收的保費徵費，有關徵費率詳情，請瀏覽 www.bupa.com.hk/levy。
All premium schedules above do not include levy which is collected by the Insurance Authority. For general information on the applicable levy rates, please visit www.bupa.com.hk/levy.

C 折扣優惠 Discounts

無索償續保折扣 No Claim Renewal Discount	
無索償期間 No claim period	無索償續保折扣 No claim renewal discount
連續 2 或 3 個保單年度 2 or 3 consecutive Policy Years	5%
連續 4 或 5 個保單年度 4 or 5 consecutive Policy Years	10%
連續 6 個或以上保單年度 6 or more consecutive Policy Years	15%

所有條款及細則以保單為準。 All terms and conditions are subject to the Policy.
以上折扣只適用於 1) 基本保障 + 2) 額外保障的保費，不適用於升級保障及其他自選保障。 The above discounts apply to premiums of 1) Basic Benefits + 2) Enhanced Benefits only, but not Push the Limit and other optional benefits.

子女折扣 Child Discount (只適用於 18 歲以下的受保人 Applicable to Insured Persons below Age 18 only)	
子女與父母一同投保：子女的 1) 基本保障 + 2) 額外保障保費可享 75 折 Child enrolls with one parent: 25% child discount on 1) Basic Benefits + 2) Enhanced Benefits	
子女與父母一同投保：子女的 1) 基本保障 + 2) 額外保障保費可享 65 折 Child enrolls with both parents: 35% child discount on 1) Basic Benefits + 2) Enhanced Benefits	