



自願醫保認可產品編號 VHIS Certification No.: S00020-01-000-02

保障摘要 Summary of Benefits

2021年1月1日版本 1 January 2021 Edition

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\$750(每保單年度最多180日) \$750 per day (Maximum 180 days per Policy Year)
b 雜項開支 Miscellaneous charges	每保單年度\$14,000 \$14,000 per Policy Year
c 主診醫生巡房費 Attending doctor's visit fee	每日\$750(每保單年度最多180日) \$750 per day (Maximum 180 days per Policy Year)
d 專科醫生費 ^② Specialist's fee ^②	每保單年度\$4,300 \$4,300 per Policy Year
e 深切治療 Intensive care	每日\$3,500(每保單年度最多25日) \$3,500 per day (Maximum 25 days per Policy Year)
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 \$50,000 ◦ 大型 Major \$25,000 ◦ 中型 Intermediate \$12,500 ◦ 小型 Minor \$5,000
g 麻醉科醫生費 Anaesthetist's fee	外科醫生費的35% ^⑤ 35% of Surgeon's fee payable ^⑤
h 手術室費 Operating theatre charges	外科醫生費的35% ^⑤ 35% of Surgeon's fee payable ^⑤
i 訂明診斷成像檢測 ^{③④} Prescribed Diagnostic Imaging Tests ^{③④}	每保單年度\$20,000(設30%共同保險) \$20,000 per Policy Year (subject to 30% Coinsurance)
j 訂明非手術癌症治療 ^④ Prescribed Non-surgical Cancer Treatments ^④	每保單年度\$80,000 \$80,000 per Policy Year
k 入院前或出院後/日間手術前後之門診護理 ^② Pre- and post-Confinement / Day Case Procedure outpatient care ^②	每次\$580,每保單年度\$3,000 \$580 per visit, up to \$3,000 per Policy Year <ul style="list-style-type: none"> ◦ 住院/日間手術前最多1次門診或急症診症 1 prior outpatient visit or Emergency consultation per Confinement/Day Case Procedure ◦ 出院/日間手術後90日內最多3次跟進門診 3 follow-up outpatient visits per Confinement/Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)
l 精神科治療 Psychiatric treatments	每保單年度\$30,000 \$30,000 per Policy Year
其他限額 Other limits	
保障項目(a) - (l)的每年保障限額 Annual Benefit Limit for benefit items (a) - (l)	每保單年度\$420,000 \$420,000 per Policy Year
保障項目(a) - (l)的終身保障限額 Lifetime Benefit Limit for benefit items (a) - (l)	無 Nil

註解 Notes

- ① 同一項目的合資格費用不可獲上述表中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 此百分比適用於外科醫生費實際賠償的金額或根據手術分類下外科醫生費的保障限額,以較低者為準。
- ⑥ Eligible Expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above.
- ⑦ 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.
- ⑧ 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.
- ⑨ Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
- ⑩ The percentage here applies to the Surgeon's fee actually payable or the benefit limit for the Surgeon's fee according to the surgical categorisation, whichever is the lower.

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

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

保柏自願醫保計劃 Bupa MyBasic VHIS Plan



Sun Flower Insurance Brokers Limited

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Tel: 2521 1881 Fax: 2521 1919 Email: vip@sunflowergroup.com.hk www.sunflowerVIP.com
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: S00020)
VHIS Certified Plan (No. S00020)

開始 START HERE >

保柏自願醫保計劃 Bupa MyBasic VHIS Plan

「保柏自願醫保計劃」符合自願醫保的要求並屬醫務衛生局認可的自願醫保標準計劃，所繳交之保費可申請稅項扣減。本計劃讓你可安心使用優質的醫療服務，無須擔心醫療費用開支。本計劃涵蓋必要的醫療開支，每年保障額高達港幣420,000元。在本計劃下，你可續保至100歲，保障項目更不設終身保障限額¹，讓你無後顧之憂。

The **Bupa MyBasic VHIS Plan** fulfills the Voluntary Health Insurance Scheme (VHIS) requirements and is certified by the Health Bureau as a VHIS Standard Plan. Premiums paid for this plan are eligible for claiming tax deduction. This plan allows you to access quality healthcare without worrying about treatment costs. It covers necessary medical expenses up to HK\$420,000 every year. Once you enrol, you can renew your policy until the age of 100, and there's no limit on benefits paid out during your lifetime¹.

¹ 須為合資格費用及以每年保障額為限。

¹ Subject to eligibility of the related expenses and the annual limit.



保柏自願醫保計劃
Bupa MyBasic
VHIS Plan

保柏 - 你的明智之選
Why choose Bupa

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你的保障概要 Overview of your cover

保障一覽表 Cover at a glance

保障地域範圍：全球²
 Territorial scope of cover: worldwide²

病房級別：不設限制
 Ward class: no restriction

不設終身保障限額
 No lifetime benefit limit

保障期：一年，可每年續保至100歲
 Period of cover: one year, renewable yearly up to
 the age of 100

涵蓋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，受等候期約束³
 Unknown pre-existing conditions and congenital
 conditions with symptoms appearing or diagnosed
 from age 8 are covered, subject to a waiting period³

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

保單持有人及其配偶之父母、(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

投保 Application

投保前無須進行醫療檢查 No medical examinations are required

續保 Renewal

保證續保至100歲⁴ Guaranteed renewal up to 100 years old⁴



你的保障概要 Overview of your cover

自願醫保認可計劃資料 VHIS certified plan details

計劃類別 Plan type

標準計劃 Standard plan

稅項扣減⁵ Tax deduction⁵

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.

² 精神科治療的保障地域範圍只限香港。

³ 投保前未知的已有病症及8歲起出現徵狀或確診的先性疾病之等候期及賠償比率如下：

首個保單年度	沒有保障
第二個保單年度	按保障限額賠償 25%
第三個保單年度	按保障限額賠償 50%
第四個保單年度起	按保障限額全數賠償

⁴ 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 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）的香港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）「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日起生效的認可自願醫保計劃。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。

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

³ Unknown pre-existing conditions and congenital conditions with symptoms appearing or diagnosed from age 8 are covered subject to the waiting period and reimbursement percentage as follows:

First policy year:	no coverage
Second policy year:	25% reimbursement
Third policy year:	50% reimbursement
Fourth policy year onwards:	full coverage

⁴ 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.

⁵ 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. The relationship between the taxpayer and the insured person 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 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.



保柏自願醫保計劃 Bupa MyBasic VHIS Plan

「保柏自願醫保計劃」提供每年高達港幣 420,000 元全球保障額^{1,2}，賠償一系列醫療開支，包括嚴重疾病如癌症治療費用。我們明白精神健康亦非常重要，因此計劃亦涵蓋精神科治療，而所有保障項目更不設終身保障限額。我們承諾提供高透明度的保障及索償程序，全面照顧你的健康需要。

Our Bupa MyBasic VHIS Plan offers worldwide coverage of up to HK\$420,000 per year to reimburse a wide range of medical expenses^{1,2}, including expenses for treating serious conditions such as cancer. We've also included psychiatric treatment because mental health is important too. There's no lifetime benefit limit, and we're committed to ensuring transparency in your coverage and claims.



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，賠償按等候期而定³。你亦可通過核保及繳付附加保費，保障投保前已有病症。

Your policy can cover unknown pre-existing conditions and congenital conditions with symptoms appearing or diagnosed from age 8, subject to a waiting period³. You can also choose cover for pre-existing conditions, subject to underwriting and an additional premium.



訂明診斷成像檢測 Prescribed diagnostic imaging tests

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 20,000 元賠償⁶。

Up to HK\$20,000 per policy year towards prescribed diagnostic imaging tests such as MRI and CT scans⁶.



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

保障涵蓋港幣 80,000 元訂明癌症治療，如放射性治療及化療。

Additional coverage of up to HK\$80,000 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 and day case unit of a hospital are also covered.

⁶ 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。

⁶ Subject to 30% coinsurance. Coinsurance means the percentage of eligible expenses that must be paid by the policy holder.



保柏自願醫保計劃 Bupa MyBasic VHIS Plan



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

共 4 次入院前或出院後 / 日間手術前後的門診護理或急症診症。
 Including a total of 4 outpatient visits or emergency consultations
 before or after hospitalisation/day case procedure.



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.



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⁴。
 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 effect⁴.



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⁵。
 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 year⁵.



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
 透過免費的保柏客戶服務網站，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 Bupa's free online customer service
 portal to view details of your policy.



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、查詢索償狀態，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 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.



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.



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.



會籍資料 Your profile

網上更新你的聯絡資料。

Update your contact information at any time.



Bupa4Life 健康管理及獎賞

Manage your health and get rewards in Bupa4Life

健康是你最寶貴的財富，保持健康的體魄，是對自己及家人最大的承諾。保柏的健康應用程式 **Bupa4Life** 可助你全方位管理健康，達成進度更可賺積分換禮品，動得越多，賞得越多！

Your health is your most valuable asset. Staying healthy is the greatest promise you can make to yourself and your family. Our wellness app **Bupa4Life** helps you manage your health and track your progress. You can also earn points to redeem rewards for healthy living. The more active you are, the more rewards you'll get!



免費參加各種健康課程、活動及瀏覽專家健康貼士

Book into wellness classes, activities for free and read health tips from experts



賺取積分以換領各種獎賞，健康滿 Fun

Earn points to redeem various rewards for healthy and fruitful living



線上健康評估，5分鐘即可了解你的身心狀況

Online health assessment to know more about your physical and mental health in just 5 minutes



訂立健康目標與追蹤活動量

Set action plans and health goals, track your progress to take charge of your health

立即投保及下載 **Bupa4Life**，健康人生由此刻開始！

Enrol now and download **Bupa4Life** to start living healthy today!





Bupa 保柏

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
- 在香港為超過40萬名客戶及3,200間公司提供保障
- 作為保柏集團的一份子，卓健醫療透過逾1,400個服務點，包括旗下超過100間設施齊備的卓健醫療中心及多間聯營診所為市民提供醫療保健服務

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
- Insuring more than 400,000 people and 3,200 companies in Hong Kong
- As part of Bupa, Quality HealthCare provides primary care services through a network of over 1,400 provider service points, including over 100 Quality HealthCare multi-specialty 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
- WhatsApp 智能服務大使 Bella

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

- 24-hour telephone support
- Online customer service portal
- AI Service Ambassador - WhatsApp Chatbot Bella





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 Tel: 2521 1881 Fax: 2521 1919 Email: vip@sunflowergroup.com.hk www.sunflowervip.com
 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.



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 **立即投保!**
Enrol now!

投保「保柏自願醫保計劃」，為你未來的健康做好保障。請致電或透過網上投保。

We hope you'll choose Bupa MyBasic VHIS Plan for continuous coverage throughout your lifetime. Join today over the phone or via our website.



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.



網上投保
 Online enrolment

瀏覽我們的網站
www.bupa.com.hk/mybasic

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





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？

本計劃沒有最低住院時數限制。而日症及門診手術治療亦可獲得賠償，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）的香港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的《稅務條例》（第112章）「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。有關稅項扣除額適用於由2019年4月1日起生效的認可自願醫保計劃。

每名納稅人可用以申請稅項扣減的計劃及／或受保人數目均不設上限。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。

3. 如何使用「訂明診斷成像檢測保障」？

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%則由保柏賠償並以每保單年度賠償限額港幣20,000元為限。

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）。

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. These include 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 claim a tax deduction on qualifying premiums up to HK\$8,000 per insured person each year. The relationship between the taxpayer and the insured person 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 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.

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.

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 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\$20,000 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).



常見問題 Frequently asked questions

4. 如何申請索償？

接受治療前無須申請預先批核。請於接受治療後90日內將填妥的賠償申請表連同所有所需文件交回保柏即可。

5. 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。

4. How do I make a claim?

No pre-authorisation is required before receiving treatment. Please submit a completed claim form and all required documents to Bupa within 90 days of receiving treatment.

5. 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

本計劃下所有保障均不設等候期，保單生效後即可獲得保障。

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」。

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／不受保障項目或索償款項被調低。

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。

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

There's no waiting period for all benefits under this plan. Coverage starts as soon as your policy is in effect.

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.

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.



重要資料 Important information

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，向同一類別的保柏自願醫保計劃保單調整標準保費率。

續保

本保單生效期為期一年。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。

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。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。如你選擇以信用卡或自動轉賬繳付保費，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。

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 for all Bupa MyBasic VHIS Plan policies. Adjustments will be made with reference to factors such as medical inflation, general operating expenses and revision of benefits to cover increasing medical expenses.

Renewal

This policy will last for 1 year. 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.

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. 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 choose to pay by credit card or autopay, 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。
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。

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.
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).



重要資料

Important information

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，並於意外後九十(90)日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、頭髮重金屬元素分析、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。
 9. 購買屬耐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。
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 ninety (90) days 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.
 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.



重要資料 Important information

- 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。
- 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。
- 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。
- 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。
- 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。
- 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.
- 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.
- 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.
- Eligible expenses which have been reimbursed under any law, or medical program or insurance policy provided by any government, company or other third party.
- 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.

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；
- 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。

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;
- 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.



重要資料 Important information

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。

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.



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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.

保柏（亞洲）有限公司
Bupa (Asia) Limited

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Bupa Hong Kong



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.

自願醫保認可產品編號 VHIS Certification No.: S00020-01-000-02

標準保費表 Standard Premium Schedule

2022年1月1日版本 1 January 2022 Edition

以港元計算 All figures in HKD

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	按年 Annual	按月 Monthly	年齡 Age	按年 Annual	按月 Monthly
0	3,396	306	51	6,740	607
1	3,396	306	52	7,063	636
2	3,396	306	53	7,402	666
3	3,396	306	54	7,759	698
4	3,396	306	55	8,133	732
5	2,404	216	56	8,524	767
6	2,404	216	57	8,932	804
7	2,404	216	58	9,356	842
8	2,404	216	59	9,796	882
9	2,404	216	以下保費只供續保之用 The premiums below are for Renewal only		
10	2,404	216	60	10,250	923
11	2,404	216	61	10,719	965
12	2,404	216	62	11,199	1,008
13	2,404	216	63	11,689	1,052
14	2,404	216	64	12,186	1,097
15	2,404	216	65	12,689	1,142
16	2,404	216	66	13,195	1,188
17	2,404	216	67	13,699	1,233
18	1,783	160	68	14,198	1,278
19	1,814	163	69	14,688	1,322
20	1,850	167	70	15,165	1,365
21	1,887	170	71	15,623	1,406
22	1,925	173	72	16,056	1,445
23	1,983	178	73	16,459	1,481
24	2,022	182	74	16,825	1,514
25	2,063	186	75	17,147	1,543
26	2,104	189	76	17,416	1,567
27	2,146	193	77	17,626	1,586
28	2,232	201	78	17,766	1,599
29	2,321	209	79	17,827	1,604
30	2,342	211	80	17,917	1,613
31	2,359	212	81	17,917	1,613
32	2,503	225	82	17,917	1,613
33	2,617	236	83	17,917	1,613
34	2,749	247	84	17,917	1,613
35	2,934	264	85	17,917	1,613
36	3,077	277	86	17,917	1,613
37	3,223	290	87	17,917	1,613
38	3,374	304	88	17,917	1,613
39	3,531	318	89	17,917	1,613
40	4,103	369	90	17,917	1,613
41	4,289	386	91	17,917	1,613
42	4,484	404	92	17,917	1,613
43	4,687	422	93	17,917	1,613
44	4,900	441	94	17,917	1,613
45	5,124	461	95	17,917	1,613
46	5,359	482	96	17,917	1,613
47	5,607	505	97	17,917	1,613
48	5,868	528	98	17,917	1,613
49	6,143	553	99	17,917	1,613
50	6,434	579			

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標準保費表 Standard Premium Schedule

2022年1月1日版本 1 January 2022 Edition

以港元計算 All figures in HKD

以港元計算 All figures in HKD

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	按年 Annual	按月 Monthly
60	15,375	1,385
61	16,079	1,448
62	16,799	1,512
63	17,534	1,578
64	18,279	1,646
65	19,034	1,713
66	19,793	1,782
67	20,549	1,850
68	21,297	1,917
69	22,032	1,983

以下保費只供續保之用 The premiums below are for Renewal only

70	22,748	2,048
71	23,435	2,109
72	24,084	2,168
73	24,689	2,222
74	25,238	2,271
75	25,721	2,315
76	26,124	2,351
77	26,439	2,379
78	26,649	2,399
79	26,741	2,406
80	26,876	2,420
81	26,876	2,420
82	26,876	2,420
83	26,876	2,420
84	26,876	2,420
85	26,876	2,420
86	26,876	2,420
87	26,876	2,420
88	26,876	2,420
89	26,876	2,420
90	26,876	2,420
91	26,876	2,420
92	26,876	2,420
93	26,876	2,420
94	26,876	2,420
95	26,876	2,420
96	26,876	2,420
97	26,876	2,420
98	26,876	2,420
99	26,876	2,420

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	按年 Annual	按月 Monthly
70	30,330	2,730
71	31,246	2,812
72	32,112	2,890
73	32,918	2,962
74	33,650	3,028
75	34,294	3,086
76	34,832	3,134
77	35,252	3,172
78	35,532	3,198
79	35,654	3,208
80	35,834	3,226

以下保費只供續保之用 The premiums below are for Renewal only

81	35,834	3,226
82	35,834	3,226
83	35,834	3,226
84	35,834	3,226
85	35,834	3,226
86	35,834	3,226
87	35,834	3,226
88	35,834	3,226
89	35,834	3,226
90	35,834	3,226
91	35,834	3,226
92	35,834	3,226
93	35,834	3,226
94	35,834	3,226
95	35,834	3,226
96	35,834	3,226
97	35,834	3,226
98	35,834	3,226
99	35,834	3,226

此標準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。

This Standard Premium Schedule does 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.