



保柏非凡自願醫保計劃
Bupa Hero VHIS Plan

自選保障及其他服務
之保單及保障資料
**Policy and Benefit
Information for
Optional Benefits
and Other Services**

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1. 一般條文

- (a) 自選保障的條款及細則（「**自選保障條文**」）附於**保柏非凡自願醫保計劃保單**，並屬當中一部分。**自選保障條文**為自選保障，並不屬於**認可產品**。
- (b) 本**自選保障條文**所列明的所有保障賠償，僅適用於支付在**亞洲、澳洲及新西蘭**地區所招致的**合資格費用**及其他費用。
- (c) 本**自選保障條文**所列明的保障賠償，僅適用於支付額外保費選用自選保障的**保單持有人**及／或**受保人**，並且有關保障已載於**保單資料頁**。
- (d) 除本**自選保障條文**特別列明外，**認可產品**內的所有**條款及保障**均為適用，並且具十足效力及作用。倘若**條款及保障**下任何適用的條款或不保事項與**自選保障條文**內所明確列明的保障有任何抵觸，概以**自選保障條文**的條款為準以解決有關不一致之處。為免存疑，下列不保事項不適用於本**自選保障條文** -
- (i) **條款及保障**第七部分第1及第6節所述的一般不保事項，不適用於以下第2(i)節、第3(a)(i)節、第3(a)(ii)節、第3(b)(i)節、第3(b)(ii)節、3(b)(bb)節及第4節所述的保障；
 - (ii) **條款及保障**第七部分第7節所述的一般不保事項，不適用於以下第3節所述的保障；
 - (iii) **條款及保障**第七部分第8節所述的一般不保事項，不適用於以下第2(h)節、第2(i)節及第4節所述的保障；
 - (iv) **條款及保障**第七部分第9節所述的一般不保事項，不適用於以下第3(b)(cc)節所述的保障；
 - (v) **條款及保障**第七部分第10節所述的一般不保事項，不適用於以下第2(f)節、第2(g)節、第2(h)節及第2(i)節所述的保障；及
 - (vi) **條款及保障**第七部分第12節所述的一般不保事項，不適用於以下第2(h)節及第2(i)節所述的保障。
- (e) 除另行釋義外，本**自選保障條文**內以斜體標註的詞彙需以**條款及保障**下第八部分、**補充文件一**第3節、**補充文件五**第1節及下述第5節所載涵意詮釋。
- (f) 按**條款及保障**及本**自選保障條文**，本公司將按下述第2至4節所列明的保障項目，賠償合理及慣常的費用。任何**自付費**（如適用）並不適用於本**自選保障條文**的賠償保障。可獲賠償的費用不會超過所提供服務或項目費用的實際開支。
- (g) 倘本公司向**保單持有人**或**受保人**賠償任何費用，該金額超出**自選保障表**所列明適用的最高賠償限額；或不屬於**保單**涵蓋的保障，則**保單持有人**及／或**受保人**須於本公司出具發票日起計十四(14)日內，悉數賠償本公司有關不受保費用。
- (h) 按本**自選保障條文**所列明保障應支付的任何保費，將不享有**條款及保障補充文件三**所列明之任何折扣，亦不符合稅務扣減的資格。

2. 門診保障

如符合下列條款，本第2節所賠償的保障將等於接受下列服務時實際被收取的費用，並受**自選保障表**內列明的最高賠償限額、診治次數上限及賠償率所規限。

網絡保障及**非網絡保障**下的受保項目與保障範圍並不相同，詳情於**自選保障表**內列明。若**網絡保障**可獲得全數賠償，所涵蓋的服務範圍和診治項目或會因本公司與個別**保柏非凡特選服務供應商**所訂定的信用額安排會有所不同。若由**保柏非凡特選服務供應商**安排提供的服務和診治超出信用額安排的保障，**保單持有人**及／或**受保人**須直接向供應商支付該超出的款項，就同日的診治所支付超出的款項不會根據**非網絡保障**作出賠償。

- (a) 普通科醫生
本保障將賠償**受保人**到**註冊醫生**診所接受**註冊醫生**門診診治時，**註冊醫生**所收取的診症費以及基本**醫療所需西藥費用**（只限**網絡保障**）。
本保障於網絡保障下亦涵蓋由本公司指定的視像診症服務供應商進行的醫療診症服務並使用**保柏非凡卡**繳費。本保障涵蓋診症費及由視像診症服務供應商處方並於其診所取得的**醫療所需西藥費用**。為免存疑，**受保人**須自行承擔任何藥物運送費用，本保障將不會支付此類費用。指定視像診症服務供應商名單可於本公司的客戶服務網站查閱。本公司會不時更新及修訂此名單。
- (b) 專科醫生
本保障將賠償**受保人**經主診**註冊醫生**書面建議（皮膚科、家庭醫學科、婦科、眼科、骨科、耳鼻喉科、小兒外科、兒科及精神科除外），到**專科醫生**診所接受**專科醫生**門診診治時，**專科醫生**所收取的診症費以及基本**醫療所需西藥費用**（只限**網絡保障**）。
- (c) 家中應診
本保障將賠償主診**註冊醫生**到**受保人**家中診症時，**註冊醫生**所收取的診症費。
- (d) 物理治療師
本保障將賠償**受保人**經主診**註冊醫生**書面建議，接受**物理治療師**門診診治時，**物理治療師**所收取的診症費。
- (e) 脊醫
本保障將賠償**受保人**經主診**註冊醫生**書面建議，接受**脊醫**門診診治時，**脊醫**所收取的診症費。
- (f) 中醫師
倘**受保人**到**註冊中醫師**診所接受**註冊中醫師**門診診治，本保障將賠償**受保人**該次就醫的診症費，以及該中醫師於診症同日所處方、**受保人**由合法來源取得之基本**中藥費用**。本保障亦會賠償**註冊中醫師**的門診針灸治療及推拿費用。
- (g) 跌打醫師
倘**受保人**到**註冊中醫師**診所接受**註冊中醫師**門診跌打治療，本保障將賠償**受保人**該次就醫的診症費，以及該中醫師於診症同日所處方、**受保人**由合法來源取得之基本**中藥費用**。本保障亦會賠償**註冊中醫師**的門診針灸治療及推拿費用。
- (h) 精神科相關治療

本保障將賠償**受保人**到**註冊醫生**診所或**註冊中醫師**診所，接受關於精神、心理、情緒或行為症狀、認知障礙症（包括阿茲海默氏症）和帕金森病的門診診治。本保障將支付該次就醫時，接受由**註冊醫生**提供的診症、**醫療所需西藥**、診斷成像檢測及化驗或由**註冊中醫師**提供的診症、**中藥**、針灸治療、只限X光及化驗所招致的醫療費用。

為免存疑，若本保障所賠償的費用亦受保於本第2節所列明的其他保障項目，則有關費用將只會根據本第2(h)節單獨獲得賠償，而不會根據本第2節其他保障項目獲得任何賠償。儘管與**條款及保障**第七部分所述的一般不保事項有任何不一致，本保障亦會賠償因**先天性疾病**及懷孕（包括其併發症）所引致的精神、心理或行為症狀；然而，所有因濫用藥物及酗酒引致或與其相關的所有症狀或疾病一律明確地不會獲得賠償。

(i) 臨床心理輔導

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

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

(j) 整骨治療師（只適用於尊尚或倍尊尚計劃）

本保障將賠償**受保人**接受**整骨治療師**的門診診治費用，而該次就醫的費用必須是通過物理手法、伸展和按摩的方式去處理肌肉、骨骼和關節的情況從而改善關節活動度、緩解肌肉緊張、增加血液流動及促進癒合。

(k) 足病治療師（只適用於尊尚或倍尊尚計劃）

此保障將支付**受保人**於**足病治療師**門診診所接受由**足病治療師**診治的診症費，及於診治當日由該**足病治療師**處方並由合法來源於診治當日取得之**醫療所需**外塗藥物、矯形機械服務及治療等醫療費用，但須有**註冊西醫**的書面轉介信。

(l) 診斷成像及化驗

本保障將賠償**受保人**接受門診診斷檢測時的成像或化驗費。檢驗必須與病徵或診斷相符，並經主診**註冊醫生**的書面建議之所有診斷成像檢測及化驗或**註冊中醫師**或**脊醫**書面建議只限X光及化驗。

(m) 處方西藥

本保障將賠償**受保人**於診症同日經**註冊醫生**處方、屬**醫療所需**並由合法來源取得之**西藥**費用。

(n) 接種疫苗（只適用於尊尚或倍尊尚計劃）

本保障將支付**受保人**於門診接受由**註冊醫生**接種以下指定受保疫苗 - 乙型肝炎疫苗、卡介苗疫苗、小兒麻痺疫苗、白喉、百日咳、破傷風混合疫苗、麻風疫苗、日本腦炎疫苗、腦膜炎疫苗、甲型肝炎疫苗、麻疹疫苗、流行感冒疫苗及其他由**香港**政府或世界衛生組織推薦的疫苗接種。

3. 牙科保障 / 牙科及視力保障

(a) 牙科保障（只適用於智選或倍智選計劃）

本第3(a)節的保障將賠償下列服務所收取的實際費用，惟不可超出**自選保障表**內所列明的適用最高賠償限額上限。

本保障將賠償**受保人**於**註冊牙醫**診所接受下列治療或服務時，由**註冊牙醫**所收取的費用 -

- (i) 洗牙；
- (ii) 定期口腔檢查；
- (iii) 口腔X光及藥物；
- (iv) 補牙及脫牙；
- (v) 膿瘡排放；
- (vi) 齒尖或齒邊修復；
- (vii) 牙髓治療（杜牙根）；
- (viii) 牙周手術；
- (ix) 緊急意外治療（包括X光、緊急牙痛舒緩、臨時補牙、藥物、膿瘡切割及排放）；及
- (x) 因**意外**必需安裝的假牙、牙冠及牙橋。

本保障亦賠償**受保人**接受**註冊牙齒衛生員**洗牙時，由**註冊牙齒衛生員**所收取的費用。

(b) 牙科及視力保障（只適用於尊尚或倍尊尚計劃）

本第3(b)節的保障將賠償下列服務所收取的實際費用，惟不可超出**自選保障表**內所列明的適用最高賠償限額上限。

本第3(b)節將賠償**受保人**於**註冊牙醫**診所接受下列治療或服務，由**註冊牙醫**所收取的費用 -

- (i) 洗牙；
- (ii) 定期口腔檢查；
- (iii) 口腔X光及藥物；
- (iv) 補牙及脫牙；
- (v) 膿瘡排放；
- (vi) 齒尖或齒邊修復；
- (vii) 牙髓治療（杜牙根）；
- (viii) 牙周手術；
- (ix) 緊急意外治療（包括X光、緊急牙痛舒緩、臨時補牙、藥物、膿瘡切割及排放）；及
- (x) 因**意外**必需安裝的假牙、牙冠及牙橋。

本第3(b)節亦賠償**受保人**接受**註冊牙齒衛生員**洗牙時，由**註冊牙齒衛生員**所收取的費用。

受保人必須連續受保於本保障六(6)個月或以上，方可獲得以下項目之牙科保障 -

- (xi) 牙冠及牙橋；
- (xii) 根尖切除術；

- (xiii) 鑲牙；
- (xiv) 部分或全軟組織阻生；
- (xv) 牙骨阻生；
- (xvi) 牙齒矯正；
- (xvii) 全視牙照；及
- (xviii) 牙膠。

本第 3(b)節視力保障將賠償**受保人**到**註冊醫生**或**註冊視光師**診所接受下列服務或項目時，由**註冊醫生**或**註冊視光師**所收取下列服務或項目的費用 -

- (aa) 診症費；
- (bb) 由**註冊醫生**或**註冊視光師**進行之眼科檢查或檢驗；及
- (cc) 矯正視力的隱形眼鏡或一(1)副眼鏡。

為免存疑，上述之視力保障不適用於任何眼鏡框或太陽眼鏡、非矯正視力的隱形眼鏡、雷射矯視手術及/或其他相類服務項目，並受**自選保障表**內所列明的適用最高賠償限額所規限。若本保障所賠償的眼科檢查或檢驗費用亦受保於第 2 節（如已投保），同一項目的**合資格費用**或受保障之費用不可獲多於一個自選保障項目的賠償。

4. 產科保障

- (a) 如符合本第 4 節條文及受限於**自選保障表**內列明的適用最高賠償限額，產科保障將賠償**註冊醫生**所收取的以下費用 -
 - (i) 就**住院**期間有關懷孕或相關狀況的**醫療服務**而收取的**合資格費用**；
 - (ii) 為產前產後護理接受**註冊醫生**任何因懷孕而招致的診症、產前產後檢查、診斷檢測及處方**醫療所需西藥**之費用；及
 - (iii) **住院**期間新生嬰兒的護理費用。

- (b) 產科保障按懷孕的所選分娩方式或最終接受的手術而賠償。順產保障及剖腹生產保障將根據**自選保障表**內分別列明的順產及剖腹生產最高賠償限額作出賠償。倘因流產、經**註冊醫生**建議而墮胎或因懷孕併發症令懷孕中止，將按**自選保障表**內列明的流產保障作出賠償。

- (c) 本第4節所列明之保障，僅賠償**受保人**於本產科保障生效日後受孕所招致的費用。除下列第4(d)節及4(e)節所述之外，本保障並不會賠償由本產科保障生效日起首九(9)個月等候期內的費用。

為免存疑，儘管懷孕期間橫跨多於一個**保單年度**，此保障將根據每次懷孕的最高賠償限額作出賠償。有關費用所產生的日期必須於本保障仍然生效的**保單年度**之內，本保障方會作出賠償。

- (d) 倘若因為終止懷孕或早產（妊娠二十(20)至三十七(37)週之間的分娩），本產科保障將不會應用以上本第4(c)節的九(9)個月等候期而作賠償，惟**受保人**必須於本產科保障生效日後受孕。

- (e) 倘若已過九(9)個月等候期後而招致的合資格醫療費用已作賠償，而分娩後就相關懷孕的賠償限額尚有餘額，則**本公司**將根據分娩方式的最高賠償限額，亦會就九(9)個月的等候期內招致的合資格醫療費用作出賠償。

- (f) 產科保障並不賠償**住院**期間因新生嬰兒任何疾病或受傷而招致的任何醫療費用。

- (g) 無論如何，產科保障均不會賠償向**醫院**或**註冊醫生**預繳分娩套餐的費用，本第4節所列所有保障均須於服務已提供後，方會獲得賠償。

- (h) 為免存疑，本保障不會賠償所有因懷孕（包括其併發症）所引致或與其相關的任何精神、心理、情緒或行為症狀及疾病。

5. 釋義

本**自選保障條文**中使用的字詞及表述必須按照以下所述解釋 -

- 「**自選保障表**」 是指自選保障條款及細則所附的保障表，當中列明其中所涵蓋的保障項目及最高賠償限額。
- 「**保柏非凡特選服務供應商**」 是指由**本公司**委任，並與**本公司**委任並訂立信用額服務安排的**註冊醫生**、**物理治療師**、**脊醫**、**心理學家**、**註冊中醫師**、診斷中心、癌症中心、糖尿病中心、日間手術中心及醫療服務供應商，向本**保單**之**受保人**提供服務，並由**本公司**承擔支付相關服務費用。服務供應商名單可於**保柏非凡特選醫院及專科醫生目錄**查閱。
- 「**保柏非凡特選醫院及專科醫生目錄**」 是指**本公司**列載由**本公司**委任之**保柏非凡特選服務供應商**資料的目錄，此目錄由**本公司**以電子版提供並不時進行更新及修訂。最新的目錄可於**本公司**的客戶服務網站查閱。
- 「**中藥**」 是指按照香港法例第 549 章《中醫藥條例》於香港中醫藥管理委員會中藥組或按照提供中藥治療之任何其他地方之同等法定機構合法提供之中藥材。
- 「**脊醫**」 是指符合以下資格的脊醫 -
 - (a) 具有正式資格並已按香港法例第 428 章《脊醫註冊條例》在香港脊醫管理局註冊，或在**香港**境外的司法管轄區內由**本公司**絕對真誠及合理地認為具有同等效力的團體註冊；及
 - (b) 在**香港**或**香港**境外的司法管轄區，經當地法例許可向**受保人**提供脊醫治療或服務，

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

「整骨治療師」

是指符合以下資格的整骨治療師 -

- (a) 具有正式資格並在香港 The Hong Kong Osteopathic Association 註冊，或在 **香港** 境外的司法管轄區內由 **本公司** 絕對真誠及合理地認為具有同等效力的團體註冊；及
- (b) 在 **香港** 或 **香港** 境外的司法管轄區，經當地法例許可向 **受保人** 提供整骨治療或服務，

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

「物理治療師」

是指符合以下資格的物理治療師 -

- (a) 具有正式資格並已按香港法例第 359 章《輔助醫療業條例》在香港輔助醫療業管理局註冊，或在 **香港** 境外的司法管轄區內由 **本公司** 絕對真誠及合理地認為具有同等效力的團體註冊；及
- (b) 在 **香港** 或 **香港** 境外的司法管轄區，經當地法例許可向 **受保人** 提供物理治療或服務，

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

「足病治療師」

是指符合以下資格的足病治療師 -

- (a) 於獲取足病學學位後，具有正式資格從事足病治療並在香港國際足病治療師協會或香港足病治療師協會註冊，或在 **香港** 境外的司法管轄區內由 **本公司** 絕對真誠及合理地認為具有同等效力的團體註冊；及
- (b) 在 **香港** 或 **香港** 境外的司法管轄區，經當地法例許可向 **受保人** 提供足病治療或服務，

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

「精神科醫生」

是指符合以下資格的精神科醫生 -

- (a) 具有正式資格並已按香港法例第 161 章《醫療註冊條例》在香港醫務委員會註冊，或在 **香港** 境外的司法管轄區內由 **本公司** 絕對真誠及合理地認為具有同等效力的團體註冊；及
- (b) 在 **香港** 或 **香港** 境外的司法管轄區，經當地法例許可向 **受保人** 提供精神科治療或服務，

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

「心理學家」

是指符合以下資格的心理學家 -

- (a) 於獲取心理學學位後，具有正式資格從事情緒及行為失調予以評估及提供服務，並擁有最少等同香港心理學會下的註冊心理學家資格；及
- (b) 在 **香港** 或 **香港** 境外的司法管轄區，經當地法例許可向 **受保人** 提供臨床心理輔導或服務，

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

「註冊牙齒衛生員」

是指符合以下資格的牙齒衛生員 -

- (a) 具有正式資格並已按香港法例第 156 章，附屬法例 B《牙科輔助人員（牙齒衛生員）規例》在香港牙齒衛生員協會註冊，或在 **香港** 境外的司法管轄區內由 **本公司** 絕對真誠及合理地認為具有同等效力的團體註冊；及
- (b) 在 **香港** 或 **香港** 境外的司法管轄區，經當地法例許可向 **受保人** 提供牙科服務，

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

「註冊牙醫」

是指符合以下資格的牙醫 -

- (a) 具有正式資格並已按香港法例第 156 章《牙醫註冊條例》在香港牙醫管理委員會註冊，或在 **香港** 境外的司法管轄區內由 **本公司** 絕對真誠及合理地認為具有同等效力的團體註冊；及
- (b) 在 **香港** 或 **香港** 境外的司法管轄區，經當地法例許可向 **受保人** 提供牙科治療或服務，

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

「註冊視光師」

是指符合以下資格的視光師 -

- (a) 具有正式資格並已按香港法例第 359 章《輔助醫療業條例》及香港法例第 359 章附屬法例 F《視光師（註冊及紀律處分程序）規例》在香港輔助醫療業管理局註冊，或在 **香港** 境外的司法管轄區內由 **本公司** 絕對真誠及合理地認為具有同等效力的團體註冊；及
- (b) 在 **香港** 或 **香港** 境外的司法管轄區，經當地法例許可向 **受保人** 提供治療或服務，

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

「**西藥**」

是指已按法例在**香港**衛生署藥劑事務部或於招致西藥及外科服務費用的任何其他地方內在同等法定機構註冊的藥物。

SPECIMEN

其他服務條款及細則

I. 一般條文

- (a) 其他服務的條款及細則（「**其他服務條文**」）附於**保柏非凡自願醫保計劃保單**，並屬當中一部分。**其他服務條文**列明提供予**保柏非凡自願醫保計劃保單持有人及受保人**的增值服務，無需額外保費，亦不屬於**認可產品**一部分。
- (b) 除本**其他服務條文**特別列明外，**認可產品**內的所有**條款及保障**均為適用，並且具十足效力及作用。倘若**條款及保障**下任何適用的條文或不保事項與**其他服務條文**內所明確列明的服務有任何抵觸，概以**其他服務條文**的條款為準以解決有關不一致之處。為免存疑，下列不保事項不適用於本**其他服務條文** -
- (i) **條款及保障**第七部分第1節所述的一般不保事項，不適用於以下**條文二**、**條文三**及**條文四**所述的服務；及
- (ii) **條款及保障**第七部分第8節及第12節所述的一般不保事項，不適用於以下**條文四**所述的服務。
- (c) 除下述**條文一至條文四**另行釋義外，本**其他服務條文**內以斜體標註的詞彙需以**條款及保障**第八部分、**補充文件一**第3節、**補充文件五**第1節及**自選保障條文**第5節所載涵意詮釋。
- (d) 按**條款及保障**及本**其他服務條文**，**本公司**將提供本**其他服務條文**所述的服務。可獲賠償的費用（如有）不會超過所接受服務的實際開支，亦不須承擔任何**自付費**（如適用）。
- (e) 倘**本公司**向**保單持有人**或**受保人**賠償任何費用，該金額超出**其他服務條文**所列明適用的最高賠償限額；或不屬於**保單**涵蓋的保障，則**保單持有人**及／或**受保人**須於**本公司**出具發票日起計十四(14)日內，悉數賠償**本公司**有關不受保費用。

II. 信用額安排條文（「**條文一**」）

本**條文一**所述的信用額安排服務僅適用於本**保單**符合資格的**保單持有人**或**受保人**。

1. 保柏非凡卡

- (a) **本公司**將會向**受保人**簽發一張**保柏非凡卡**。根據會員指引所述的程序，**受保人**可使用**保柏非凡卡**，支付在**香港**的**保柏非凡特選服務供應商**及**香港**以外的指定**醫院**提供相關服務及診治時，符合**認可產品**及**自選保障條文**第2節**網絡保障**所列的**合資格費用**及其他費用。**保柏非凡卡**並不適用於**醫院**內的門診部接受之治療，以及按**條款及保障**第六部分第3(k)節、3(l)節及**補充文件一**第2(c)-(j)節所招致的醫療費用。
- (b) 使用**保柏非凡卡**的信用額服務支付**認可產品**指定保障時，須受以下第2節的初步保障審核程序及條款規定。信用額服務將受限於初步保障審核確認／付款保證信中列明之信用額，該信用額將由**本公司**按其適時的指引及**認可產品**可用的保障限額釐定。
- (c) 若**本公司**已支付任何**差額**，**保單持有人**須按**本公司**的合理要求立即向**本公司**全數償還該**差額**。若於收到**本公司**的**差額**通知書後十四(14)日內仍未償還相關**差額**，**本公司**將按**保單持有人**或**受保人**給予**本公司**之指定信用卡直接收取費用的授權，並在收到**差額**通知書後的第二十一(21)日或之後於該指定信用卡扣除款項以償還**差額**。
- (d) **本公司**保留權利從任何可退還予**保單持有人**的保費或賠償中扣除款項以支付**受保人**產生的任何**差額**結欠或**自付費**。
- (e) **保柏非凡卡**乃屬**本公司**所有。持有此卡之**受保人**應將此卡存放於安全的地方。此卡只供獲發卡之**受保人**使用，不得轉讓。倘此卡被竊或遺失，**受保人**須負責一切所涉及之賬項，直至向**本公司**書面通知有關被竊或遺失為止。
- (f) **保柏非凡卡**將在下列最早出現的情況即時失效，**受保人**須負責於開始失效起七(7)天內將此卡歸還**本公司**：
- (i) 本**保單**終止；或
- (ii) **本公司**合理地要求歸還**保柏非凡卡**並向**保單持有人**及／或**受保人**以書面通知有關原因。

2. 初步保障審核程序

- (a) 使用**保柏非凡卡**的信用額安排服務支付**認可產品**列明的**住院**、**訂明診斷成像檢測**、**訂明非手術癌症治療**，須遵從會員指引所述的初步保障審核程序規定。
- (b) 若因**急症**情況而未能於接受相關**醫療服務**前取得初步保障審核，或**本公司**於支援時間（可於會員指引內查閱）外未能處理初步保障審核的要求，**保單持有人**、**受保人**、**受保人**的授權代表及／或**保柏非凡特選專科醫生**須於**受保人**接受檢測、治療或手術後緊接的下個工作日向**本公司**補辦的初步保障審核程序。**本公司**將負責確保**保柏非凡特選專科醫生**在填寫初步保障審核表格時，了解所需提供的資料。
- (c) 如初步保障審核確認／付款保證信中的項目，就所覆蓋的範圍、性質或估算金額有任何更改，**保單持有人**、**受保人**、**受保人**的授權代表及／或**保柏非凡特選專科醫生**須於檢測、治療或手術前最少兩(2)個工作日向**本公司**作出通知以事先獲得書面接納有關更改。
- (d) **本公司**所發出的初步保障審核確認／付款保證信，不應被視為**本公司**同意支付初步保障審核確認／付款保證信上所列的全數或部分金額。**保單持有人**可獲的任何賠償，將根據本**保單**的條款及細則及**本公司**的最終理賠審核而定。
- (e) 如**受保人**所產生的費用為不受保障項目或不合格項目、超過信用額或付款保證信的信用額或並未獲得**本公司**批核，則**保單持有人**須於收到**本公司**的**差額**通知書後十四(14)日內向**本公司**全數償還該**差額**。

3. 釋義

本**條文一**中使用的字詞及表述必須按照以下所述解釋 -

- 「**保柏非凡卡**」 是指**本公司**向合資格**受保人**簽發的醫療卡，而其使用須受本**條文一**所列明之條款所限。
- 「**保柏非凡特選專科醫生**」 是指在**保柏非凡特選服務供應商**目錄內名為**專科醫生**的**專科醫生**。
- 「**差額**」 是指任何不屬於本**條款及保障**保障範圍內或已超出保障限額的費用，或應由**保單持有人**應承擔的自選**自付費**。

III. 免費保柏國際援助計劃條文（「**條文二**」）

本**條文二**所列的服務由**IPA**提供。若身處海外遇上緊急情況需要醫療或法律支援，**保單持有人**或**受保人**可致電**IPA**全年二十四(24)小時求助熱線(852) 2861 9229，得本**條文二**的支援服務。

1. 一般條文

- (a) 於本**條文二**所列的服務及援助均由**IPA**負責提供，並視乎其服務及援助的供應而定。所列的服務及援助可以在沒有預先通知**保單持有**

人或受保人的情況下不時更改。就本條文二所列的服務及援助，本公司及 IPA 並非對方之代理。

- (b) 本公司不須就 IPA 或其代理提供之服務或建議，或該等服務之供應，因而直接或間接令受保人蒙受或招致之任何損失、損害、費用、起訴、訴訟或法律程序，向保單持有人或受保人承擔任何責任。
- (c) 如本公司和 IPA 之間的安排終止或 IPA 終止其業務，本公司沒有責任另覓其他供應商代替 IPA 或提供本條文二所列的服務及援助。

2. 援助服務及保障

如受保人：

- (i) 遇上任何身體受傷；
- (ii) 患上任何突發疾病；或
- (iii) 需要本條文二所列的醫療、旅遊、法律或行政援助；

而事發時於居住地以外(本條文二下述第 2 (p)、2 (y) 及 2 (z) 節之援助保障除外，此等保障可在香港取得)的旅程中，但該旅程須在並非罔顧註冊醫生的意見下進行，及/或該旅程的目的並非為接受或尋求海外醫療或手術治療，則受保人或其代表可以致電 IPA 的二十四(24)小時緊急支援中心提出口頭通知，即可直接獲 IPA 提供以下的全球援助服務及保障。

醫療援助服務

(a) 醫療意見熱線

如有需要，受保人可致電 IPA 的緊急中心向當值註冊醫生取得有關醫療建議及評估，但該項電話服務只可作為意見，絕非診斷。

(b) 醫生轉介服務

如有需要，IPA 可轉介受保人至醫療專家或醫療機構為受保人作個人評估。

(c) 必要藥物/醫療器材

若受保人所需的必要藥物及/或醫療器材未能於當地取得，在當地主診註冊醫生要求時，IPA 將在可行及法律許可之情況下，運送該等藥物及/或醫療器材到受保人身處之地，費用由受保人支付。

(d) 遣派註冊醫生

於危急情況如受保人未能透過電話取得足夠之醫療評估，或受保人不宜被移動並在當地無法接受治療，IPA 可安排派遣適當的醫生應診。

(e) 醫療護送（不設上限）

若受保人遇上身體受傷或突發疾病，而 IPA 之醫療隊伍及當值註冊醫生均建議受保人在另一醫療機構住院接受所需之適當治療時，IPA 會安排和支付以下所需的交通費用 -

- (i) 護送受保人至最就近的一間備有合適醫療設備的醫療機構；或
- (ii) 如受保人的醫療狀況許可，安排直接送返。IPA 之醫療隊伍及主診註冊醫生會視乎情況而決定所需要之安排。

(f) 治療後送返（不設上限）

於接受本條文二第 2(e) 節的醫療護送服務後，如受保人需要接受治療，IPA 將安排受保人乘坐固定班次之航機（經濟客位）或其他合適之交通工具，護送受保人返回其居住地的適當醫療機構。任何有關安排送返服務之決定須由主診註冊醫生及 IPA 緊急中心共同決定，並尋求受保人的同意。

(g) 墊支入住醫院按金

經受保人的主診註冊醫生及 IPA 之醫生共同同意，認為受保人需要入住醫院，而受保人又無法支付入院按金的情況下，IPA 將提供最高港幣 39,000 元之入院按金或作為該筆入院按金之擔保人，但受保人須在四十五(45)日內清付所墊支的款項（不含利息）。IPA 在墊支入院按金前會向受保人或其代表索取有效之貸款授權。

(h) 醫療監測

當受保人身在本地接受住院治療，IPA 將會監測受保人的狀況，並向受保人之家屬匯報最新病況。

(i) 安排家屬前往探望

若受保人於外地入住醫院連續七(7)天以上，IPA 將安排一位受保人所指定的人士或其親屬（如受保人因其狀況未能指示）乘搭客機（經濟客位）前往探望受保人，並代其支付來回機票及一般酒店住宿，最高達港幣 16,000 元。

(j) 同行伙伴之額外交通及住宿費

IPA 將安排並支付與受保人同行之伙伴因受保人發生事故而接受本條文二第 2(e) 節醫療護送所引致的額外交通及住宿費用，受保人每一事故之最高賠償為港幣 15,000 元，並以每日港幣 2,000 元為限。

(k) 安排乏人照顧之子女返回居住地

若受保人於外地入住醫院而未能照顧其同行之十八(18)歲或二十三(23)歲（如屬全職學生）或以下受供養子女，則 IPA 將安排及支付該名（或多名）子女乘坐客機（經濟客位）返回受保人之居住地。

(l) 療養酒店住宿

若受保人之主診註冊醫生及 IPA 之醫生均認為受保人於出院後即時入住當地酒店繼續療養乃醫療所需，IPA 將為受保人安排及支付該等合理酒店住宿費用，以每天最高港幣 1,950 元及最多連續四(4)天為限。

(m) 安排受保人返回原來工作地點

在由 IPA 醫療護送或遣返後的一(1)個月內，如受保人提出要求，IPA 會安排及提供單程經濟客位機票予受保人返回原來工作地點。受保人須負責決定是否返回工作，並須負責取得醫療許可以證明其是否適合乘坐飛機或返回工作，而受保人及 / 或受保人之主診註冊醫生須負上此決定之一切責任。IPA 並不牽涉在內。

(n) 遺體或骨灰運送服務（不設上限）

如受保人不幸身故，IPA 將安排其遺體或骨灰由身故地方運返受保人之居住地安葬，IPA 並將支付有關運送費用。

(o) 非預料情況下返回居住地

當受保人身處海外（不包括移民）而獲悉受保人之親人在居住地身故，並須立即折返，IPA 將安排和支付受保人乘坐定期航班（經濟客位）返回其居住地及支付有關的機票費用。

(p) 醫療護送及遣返**香港**後之額外住院保障

若**保柏非凡自願醫保計劃**之保障已耗盡，並根據本**條文**二第 2(f)節治療後返回**香港**後即時入住**醫院**，將額外賠償合資格之醫療費用至最高港元 120,000 元。

在本**條文**二第 2(e)、2(f)、2(k)、2(m)及 2(o)節之服務中，如 **IPA** 為**受保人**重新安排機票或交通，**受保人**（及/或其同行伙伴，如適用）須把未使用之回程機票交回 **IPA**。

旅遊及旅程前支援服務

(q) 旅程前及旅遊資料

在旅程展開之前或進行期間，**受保人**可致電 **IPA** 查詢以下資料 -

- (i) 最新的免疫及防疫要求及需要。
- (ii) 天氣、貨幣兌換率、銀行工作日、當地語言、護照及簽證要求。
- (iii) 機場稅或海關要求。
- (iv) 提供傳譯員服務或護送小童服務。
- (v) 因醫療緣故傳遞緊急訊息。

(r) 尋找行李支援

如**受保人**行李於運送途中遺失或由同一承運商誤運往錯誤路線，**IPA** 會協助聯絡有關單位（包括但不限於航空公司、海關人員），並安排尋回的行李送返**受保人**指定的地方。

(s) 緊急更改行程安排

若緊急事故迫使**受保人**更改其原來計劃，**IPA** 將會協助**受保人**重新安排其乘坐之飛機班次。

(t) 遺失旅遊證件的行政協助

IPA 將向**受保人**提供有關當地機構就補領遺失或被盜竊證件所要求手續的資料。

(u) 任中橫服務

倘若**受保人**遇上**身體受傷**或**突發疾病**並需要在中國入住醫院接受緊急治療，**受保人**可入住**任中橫網絡**的醫院內最就近之**醫院**。**受保人**須出示有效的**保柏非凡自願醫保計劃**會員卡或醫療卡及旅遊證件，**醫院**便會在無須**受保人**直接支付入院按金的情況下提供治療。**IPA** 並會向**醫院**提供**受保人**入院所需的按金擔保。**受保人**出院時須直接付清全部醫療費用，包括由 **IPA** 所擔保之**醫院**按金。**IPA** 並不會支付任何費用。

法律援助

(v) 提供法律轉介

IPA 可提供律師或律師行的電話號碼及地址。

(w) 法律援助

如**受保人**在不涉及工作、業務、專業或受僱情況下遇上意外，**IPA** 將會：

- (i) 就**受保人**其被起訴的民事責任，於法律程序中提供有關該國家適用之民事法律上的辯護；及
- (ii) 為**受保人**在遇上個人損傷及 / 或**受保人**之個人物品遭損壞後（而有關損害估計超過港元 5,000 元）進行法律程序向可識別的第三方追討賠償。

在以上種種情況，由 **IPA** 委任的大律師及 / 或律師，須以法定身份代表**受保人**，**IPA** 無須因其委任大律師及 / 或律師而被行使任何追索權、承擔責任或作出彌償。聘用大律師及 / 或律師的費用將會由 **IPA** 支付，最高為港元 40,000 元。

(x) 保釋金墊支

IPA 將會代**受保人**預付最高港元 40,000 元的保證金，以擔保**受保人**在交通意外後被有關當地機構拘留時可支付有關程序所需之費用。**IPA** 不會代**受保人**預付任何涉及民事法律責任、罰款或個人補償及 / 或使其獲釋的款項。**IPA** 提供的預付款項將會一律被視為由 **IPA** 向**受保人**提供的貸款，**受保人**須在墊支該款項日起三十(30)日內全數清還 **IPA**。此保釋金墊支不包括與專業責任及 / 或刑事有關的申索以及因駕駛汽車引致的申索。如**受保人**未能償還 **IPA** 所墊支的款項，**保單持有人**及/或**受保人**須負責償還所有款項。

本地支援服務 - 下列服務只適用於**香港**

(y) 褓母及看護及臨時家庭傭工轉介

IPA 可協助**受保人**安排褓母及 / 或私家看護及 / 或臨時家庭傭工，或提供前述服務提供者的名稱、電話號碼及地址。

(z) 供電系統修理技工及鎖匠轉介

IPA 可協助**受保人**於返回**香港**後，即時安排合資格技工上門維修電路故障或安排鎖匠上門開鎖或解決相關問題。

3. 限制及責任

(a) 地區限制

本**條文**二第 2(a)至 2(o)及第 2(q)至 2(x)節之支援服務適用於**居住地**以外之全球地區。本**條文**二第 2(p)、2(y)及 2(z)節之支援服務只適用於**香港**。

(b) **本公司**及 **IPA** 之責任

IPA 向**受保人**轉介之**註冊醫生**、**醫院**、診所及任何專業人員均為獨立承辦商，並自行負責自身的作為，他們並不是**本公司**及 **IPA** 員工、代理或僱員。**本公司**將盡最大努力促使 **IPA** 在本**條文**二下提供服務和協助，及 **IPA** 將謹慎選擇具備合適資格及被當地政府認可的專業人員。

(c) 終止服務

如**受保人**因為任何原因不再受保於**保柏非凡自願醫保計劃**，本**條文**二之所有服務及保障便告失效。

4. 一般不保事項

(a) 不保事項

若**受保人**所遭遇之**身體受傷**或**突發疾病**乃由下列原因所造成，本**條文**二下之服務及支援將不會提供：

- (i) **投保前已有病症**及於**保單生效日**前其病徵會促使一般審慎人士尋求診斷、護理或治療的任何疾病，又或於**保單生效日**前經已由醫生提供醫療意見或建議治療的病症。
- (ii) 任何未經 **IPA** 授權及 / 或參與的服務。
- (iii) 因懷孕、分娩或於產期前三(3)個月內的併發症，即使因為意外促使或引致有關情況發生。

- (iv) 因參與職業或比賽性質的運動、水上運動、冬季運動、賽馬、賽車、洞穴探險、攀石或攀山（一般需要使用繩索進行）、跳傘或武術等直接或間接引起的**身體受傷**。
- (v) 所有適用於**保柏非凡自願醫保計劃**之其他不保事項。

(b) 不可抗力之免責事由

本公司及 **IPA** 並不會就因為罷工、戰爭、入侵、敵國行動、武裝衝突（不論是否正式宣戰）、內戰、內亂、叛亂、恐怖行動、政變、暴動、群眾騷擾、政治或行政干預、輻射、天災或任何妨礙 **IPA** 提供支援服務的不可抗力事項，因而所引致的 **IPA** 救助行動延誤或無法進行，承擔任何責任。

5. 釋義

就本**條文二**而言，以下使用的字詞及表述必須按照以下所述解釋，除非文義另有所指 -

- 「**身體受傷**」 是指完全及直接由暴力、意外、外在及可見之方式引致之嚴重身體受傷。
- 「**親人**」 是指**受保人**的配偶、受供養子女、父母及兄弟姊妹。
- 「**IPA**」 是指國際救援（亞洲）公司。
- 「**任中橫網絡**」 是指列載有 **IPA** 之中國醫院網絡資料名單，此名單由**本公司**以電子版提供並不時進行更新及修訂。最新的名單可於**本公司**的客戶服務網站查閱。
- 「**突發疾病**」 是指患上任何突然及不可預知的疾病。

IV. 健康支援服務條文（「**條文三**」）

使用健康支援服務須隨時受限於**本公司**所規定之「健康支援服務條款及細則」，該條款及細則將會構成本**保單**的一部分，**本公司**並會不時就該條款及細則作出修訂。最新版本之條款及細則請參閱**本公司**網頁 <https://www.bupa.com.hk/health-coaching-services> 內之「健康支援服務條款及細則」。「健康支援服務條款及細則」內第2節所訂明的服務，將根據**受保人**所選取的計劃而釐定，並已列明如下。

| 健康支援服務 | | |
|---------------------------------------------------------------------------------|----------|----------|
| 計劃級別 | 智選及倍智選計劃 | 尊尚及倍尊尚計劃 |
| 24 小時健康專線 提供每天 24 小時支援服務，為您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 | √ | √ |
| 醫療中心選擇 可根據您的指定情況或需要為您提供診所及醫院名單以供參考 | √ | √ |
| 健康顧問 若入住本港私家醫院，保柏的健康顧問會全程協助，讓您了解您的治療詳情和醫療開支預算，替您處理有關入院、出院後跟進治療及索償等事宜 | √ | √ |
| 第二醫療意見服務 如在診斷和治療上遇到各種疑慮，我們可安排醫療專家可為您提供專業的 第二意見 ，讓您掌握病情從而決定治療方法 | √ | √ |
| 慢性疾病管理計劃 提供個人生活習慣建議及跟進病情等服務，助您積極控制慢性疾病如糖尿病、高血壓 | √ | √ |
| 預約診症 保柏的健康支援團隊可協助您並盡合理努力為您預約您所選的醫療服務提供者 | 不適用 | √ |
| 非緊急環球健康支援服務 無論您身在海外時遇上健康問題需要支援，或計劃於海外接受治療，均可為您尋找合適醫生、預約及協助安排翻譯服務 | 不適用 | √ |

V. 24小時情緒解碼熱線條文（「**條文四**」）

使用 24 小時情緒解碼熱線及面談輔導服務須隨時受限於**本公司**所規定之「24 小時情緒解碼熱線條款及細則」該條款及細則將會構成本**保單**的一部分，**本公司**並會不時就該條款及細則作出修訂。最新版本之條款及細則請參閱**本公司**網頁 <https://www.bupa.com.hk/hero> 內之「24 小時情緒解碼熱線條款及細則」。

自選保障表（智選計劃）

| 1) | 門診保障 | 賠償限額（港元） | |
|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------|
| | | 網絡保障 ¹ | 非網絡保障 |
| | 保障地域範圍 | 亞洲、澳洲及新西蘭 ² | |
| | 每年最高賠償額 | \$100,000 | |
| | 保柏非凡特選服務供應商數目 ³ | 約 1,600 | 不適用 |
| a | 普通科醫生 | 全數賠償 (包括診症費及最多 5 日之基本 醫療所需西藥費用) | 賠償 80% (只限診症費) |
| b | 專科醫生 ⁴ 。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 | | |
| c | 家中應診 | | |
| d | 物理治療師 ⁴ 。須獲註冊醫生書面轉介 | 全數賠償 (只限診療費) | 賠償 80% (只限診療費) |
| e | 脊醫 ⁴ 。須獲註冊醫生書面轉介 | | |
| f | 中醫師 | | |
| g | 跌打醫師 | 全數賠償 (包括診症費及最多兩劑之基本 中藥費用) | 賠償 80%，上限為每次診治 \$500 (包括診症費、基本 中藥費用、針灸治療及推拿) |
| h | 精神科相關治療 ⁵ | 全數賠償 (只包括由精神科醫生訂明的診症費、醫療所需西藥、診斷成像及化驗) | 賠償 80%，上限為每次診治\$1,000 (包括診症費、醫療所需西藥、中藥、針灸治療、診斷成像及化驗) |
| i | 臨床心理輔導 ⁴ 。須獲精神科醫生書面轉介 | 全數賠償 | 賠償 80%，上限為每次診治\$1,000 |
| j | 診斷成像及化驗 ⁴ 。須獲註冊醫生（適用於所有診斷成像及化驗）或註冊中醫師或脊醫 ⁶ （只適用於 X 光及化驗）書面轉介 | 全數賠償 | 賠償 80%，上限為每保單年度\$10,000 |
| k | 處方西藥 | 每保單年度 \$8,000 (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) | |
| 以網絡保障及非網絡保障合計，每保單年度有關項目(a) - (i)項之診治次數上限合共為 40 次，其中項目(f) - (g)及項目(h) - (i)之診治次數上限合共為每保單年度各 20 次。每一項目以每日最多一次為限。 | | | |

註解

- 有關門診保障之網絡保障
 - 已投保門診保障的受保人可使用保柏非凡卡於網絡保障下享用全數賠償服務，惟必須依循以下的規定：
 - 您的門診治療必須由保柏非凡特選服務供應商提供及於其診所內進行；及
 - 請在求診登記時出示您的保柏非凡卡，並以此卡繳付醫療費用。
 - 如沒有依循以上第(i)節網絡保障的所有規定，您的合資格醫療費用將於非網絡保障下作出賠償。您須先直接向供應商繳付醫療費用，然後向本公司申請索償。
 - 門診網絡保障下的普通科醫生亦涵蓋由本公司指定的視像診症服務供應商進行的醫療診症服務並使用保柏非凡卡繳費。此保障涵蓋診症費及由視像診症服務供應商處方並於其診所取得的基本醫療所需西藥費用（不包括任何藥物運送費用）。指定的視像診症服務供應商名單可於本公司的客戶服務網站查閱，此名單可能會不時更改及更新。
- 「亞洲、澳洲及新西蘭」指阿富汗、澳洲、孟加拉、不丹、文萊、柬埔寨、中國大陸、香港、印度、印尼、日本、哈薩克、吉爾吉斯、老撾、澳門、馬來西亞、馬爾代夫、蒙古、緬甸、厄立特里亞、新西蘭、北韓、巴基斯坦、菲律賓、新加坡、南韓、斯里蘭卡、台灣、塔吉克、泰國、東帝汶、土庫曼、烏茲別克及越南。
- 有關保柏非凡特選服務供應商

請登入本公司的客戶服務網站查閱最新的保柏非凡特選服務供應商名單。此名單會不時更改。
- 於轉介信發出日起計 6 個月內，可就相同或相關病症使用該轉介信。若須診治全新或不相關的病症，則須提交新的轉介信。
- 此保障適用於精神、心理、情緒或行為症狀、認知障礙症（包括阿茲海默氏症）及帕金森病的門診診治（因濫用藥物及酗酒而引致或相關的症狀或疾病除外）。若此保障下的費用亦同時受保於門診保障下的其他項目，有關費用只可獲此項目(h)的賠償，而不會獲得其他項目之賠償。
- 部分診斷影像中心或不接受由註冊中醫師及／或脊醫轉介的某些 X 光及化驗。如有疑問，請直接聯絡有關中心。

| 2) | 牙科保障 | 賠償限額（港元） |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| | 保障地域範圍 | 亞洲、澳洲及新西蘭 ² |
| | <ul style="list-style-type: none"> 洗牙 定期口腔檢查 口腔 X 光及藥物 補牙及脫牙 膿瘡排放 齒尖或齒邊修復 牙髓治療（杜牙根） 牙周手術 緊急意外治療（包括 X 光、緊急牙痛舒緩、臨時補牙、藥物、膿瘡切割及排放） 活動假牙、牙冠及牙橋（只適用於因意外而必需安裝） | 每保單年度 \$5,000 |

| 3) | 產科保障 (只適用於年齡介乎 18 至 49 歲之女性受保人) | 賠償限額（港元） |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| | 保障地域範圍 | 亞洲、澳洲及新西蘭 ² |
| a | 順產 | 每次懷孕 \$28,000 |
| b | 剖腹生產 | 每次懷孕 \$42,000 |
| c | 流產 | 每次懷孕 \$14,000 |
| | <ul style="list-style-type: none"> 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，以及住院期間新生嬰兒護理費用。 此保障不包括新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，首九(9)個月等候期內不會獲得賠償。 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）。 | |

自選保障表（尊尚計劃）

| 1) | 門診保障 | 賠償限額 (港元) | |
|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| | | 網絡保障 ¹ | 非網絡保障 |
| | 保障地域範圍 | 亞洲、澳洲及新西蘭 ² | |
| | 每年最高賠償額 | \$200,000 | |
| | 保柏非凡特選服務供應商數目 ³ | 約 1,600 | 不適用 |
| a | 普通科醫生 | 全數賠償 (包括診症費及最多 5 日之基本 醫療所需西藥 費用) | 全數賠償 (只限診症費) |
| b | 專科醫生 ⁴ 。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 | | |
| c | 家中應診 | | |
| d | 物理治療師 ⁴ 。須獲 註冊醫生 書面轉介 | 全數賠償 (只限診療費) | 全數賠償 (只限診療費) |
| e | 脊醫 ⁴ 。須獲 註冊醫生 書面轉介 | | |
| f | 中醫師 | 全數賠償 (包括診症費及最多兩劑之基本 中藥 費用) | 每次診治\$500 (包括診症費、基本 中藥 費用、針灸治療及推拿) |
| g | 跌打醫師 | | |
| h | 精神科相關治療 ⁵ | 全數賠償 (只包括由 精神科醫生 訂明的診症費、 醫療所需西藥 、診斷成像及化驗) | 每次診治\$1,000 (包括診症費、 醫療所需西藥 、 中藥 、針灸治療、診斷成像及化驗) |
| i | 臨床心理輔導 ⁴ 。須獲 精神科醫生 書面轉介 | 全數賠償 | 每 保單年度 \$30,000 |
| j | 整骨治療師 | 不適用 | 每次診治\$1,000 (只包括診治肌肉、骨骼和關節的費用) |
| k | 足病治療師 ⁴ 。須獲 註冊醫生 書面轉介 | 不適用 | 每次診治\$1,000 (包括診症費、醫療所需外塗藥物、矯形機械服務及治療等醫療費用) |
| l | 診斷成像及化驗 ⁴ 。須獲 註冊醫生 (適用於所有診斷成像及化驗)或 註冊中醫師 或 脊醫 ⁶ (只適用於 X 光及化驗)書面轉介 | 全數賠償 | 全數賠償 |
| m | 處方 西藥 | 每 保單年度 \$30,000 (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) | |
| n | 接種疫苗 | 每 保單年度 \$8,000 (包括乙型肝炎、卡介苗、小兒麻痺、白喉、百日咳、破傷風混合、麻風、日本腦炎、腦膜炎、甲型肝炎、麻疹、流行感冒及其他由 香港 政府或世界衛生組織不時推薦的疫苗接種) | |
| 每 保單年度 內有關以上(a) - (k)項之診治次數上限合共為 40 次，其中項目(f) - (g)、項目(h) - (i) 及項目(j) - (k)之診治次數上限合共為每 保單年度 各 20 次。每一項目以每日最多一次為限。 | | | |

註解

- 有關門診保障之**網絡保障**
 - 已投保門診保障的**受保人**可使用**保柏非凡卡**於**網絡保障**下享用全數賠償服務，惟必須依循以下的規定 -
 - 您的門診治療必須由**保柏非凡特選服務供應商**提供及於其診所內進行；及
 - 請在求診登記時出示您的**保柏非凡卡**，並以此卡繳付醫療費用。
 - 如沒有依循以上第(i)節**網絡保障**的所有規定，您的合資格醫療費用將於**非網絡保障**下作出賠償。您須先直接向供應商繳付醫療費用，然後向**本公司**申請索償。
 - 門診**網絡保障**下的普通科醫生亦涵蓋由**本公司**指定的視像診症服務供應商進行的醫療診症服務並使用**保柏非凡卡**繳費。此保障涵蓋診症費及由視像診症服務供應商處方並於其診所取得的基本**醫療所需西藥**費用（不包括任何藥物運送費用）。指定的視像診症服務供應商名單可於**本公司**的客戶服務網站查閱，此名單可能會不時更改及更新。
- 「**亞洲、澳洲及新西蘭**」指阿富汗、澳洲、孟加拉、不丹、文萊、柬埔寨、中國大陸、香港、印度、印尼、日本、哈薩克、吉爾吉斯、老撾、澳門、馬來西亞、馬爾代夫、蒙古、緬甸、尼泊爾、新西蘭、北韓、巴基斯坦、菲律賓、新加坡、南韓、斯里蘭卡、台灣、塔吉克、泰國、東帝汶、土庫曼、烏茲別克及越南。
- 有關**保柏非凡特選服務供應商**
請登入**本公司**的客戶服務網站查閱最新的**保柏非凡特選服務供應商**名單。此名單會不時更改。
- 於轉介信發出日起計 6 個月內，可就相同或相關病症使用該轉介信。若須診治全新或不相關的病症，則須提交新的轉介信。
- 此保障適用於精神、心理、情緒或行為症狀、認知障礙症（包括阿茲海默氏症）及帕金森病的門診診治（因濫用藥物及酗酒而引致或相關的症狀或疾病除外）。若此保障下的費用亦同時受保於門診保障下的其他項目，有關費用只可獲此項目(h)的賠償，而不會獲得其他項目之賠償。
- 部分診斷影像中心或不接受由**註冊中醫師**及/或**脊醫**轉介的某些 X 光及化驗。如有疑問，請直接聯絡有關中心。

| 2) | 牙科及視力保障保障 | 賠償限額（港元） |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| | 保障地域範圍 | 亞洲、澳洲及新西蘭 ² |
| | 牙科保障 | |
| | <ul style="list-style-type: none"> 洗牙 定期口腔檢查 口腔 X 光及藥物 補牙及脫牙 膿瘡排放 齒尖或齒邊修復 牙髓治療（杜牙根） 牙周手術 緊急意外治療（包括 X 光、緊急牙痛舒緩、臨時補牙、藥物、膿瘡切割及排放） 活動假牙、牙冠及牙橋（只適用於因意外而必需安裝） | 每 保單年度 \$8,000 |
| 受保人 必須連續受保於此保障六(6)個月或以上，方可獲得以下項目之賠償。 | | |
| | <ul style="list-style-type: none"> 牙冠及牙橋 根尖切除術 鑲牙 部分或全軟組織阻生 牙骨阻生 牙齒矯正 全視牙照 牙膠 | 每 保單年度 \$9,000 |
| | 視力保障 | |
| | <ul style="list-style-type: none"> 此保障將支付由註冊醫生或註冊視光師進行之診症費、眼科檢查或檢驗，以及矯正視力的隱形眼鏡或一(1)副眼鏡。 | 每 保單年度 \$2,000 |

| 3) | 產科保障 (只適用於年齡介乎 18 至 49 歲之女性受保人) | 賠償限額 (港元) |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| | 保障地域範圍 | 亞洲、澳洲及新西蘭 ² |
| a | 順產 | 每次懷孕 \$50,000 |
| b | 剖腹生產 | 每次懷孕 \$75,000 |
| c | 流產 | 每次懷孕 \$25,000 |
| | <ul style="list-style-type: none"> 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，以及住院期間新生嬰兒護理費用。 此保障不包括新生嬰兒在 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，首九(9)個月等候期內不會獲得賠償。 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）。 | |

自選保障表（倍智選計劃）

| 1) | 門診保障 | 賠償限額（港元） | |
|----|---------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------|
| | | 網絡保障 ¹ | 非網絡保障 |
| | 保障地域範圍 | 全球但不包括美國 | |
| | 每年最高賠償額 | \$150,000 | |
| | 保柏非凡特選服務供應商數目 ² | 約 1,600 | 不適用 |
| a | 普通科醫生 | 全數賠償 (包括診症費及最多 5 日之基本 醫療所需西藥費用) | 賠償 80% (只限診症費) |
| b | 專科醫生 ³ 。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 | | |
| c | 家中應診 | | |
| d | 物理治療師 ³ 。須獲註冊醫生書面轉介 | 全數賠償 (只限診療費) | 賠償 80% (只限診療費) |
| e | 脊醫 ³ 。須獲註冊醫生書面轉介 | | |
| f | 中醫師 | 全數賠償 (包括診症費及最多兩劑之基本 中藥費用) | 賠償 80%，上限為每次診治 \$600 (包括診症費、基本 中藥費用、針灸治療及推拿) |
| g | 跌打醫師 | | |
| h | 精神科相關治療 ⁴ | 全數賠償 (只包括由精神科醫生訂明的診症費、醫療所需西藥、診斷成像及化驗) | 賠償 80%，上限為每次診治 \$1,200 (包括診症費、醫療所需西藥、中藥、針灸治療、診斷成像及化驗) |
| i | 臨床心理輔導 ³ 。須獲精神科醫生書面轉介 | 全數賠償 | 賠償 80%，上限為每次診治 \$1,200 |
| j | 診斷成像及化驗 ³ 。須獲註冊醫生（適用於所有診斷成像及化驗）或註冊中醫師或脊醫 ⁵ （只適用於 X 光及化驗）書面轉介 | 全數賠償 | 賠償 80%，上限為每保單年度 \$12,000 |
| k | 處方西藥 | 每保單年度 \$10,000 (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) | |

以網絡保障及非網絡保障合計，每保單年度有關項目(a) - (i)項之診治次數上限合共為 40 次，其中項目(f) - (g)及項目(h) - (i)之診治次數上限合共為每保單年度各 20 次。每一項目以每日最多一次為限。

註解

- 有關門診保障之**網絡保障**
 - 已投保門診保障的**受保人**可使用**保柏非凡卡**於**網絡保障**下享用全數賠償服務，惟必須依循以下的規定：
 - 您的門診治療必須由**保柏非凡特選服務供應商**提供及於其診所內進行；及
 - 請在求診登記時出示您的**保柏非凡卡**，並以此卡繳付醫療費用。
 - 如沒有依循以上第(i)節**網絡保障**的所有規定，您的合資格醫療費用將於**非網絡保障**下作出賠償。您須先直接向供應商繳付醫療費用，然後向**本公司**申請索償。
 - 門診**網絡保障**下的普通科醫生亦涵蓋由**本公司**指定的視像診症服務供應商進行的醫療診症服務並使用**保柏非凡卡**繳費。此保障涵蓋診症費及由視像診症服務供應商處方並於其診所取得的基本**醫療所需西藥費**用（不包括任何藥物運送費用）。指定的視像診症服務供應商名單可於**本公司**的客戶服務網站查閱，此名單可能會不時更改及更新。
- 有關**保柏非凡特選服務供應商**
請登入**本公司**的客戶服務網站查閱最新的**保柏非凡特選服務供應商**名單。此名單會不時更改。
- 於轉介信發出日起計 6 個月內，可就相同或相關病症使用該轉介信。若須診治全新或不相關的病症，則須提交新的轉介信。
- 此保障適用於精神、心理、情緒或行為症狀、認知障礙症（包括阿茲海默氏症）及帕金森病的門診診治（因濫用藥物及酗酒而引致或相關的症狀或疾病除外）。若此保障下的費用亦同時受保於門診保障下的其他項目，有關費用只可獲此項目(h)的賠償，而不會獲得其他項目之賠償。
- 部分診斷影像中心或不接受由**註冊中醫師**及／或**脊醫**轉介的某些 X 光及化驗。如有疑問，請直接聯絡有關中心。

| 2) | 牙科保障 | 賠償限額（港元） |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| | 保障地域範圍 | 全球但不包括美國 |
| | <ul style="list-style-type: none"> 洗牙 定期口腔檢查 口腔 X 光及藥物 補牙及脫牙 膿瘡排放 齒尖或齒邊修復 牙髓治療（杜牙根） 牙周手術 緊急意外治療（包括 X 光、緊急牙痛舒緩、臨時補牙、藥物、膿瘡切割及排放） 活動假牙、牙冠及牙橋（只適用於因意外而必需安裝） | 每 保單年度 \$6,500 |

| 3) | 產科保障 (只適用於年齡介乎 18 至 49 歲之女性受保人) | 賠償限額（港元） |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| | 保障地域範圍 | 全球但不包括美國 |
| a | 順產 | 每次懷孕 \$30,000 |
| b | 剖腹生產 | 每次懷孕 \$46,000 |
| c | 流產 | 每次懷孕 \$18,000 |
| | <ul style="list-style-type: none"> 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，以及住院期間新生嬰兒護理費用。 此保障不包括新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，首九(9)個月等候期內不會獲得賠償。 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）。 | |

自選保障表（倍尊尚計劃）

| 1) | 門診保障 | 賠償限額（港元） | |
|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| | | 網絡保障 ¹ | 非網絡保障 |
| | 保障地域範圍 | 全球但不包括美國 | |
| | 每年最高賠償額 | \$250,000 | |
| | 保柏非凡特選服務供應商數目 ² | 約 1,600 | 不適用 |
| a | 普通科醫生 | 全數賠償 (包括診症費及最多 5 日之基本 醫療所需西藥 費用) | 全數賠償 (只限診症費) |
| b | 專科醫生 ³ 。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 | | |
| c | 家中應診 | | |
| d | 物理治療師 ³ 。須獲 註冊醫生 書面轉介 | 全數賠償 (只限診療費) | 全數賠償 (只限診療費) |
| e | 脊醫 ³ 。須獲 註冊醫生 書面轉介 | | |
| f | 中醫師 | 全數賠償 (包括診症費及最多兩劑之基本 中藥 費用) | 每次診治\$600 (包括診症費、基本 中藥 費用、針灸治療及推拿) |
| g | 跌打醫師 | | |
| h | 精神科相關治療 ⁴ | 全數賠償 (只包括由 精神科醫生 訂明的診症費、 醫療所需西藥 、診斷成像及化驗) | 每次診治\$1,200 (包括診症費、 醫療所需西藥 、 中藥 、針灸治療、診斷成像及化驗) |
| i | 臨床心理輔導 ³ 。須獲 精神科醫生 書面轉介 | 全數賠償 | 每 保單年度 \$33,000 |
| j | 整骨治療師 | 不適用 | 每次診治\$1,200 (只包括診治肌肉、骨骼和關節的費用) |
| k | 足病治療師 ³ 。須獲 註冊醫生 書面轉介 | 不適用 | 每次診治\$1,200 (包括診症費、醫療所需外塗藥物、矯形機械服務及治療等醫療費用) |
| l | 診斷成像及化驗 ³ 。須獲 註冊醫生 (適用於所有診斷成像及化驗)或 註冊中醫師 或 脊醫 ⁵ (只適用於 X 光及化驗)書面轉介 | 全數賠償 | 全數賠償 |
| m | 處方 西藥 | 每 保單年度 \$33,000 (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) | |
| n | 接種疫苗 | 每 保單年度 \$9,000 (包括乙型肝炎、卡介苗、小兒麻痺、白喉、百日咳、破傷風混合、麻風、日本腦炎、腦膜炎、甲型肝炎、麻疹、流行感冒及其他由 香港 政府或世界衛生組織不時推薦的疫苗接種) | |
| 每 保單年度 內有關以上(a) - (k)項之診治次數上限合共為 40 次，其中項目(f) - (g)、項目(h) - (i) 及項目(j) - (k)之診治次數上限合共為每 保單年度 各 20 次。每一項目以每日最多一次為限。 | | | |

註解

- 有關門診保障之**網絡保障**
 - 已投保門診保障的**受保人**可使用**保柏非凡卡**於**網絡保障**下享用全數賠償服務，惟必須依循以下的所有規定 -
 - 您的門診治療必須由**保柏非凡特選服務供應商**提供及其於診所內進行；及
 - 請在求診登記時出示您的**保柏非凡卡**，並以此卡繳付醫療費用。
 - 如沒有依循以上第(i)節**網絡保障**的所有規定，您的合資格醫療費用將於**非網絡保障**下作出賠償。您須先直接向供應商繳付醫療費用，然後向**本公司**申請索償。
 - 門診**網絡保障**下的普通科醫生亦涵蓋由**本公司**指定的視像診症服務供應商進行的醫療診症服務並使用**保柏非凡卡**繳費。此保障涵蓋診症費及由視像診症服務供應商處方並於其診所取得的基本**醫療所需西藥**費用（不包括任何藥物運送費用）。指定的視像診症服務供應商名單可於**本公司**的客戶服務網站查閱，此名單可能會不時更改及更新。
- 有關**保柏非凡特選服務供應商**
請登入**本公司**的客戶服務網站查閱最新的**保柏非凡特選服務供應商**名單。此名單會不時更改。
- 於轉介信發出日起計 6 個月內，可就相同或相關病症使用該轉介信。若須診治全新或不相關的病症，則須提交新的轉介信。
- 此保障適用於精神、心理、情緒或行為症狀、認知障礙症（包括阿茲海默氏症）及帕金森病的門診診治（因濫用藥物及酗酒而引致或相關的症狀或疾病除外）。若此保障下的費用亦同時受保於門診保障下的其他項目，有關費用只可獲此項目(h)的賠償，而不會獲得其他項目之賠償。
- 部分診斷影像中心或不接受由**註冊中醫師**及／或**脊醫**轉介的某些 X 光及化驗。如有疑問，請直接聯絡有關中心。

| 2) | 牙科及視力保障保障 | 賠償限額（港元） |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| | 保障地域範圍 | 全球但不包括美國 |
| | 牙科保障 | |
| | <ul style="list-style-type: none">洗牙定期口腔檢查口腔 X 光及藥物補牙及脫牙膿瘡排放齒尖或齒邊修復牙髓治療（杜牙根）牙周手術緊急意外治療（包括 X 光、緊急牙痛舒緩、臨時補牙、藥物、膿瘡切割及排放）活動假牙、牙冠及牙橋（只適用於因意外而必需安裝） | 每 保單年度 \$9,000 |
| 受保人必須連續受保於此保障六(6)個月或以上，方可獲得以下項目之賠償。 | | |
| | <ul style="list-style-type: none">牙冠及牙橋根尖切除術鑲牙部分或全軟組織阻生牙骨阻生牙齒矯正全視牙照牙膠 | 每 保單年度 \$10,000 |
| | 視力保障 | |
| | <ul style="list-style-type: none">此保障將支付由註冊醫生或註冊視光師進行之診症費、眼科檢查或檢驗，以及矯正視力的隱形眼鏡或一(1)副眼鏡。 | 每 保單年度 \$3,000 |

| 3) | 產科保障 (只適用於年齡介乎 18 至 49 歲之女性受保人) | 賠償限額 (港元) |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| | 保障地域範圍 | 全球但不包括美國 |
| a | 順產 | 每次懷孕 \$55,000 |
| b | 剖腹生產 | 每次懷孕 \$80,000 |
| c | 流產 | 每次懷孕 \$30,000 |
| | <ul style="list-style-type: none"> 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，以及住院期間新生嬰兒護理費用。 此保障不包括新生嬰兒在 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，首九(9)個月等候期內不會獲得賠償。 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）。 | |

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Terms and Conditions for Optional Benefits

1. General provisions

- (a) The terms and conditions for optional benefits ("Optional Benefit Provisions") are attached to and form part of the Policy of Bupa Hero VHIS Plan. The Optional Benefit Provisions are optional benefits and do not form part of the Certified Plan.
- (b) All benefits payable under the Optional Benefit Provisions are only applicable to Eligible Expenses and other expenses incurred in Asia, Australia and New Zealand.
- (c) Benefits payable under this Optional Benefit Provisions are only applicable to a Policy Holder and/or Insured Person who has opted for the optional benefit(s) by payment of additional premium and the relevant benefit(s) is shown on the Policy Schedule.
- (d) Except as otherwise specified in this Optional Benefit Provisions, all Terms and Benefits applied to the Certified Plan shall have full force and effect. To the extent that any terms or exclusion applied to the Terms and Benefits is inconsistent with the benefits expressly provided in the Optional Benefit Provisions, the provisions in the Optional Benefit Provisions shall prevail to resolve such inconsistency. For the avoidance of doubt, the following exclusions do not apply to the benefits covered under this Optional Benefit Provisions -
 - (i) Sections 1 and 6 of the general exclusions under Part 7 of the Terms and Benefits do not apply to the benefits payable under Sections 2(l), 3(a)(i), 3(a)(ii), 3(b)(i), 3(b)(ii), 3(b)(bb) and 4 below;
 - (ii) Section 7 of the general exclusions under Part 7 of the Terms and Benefits does not apply to the benefits payable under Section 3 below;
 - (iii) Section 8 of the general exclusions under Part 7 of the Terms and Benefits does not apply to the benefits payable under Sections 2(h), 2(i) and Section 4 below;
 - (iv) Section 9 of the general exclusions under Part 7 of the Terms and Benefits does not apply to the benefits payable under Section 3(b)(cc) below;
 - (v) Section 10 of the general exclusions under Part 7 of the Terms and Benefits does not apply to the benefits payable under Sections 2(f), 2(g), 2(h) and 2(i) below; and
 - (vi) Section 12 of the general exclusions under Part 7 of the Terms and Benefits does not apply to the benefits payable under Sections 2(h) and 2(i) below.
- (e) Unless otherwise defined, capitalised terms used in this Optional Benefit Provisions shall have the meanings ascribed to them under Part 8, Section 3 of Supplement 1, Section 1 of Supplement 5 of the Terms and Benefits and Section 5 below.
- (f) Subject to the Terms and Benefits and this Optional Benefit Provisions, the Company shall reimburse the expenses which are reasonable and customary in accordance with the benefit items set out in Sections 2 to 4 below. Benefits payable under this Optional Benefit Provisions are not subject to any Deductible (if applicable). The amount of expenses payable shall not exceed the actual costs of the services or items provided.
- (g) If the Company reimburses the Policy Holder or Insured Person for any expense which has exceeded the applicable maximum limits under the Benefit Schedule of Optional Benefits or is not eligible under the Policy, the Policy Holder and/or the Insured Person shall reimburse the Company in full for these ineligible expenses within fourteen (14) days from the issuance of an invoice from the Company.
- (h) Any premium paid in respect of the benefits under this Optional Benefit Provisions are not subject to any discount under Supplement 3 of the Terms and Benefits and will not be eligible for any tax deduction.

2. Clinical benefit

Subject to the terms below, the amount payable shall be equal to the actual charges of such services described below and subject to the maximum limits, maximum number of visits and reimbursement percentage as stated in Benefit Schedule of Optional Benefits.

The covered items and benefits coverage under Network Benefit and Non-Network Benefit are different and the details of which are shown in the Benefit Schedule of Optional Benefits. If full cover benefit is payable under Network Benefit, the covered service scope and treatment item(s) may vary depending on the credit facility arrangement entered between the Company and each of Bupa Hero Appointed Service Provider. If the services or treatments offered by the Bupa Hero Appointed Service Provider exceed the coverage under the credit facility arrangement, the Policy Holder and/or the Insured Person shall settle the surplus with the provider directly and such amount shall not be reimbursable under Non-Network Benefit in respect of the same visit.

(a) General practitioner

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

This benefit shall be payable under Network Benefit for medical consultation conducted by a video consultation service provider designated by the Company and paid by the BH Card. This benefit shall cover consultation fee and Medically Necessary Western Medication prescribed by the video consultation service provider and obtained at his clinic. For the avoidance of doubt, any medication delivery charge must be borne by the Insured Person and such fees shall not be payable under this benefit. The list of designated video consultation service providers can be found at the Company's customer service portal. The list may be updated and amended by the Company from time to time.

(b) Specialist

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

- (c) Home consultation
This benefit shall be payable for the consultation fee charged by a Registered Medical Practitioner when the Insured Person is treated by the attending Registered Medical Practitioner at the Insured Person's home.
- (d) Physiotherapist
This benefit shall be payable for the treatment fee charged by a Physiotherapist when the Insured Person is treated by a Physiotherapist on an outpatient basis and such visit is recommended in writing by the attending Registered Medical Practitioner.
- (e) Chiropractor
This benefit shall be payable for the treatment fee charged by a Chiropractor when the Insured Person is treated by a Chiropractor on an outpatient basis and such visit is recommended in writing by the attending Registered Medical Practitioner.
- (f) Chinese herbalist
If the Insured Person is treated by a Registered Chinese Medicine Practitioner on an outpatient basis at the Registered Chinese Medicine Practitioner's clinic, this benefit shall be payable for the consultation fee and charges for basic Chinese Medicines prescribed at the time of consultation by such practitioner and obtained at a legitimate source on the same day of consultation. This benefit shall also be payable for acupuncture and tui na performed by a Registered Chinese Medicine Practitioner on an outpatient basis.
- (g) Chinese bonesetter
If the Insured Person is treated by a Registered Chinese Medicine Practitioner for bonesetting treatment on an outpatient basis at the Registered Chinese Medicine Practitioner's clinic, this benefit shall be payable for the consultation fee and charges for basic Chinese Medicines prescribed at the time of consultation by such practitioner and obtained at a legitimate source on the same day of consultation. This benefit shall also be payable for acupuncture and tui na performed by a Registered Chinese Medicine Practitioner on an outpatient basis.
- (h) Psychiatric-related treatments
This benefit shall be payable if the Insured Person receives medical treatment for psychiatric, psychological, mental, or behavioural conditions, senile dementia (including Alzheimer's disease) and Parkinson's diseases at the clinics of Registered Medical Practitioner or Registered Chinese Medicine Practitioner on an outpatient basis. This benefit shall reimburse the medical expenses incurred at the time of consultation for consultation, Medically Necessary Western Medication, diagnostic imaging and laboratory tests prescribed by the Registered Medical Practitioner or consultation, Chinese Medicines, acupuncture, X-ray only and laboratory tests prescribed by the Registered Chinese Medicine Practitioner.
- For the avoidance of doubt, if the expenses under this benefit are also covered under other benefit items under this Section 2, the expenses for such items shall be exclusively paid under this Section 2(h) and no benefit shall be payable under other benefit items of this Section 2. Notwithstanding anything to the contrary as stated under general exclusions of Part 7 of the Terms and Benefits, this benefit shall also cover psychiatric, psychological, mental, or behavioural conditions arising from Congenital Conditions and maternity conditions (including its complications) but all conditions caused by or related to drug abuse and alcoholism are expressly excluded.
- (i) Psychological counselling
If the Insured Person is treated by a Psychologist at his clinic on the account of psychiatric, psychological, mental, or behavioural conditions on an outpatient basis and such visit is recommended in writing by the attending Psychiatrist, this benefit shall be payable for the psychological counselling fee charged by the Psychologist for rendering psychological counselling treatment to the Insured Person.
- Notwithstanding anything to the contrary as stated under general exclusions of Part 7 of the Terms and Benefits, this benefit shall also cover psychiatric, psychological, mental, or behavioural conditions arising from Congenital Conditions and maternity conditions (including their complications) but all conditions caused by or related to drug abuse and alcoholism are expressly excluded.
- (j) Osteopath (Only applicable to Deluxe or Deluxe Pro Plan)
This benefit shall be payable when the Insured Person is treated by an Osteopath on an out-patient basis and incurs medical expenses, provided that such osteopathy treatment or service is to improve joint mobility, relieve muscle tension, increase blood flow and encourage healing for condition(s) that affects muscles, bones and joints only by means of physical manipulation, stretching and massage.
- (k) Podiatrist (Only applicable to Deluxe or Deluxe Pro Plan)
This benefit is payable if an Insured Person is treated by a Podiatrist on an out-patient basis at such Podiatrist's clinic and incurs medical expenses which include consultation fee and charges for Medically Necessary topical medicament, orthomechanical services and procedures prescribed at the time of consultation by such Podiatrist and obtained at a legitimate source on the same day of consultation, provided that such visit is recommended in writing by the attending Registered Medical Practitioner.
- (l) Diagnostic imaging and laboratory tests
This benefit shall be payable for the costs of imaging or laboratory examination when the Insured Person undergoes diagnostic tests on an outpatient basis. The examination must be consistent with the symptoms or diagnosis and subject to written recommendation from the attending Registered Medical Practitioner for all diagnostic imaging and laboratory tests or written recommendation from a Registered Chinese Medicine Practitioner or Chiropractor for X-ray only and laboratory tests.

(m) Prescribed Western Medication

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

(n) Vaccination (Only applicable to Deluxe or Deluxe Pro Plan)

This benefit shall be payable for the following covered vaccinations received by the Insured Person and performed by a Registered Medical Practitioner on an outpatient basis -

Hepatitis B vaccine, Bacillus Calmette-Guerin (BCG) vaccine, polio (poliomyelitis) vaccine, diphtheria-pertussis-tetanus vaccine, Leprosy vaccine, Japanese encephalitis vaccine, Meningitis vaccine, Hepatitis A vaccine, Measles vaccine, Influenza vaccine, and other vaccinations recommended by the Hong Kong Government or World Health Organisation.

3. Dental benefit / Dental and optical benefit

(a) Dental benefit (only applicable to Advance or Advance Pro Plan)

The amount of expenses payable under this Section 3(a) shall be equal to the actual charges of such services described below subject to the applicable maximum limits as stated in Benefit Schedule of Optional Benefits.

This benefit shall be payable when the Insured Person is treated by a Registered Dentist at the Registered Dentist's clinic and incurs fees for the following treatments or procedures -

- (i) scaling and polishing;
- (ii) routine oral examination;
- (iii) intraoral X-ray and medications;
- (iv) fillings and extractions;
- (v) drainage of abscesses;
- (vi) pins for cusp restoration;
- (vii) root canal treatment;
- (viii) periodontal surgery;
- (ix) accident emergency treatment (including X-ray, temporary pain relief, temporary fillings, medication, incision and drainage of abscess); and
- (x) dentures, crowns and bridges (only if necessitated by an Accident).

This benefit shall also be payable when the Insured Person is treated by a Registered Dental Hygienist and incurs fees for scaling and polishing only.

(b) Dental and optical benefit (only applicable to Deluxe or Deluxe Pro Plan)

The amount of expenses payable under this Section 3(b) shall be equal to the actual charges of such services described below subject to the applicable maximum limits as stated in Benefit Schedule of Optional Benefits.

Dental benefit under this Section 3(b) shall be payable when the Insured Person is treated by a Registered Dentist at the Registered Dentist's clinic and incurs fees for the following treatments or procedures -

- (i) scaling and polishing;
- (ii) routine oral examination;
- (iii) intraoral X-ray and medications;
- (iv) fillings and extractions;
- (v) drainage of abscesses;
- (vi) pins for cusp restoration;
- (vii) root canal treatment;
- (viii) periodontal surgery;
- (ix) accident emergency treatment (including X-ray, temporary pain relief, temporary fillings, medication, incision and drainage of abscess); and
- (x) dentures, crowns and bridges (only if necessitated by an Accident).

Dental benefit under this Section 3(b) shall also be payable when the Insured Person is treated by a Registered Dental Hygienist and incurs fees for scaling and polishing only.

The following dental benefits are payable only when the Insured Person has been continuously covered under this benefit for a period of six (6) months or above -

- (xi) crowns and bridges;
- (xii) apicoectomy;
- (xiii) gold inlay;
- (xiv) partial and complete soft-tissue impaction;
- (xv) bony impaction;
- (xvi) orthodontic treatment;
- (xvii) panoramic film; and
- (xviii) night-guard or mouth-guard.

Optical benefit under this Section 3(b) shall be payable when the Insured Person is treated by a Registered Medical Practitioner or a Registered Optometrist on an outpatient basis at the Registered Medical Practitioner or Registered Optometrist's clinic and incurs fees for the following services or items -

- (aa) consultation fee;
- (bb) eye-check or examination performed by a Registered Medical Practitioner or Registered Optometrist; and
- (cc) contact lenses or one (1) pair of glasses for optical correction.

For the avoidance of doubt, the optical benefit above shall not be payable for the cost of any frames or sunglasses, non-corrective contact lenses, laser eye surgery and/or similar items or services and subject to the applicable maximum limits as stated in Benefit Schedule of Optional Benefits. If the eye-check or examination expenses under this benefit is also payable under Section 2 (if opted), Eligible Expenses or covered expenses incurred in respect of the same item shall not be recoverable under more than one (1) optional benefit Section.

4. Maternity benefit

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

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

- (d) In the event of premature termination of pregnancy or premature birth (delivery that occurs between twenty (20) and thirty-seven (37) weeks of gestation), maternity benefit shall be payable without the application of the of nine (9) months' waiting period as specified in this Section 4(c) above provided that the conception of such pregnancy occurs after the commencement date of this maternity benefit.
- (e) If the eligible medical expenses incurred after the nine (9) months' waiting period have been paid and there is a remaining balance of the benefit limit with respect of the relevant pregnancy after delivery, the Company shall also cover eligible medical expenses incurred during the nine (9) months' waiting period up to the maximum benefit limit according to the delivery option.
- (f) Maternity benefit shall not cover any medical expenses incurred by the newborn baby in respect of any illness or injury during Confinement.
- (g) In no event the maternity benefit shall be payable for a prepaid maternity package that requires advance payment to a Hospital or Registered Medical Practitioner and all benefits under this Section 4 shall only cover the charges after all treatments have been rendered.
- (h) For the avoidance of doubt, this benefit shall not be payable for any psychiatric, psychological, mental, or behavioural conditions arising from or in connection with maternity conditions (including its complications).

5. Definitions

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

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| "Benefit Schedule of Optional Benefits" | shall mean a schedule of benefit attached to the terms and conditions for optional benefit which set out, among others, the benefit items and maximum benefits covered. |
| "Bupa Hero Appointed Service Providers" | shall mean the Registered Medical Practitioners, Physiotherapists, Chiropractors, Psychologists, Registered Chinese Medicine Practitioners, diagnostic centres, cancer centres, diabetic centres, day case centres and medical service providers appointed by the Company and who have entered into credit facility arrangements with the Company to provide services to the Insured Persons under this Policy on the Company's undertaking to pay for the services so provided. The list of service providers can be found in the Bupa Hero Network Directory. |
| "Bupa Hero Network Directory" | shall mean the list printed in digital format which contains the particulars of Bupa Hero Appointed Service Providers appointed by the Company. The list may be updated and amended by the Company from time to time and the latest list is available at the Company's customer service portal. |
| "Chinese Medicines" | shall mean Chinese medicines legally registered by the Chinese Medicines Board under the Chinese Medicine Council in Hong Kong pursuant to Chinese Medicine Ordinance (Chapter 549, |

Laws of Hong Kong) or the equivalent legal authority of any other place providing Chinese medicines treatment.

“Chiropractor”

shall mean a chiropractor,

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

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

“Network Benefit”

shall mean the services provided by Bupa Hero Appointed Service Providers and referred to as such in the Benefit Schedule of Optional Benefits.

“Non-Network Benefit”

shall mean the benefit referred to as such in the Benefit Schedule of Optional Benefits.

“Osteopath”

shall mean an osteopath,

- (a) who is duly qualified and is registered with the Hong Kong Osteopathic Association or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith); and
- (b) legally authorised for rendering osteopathy treatment or service in Hong Kong or the relevant jurisdiction outside Hong Kong where the treatment or service is provided to the Insured Person,

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

“Physiotherapist”

shall mean a physiotherapist,

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

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

“Podiatrist”

shall mean a podiatrist,

- (a) who is duly qualified to practise as a podiatrist for rendering podiatric therapy following completion of a degree in podiatry and is registered with the Hong Kong Podiatrists Association or International Podiatrists Association of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith); and
- (b) legally authorised for rendering podiatric therapy in Hong Kong or the relevant jurisdiction outside Hong Kong where the treatment or service is provided to the Insured Person,

but in no circumstances shall include the following persons – the Insured Person, the Policy Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder and/or the Insured Person (unless approved in advance by

the Company in writing). If the practitioner is not duly qualified or registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall exercise reasonable judgment to determine whether such practitioner shall nonetheless be considered qualified and registered.

“Psychiatrist”

shall mean a psychiatrist,

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

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

“Psychologist”

shall mean a psychologist,

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

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

“Registered Dental Hygienist”

shall mean a dental hygienist,

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

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

“Registered Dentist”

shall mean a dentist,

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

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

- "Registered Optometrist" shall mean an optometrist,
- (a) who is duly qualified and is registered with the Supplementary Medical Professions Council of Hong Kong pursuant to Supplementary Medical Professions Ordinance (Cap. 359 of the Laws of Hong Kong) and the Optometrists (Registration and Disciplinary and Procedure) Regulation (Cap. 359F of the Laws of Hong Kong) or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith); and
 - (b) legally authorised for rendering optical service in Hong Kong or the relevant jurisdiction outside Hong Kong where the treatment or service is provided to the Insured Person, but in no circumstances shall include the following persons – the Insured Person, the Policy Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder and/or the Insured Person (unless approved in advance by the Company in writing). If the practitioner is not duly qualified or registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall exercise reasonable judgment to determine whether such practitioner shall nonetheless be considered qualified and registered.
- "Western Medication" shall mean medication legally registered with the Pharmaceutical Service of Department of Health in Hong Kong or the equivalent legal authority of any other place where expenses are incurred to render western medicine and surgical services.

Terms and Conditions for Other Services

I. General provisions

- (a) The terms and conditions for other services ("Other Services Provisions") are attached to and form part of the Policy of Bupa Hero VHIS Plan. The Other Services Provisions set out the value added services available to Policy Holder and Insured Person of Bupa Hero VHIS Plan without additional premium and do not form part of the Certified Plan.
- (b) Except as otherwise specified in this Other Services Provisions, all Terms and Benefits applied to the Certified Plan shall have full force and effect. To the extent that any provision or exclusion applied to the Terms and Benefits is inconsistent with the services expressly provided in the Other Services Provisions, the provisions in the Other Services Provisions shall prevail to resolve such inconsistency. For the avoidance of doubt, the following exclusions do not apply to the services covered under this Other Services Provisions -
 - (i) Section 1 of the general exclusions under Part 7 of the Terms and Benefits does not apply to the services available under Provisions 2, 3 and 4 below; and
 - (ii) Sections 8 and 12 of the general exclusions under Part 7 of the Terms and Benefits do not apply to the services available under Provision 4 below.
- (c) Unless otherwise defined in Provisions 1 to 4 below, capitalised terms used in this Other Services Provisions shall have the meanings ascribed to them under Part 8, Section 3 of Supplement 1, Section 1 of Supplement 5 of the Terms and Benefits and Section 5 of the Optional Benefits Provisions.
- (d) Subject to the Terms and Benefits and this Other Services Provisions, the Company shall provide the services in accordance with the terms in this Other Services Provisions. The amount of expenses reimbursed (if any) shall not exceed the actual costs of the services incurred and are not subject to any Deductible (if applicable).
- (e) If the Company reimburses the Policy Holder or Insured Person for any expense which has exceeded the applicable maximum limits under this Other Services Provisions; or is not eligible under the Policy, the Policy Holder and/or the Insured Person shall reimburse the Company in full for these ineligible expenses within fourteen (14) days of receipt of an invoice from the Company.

II. Credit Facilities Provisions ("Provision 1")

The credit facilities services described in this Provision 1 are provided to a Policy Holder or an Insured Person under this Policy in accordance with the eligibility requirements.

1. BH Card

- (a) The Company shall issue a BH Card to the Insured Person. Subject to the procedures as stated in the membership guide, the Insured Person can use the BH Card to settle Eligible Expenses and other expenses payable for designated services or treatments under the Certified Plan and Network Benefit under Section 2 of the Optional Benefit Provisions which are incurred at a Bupa Hero Appointed Service Providers in Hong Kong and designated Hospitals outside Hong Kong. BH card does not apply to treatment received at the outpatient department of a Hospital and medical expense incurred under Sections 3(k), 3(l) of Part 6 and Sections 2(c) to (j) of Supplement 1 of the Terms and Benefits.
- (b) The uses of BH card for selected benefits payable under the Certified Plan are subject to the required pre-authorisation procedures stated in Section 2 below. The credit facilities services available are subject to the credit limit as stated in the pre-authorisation confirmation/guarantee of payment letter, which is determined by the Company according to its prevailing practice and subject to the amount of benefit limit available under the Certified Plan.
- (c) In case any Shortfall is paid by the Company, the Policy Holder shall repay the Shortfall in full to the Company immediately upon the Company's reasonable demand. If the Shortfall has not been settled within fourteen (14) days of receipt of a Shortfall invoice, the Company shall, in accordance with the authorisation provided by the Policy Holder or Insured Person for the Company to debit money from a designated credit card, collect the Shortfall directly from the designated credit card on or after twenty-one (21) days of receipt of the Shortfall invoice from the Company.
- (d) The Company has the right to offset any premium refundable or claim payable to the Policy Holder against any amount of Shortfall or Deductible outstanding or arising from the Insured Person.
- (e) BH Card shall remain the property of the Company and the Insured Person to whom it is issued shall keep it safe at all times. It may only be used by the Insured Person to whom it is issued and it shall not be transferable. In the event of theft or loss of the BH Card, the Policy Holder is responsible for any transactions involving its use until such theft or loss is reported to the Company in writing.
- (f) BH Card shall immediately cease to be valid upon the earliest of the following events and the Policy Holder is required return it to the Company within seven (7) days after it becomes invalid -
 - (i) this Policy is terminated; or
 - (ii) the Company reasonably demands the return of the BH Card with the reasons notified to the Policy Holder and/or the Insured Person in writing.

2. Pre-authorisation procedures

- (a) The uses of the BH card for the credit facilities available under the Certified Plan for Confinement, Prescribed Diagnostic Imaging Test and Prescribed Non-surgical Cancer Treatment must follow to the pre-authorisation procedures as stated in the membership guide.
- (b) If it is infeasible to obtain the pre-authorisation before the Insured Person receives the relevant Medical Service due to Emergency conditions or the Company is unable to process the pre-authorisation request outside of the Company's support hours (which can be found in the membership guide), the Policy Holder, the Insured Person, the Insured Person's authorised representative and/ or the Bupa Hero Appointed Specialist shall submit the pre-authorisation request on the next working day immediately after the day on which the Insured Person receives the test, treatment or procedure. The Company shall be responsible for ensuring that the Bupa Hero Appointed Specialist is aware of the required information to be included when completing the pre-authorisation request form.
- (c) If there is any variation in the extent, nature or estimated cost of the items covered by the pre-authorisation confirmation/guarantee of payment letter, the Policy Holder, the Insured Person, the Insured Person's authorised representative and/or the Bupa Hero Appointed Specialist should inform the Company at least two (2) working days

- before the test, treatment or procedure and obtain prior written acceptance of such change.
- (d) The issuance of a pre-authorisation confirmation / guarantee of payment letter from the Company shall not be deemed as an agreement on the Company's part to pay the total amount or part of the costs set out in the pre-authorisation confirmation/guarantee of payment letter. The Policy Holder's entitlement to any reimbursement shall be subject to the terms and conditions of the Policy and the final claims assessment of the Company.
 - (e) If an Insured Person incurs any expenses that are excluded or ineligible under this Policy, in excess of the credit limit as stated in the pre-authorisation confirmation/guarantee of payment letter or not approved by the Company, the Policy Holder shall settle such charges with the provider directly or if such expense has been settled by the Company, the Policy Holder shall reimburse the Company in full for the Shortfall within fourteen (14) days of receipt of a Shortfall invoice from the Company.

3. Definitions

Under this Provision 1, words and expressions used shall have the following meanings -

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| "BH Card" | shall mean the medical card issued by the Company to an eligible Insured Person under this Policy, and the use of the card is subject to the conditions set out in this Provision 1. |
| "Bupa Hero Appointed Specialist" | shall mean a Specialist referred to as a Specialist in the Bupa Hero Network Directory. |
| "Shortfall" | shall mean any expenses which are not covered or which exceed the benefit limit of these Terms and Benefits or the selected Deductible should be borne by the Policy Holder. |

III. Free Bupa Worldwide Assistance Programme Provisions ("Provision 2")

The services described under this Provision 2 are provided by IPA. When travelling abroad, the Policy Holder or the Insured Person can call IPA on (852) 2861 9229, a twenty-four (24) hours hotline throughout a year, to receive emergency medical or legal assistance in accordance with the terms under this Provision 2.

1. General provisions

- (a) Services and assistance provided under this Provision 2 are subject to availability of such services and assistance offered by IPA. The availability of such services and assistance may change from time to time without prior notice to the Policy Holder or the Insured Person. The Company and IPA are not agents to each other for the services and assistance provided under this Provision 2.
- (b) The Company shall not be liable to the Policy Holder or the Insured Person in any respect of any loss, damage, expense, suit, action or proceeding suffered or incurred by the Insured Person, whether directly or indirectly, arising from or in connection with the services provided or advice given by IPA or its agent, or the availability of such services.
- (c) The Company has no obligation to replace IPA with other service provider if the arrangement between the Company and IPA ceases to operate or if IPA ceases to carry on its business or provide any such services or assistance under this Provision 2.

2. Description of services and benefits

If the Insured Person:

- (i) suffers any Bodily Injury;
- (ii) suffers any Sudden Illness; or
- (iii) is in need of medical, travel, legal or administrative assistance described in this Provision 2,

outside the Place of Residence (except for the coverage under Sections 2(p), 2(y) and 2(z) of this Provision 2 which may be obtained in Hong Kong) while arising out of and in the course of his journey, provided that such journey is not undertaken against the advice of the Registered Medical Practitioner, and / or is not for the purpose of obtaining or seeking any medical or surgical treatment abroad, the following worldwide assistance services and benefits shall be available directly from IPA upon specific verbal notification by the Insured Person or his representative to IPA's twenty-four (24)-hour alarm centre.

Medical assistance

- (a) Medical advice hotline
If necessary, the Insured Person may call IPA's alarm centre for medical advice and evaluation from the attending Registered Medical Practitioner. However, telephone conversation shall be considered as an advice only rather than a diagnosis.
- (b) Doctor referral
If necessary, the Insured Person shall be referred to a medical specialist or medical facility for personal assessment.
- (c) Essential medication / Medical equipment
Upon request from a local attending Registered Medical Practitioner, IPA may, when possible and legally permissible, dispatch at the cost of the Insured Person any essential medicine and / or medical equipment required for the Insured Person which is not locally available.
- (d) Dispatch of Registered Medical Practitioner
In the event of an emergency where the Insured Person cannot be adequately assessed by telephone, or the Insured Person cannot be moved and local treatment is unavailable, IPA may send an appropriate medical practitioner.
- (e) Medical evacuation (Unlimited cover)
If the Insured Person suffers from Bodily Injury or Sudden Illness such that IPA's medical team and the attending Registered Medical Practitioner recommend hospitalisation in another medical facility where the Insured Person can be suitably treated,

IPA may arrange and pay for necessary transportation expenses for:

- (i) the transfer of the Insured Person into the nearest medical facility more appropriately equipped for the particular medical condition; or
 - (ii) the direct repatriation if his medical condition permits such repatriation. The medical team and attending Registered Medical Practitioner may determine the necessary arrangements according to the circumstances.
- (f) Repatriation after treatment (Unlimited Cover)
Following the medical evacuation in Section 2(e) of this Provision 2 above and if medical treatment is necessary, IPA may repatriate the Insured Person to an appropriate medical facility in his Place of Residence by scheduled airline flight (on economy class) or any other appropriate means of transportation. Any decision on such repatriation shall be made jointly and exclusively by both the attending Registered Medical Practitioner and IPA's alarm centre, and the Insured Person's consent shall be sought.
- (g) Deposit guaranteeing of hospital admission
In case of Hospital admission duly approved by both the attending Registered Medical Practitioner and IPA's doctor and the Insured Person is without means of payment of the required Hospital admission deposit, IPA may guarantee or provide such payment up to HKD39,000. The Insured Person will be required to repay any sum advanced within forty-five (45) days (without interest). IPA will require valid credit authorisation from the Insured Person or his representative, prior to advancement of funds for such admission.
- (h) Medical monitoring
IPA may monitor the Insured Person's condition during the Insured Person's hospitalisation abroad and may keep the Insured Person's family informed.
- (i) Compassionate visit
IPA may arrange and pay for the cost of an economy round trip transportation plus accommodation expenses up to HKD16,000 for a person chosen by the Insured Person, or a relative if the Insured Person is unable to choose due to his condition, to join him if the Insured Person has been confined in Hospital abroad for more than seven (7) consecutive days.
- (j) Additional travel and accommodation for travelling companion
IPA may arrange and pay for the additional travel and accommodation expenses incurred by the Insured Person's travelling companion related to an incident requiring medical evacuation in Section 2(e) of this Provision 2 provided that such expenses shall not exceed HKD15,000 for the Insured Person in any one event subject to a sub-limit of HKD2,000 per day.
- (k) Return of unattended dependant child(ren) to Place of Residence
If the Insured Person's travelling dependant child(ren) up to Age eighteen (18) or Age twenty-three (23) if in full time education, is left unattended by reason of the Insured Person's confined in Hospital, IPA may organise and pay for the return of child(ren) (on economy fare basis) to the Insured Person's Place of Residence.
- (l) Hotel room accommodation for convalescence
IPA may arrange and pay for reasonable hotel for convalescence, up to HKD1,950 per day for a maximum of four (4) consecutive days, immediately after the Insured Person's discharge from the Hospital, and if deemed medically necessary by attending Registered Medical Practitioner and IPA's doctor.
- (m) Transportation for return of Insured Person to original work site
Following the Insured Person's evacuation or repatriation by IPA within a one (1) month period, IPA may upon the Insured Person's request arrange and provide a one way economy air transportation to return the Insured Person to the original work location. The Insured Person assumes the responsibility for the decision of whether or not he returns to work. The Insured Person is responsible for obtaining any medical releases to determine his suitability to travel or not, or to resume work or not. The decision and the results thereof are solely the responsibility of the Insured Person and / or the Insured Person's attending Registered Medical Practitioner. IPA is not involved whatsoever in such decisions.
- (n) Repatriation of mortal remains / ashes (Unlimited cover)
Upon the death of the Insured Person, IPA may arrange and pay for the repatriation of the Insured Person's body or ashes to the Insured Person's Place of Residence for burial.
- (o) Unexpected return to the Place of Residence
In the event of the death of the Insured Person's Close Relative in his Place of Residence while he is travelling overseas (excluding the case of immigration) that necessitates an unexpected return to his Place of Residence, IPA may arrange and pay for the cost of a scheduled airline ticket (economy class) for the return of the Insured Person.
- (p) Additional hospital benefit after a medical evacuation and repatriation back to Hong Kong
If benefits payable under the Bupa Hero VHIS Plan are exhausted, eligible medical expenses for confinement in Hong Kong Hospital immediately following the repatriation under Section 2(f) of this Provision 2 are covered up to a further HKD120,000.
- For Sections 2(e), 2(f), 2(k), 2(m) and 2(o) of this Provision 2, the Insured Person (and / or his travelling companion if applicable) shall surrender unused return tickets to IPA if IPA arranges new tickets or transportation for them.

Travel and pre-trip assistance

- (q) Pre-trip and travel information
The Insured Person may contact IPA to obtain the following information before starting or during his journey:
- (i) Updated immunisations and vaccinations requirements and needs.
 - (ii) Weather, exchange rates, banking days, language, passport and visa requirements.
 - (iii) Airport taxes or customs requirements.
 - (iv) Arrangement of interpreter services or children escort.
 - (v) Transmission of urgent messages for medical reasons.
- (r) Assistance on luggage retrieval
In the event of loss or misrouting of the Insured Person's luggage by a common carrier, IPA may liaise with the relevant entities such as but not limited to airline companies, customs officials, and will organise the dispatch of such luggage, if recovered, to such place as the Insured Person may direct.
- (s) Emergency rerouting arrangements
IPA may assist the Insured Person in reorganising his flight schedule should an emergency oblige him to alter his original plan.
- (t) Administration assistance of the loss of travel document
IPA may provide the Insured Person with the necessary information regarding the formalities requested by local authority

in order to obtain the replacement of such lost or stolen documents.

- (u) MedPass service
If the Insured Person suffers from Bodily Injury or Sudden Illness and needs to be hospitalised in China for emergency medical treatment, the Insured Person may visit the nearest Hospital under MedPass Network. Upon presenting the valid membership card or medical card under Bupa Hero VHIS Plan and travel document, the Hospital will provide medical treatment without requiring any admission deposit directly from the Insured Person up front. IPA shall provide the Hospital with the relevant guarantee of deposit for Hospital admission. The Insured Person shall fully and directly settle the medical expenses including the Hospital admission deposit guaranteed by IPA when the Insured Person is discharged from Hospital. IPA will not pay for any expenses incurred.

Legal assistance

- (v) Legal referral
IPA may provide the telephone numbers and addresses of the lawyers and solicitors firms.
- (w) Legal assistance
In the event of an accident occurring in a situation not related to the work, business, profession or employment of the Insured Person, IPA may:
 - (i) provide for the defence of the Insured Person in legal proceedings against him for civil liability to the civil laws in force in the country, and
 - (ii) conduct proceedings in order to obtain an indemnity from an identified third party for the Insured Person following personal injury and / or damages to the Insured Person's personal belongings if such damages are estimated to be in excess of HKD5,000.In all such cases, the counsel and / or lawyer appointed by IPA shall act in a legal capacity for the Insured Person without any recourse to, responsibility of, or indemnification by IPA by reason of its appointment of counsel and / or lawyer. The counsel and / or lawyer's fee will be settled by IPA up to a limit of HKD40,000.
- (x) Advance of bail bonds
IPA may deposit up to HKD40,000 on behalf of the Insured Person as the security required from him in order to guarantee the payment of the fees for the procedures in the event of the Insured Person being detained by the relevant local authority following a road accident. No deposit shall be made by IPA for covering the civil liabilities, fines or personal indemnities to be paid by the Insured Person and / or the release of the Insured Person. The deposit made by IPA shall be considered as a loan made by IPA to the Insured Person and should be fully repaid by the Insured Person to IPA within thirty (30) days of such advance. This advance of bail bond excludes any claim related to professional liability and / or criminal situations, as well as any claim arising out of the driving of any motor vehicle. If the Insured Person fails to repay to IPA the deposit paid by IPA, the Policy Holder and/or the Insured Person is/are liable to repay such deposit to IPA.

Local assistance - The following services are only available in Hong Kong

- (y) Baby sitting, nursing and temporary domestic helper referral
IPA may assist the Insured Person to arrange or provide the name, telephone number and address of the service provider for baby sitting and / or private nursing and / or temporary domestic helper service.
- (z) Electric supply and locksmith referral
IPA may assist the Insured Person to arrange a licensed technician to repair the failure of his electricity supply system or a locksmith to open the door or solve relevant problems immediately after the Insured Person returns to Hong Kong.

3. Limitations and liabilities

- (a) Territorial limit
The assistance and services mentioned in Sections 2(a) to 2(o) and 2(q) to 2(x) of this Provision 2 apply worldwide outside the Place of Residence and the assistance and services mentioned in Sections 2(p), 2 (y) and 2(z) of this Provision 2 apply in Hong Kong only.
- (b) Liability of the Company and IPA
The Registered Medical Practitioners, Hospitals, clinics, and any kind of professionals to whom the Insured Person will be referred by IPA are independent contractors responsible for their own acts and are not employees, agents or servants of IPA and the Company. The Company shall use its best effort to procure IPA to provide the service and assistance in this Provision 2 and IPA shall exercise care and diligence in selecting those professionals who have appropriate qualification and are certified by the local authority.
- (c) Termination
All the services and benefits under this Provision 2 will become ineffective when, for whatever reasons, the Insured Person ceases to be covered under Bupa Hero VHIS Plan.

4. General exclusions

- (a) Excluded cases
Services and assistance under this Provision 2 shall not be available with respect to Bodily Injury or Sudden Illness of the Insured Person arising from:
 - (i) Pre-existing Conditions and any illness the symptoms of which would cause an ordinary prudent person to seek diagnosis, care or treatment before the Policy Effective Date, or a condition for which medical advice or treatment was recommended by a medical practitioner before the Policy Effective Date.
 - (ii) Any services rendered without the authorisation and / or intervention of IPA.
 - (iii) Childbirth, pregnancy or any complications within three (3) months before delivery date notwithstanding that such event may have been accelerated or induced by an accident.
 - (iv) Bodily Injuries arising directly or indirectly as a result of participation in any professional or competitive sports, water sports, winter sports, racing, rallies, potholing, rock climbing or mountaineering normally involving the use of ropes of guides, parachuting or martial arts.
 - (v) All other exclusions applicable under Bupa Hero VHIS Plan.

(b) Force majeure

The Company and IPA shall not be held responsible for delays or failures in providing assistance caused by any strike, war, invasion, act of foreign enemies, armed hostilities (regardless of a formal declaration of war), civil war, rebellion, insurrection, terrorism, political coup, riot and civil commotion, administrative, political impediments, radioactivity, acts of God or any other event of force majeure which prevents IPA from providing such assistance.

5. Definitions

For the purpose of this Provision 2, the following words and expressions shall have the following meaning, except where the context otherwise requires -

| | |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| “Bodily Injury” | shall mean serious bodily injury caused solely and directly by violent, accidental, external and visible means. |
| “Close Relative” | shall mean the spouse, dependant child(ren), siblings and parent of the Insured Person. |
| “IPA” | shall mean Inter Partner Assistance Hong Kong Limited. |
| “Medpass Network” | shall mean the list printed in digital format which contains the particulars of IPA’s China hospital network. The list may be updated and amended by the Company from time to time and latest list is available on the Company’s customer service portal. |
| “Sudden Illness” | shall mean any sudden and unforeseen illness or disease. |

IV. Health Coaching Services Provisions (“Provision 3”)

The usage of the health coaching services should at all times be subject to the “Terms and conditions for Health Coaching Services” prescribed by the Company. Such terms and conditions shall form part of this Policy and the Company may amend such terms and conditions from time to time. For an updated version of such terms and conditions, please refer to the “Terms and conditions for Health Coaching Services” on the Company’s website at <https://www.bupa.com.hk/health-coaching-services>. The availability of the service(s) set out under Section 2 of the “Terms and conditions for Health Coaching Services” is subject to the plan level subscribed by the Insured Person listed out below.

| Health Coaching Services | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------|
| Plan Level | Advance and Advance Pro Plan | Deluxe and Deluxe Pro Plan |
| 24-hour Healthline 24/7 guidance on health-related queries, suggesting a suitable course of action based on your symptoms and condition | √ | √ |
| Healthcare Centre Choices Provide a list of clinics and hospitals based on your specific condition or needs for your reference | √ | √ |
| Care Manager 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 | √ | √ |
| Second Medical Opinion Clarify any doubts about your diagnosis and proposed treatment by obtaining medical advice from a panel of medical specialists | √ | √ |
| Chronic Conditions Programme Lifestyle coaching and follow-up services to help you manage chronic conditions such as diabetes and hypertension | √ | √ |
| Appointment Making Upon request from the Member, the Coaching Team will assist the Member and use its reasonable efforts to make a medical appointment with the Member’s preferred Healthcare Service Provider | Not Applicable | √ |
| Non-emergency global healthcare support Locate suitable doctors, arrange medical appointments and support language translation either when you are in need overseas, or plan to travel for treatment | Not Applicable | √ |

V. 24-hour Mental Health Service Hotline Provisions (“Provision 4”)

The usage of 24-hour mental health service hotline and face-to-face counselling service should at all times be subject to the “Terms and conditions for 24-hour Mental Health Service Hotline” prescribed by the Company. Such terms and conditions shall form part of this Policy and the Company may amend such terms and conditions from time to time. For an updated version of such terms and conditions, please refer to the “Terms and conditions for 24-hour Mental Health Service Hotline” on the Company’s website at <https://www.bupa.com.hk/hero>.

Benefit Schedule of Optional Benefits (Advance Plan)

| 1) | Clinical benefit | Benefit limit (in HKD) | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | Network Benefit ¹ | Non-Network Benefit |
| | Area of cover | Asia, Australia and New Zealand ² | |
| | Overall annual limit | \$100,000 | |
| | No. of Bupa Hero Appointed Service Providers ³ | Around 1,600 | N/A |
| a | General practitioner | Full cover (Includes consultation fee and up to 5 days of basic Medically Necessary Western Medication) | 80% reimbursement (Consultation fee only) |
| b | Specialist ⁴ o Subject to written referral from a Registered Medical Practitioner, except for dermatology, family medicine, gynaecology, ophthalmology, orthopaedics, otolaryngology, paediatric surgery, paediatrics and psychiatry | | |
| c | Home consultation | | |
| d | Physiotherapist ⁴ o Subject to written referral from a Registered Medical Practitioner | Full cover (Treatment fee only) | 80% reimbursement (Treatment fee only) |
| e | Chiropractor ⁴ o Subject to written referral from a Registered Medical Practitioner | | |
| f | Chinese herbalist | Full cover (Includes consultation fee and up to 2 doses of basic Chinese Medicines) | 80% reimbursement up to \$500 per visit (Includes consultation fee, basic Chinese Medicines, acupuncture and tui na) |
| g | Chinese bonesetter | | |
| h | Psychiatric-related treatments ⁵ | Full cover (Includes consultation fee, Medically Necessary Western Medication, diagnostic imaging and laboratory tests prescribed by a Psychiatrist only) | 80% reimbursement up to \$1,000 per visit (Includes consultation fee, Medically Necessary Western Medication, Chinese Medicines, acupuncture, diagnostic imaging and laboratory tests) |
| i | Psychological counselling ⁴ o Subject to written referral from a Psychiatrist | Full cover | 80% reimbursement up to \$1,000 per visit |
| j | Diagnostic imaging and laboratory tests ⁴ o Subject to written referral from a Registered Medical Practitioner for all diagnostic imaging and laboratory tests, or from a Registered Chinese Medicine Practitioner or Chiropractor ⁶ for X-ray only and laboratory tests | Full cover | 80% reimbursement up to \$10,000 per Policy Year |
| k | Prescribed Western Medication | \$8,000 per Policy Year (Medically Necessary Western Medication prescribed by a Registered Medical Practitioner and obtained at a legitimate source) | |
| Maximum number of visits for both Network Benefit and Non-Network Benefit in aggregate per Policy Year for items (a) – (i) is 40 in total, with a sub-limit of 20 visits per Policy Year for items (f) – (g) and items (h) – (i) respectively. Subject to a maximum of one visit per item per day. | | | |

Notes

- 1 About Network Benefit under clinical benefit
 - (i) The Insured Person enrolled in clinical benefit may use the BH 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 Hero Appointed Service Provider and carried out at their clinic(s); and
 - Please present your BH card upon registration for treatment and use it to pay the medical expenses.
 - (ii) If the Network Benefit 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.
 - (iii) General practitioner under Network Benefit also covers medical consultation conducted by a video consultation service provider designated by the Company and paid for using the BH Card. This benefit covers the consultation fee and Medically Necessary Western Medication prescribed by the video consultation service provider and obtained at the respective clinic (excluding any medication delivery charge). The list of designated video consultation service providers can be found on the Company's customer service portal. The list may be updated and amended by the Company from time to time.
- 2 "Asia, Australia and New Zealand" means Afghanistan, Australia, Bangladesh, Bhutan, Brunei, Cambodia, mainland China, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, North Korea, Pakistan, the Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan and Vietnam.
- 3 About Bupa Hero Appointed Service Providers
Please log in to the Company's customer service portal to view the latest list of Bupa Hero Appointed Service Providers. This list is subject to change from time to time.
- 4 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.
- 5 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.
- 6 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.

| 2) | Dental benefit | Benefit limit (in HKD) |
|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Area of cover | | Asia, Australia and New Zealand ² |
| | <ul style="list-style-type: none"> Scaling and polishing Routine oral examination Intraoral X-ray and medications Fillings and extractions Drainage of abscesses Pins for cusp restoration Root canal treatment Periodontal surgery Accident emergency treatment (including X-ray, temporary pain relief, temporary fillings, medication, incision and drainage of abscess) Dentures, crowns and bridges (Only if necessitated by an Accident) | \$5,000 per Policy Year |

| 3) | Maternity benefit (Only applicable to female Insured Persons from Age 18 to 49) | Benefit limit (in HKD) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Area of cover | | Asia, Australia and New Zealand ² |
| a | Normal delivery | \$28,000 per pregnancy |
| b | Caesarean section | \$42,000 per pregnancy |
| c | Miscarriage | \$14,000 per pregnancy |
| | <ul style="list-style-type: none"> 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 during Confinement. 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 first nine (9) months. 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). | |

Benefit Schedule of Optional Benefits (Deluxe Plan)

| 1) | Clinical benefit | Benefit limit (in HKD) | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | Network Benefit ¹ | Non-Network Benefit |
| | Area of cover | Asia, Australia and New Zealand ² | |
| | Overall annual limit | \$200,000 | |
| | No. of Bupa Hero Appointed Service Providers ³ | Around 1,600 | N/A |
| a | General practitioner | Full cover (Includes consultation fee and up to 5 days of basic Medically Necessary Western Medication) | Full cover (Consultation fee only) |
| b | Specialist ⁴ o Subject to written referral from a Registered Medical Practitioner, except for dermatology, family medicine, gynaecology, ophthalmology, orthopaedics, otolaryngology, paediatric surgery, paediatrics and psychiatry | | |
| c | Home consultation | | |
| d | Physiotherapist ⁴ o Subject to written referral from a Registered Medical Practitioner | Full cover (Treatment fee only) | Full cover (Treatment fee only) |
| e | Chiropractor ⁴ o Subject to written referral from a Registered Medical Practitioner | | |
| f | Chinese herbalist | Full cover (Includes consultation fee and up to 2 doses of basic Chinese Medicines) | \$500 per visit (Includes consultation fee, basic Chinese Medicines, acupuncture and tui na) |
| g | Chinese bonesetter | | |
| h | Psychiatric-related treatments ⁵ | Full cover (Includes consultation fee, Medically Necessary Western Medication, diagnostic imaging and laboratory tests prescribed by a Psychiatrist only) | \$1,000 per visit (Includes consultation fee, Medically Necessary Western Medication, Chinese Medicines, acupuncture, diagnostic imaging and laboratory tests) |
| i | Psychological counselling ⁴ o Subject to written referral from a Psychiatrist | Full cover | \$30,000 per Policy Year |
| j | Osteopath | N/A | \$1,000 per visit (Includes treatment fee for muscles, bones and joints only) |
| k | Podiatrist ⁴ o Subject to written referral from a Registered Medical Practitioner | N/A | \$1,000 per visit (Includes consultation fee and charges for Medically Necessary topical medicament, orthomechanical services and procedures) |
| l | Diagnostic imaging and laboratory tests ⁴ o Subject to written referral from a Registered Medical Practitioner for all diagnostic imaging and laboratory tests, or from a Registered Chinese Medicine Practitioner or Chiropractor ⁶ for X-ray only and laboratory tests | Full cover | Full cover |
| m | Prescribed Western Medication | \$30,000 per Policy Year (Medically Necessary Western Medication prescribed by a Registered Medical Practitioner and obtained at a legitimate source) | |
| n | Vaccination | \$8,000 per Policy Year (Covers vaccinations for Hepatitis B, Bacillus Calmette-Guerin (BCG), polio (poliomyelitis), diphtheria-pertussis- tetanus, Leprosy, Japanese encephalitis, Meningitis, Hepatitis A, Measles, Influenza and other vaccinations recommended by the Hong Kong Government or World Health Organisation from time to time) | |
| Maximum number of visits per Policy Year for items (a) – (k) is 40 in total, with a sub-limit of 20 visits per Policy Year for items (f) – (g), items (h) – (i) and items (j) – (k) respectively. Subject to a maximum of one visit per item per day. | | | |

Notes

- 1 About Network Benefit under clinical benefit
 - (i) The Insured Person enrolled in clinical benefit may use the BH 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 Hero Appointed Service Provider and carried out at their clinic(s); and
 - Please present your BH card upon registration for treatment and use it to pay the medical expenses.
 - (ii) If the Network Benefit 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.
 - (iii) General practitioner under Network Benefit also covers medical consultation conducted by a video consultation service provider designated by the Company and paid for using the BH Card. This benefit covers the consultation fee and Medically Necessary Western Medication prescribed by the video consultation service provider and obtained at the respective clinic (excluding any medication delivery charge). The list of designated video consultation service providers can be found on the Company's customer service portal. The list may be updated and amended by the Company from time to time.
- 2 "Asia, Australia and New Zealand" means Afghanistan, Australia, Bangladesh, Bhutan, Brunei, Cambodia, mainland China, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, North Korea, Pakistan, the Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan and Vietnam.
- 3 About Bupa Hero Appointed Service Providers
Please log in to the Company's customer service portal to view the latest list of Bupa Hero Appointed Service Providers. This list is subject to change from time to time.
- 4 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.
- 5 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.
- 6 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.

| 2) | Dental and optical benefit | Benefit limit (in HKD) |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Area of cover | | Asia, Australia and New Zealand ² |
| Dental benefit | | |
| | <ul style="list-style-type: none"> • Scaling and polishing • Routine oral examination • Intraoral X-ray and medications • Fillings and extractions • Drainage of abscesses • Pins for cusp restoration • Root canal treatment • Periodontal surgery • Accident emergency treatment (including X-ray, temporary pain relief, temporary fillings, medication, incision and drainage of abscess) • Dentures, crowns and bridges (Only if necessitated by an Accident) | \$8,000 per Policy Year |

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| The following items are payable provided that the Insured Person has been continuously covered under this benefit for six (6) months or more. | | |
| | <ul style="list-style-type: none"> • Crowns and bridges • Apicoectomy • Gold inlay • Partial and complete soft-tissue impaction • Bony impaction • Orthodontic treatment • Panoramic film • Night-guard or mouth-guard | \$9,000 per Policy Year |
| Optical benefit | | |
| | <ul style="list-style-type: none"> • This benefit shall cover the expenses incurred for consultation, eye check or examinations performed by a Registered Medical Practitioner or Registered Optometrist, as well as contact lenses or one (1) pair of glasses for optical correction. | \$2,000 per Policy Year |

| 3) | Maternity benefit (Only applicable to female Insured Persons from Age 18 to 49) | Benefit limit (in HKD) |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| | Area of cover | Asia, Australia and New Zealand ² |
| a | Normal delivery | \$50,000 per pregnancy |
| b | Caesarean section | \$75,000 per pregnancy |
| c | Miscarriage | \$25,000 per pregnancy |
| | <ul style="list-style-type: none"> • 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 during Confinement. • 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 first nine (9) months. • 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). | |

Benefit Schedule of Optional Benefits (Advance Pro Plan)

| 1) | Clinical benefit | Benefit limit (in HKD) | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | Network Benefit ¹ | Non-Network Benefit |
| Area of cover | | Worldwide excluding the United States | |
| Overall annual limit | | \$150,000 | |
| No. of Bupa Hero Appointed Service Providers ² | | Around 1,600 | N/A |
| a | General practitioner | Full cover (Includes consultation fee and up to 5 days of basic Medically Necessary Western Medication) | 80% reimbursement (Consultation fee only) |
| b | Specialist ³ o Subject to written referral from a Registered Medical Practitioner, except for dermatology, family medicine, gynaecology, ophthalmology, orthopaedics, otolaryngology, paediatric surgery, paediatrics and psychiatry | | |
| c | Home consultation | | |
| d | Physiotherapist ³ o Subject to written referral from a Registered Medical Practitioner | Full cover (Treatment fee only) | 80% reimbursement (Treatment fee only) |
| e | Chiropractor ³ o Subject to written referral from a Registered Medical Practitioner | | |
| f | Chinese herbalist | Full cover (Includes consultation fee and up to 2 doses of basic Chinese Medicines) | 80% reimbursement up to \$600 per visit (Includes consultation fee, basic Chinese Medicines, acupuncture and tui na) |
| g | Chinese bonesetter | | |
| h | Psychiatric-related treatments ⁴ | Full cover (Includes consultation fee, Medically Necessary Western Medication, diagnostic imaging and laboratory tests prescribed by a Psychiatrist only) | 80% reimbursement up to \$1,200 per visit (Includes consultation fee, Medically Necessary Western Medication, Chinese Medicines, acupuncture, diagnostic imaging and laboratory tests) |
| i | Psychological counselling ⁵ o Subject to written referral from a Psychiatrist | Full cover | 80% reimbursement up to \$1,200 per visit |
| j | Diagnostic imaging and laboratory tests ³ o Subject to written referral from a Registered Medical Practitioner for all diagnostic imaging and laboratory tests, or from a Registered Chinese Medicine Practitioner or Chiropractor ⁵ for X-ray only and laboratory tests | Full cover | 80% reimbursement up to \$12,000 per Policy Year |
| k | Prescribed Western Medication | \$10,000 per Policy Year (Medically Necessary Western Medication prescribed by a Registered Medical Practitioner and obtained at a legitimate source) | |
| Maximum number of visits for both Network Benefit and Non-Network Benefit in aggregate per Policy Year for items (a) – (i) is 40 in total, with a sub-limit of 20 visits per Policy Year for items (f) – (g) and items (h) – (i) respectively. Subject to a maximum of one visit per item per day. | | | |

Notes

- 1 About Network Benefit under clinical benefit
 - (i) The Insured Person enrolled in clinical benefit may use the BH 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 Hero Appointed Service Provider and carried out at their clinic(s); and
 - Please present your BH card upon registration for treatment and use it to pay the medical expenses.
 - (ii) If the Network Benefit 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.
 - (iii) General practitioner under Network Benefit also covers medical consultation conducted by a video consultation service provider designated by the Company and paid for using the BH Card. This benefit covers the consultation fee and Medically Necessary Western Medication prescribed by the video consultation service provider and obtained at the respective clinic (excluding any medication delivery charge). The list of designated video consultation service providers can be found on the Company's customer service portal. The list may be updated and amended by the Company from time to time.
- 2 About Bupa Hero Appointed Service Providers
Please log in to the Company's customer service portal to view the latest list of Bupa Hero Appointed Service Providers. This list is subject to change from time to time.
- 3 A referral letter is valid for the same or related medical condition for 6 months from the issue date. Another referral letter is required for treatment of a new or unrelated medical condition.
- 4 This benefit is applicable to treatment for psychiatric, psychological, mental or behavioural conditions, senile dementia (including Alzheimer's disease) and Parkinson's disease (except for conditions caused by or related to drug abuse and alcoholism). If the expenses under this benefit are also covered under other benefit items in this clinical benefit, the expenses for such items shall be exclusively paid under this item (h) and no benefit shall be payable under other benefit items.
- 5 Some diagnostic centres may not accept referrals from a Registered Chinese Medicine Practitioner and/or Chiropractor for certain X-ray and laboratory tests. If you have any queries, please contact the centres directly.

| 2) | Dental benefit | Benefit limit (in HKD) |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Area of cover | | Worldwide excluding the United States |
| | <ul style="list-style-type: none"> • Scaling and polishing • Routine oral examination • Intraoral X-ray and medications • Fillings and extractions • Drainage of abscesses • Pins for cusp restoration • Root canal treatment • Periodontal surgery • Accident emergency treatment (including X-ray, temporary pain relief, temporary fillings, medication, incision and drainage of abscess) • Dentures, crowns and bridges (Only if necessitated by an Accident) | \$6,500 per Policy Year |

| 3) | Maternity benefit (Only applicable to female Insured Persons from Age 18 to 49) | Benefit limit (in HKD) |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Area of cover | | Worldwide excluding the United States |
| a | Normal delivery | \$30,000 per pregnancy |
| b | Caesarean section | \$46,000 per pregnancy |
| c | Miscarriage | \$18,000 per pregnancy |
| | <ul style="list-style-type: none"> • 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 during Confinement. • 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 first nine (9) months. • 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). | |

Benefit Schedule of Optional Benefits (Deluxe Pro Plan)

| 1) | Clinical benefit | Benefit limit (in HKD) | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | Network Benefit ¹ | Non-Network Benefit |
| | Area of cover | Worldwide excluding the United States | |
| | Overall annual limit | \$250,000 | |
| | No. of Bupa Hero Appointed Service Providers ² | Around 1,600 | N/A |
| a | General practitioner | Full cover (Including consultation fee and up to 5 days of basic Medically Necessary Western Medication) | Full cover (Consultation fee only) |
| b | Specialist ³ o Subject to written referral from a Registered Medical Practitioner, except for dermatology, family medicine, gynaecology, ophthalmology, orthopaedics, otolaryngology, paediatric surgery, paediatrics and psychiatry | | |
| c | Home consultation | | |
| d | Physiotherapist ³ o Subject to written referral from a Registered Medical Practitioner | Full cover (Treatment fee only) | Full cover (Treatment fee only) |
| e | Chiropractor ³ o Subject to written referral from a Registered Medical Practitioner | | |
| f | Chinese herbalist | Full cover (Includes consultation fee and up to 2 doses of basic Chinese Medicines) | \$600 per visit (Includes consultation fee, basic Chinese Medicines, acupuncture and tui na) |
| g | Chinese bonesetter | | |
| h | Psychiatric-related treatments ⁴ | Full cover (Includes consultation fee, Medically Necessary Western Medication, diagnostic imaging and laboratory tests prescribed by a Psychiatrist only) | \$1,200 per visit (Includes consultation fee, Medically Necessary Western Medication, Chinese Medicines, acupuncture, diagnostic imaging and laboratory tests) |
| i | Psychological counselling ³ o Subject to written referral from a Psychiatrist | Full cover | \$33,000 per Policy Year |
| j | Osteopath | N/A | \$1,200 per visit (Includes treatment fee for muscles, bones and joints only) |
| k | Podiatrist ³ o Subject to written referral from a Registered Medical Practitioner | N/A | \$1,200 per visit (Includes consultation fee and charges for Medically Necessary topical medicament, orthomechanical services and procedures) |
| l | Diagnostic imaging and laboratory tests ³ o Subject to written referral from a Registered Medical Practitioner for all diagnostic imaging and laboratory tests, or from a Registered Chinese Medicine Practitioner or Chiropractor ⁵ for X-ray only and laboratory tests | Full cover | Full cover |
| m | Prescribed Western Medication | \$33,000 per Policy Year (Medically Necessary Western Medication prescribed by a Registered Medical Practitioner and obtained at a legitimate source) | |
| n | Vaccination | \$9,000 per Policy Year (Covers vaccinations for Hepatitis B, Bacillus Calmette-Guerin (BCG), polio (poliomyelitis), diphtheria-pertussis- tetanus, Leprosy, Japanese encephalitis, Meningitis, Hepatitis A, Measles, Influenza and other vaccinations recommended by the Hong Kong Government or World Health Organisation from time to time) | |
| Maximum number of visits per Policy Year for items (a) – (k) is 40 in total, with a sub-limit of 20 visits per Policy Year for items (f) – (g), items (h) – (i) and items (j) – (k) respectively. Subject to a maximum of one visit per item per day. | | | |

Notes

- 1 About Network Benefit under clinical benefit
 - (i) The Insured Person enrolled in clinical benefit may use the BH 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 Hero Appointed Service Provider and carried out at their clinic(s); and
 - Please present your BH card upon registration for treatment and use it to pay the medical expenses.
 - (ii) If the Network Benefit 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.
 - (iii) General practitioner under Network Benefit also covers medical consultation conducted by a video consultation service provider designated by the Company and paid for using the BH Card. This benefit covers the consultation fee and Medically Necessary Western Medication prescribed by the video consultation service provider and obtained at the respective clinic (excluding any medication delivery charge). The list of designated video consultation service providers can be found on the Company's customer service portal. The list may be updated and amended by the Company from time to time.
- 2 About Bupa Hero Appointed Service Providers
Please log in to the Company's customer service portal to view the latest list of Bupa Hero Appointed Service Providers. This list is subject to change from time to time.
- 3 A referral letter is valid for the same or related medical condition for 6 months from the issue date. Another referral letter is required for treatment of a new or unrelated medical condition.
- 4 This benefit is applicable to treatment for psychiatric, psychological, mental or behavioural conditions, senile dementia (including Alzheimer's disease) and Parkinson's disease (except for conditions caused by or related to drug abuse and alcoholism). If the expenses under this benefit are also covered under other benefit items in this clinical benefit, the expenses for such items shall be exclusively paid under this item (h) and no benefit shall be payable under other benefit items.
- 5 Some diagnostic centres may not accept referrals from a Registered Chinese Medicine Practitioner and/or Chiropractor for certain X-ray and laboratory tests. If you have any queries, please contact the centres directly.

| 2) | Dental and optical benefit | Benefit limit (in HKD) |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| | Area of cover | Worldwide excluding the United States |
| | Dental benefit | |
| | <ul style="list-style-type: none"> • Scaling and polishing • Routine oral examination • Intraoral X-ray and medications • Fillings and extractions • Drainage of abscesses • Pins for cusp restoration • Root canal treatment • Periodontal surgery • Accident emergency treatment (including X-ray, temporary pain relief, temporary fillings, medication, incision and drainage of abscess) • Dentures, crowns and bridges (Only if necessitated by an Accident) | \$9,000 per Policy Year |
| | The following items are payable provided that the Insured Person has been continuously covered under this benefit for six (6) months or more. | |
| | <ul style="list-style-type: none"> • Crowns and bridges • Apicoectomy | \$10,000 per Policy Year |

| | | |
|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| | <ul style="list-style-type: none"> • Gold inlay • Partial and complete soft-tissue impaction • Bony impaction • Orthodontic treatment • Panoramic film • Night-guard or mouth-guard | |
| | Optical benefit | |
| | <ul style="list-style-type: none"> • This benefit shall cover the expenses incurred for consultation, eye check or examinations performed by a Registered Medical Practitioner or Registered Optometrist, as well as contact lenses or one (1) pair of glasses for optical correction. | \$3,000 per Policy Year |

| 3) | Maternity benefit (Only applicable to female Insured Persons from Age 18 to 49) | Benefit limit (in HKD) |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| | Area of cover | Worldwide excluding the United States |
| a | Normal delivery | \$55,000 per pregnancy |
| b | Caesarean section | \$80,000 per pregnancy |
| c | Miscarriage | \$30,000 per pregnancy |
| | <ul style="list-style-type: none"> • 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 during Confinement. • 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 first nine (9) months. • 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). | |

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