保柏家互通
Bupa All Together

住院及手術保障之保單及保障資料

Policy and Benefit Information for Hospital and Surgical Benefit

(2024 年1月 1 日版本)

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保險條文

本***條款及細則***，連同***保障表***（包括***手術表***）（下簡稱「***條款及保障***」），將構成整份保柏家互通醫療保障計劃 -

在本***條款及保障*** 生效期間，若***受保人***罹患***傷病***，***本公司***必須按本條文賠償***合資格費用***。

所有賠償予***保單持有人***的保障，必須按***合資格費用***的實際金額作實報實銷賠償，並受本***條款及保障*** 和***保單資料頁***內列明的最高賠償額及分擔費用安排（如有）所規限。

保單

保單持有人與***本公司***均同意 -

1. 所有對本***條款及保障***的修訂必須按本***條款及細則***執行，否則該修訂不應視為有效。

2. 在***投保申請文件***內所有由***受保人***或為***受保人***作出的陳述均被視為申述，而非保證。

3. 在***投保申請文件***內及按本***保單***所要求，所有由***受保人***或為***受保人***作出的陳述及提供的資料，必須盡其所知所信，絕對真誠地提出。

4. 當***保單持有人***繳交全數首期保費後，本***條款及保障***將按***保單資料頁***內所列的***保單生效日***起生效。

5. ***本公司***可以在首次簽發本***條款及保障***時，對***受保人***於***投保申請文件***內知會***本公司***的***投保前已有病症，***及其他會影響其投保風險的因素，加設***個別不保項目***。

6. ***保單持有人***及***受保人***有責任在***投保申請文件***內向***本公司***提供所有影響核保決定的資料。若***本公司***要求在遞交***投保申請文件***後至***保單簽發日***或***保單生效日***（以較早日期為準）前更新或改動相關資料，***保單持有人***及／或***受保人***有責任向***本公司***知會相關資料的更新或改動。每位***保單持有人***及***受保人***均有責任回覆問題，並披露問題所要求的重要事實。

7. 若***保單持有人***或***受保人***未有按本第一部分第 6 節披露有關資料，而相關的披露會對***本公司***的核保決定帶來實質影響時，***本公司***有權行使按第二部分第 13 及 14 節所賦予的權利。

第二部分 一般條件

1. 合約詮釋

(a) 按條款解釋所需，本***條款及保障***內表示男性性別的用詞，其含義將包括女性性別；單數用詞的含義將包括複數，反之亦然。
(b) 所有標題均作方便參考之用，不應影響本***條款及保障***的詮釋。
(c) 所列時間均為***香港***時間。
(d) 除另行釋義外，本***條款及保障***內以斜體標註的詞彙需以第十一部分所載涵意詮釋。

本***條款及保障***備有中文及英文版本。兩者均為正式版本，具相同效力。

2. 冷靜期內取消條款及保障的安排

保單持有人可在冷靜期內行使權利取消本***條款及保障***及獲發還全數已付保費，但行使此項權利時，必須符合以下條件 -

(a) 取消要求必須由***保單持有人***簽署，並確保***本公司***於冷靜期內直接收到該要求。冷靜期為緊接下列文件***交付***予***保單持有人***或***保單持有人***的指定代表之日起計的二十一(21)日的期間 -
(i) 本***條款及保障***和***保單資料頁***；或
(ii) 冷靜期通知書；

以較早者為準。為免生疑問，***交付***本***條款及保障***和***保單資料頁***或冷靜期通知書當天並不包括在計算的二十一(21)日的期間內。然而，若第二十一(21)日當天並非工作天，則冷靜期將包括隨後的工作天的一天在內；及
(b) 若曾獲賠償或將獲得賠償，則不獲發還保費。

上述取消的權利並不適用於***續保***。

行使此項取消的權利時，***保單持有人***必須 -
(c) 退回本***條款及保障***和***保單資料頁***正本；及
(d) 附有***保單持有人***簽署的信件（或以其他***本公司***接受的方式）要求取消本***條款及保障***。

在完成上述程序後，***本公司***將取消本***條款及保障***及全數發還已付保費。在此情況下，本***條款及保障***將被視為由***保單生效日***起無效，***本公司***亦無須承擔任何賠償責任。

3. 取消保單

冷靜期過後，若***保單持有人***在該***保單年度***期間沒有就本***條款及保障***獲得任何賠償，***保單持有人***可以在三十(30)日前以書面方式通知***本公司***要求取消本***條款及保障***。

此權利在首個（及其後的）***保單年度***的***條款及保障續保***後仍然適用。

4. 保障權益

若***受保人***接受***醫療服務***招致***合資格費用***，則需按招致該費用時適用的***條款及保障***作出賠償。不論如何，按本第二部分第 15 節，於本***保單***終止後三十(30)日內所招致的***合資格費用***，必須按本***保單***終止生效日的前一日適用的***條款及保障***作出賠償。

5. 轉讓

保單持有人不得轉讓本***條款及保障***的部分的權利、保障、義務及責任。***保單持有人***必須保證在本***條款及保障***的任何應付款項均不受任何信託、留置權或費用所約束。

6. 文書錯誤

任何文書記錄錯誤，將不會令原應有效的保障失效，或令原應終止的保障繼續生效。

7. 付款貨幣

任何以外幣索償的***合資格費用***，必須按***保單持有人***或***受保人***支付實際***合資格費用***當日，該貨幣在香港銀行公會發布的貨幣開市參考賣出牌價兌換成***港元***。若當日沒有可參考的兌換率，***本公司***必須參考緊接當日後的最新兌換率。若香港銀行公會沒有該外幣的兌換率，***本公司***會以***本公司***使用的銀行認可兌換率作為最終的安排。

8. 利息

除非另有列明，本***條款及保障***的一切賠償及費用均不會計算利息。

9. 本公司的責任

本公司必須時刻絕對真誠地履行本***保單***中列載的責任，並遵守***保險業監管局***頒布的有關指引，以及所有適用的法律及規例。

10. 規管法律

本***保單***必須在***香港***簽發並受***香港***法律管轄及闡釋。***本公司***及***保單持有人***均同意遵從***香港***法院的司法裁判權。

11. 排解糾紛

本公司及***保單持有人***必須盡力以友善方式解決就本***保單***所出現的糾紛、爭議及分歧，包括與本***保單***的有效性、無效性、條款違反或終止相關的事宜。如未能解決，在有關糾紛轉介至***香港***法院前，雙方亦可以（但沒有責任）透過各種另類排解糾紛程序處理，包括但不限於在雙方同意下以調解或仲裁方式進行。

雙方需要自行承擔另類排解糾紛程序的服務費用。

12. 責任

保單持有人及***受保人***必須遵守本***保單***條款的各項，並確定***投保申請文件***及聲明中的資料及申述均為正確，否則***本公司***將無須承擔本***保單***所訂明的任何責任。儘管有上述規定，除非因為***保單持有人***及***受保人***不遵守本***保單***條款，或在***投保申請文件***及聲明中提供失實的資料及申述，導致***本公司***的權益有實質的損失，否則***本公司***不得拒絕承擔本***保單***所訂明的責任。

13. 錯誤申報個人資料

在不損害***本公司***按本第二部分第 14 節中的權利（即因健康資料的失實陳述或欺詐的情況宣告***保單***無效的權利）下，若在***投保申請文件***或任何其後就相關申請（若***本公司***在第一部分第 6 節提出要求，則包括相關必需資料的任何更新及改動），提交予***本公司***的資料或文件中錯誤申報***受保人***的非健康相關資料（包括但不限於***年齡***、性別或吸煙習慣），從而可能影響***本公司***作出的風險評估，***本公司***可按正確資料調整過去、現在或未來***保單年度***的保費。若***保單持有人***因此需補交額外保費，***本公司***不會在補交前支付任何賠償。若***保單持有人***在***本公司***通知的保費到期日後三十(30)日的寬限期內仍未補交保費，***本公司***有權行使本第二部分第 15 節賦予的權利，自保費到期日起終止本***保單***。若有多繳保費，***本公司***則必須予以退還。

若按***受保人***的正確資料及***本公司***的核保指引，認為***受保人***的投保申請應當被拒絕時，***本公司***有權宣告本***保單***自***保單生效日***起無效，並通知***保單持有人***，本***保單***不會為***受保人***提供保障。在此情況下，***本公司***將 -
(a) 有權追討已支付的賠償；及
(b) 有責任退還已繳交的保費，

兩者均適用於現***保單年度***及過往所有***保單年度***，***本公司***亦有權收取合理的行政費用。上述退款安排必須與本第二部分第 14 節一致。

14. 失實陳述或欺詐

本公司有權在下列情況下，宣告本***保單***自***保單生效日***起無效，並通知***保單持有人***，本***保單***不會為***受保人***提供保障 -

(a) 在***投保申請文件***，或在***投保申請文件***或任何其後就相關申請提交予***本公司***的資料或文件，其所作出的陳述或聲明中，就***受保人***健康狀況的重要事實作出失實聲明或遺漏資料（若***本公司***在第一部分第 6 節提出要求，則包括相關必需資料的任何更新及改動）。「重要事實」包括但不限於由***本公司***要求提供、會影響***本公司*** 對***受保人***的核保決定的事實，若披露該事實***本公司***有可能因而徵收***附加保費***，增加***個別不保項目***或拒絕投保申請。為免生疑問，本(a)段並不適用於本第二部分第 13 節關於***受保人***非健康相關資料； 或
(b) 在***投保申請文件***中或索償時，作出欺詐或有欺詐成分的申述。

在(a)的情況下，***本公司***將 -
(i) 有權追討已支付的賠償；及
(ii) 有責任退還已繳交的保費，
兩者均適用於現***保單年度***及過往所有***保單年度***，***本公司***亦有權收取合理的行政費用。

在(b)的情況下，***本公司***將 -
(iii) 有權追討已支付的賠償；及
(iv) 有權不退還已繳交的保費。

15. 終止保單

在不影響到本第二部分第 14 節賦予***本公司***的權益的前題下，若***保單持有人***或***受保人***未有履行至高誠信的責任，***本公司***有權終止本***保單***或更改本***保單***的條款及細則。

本***保單***將在以下情況時自動終止，以最先者為準 -
(a) 按本第二部分第 13 節或第三部分第 3 節規定，***保單持有人***在寬限期屆滿時仍未繳交保費；
(b) 最後一位***受保人***身故翌日；
(c) 如***本公司***決定終止本***計劃***，於***本公司***向***保單持有人***發出的通知上訂明的終止日期；或
(d) ***本公司***不再獲***《保險業條例》***授權承保或繼續承保本***保單***。

若***保單***按本第 15 節終止，將以終止生效日的 00:00 時起失效。

在本***保單***終止後，本***保單***的保障亦即告終止。除非另有說明，任何現***保單年度***及過往所有***保單年度***已繳交的保費，均不獲退還。

若***保單***是按(a)終止，終止生效日為未付保費的原到期日。

若***保單***是按(b)、(c)或(d)終止，則***本公司***必須按比例退還現***保單年度***已支付的相關保費。

若***保單持有人***按本第二部分第 3 節或第四部分第 1 節（視情況而定），決定取消本***保單***或不再續保，本***保單***亦會被終止，惟***保單持有人***必須向***本公司***提供所需的書面通知作實。若本***保單***是按本第二部分第 3 節的規定終止，則終止的生效日為***保單持有人***發出的取消通知中所述的日期，但該日期不得在本第二部分第 3 節要求的通知期開始前或通知期內。若***受保人***未按第四部分第 1 節的規定續保，則終止的生效日為本***保單***最後有效的***保單年度***屆滿後的續保日。

若本***保單***是按本第 15 節(a) 、(c)或(d)終止，而***受保人***在***保單***終止前罹患***傷病***並因此***住院***或接受***訂明非手術癌症治療***，則就有關***傷病***的***住院***或治療，所招致的***合資格費用***仍可獲得保障，直至 (i) ***受保人***出院或完成治療或 (ii) 本***保單***終止後的第三十 (30) 日，以較先者為準，並按本***保單***終止生效日前一日適用的***條款及保障***作出賠償。***本公司***有權從任何保障賠償中扣除按本第二部分第 13 節所指的所有到期未付的保費。

為免生疑問，若本***保單***包含本***計劃***的***條款及保障***以外的其他附加保障，當***本公司***取消或縮減這些附加保障時，本***計劃***的***條款及保障***會繼續生效，不帶來負面影響。

16. 致本公司的通知

本公司要求***保單持有人***必須以書面，或其他獲得***本公司***認可的方式，發出所有致***本公司***的通知，並必須以***本公司***為收件人。

17. 致保單持有人的通知

本公司就本***保單***發出的通知必須以郵寄方式寄到***保單持有人***通知***本公司***的最新地址，或透過電子郵件傳送到***保單持有人***通知***本公司***的最新電郵地址。在下列情況下，***保單持有人***將被視為正式收到通知 -

(a) 郵寄後兩 (2) 個工作日；或
(b) 電子郵件的發出日期及時間。

18. 其他保障

若***保單持有人***擁有本***計劃***以外的其他保障，***保單持有人***將有權向該等保障或本***計劃***進行索償。不論如何，若***保單持有人***或***受保人***已從其他保障索償全部或部分費用，則***本公司***只會對未被其他保障賠償的***合資格費用***（如有）作出賠償。

19. 保單擁有權及責任的履行

本公司將以***保單持有人***為本***保單***的絕對擁有人，***本公司***無須確認***保單持有人***外的其他方於本***保單***中的衡平法權益或其他利益。賠償保障利益予***保單持有人***將被視為***本公司***已充分及有效履行本***保單***上的責任。

20. 更改保單擁有權

由***本公司***酌情決定並經批准後，***保單持有人***可透過***本公司***指定的表格，轉移本***保單***的擁有權。表格必須交予***本公司*** ， 並經由***本公司*** 批核。***本公司***必須處理本***保單***續保時提出的轉移擁有權申請，並不得向***保單持有人***及其承繼人收取行政費用。轉移保單擁有權必須在***本公司***向原***保單持有人***及其承繼人發出書面通知批准後方為生效。自擁有權轉移生效日起，承繼人將被視為***保單持有人***，並按本第二部分第 19 節成為本***保單***的絕對擁有人，同時必須負責繳交保費（包括到期未付的保費）。

本公司不可否決***保單持有人***轉移保單擁有權至下列人士的申請 -
(a) 任何年滿十八 (18) 歲的***受保人***；
(b) ***受保人***的家長或***監護人***（如***受保人***為***未成年人***）；或
(c) 按***本公司***當時適用的核保的慣常做法下，可接受的***受保人***的親屬。***本公司***必須備妥該等核保慣常做法以供***保單持有人***查閱。

21. 保單持有人身故

保單持有人可預先提名一人，在其身故時成為本***保單***的承繼人。若***保單持有人***生前未有提名任何承繼人，或指定承繼人拒絕接受本***保單***的轉移，本***保單***的擁有權將轉移至 -
(a) 在只有一(1)位***受保人***的情況下，該名已年滿十八 (18) 歲的***受保人***；或
(b) 在多於一(1)位***受保人***的情況下，在***投保申請文件***中所位列最前及已年滿十八(18)歲的***受保人***；或
(c) 在只有一(1)位***受保人***的情況下而該名***受保人***為***未成年人***，該名***受保人***的家長或***監護人***；或在多於一(1)位***受保人***的情況下而所有***受保人***為***未成年人***，在***投保申請文件***中所位列最前***受保人***的家長或***監護人***。若該家長或***監護人***拒絕接受本***保單***的轉移，本***保單***的擁有權將轉移至***保單持有人***的遺產管理人或執行人。

上段所述***保單***擁有權的轉移必須在***本公司***獲得***保單持有人***身故的充分證據後方可進行。

22. 第三者權利

任何非本***保單***合約一方的人士或法人，不能按《合約（第三者權利）條例》（香港法例第 623 章）強制執行本***保單***的任何條款。

23. 代位追討權

在***本公司***按本***保單***支付賠償後，***本公司***有權以***保單持有人***及／或***受保人***的名義，對可能需就導致本***保單***作出賠償的事故負責的第三者進行追討。***本公司*** 需支付所涉及費用，討回的款項亦歸 ***本公司*** 所有，並以***本公司***就本***保單***支付該事故的賠償金額為限。在追討過程中，***保單持有人***及/或***受保人***必須提供全部或已知的第三者過失詳情及充分與***本公司***合作。為免生疑問，上述代位追討權只適用於當第三者並非***保單持有人***或***受保人***的情況。

24. 對第三者的訴訟

按本***保單***所述，***保單持有人***或***受保人***對任何***註冊醫生***、***醫院***或其他醫療服務提供者，因任何原因或理由所提出的損害進行訴訟或另類排解糾紛程序，***本公司***並無責任參與、就其作出回應或辯護（或支付其相關的費用），當中包括但不限於就以下情況出現的訴訟或另類排解糾紛程序：按本***保單***的條款，因檢查或治療***受保人***的***傷病***，過程中所牽涉及的疏忽、失職、專業失當行為或其他事件。

25. 寬免

任何合約一方寬免合約另外一方違反本***保單***條文的情況，將不會被視為獲得日後違反該條文或任何其他條文的寬免。任何一方不行使或延遲行使本***保單***下任何權利時，亦不會被釋義為該權利的寬免。任何寬免必須經***本公司***及***保單持有人***雙方同意，方可生效，而合約雙方仍須履行寬免範圍外，本***保單***所列的權利及責任。

26. 遵守法律

若本***保單***在適用於***保單持有人***或***受保人***的法律下已經或將會不合法，***本公司***有權從被判定為不合法日期起終止本***保單***，並需要按比例退還本***保單***終止後期間已收取的保費。

27. 個人資料私隱

本公司必須遵守《個人資料（私隱）條例》（香港法例第 486 章）及有關守則、指引及通函。

28. 賄賂及貪污

28.1 ***保單持有人***聲明及保證，就***本公司***或***保單持有人***或***受保人***根據本***保單***訂立或履行任何義務而言，***保單持有人***或任何代表***保單持有人***或***受保人***行事的人士概不會：
(a) 提供、承諾、給予、授權、索取或接受任何不正當的財務或其他任何形式的好處，***保單持有人***或彼等在訂立本***保單***後亦不會採取任何該等行動；
(b) 從事任何在反賄賂及反貪污事宜的適用法律下或會構成罪行的活動、行動或行為；及
(c) 作出或不作出任何行動或系列行動，致使或導致***本公司***違反任何反賄賂及反貪污事宜的適用法律。

28.2 倘任何人士就***本公司***或***保單持有人***訂立或履行本***保單***任何義務作出任何請求或要求任何不當財務或其他任何形式的好處或其他行為，且有關請求或要求一旦被滿足即違反任何反賄賂及反貪污事宜的適用法律，***保單持有人***需及時向***本公司***報告。

29. 制裁

29.1 倘***本公司***提供有關保障、支付有關索賠或提供有關保障將：
(a) 違反聯合國決議或***本公司***或***保柏集團***的任何實體、僱員或人員受約束的任何司法管轄區（可能包括但不限於歐盟、香港、澳大利亞、英國及／或美國的司法管轄區）的貿易或經濟制裁、法律或法規；
(b) 使***本公司***或***保柏集團***的任何實體、僱員或人員面臨被任何有關當局或主管機構制裁的風險；及／或
(c) 使***本公司***或***保柏集團***的任何實體、僱員或人員面臨參與（直接或間接）被任何有關當局或主管機構認為屬禁止的行為的風險；

本公司將被視為不提供保障，且***本公司***無須根據本***保單***支付任何索賠或提供任何保障。

29.2 倘本第二部分第 29.1(a)節中提及的有關決議、制裁、法律或法規適用於或變得適用於本***保單***，為確保***本公司***及***保柏集團***的任何實體、僱員或人員持續合規，***本公司***保留其採取其全權酌情認為屬必要的所有及任何有關行動的權利，包括但不限於終止保障。***保單持有人***知悉倘出現制裁相關問題可能會限制或延遲***本公司***在本***保單***項下的義務，***本公司***亦可能無法支付有關索賠。

29.3 倘***保單持有人***或任何***受保人***有任何身分、法律狀況及資料上的改變時，在***保單持有人***有合理知悉時，應及時通知***本公司***。

30. 欺詐

30.1 倘***保單持有人***或***受保人***有以下行為，***本公司***有權拒絕支付全部或部分索償，並收回***本公司***已就索償支付的任何款項：
(a) 根據本***保單***提出欺詐、誇大或虛假陳述索償；
(b) 已發送虛假或偽造文件或其他虛假證據，或作出虛假陳述，以支持根據本***保單***提出的索償；及／或
(c) 未能向***本公司***提供***保單持有人***或***受保人***（視情況而定）知悉的會令***本公司***拒絕本***保單***項下索償的資料。

30.2 倘***本公司***偵測到***受保人***進行或涉及***受保人***的本第二部分第 30.1 節所列的一類型的欺詐活動（包括欺詐索償或欺詐遺漏提供相關資料），***本公司***保留自相關欺詐活動發生之日起暫停或終止於本***保單***下享有的保障（全部或該***受保人***之部分），且***保單持有人***將會接獲相關通知。***本公司***將無需進一步支付全部或部分索償或退還與該***受保人***或該等***受保人***有關的任何保費。

30.3 ***保單持有人***應採取一切合理措施防止有關本***保單***的欺詐，如***保單持有人***有理由懷疑任何與本***保單***有關連的欺詐已發生、正在發生或可能發生，應立即通知***本公司***。

31. 協助逃稅

31.1 ***保單持有人***聲明及保證，就***本公司***或***保單持有人***根據本***保單***訂立或履行任何義務而言，***保單持有人***或任何***受保人***概無且亦不會從事在適用法律下任何構成逃稅或協助逃稅罪行的活動、行動或行為。

31.2 倘任何人士就***本公司***或***保單持有人***訂立或履行本***保單***任何義務作出任何提出進行任何行動的請求或要求，且有關請求或要求一旦被滿足即違反任何逃稅或協助逃稅的適用法律，***保單持有人***需及時向***本公司***報告。

第三部分 保費條文

1. 應付保費

本***條款及保障***的應支付保費僅包括 -

(a) 按***本公司***現行採用的***標準保費***表內的***標準保費***；及
(b) ***附加保費***（如適用）。

2. 繳交保費

應付的保費金額會在本***保單資料頁***及／或第四部分第 3 節所指的***續保***通知內列明。不論是按每個***保單年度***或經***本公司***同意下以分期方式繳交的保費，均需在保費到期日前繳交，***本公司***才會支付賠償。除非在本***保單***中另有說明，保費一經繳交將不獲退還。

保費到期日、***續保日***及***保單年度***均參照***保單資料頁***及／或第四部分第 3 節所指的***續保***通知內指明的***保單生效日***釐定。第一期保費將於***保單生效日***到期。

3. 寬限期

本公司將給予***保單持有人***六十(60)日繳交保費的寬限期，由每期保費到期日起計。本***保單***於寬限期內仍然生效，惟在收到保費前，***本公司***於該期間內不會支付任何賠償，直至保費已獲繳清。若在寬限期屆滿後***保單持有人***仍未繳清保費，本***保單***即於保費到期日起當日終止。

第四部分 續保條文

本***條款及保障***會在繳交保費後於***保單生效日***起生效，並按本第四部分條款在每個 ***保單年度續保***，保證於***受保人***在生期間終身續保。

1. 續保

本公司將***續保***本***條款及保障***，除非***本公司***終止本***計劃***，或不再獲***《保險業條例》***授權承保本***條款及保障***，或***保單持有人***按照第二部分第 3 節所述，於三十(30)日前以書面通知***本公司***決定不***續保***本***條款及保障***的情況外，本***條款及保障***將自動***續保***，當中第一部分第 5 節、第六部分第 1(b)及第 5 節事項則除外。

2. 調整保費

不論***本公司***在***續保***時有否修訂本***條款及保障***，***本公司***將有權按當時採用的***標準保費***表向所有***同一類別保單***調整***標準保費***。為免生疑問，若***附加保費***設定為***標準保費***的某個百分比（即***附加保費***率），應付的***附加保費***金額將會按***標準保費***的變動自動調整。

在每個***保單年度***內及***續保***時，***本公司***不得因***受保人***的健康狀況變化而增加附加保費率（或在***附加保費***是以定額而非設定為***標準保費***某個百分比的情況下，增加其***附加保費***的定額），或增加***受保人***的***個別不保項目***。

3. 續保通知

不論***本公司***在***續保***時有否修訂本***條款及保障***，***本公司***應按本第 3 節的條款，在***續保日***前不少於三十(30)日向***保單持有人***發出書面通知。

該書面通知必須指明***續保***保費及***續保日***。若***本公司***在***續保***時，修訂了本***條款及保障***，***本公司***在發出書面通知書時，必須備妥已修訂的***條款及保障***，以供***保單持有人***參閱。經修訂的***條款及保障***及***續保***保費將由***續保日***起生效。

4. 除指定情況外不可重新核保

不論***受保人***的健康狀況自***保單生效日***（適用於投保新保單的***受保人***）或***保障開始日***(適用於***保單生效日***後新增的***受保人***)起發生任何變化，在本***條款及保障***生效期間，***本公司***無權重新核保本***條款及保障***。

不論本***條款及保障***有任何改動，***本公司***無權重新核保本***條款及保障***。此限制適用於任何改動，包括但不限於本***條款及保障***容許的任何保障的升降或增刪，不論該改動是涉及本***條款及保障***的任何部分。

本公司僅在下列情況下有權重新核保本***條款及保障***-

(a) ***保單持有人***要求***本公司***在***續保***時，按***本公司***的核保慣常做法對本***條款及保障***進行重新核保，藉此減低***附加保費***或取消***個別不保項目***。為免生疑問，即使***本公司***拒絕上述要求或***保單持有人***不接受重新核保的結果，***本公司***亦無權終止或不***續保***本***條款及保障***；

(b) 在任何時候，當***保單持有人***要求在本***條款及保障***增加額外保障（如有），或轉換為另一份提供更佳或額外保障的保險計劃（在這種情況下，重新核保的範圍只限於涉及更佳或額外保障的部分）。
   (i) 不論如何，在任何時候，***保單持有人***要求取消本***條款及保障***中新增的額外保障（如有），或轉換為另一份較低或較少保障的保險計劃，***本公司***無權重新核保本***條款及保障***，惟可按***本公司***現行處理類似要求的慣常做法接受或拒絕該要求；及
   (ii) 即使***本公司***拒絕上述要求或***保單持有人***不接受重新核保的結果，***本公司***亦無權終止或不***續保***本***條款及保障***；

(c) 當***受保人***改變***居住地***；
   續保本***條款及保障***時，***本公司***有權因***受保人***的***居住地***改變重新核保本***條款及保障***，前提是 -
   (i) 在本***條款及保障***生效前，***本公司***進行核保時已考慮***受保人***的***居住地***；
   (ii) 在遞交***投保申請文件***時，***本公司***已通知***保單持有人***，***續保***本***條款及保障***時需就***居住地***的改變重新核保；
   (iii) ***本公司***需管有相關的核保指引，當中明確地表明***居住地***的改變將如何影響核保結果，並備妥以供***保單持有人***查詢；
   (iv) ***本公司***重新核保時僅可考慮上述改變（即***受保人***的***居住地***改變的因素）；及
   (v) 重新核保的結果，對***保單持有人***及***受保人***而言，可以是有利或不利。

   就本(c)段而言，***本公司***有責任要求***保單持有人***在***續保***時通知***本公司***，***受保人***的***居住地***是否有別於上一個***續保日***（或***保單生效日***，如屬首次***續保***）。***保單持有人***在收到要求後，有責任通知***本公司***相關改變。

本公司及***保單持有人***均確認 -

(d) 若***本公司***按本第四部分的條款有權或在有需要時，按某些因素在***續保***過程中重新核保本***條款及保障***，***本公司***必須按本第四部分的條款及當時的核保指引，並在重新核保時只考慮相關因素；及

(e) 在重新核保後，***本公司***可終止本***條款及保障***、徵收***附加保費***、調高或降低原有的***附加保費***、增加***個別不保項目***，以及修訂或取消原有的***個別不保項目***。

5. 增加或減少受保人

保單持有人只可在續保時以書面申請增加或減少***受保人***，惟增加新生子女或新婚配偶及其父母外，則可在結婚或新生命出生時 3 個月內申請，保障將於收到申請後下一個月第一日生效。任何增加***受保人***均須經由本公司核保。***本公司***對任何增加***受保人***之申請有絕對決定權。

6. 保障更改

本***保單***下所有***受保人***的住院及手術保障須為同一計劃級別，保單生效後便不可更改計劃級別。

第五部分 索償條文

1. 提交索償申請

所有就本***條款及保障***作出的索償申請必須於***受保人***出院或進行及完成相關***醫療服務***（當沒有***住院***時）當日起九十(90)日內提交予***本公司***。提交索償申請時必須包括下列文件及資料，否則有關索償申請會被視為無效或不完整，而***本公司***亦不會給予賠償 -

（a） 所有收據正本及／或分項賬單正本連同診斷、治療類別、治療程序、檢測或服務的證明；及
（b） 所有***本公司***合理要求的相關資料、證明書、報告、證據、轉介信及其他數據或資料。

若***保單持有人***的索償申請未能於上述期限內提交，***保單持有人***必須通知***本公司***，否則***本公司***將有權拒絕其於上述期限後提交的索償申請。

所有在***本公司***合理要求下，而***保單持有人***理應能提供的相關證明書、資料及證據，其所需費用必須由***保單持有人***支付。在收到***保單持有人***提交所有(a)及(b)項的資料後，若***本公司***仍需索取更多證書、資料及證據以核實索償，相關費用則必須由***本公司***負責。

2. 可賠償金額估算

受保人在接受***醫療服務***前，***保單持有人***可要求***本公司***按本***條款及保障***估算賠償金額。在提出要求時，必須附上由***醫院***及 / 或主診***註冊醫生***所估算的金額（按當時***香港***適用的規管私營醫療機構相關法律及規例要求提供）。***本公司***收到要求後，必須按***醫院***及 / 或主診***註冊醫生***作出的估算，通知***保單持有人***可賠償金額的估算，而該估算只供參考，最終的賠償金額必須按本第五部分第 1 節(a)及(b)項所提供的實際費用證明而釐定。

3. 法律行動

在***本公司***收到按本***條款及保障***要求的所有索償證據後的首六十(60)日內，***保單持有人***不可就應付的索償金額採取任何法律行動。

4. 醫療檢查

索償時，***本公司***有權要求***受保人***接受由***本公司***指定的***註冊醫生***進行身體檢查，相關費用由***本公司***承擔。

第六部分 住院及手術保障條文

1. 一般條件

(a) **保障地域範圍**
本***條款及保障***內所有保障均受本***條款及保障***的***保障表***內列明的地域範圍所規限。

「***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。

為免生疑問，任何在適用地域範圍以外所招的***合資格費用***及其他費用均不會受到保障。

(b) **終身保障限額**
每位***受保人***在本***條款及保障***內的所有保障均不設***終身保障限額***。

(c) **選擇醫療服務提供者**
本***條款及保障***內的所有保障均可根據***保障表***以選擇醫療服務提供者（未經***本公司***認可的醫生、醫院或醫療保健機構除外）。

(d) **選擇病房級別**
本***條款及保障***內的保障必須受本***條款及保障***的***保障表***內列明的病房級別選擇限制所規限。若***受保人***於住院時自選入住較高級別的病房，可獲的賠償保障將根據本***條款及保障*** 第八部分第 3(b)節的調整值所限。

2. 住院及非住院保障

按本***條款及保障***，當***受保人***在本***條款及保障***生效期間因***傷病***，並在***註冊醫生***的建議下 -

(a) ***住院***；或
(b) 根據本第六部分第(3)節所述，接受任何***日間手術***、***訂明診斷成像檢測***、***訂明非手術癌症治療***、***急症意外***門診保障或***日症病人***洗腎，

本公司將按本第六部分第 3 節所列明的保障項目，賠償***合理及慣常***的***合資格費用***。

為免生疑問，當***受保人***接受***住院***治療，但該次***住院***被視為非***醫療所需***，則因該次***住院***所招致的費用不會被視為上述 (a) 段所指的***合資格費用***。不過，***保單持有人***將仍有權就該次***住院***期間，符合上述(b) 段內所列明的***醫療服務***招致的相關***合資格費用***提出索償。

本***條款及保障***可賠償的***合資格費用***不會超過***受保人***所接受***醫療服務***的實際開支，並必須受***保障表***內的保障限額所規限。

為免生疑問，本***條款及保障***只會賠償***受保人***接受***醫療服務***的***合資格費用***。除非另有說明，***受保人***以外的人士所接受的***醫療服務***費用均不獲賠償。

3. 住院及手術保障項目

本第六部分第 2 節所保障的***合資格費用***，必須按下列保障項目作賠償 -

(a) **病房及膳食**
本保障將賠償***受保人***在***住院***或接受任何***日間手術***或***訂明非手術癌症治療***期間，***醫院***就其住宿及膳食收取的***合資格費用***。

(b) **雜項開支**
本保障將賠償***受保人***於***住院***期間或在接受任何***日間手術***當日，就接受***醫療服務***所收取的雜項開支的***合資格費用***，包括 -

(i) 往返***醫院***的救護車服務；
(ii) 施行麻醉及提供氧氣；
(iii) 輸血行政費；
(iv) 敷料及石膏模；
(v) 在***住院***或任何***日間手術***期間服用的處方藥物；
(vi) 在出院時或完成***日間手術***後處方，以供其後四（4）星期內使用的藥物；
(vii) 於本第六部分第 3(h)節保障以外的額外手術用具、儀器及裝置，以及手術中使用的植入儀器或裝置、即棄用品及消耗品；
(viii) 醫療用即棄用品、消耗品、儀器及裝置；
(ix) 診斷成像服務，包括超聲波及 X 光以及其分析，但不包括本第六部分第 3 (i) 節所列的***訂明診斷成像檢測***；
(x) 靜脈注射，包括注射液；
(xi) 化驗及其報告，包括為***住院***期間的手術或治療程序或***日間手術***所進行的病理學檢驗；
(xii) ***住院病人***租用輔助步行器具及輪椅的費用；及
(xiii) ***住院***期間的物理治療、職業治療及言語治療。

(c) **主診醫生巡房費**
若***受保人***在***住院***期間內任何一日接受***註冊醫生***的診治，本保障將賠償由該主診***註冊醫生***就巡房或診症收取的***合資格費用***。

(d) **專科醫費**
若***受保人***在***住院***期間內任何一日，在主診***註冊醫生***的書面建議下接受***專科醫生***（並非本第六部分第 3(c)節所指的主診***註冊醫生***）的診治，本保障將賠償由該***專科醫生***就巡房或診症收取的***合資格費用***。

(e) **深切治療**
若***受保人***在***住院***期間內任何一日入住***深切治療部***，本保障將賠償就接受深切治療服務所收取的***合資格費用***。

為免生疑問，已獲本保障賠償的***合資格費用***，不會再獲本第六部分第 3(a)節的賠償。

(f) **外科醫生費**
本保障將賠償***受保人***在***住院***期間，或在為***日症病人***提供***醫療服務***的設備下，主診***外科醫生***為其進行手術所收取的***合資格費用***。

本保障將按***手術表***所列相關手術的分類及該手術本身所屬分類作賠償，而***本公司***會不時審視***手術表***的內容及分類。若需進行的手術並

無列於***手術表***內，***本公司***可按照其他相關出版物或資料，包括但不限於在進行該手術的所在地，其政府、相關監管機構及醫學組織認可的收費表，合理地決定該手術的分類。

(g) **麻醉科醫生費**
在按本第六部分第 3(f)節的***外科醫生***費可獲賠償的情況下，本保障將賠償***麻醉科醫生***就相關手術所收取的***合資格費用***。

(h) **手術室費**
在按本第六部分第 3(f)節的***外科醫生***費可獲賠償的情況下，本保障將賠償在手術期間使用手術室（包括但不限於治療室及康復室）的***合資格費用***。

為免生疑問，在***手術室***內需個別收費的額外手術用具、儀器及裝置則將按本第六部分第 3(b)節賠償。

(i) **訂明診斷成像檢測**
本保障將賠償***受保人***在***住院***期間，或在為***日症病人***提供***醫療服務***的設備下，因檢查或治療***傷病***進行***訂明診斷成像檢測***所收取的***合資格費用***，有關檢測必須在主診***註冊醫生***的書面建議下進行。本保障需按本第六部分第 5 節及***保障表***列明的***共同保險***作出賠償。

(j) **訂明非手術癌症治療**
本保障將賠償***受保人***在***住院***期間，或在為***日症病人***提供***醫療服務***的設備下，接受***訂明非手術癌症治療***所收取的***合資格費用***，包括在接受治療期間就進行治療計劃、監察預後及病況進展的***專科醫生***門診收費。

為免生疑問，有關***訂明診斷成像檢測***的***合資格費用***將按本第六部分第 3(i)節賠償。

(k) **入院前或出院後 / 日間手術前後的門診護理(只適用於非網絡保障)**
本保障將賠償以下***合資格費用***-

(i) ***受保人***在***住院***或***日間手術***前所需的門診或***急症***診症（包括但不限於診症、處方西藥或診斷檢測）；及
(ii) ***受保人***在出院或***日間手術***後，由主診***註冊醫生***提供或書面建議的跟進門診（包括但不限於診症、處方西藥、敷藥、物理治療、職業治療、言語治療或診斷檢測）。有關門診必須在***保障表***列明的期間進行，並與需要***住院***或進行***日間手術***的***傷病***（包括其併發症）直接有關。

就上述 (i) 及 (ii) 段的保障而言，***訂明診斷成像檢測***及***訂明非手術癌症治療***將分別按本第六部分第 3(i)及(j)節作出賠償。

(l) **精神科治療(只適用於非網絡保障)**
本保障將賠償***受保人***在***專科醫生***建議下，***住院***接受精神科治療所收取的***合資格費用***。

本保障將取代本第六部分第 3(a) 至(k)、(m) 至(n)及(p)節的保障項目賠償。為免生疑問，若***受保人***並非純粹為接受精神科治療***住院***，則本保障只會賠償與精神科治療相關***醫療服務***的***合資格費用***。在***合資格費用***同時涉及精神科治療與非精神科治療但未能明確分攤費用的情況下，如精神科治療為最初導致***住院***的原因，有關***合資格費用***會全數由本保障賠償；如精神科治療並非最初導致***住院***的原因，則有關***合資格費用***會全數由以上第 3(a) 至(k)、(m) 至(n)及(p)節的保障項目賠償。

(m) **私家看護費**
本保障將賠償***受保人***於***住院***期間（在***醫院***提供的一般護理服務之上）或***受保人***離開***醫院***後緊接其後的一百八十(180)日內於住所居住期間，由***保單持有人***或***受保人***聘請***合資格護士***提供護理服務而招致的***合資格費用***。所接受的護理服務必須由主診***註冊醫生***以書面形式建議，並且必須與需要***住院***的病況（包括其任何及所有併發症）直接相關。不論同日有多少名***合資格護士***受聘或提供多少個輪班時段，本保障將會以按日形式賠償，並以***保障表***註明的每日最高賠償限額及每***保單年度***最高日數為限。

(n) **陪床費**
若根據***條款及保障***第六部分第 3(a)節或第 3(e)節獲得病房及膳食或深切治療的保障賠償，在***受保人***需要***住院***的情況下，本保障將賠償一(1)張陪床的費用。為免生疑問，本保障僅涵蓋陪床的費用，並不包括任何膳食費用。

(o) **急症意外門診保障(只適用於非網絡保障)**
若***受保人***因***意外***而***受傷***，並以門診方式於***醫院***門診部或急症室接受***急症治療***，則可獲本保障賠償。發生***意外***與接受治療的時間不應相差超過四十八(48)小時。
本保障將賠償***受保人***所招致的下列費用 -
(i) ***註冊醫生***的診症費用；
(ii) 由***註冊醫生***處方、並且在門診治療期間及治療後最多四(4)週內服用的西藥；
(iii) 化驗檢查及其報告；
(iv) 診斷成像服務，包括超聲波及 X 光以及其分析；及
(v) 其他醫療相關費用，涵蓋敷藥及靜脈注射（包括注射液）的費用。
為免生疑問，本保障僅賠償並無導致***住院***或***日間手術***所需的門診或***急症治療***之***合資格費用***。在任何情況下，若本保障下的***合資格費用***亦受保於***條款及保障***第六部分第 3 節的其他保障項目，則本保障不會賠償相關的***合資格費用***。

(p) **日症病人洗腎**
本保障將賠償***受保人***因患有慢性及不可復原的腎功能衰竭，獲主診***註冊醫生***以書面形式建議在為***日症病人***提供***醫療服務***的設備下，接受血液或腹膜透析所招致的***合資格費用***。

為免生疑問，就***日症病人***洗腎的***合資格費用***，僅限於本保障內單獨獲得賠償。本保障將取代本第六部分第 3(a)-(d)節的保障項目賠償。有關保障將以保障表中適用之最高賠償額為限。

(q) **康復治療（只適用於非網絡保障）**
本保障將賠償***受保人***在康復中心接受院舍式康復治療每日所招致的***合資格費用***及其他費用，當天須於***醫院***出院後緊接其後的一百八十(180)天之內，並且在康復中心所逗留的時間為最少連續十二(12)小時，而所接受的康復治療必須與需要***住院***的病況（包括其任何及所有併發症）直接相關。該康復中心須根據其所在地區的法律獲得認可、組成及登記為康復中心，以提供院舍式的康復服務。

若本保障的***合資格費用***亦受保於***條款及保障***第六部分第 3 節，本保障將不會賠償相關的***合資格費用***。

本保障根據會員指引列明的批核程序取得***本公司***的預先批准後方會作出賠償。為免生疑問，如未有獲得***本公司***的預先批准，本康復治療保障將不會作出賠償。

(r) **住院或指定治療後由註冊中醫師提供之診症或針灸（只適用於非網絡保障）**
倘若***受保人***需要***住院***而病房費按***條款及保障***第六部分第 3(a)節可獲賠償或***受保人***接受手術、***訂明非手術癌症治療***或***日症病人***洗腎（「***指定治療***」），並且按***條款及保障***第六部分第 3(f)、3(j)或 3(p)節可獲賠償的情況下，則本保障將賠償***註冊中醫師***在接受***住院***或出院後進行治療所收取的費用。該治療應與需要接受***指定治療***或***住院***的病況（包括其所有併發症）直接相關。本保障將賠償***受保人***所招致的下列費用 -

(i) ***註冊中醫師***的診症費；
(ii) 由***註冊中醫師***進行針灸的費用；及
(iii) 在上述第 3(r)(i)節***註冊中醫師***診症時處方並於診症當日由合法來源取得之***中藥***的費用。

(s) **日間內窺鏡程序保障**
本保障將賠償***受保人***(i) 由***註冊醫生***於診所或***醫院***日症房進行之內窺鏡程序***日間手術***或(ii) 無需過夜的***住院***所收取的***合資格費用***。 根據本第六部分第 3(b) 、(c)、(f) 、(g)及(h)節的保障項目與內窺鏡程序相關的***醫療服務***所收取的***合資格費用***及該程序當日所收取的診症費僅在本保障內單獨獲得賠償。如需要過夜的***住院***目的只是為了進行內窺鏡程序，而過夜的***住院***安排並未獲得保柏初步保障審核，則根據本第六部分第 3(b) 、(c)、(f) 、(g)及(h)節的保障項目與內窺鏡程序相關的***醫療服務***所收取的***合資格費用***僅在本保障內單獨獲得賠償。本保障將取代本第六部分第 3(a)-(i)及(m)-(n)節的保障項目賠償。 有關保障將以***保障表***中適用之最高賠償額為限。

如過夜的***住院***安排獲得保柏初步保障審核，與內窺鏡程序相關的***醫療服務***所收取的***合資格費用***將根據本第六部分第 3(a) 至(i)及(m) 至(n)節的保障項目賠償。

為免生疑問，如***受保人***於需要過夜的***住院***期間同時涉及內窺鏡程序和與需要進行內窺鏡程序的病症完全無關的非內窺鏡程序，則有關***合資格費用***僅在本第六部分第 3(a) 至(i)及 3(m) 至(n))節可獲賠償。有關內窺鏡程序的完整列表，請參閱本公司的客戶服務網站 myBupa。此列表可能會不時更改。

(t) **日間病毒性疣及皮損程序保障**
本保障將賠償***受保人***(i) 由***註冊醫生***於診所或***醫院***日症房進行之病毒性疣及皮損程序***日間手術***或(ii) 無需過夜的***住院***所收取的***合資格費用***。 根據本第六部分第 3(b) 、(c)、(f) 、(g)及(h)節的保障項目與病毒性疣及皮損程序相關的***醫療服務***所收取的***合資格費用***及該程序當日所收取的診症費僅在本保障內單獨獲得賠償。 如需要過夜的***住院***目的只是為了進行病毒性疣及皮損程序，而過夜的***住院***安排並未獲得保柏初步保障審核，則根據本則根據本第六部分第 3(b) 、 (c)、(f) 、(g)及(h)節的保障項目與病毒性疣及皮損程序相關的***醫療服務***所收取的***合資格費用***僅在本保障內單獨獲得賠償。本保障將取代本本保障將取代本第六部分第 3(a) 至(i)及(m) 至(n)節的保障項目賠償。有關保障將以***保障表***中適用之最高賠償額為限。

如過夜的***住院***安排獲得保柏初步保障審核，與病毒性疣及皮損程序相關的***醫療服務***所收取的***合資格費用***將根據本第六部分第 3(a) 至(i)及(m) 至(n)節的保障賠償。

為免生疑問，如***受保人***於需要過夜的***住院***期間同時涉及病毒性疣及皮損程序和與需要進行病毒性疣及皮損程序的病症完全無關的非病毒性疣及皮損程序，則有關***合資格費用***僅在本第六部分第 3(a) 至(i)及 3(m) 至(n))節可獲賠償。有關病毒性疣及皮損程序的完整列表，請參閱本公司的客戶服務網站 myBupa。此列表可能會不時更改。

4. 嚴重疾病保費豁免
惟本***保單***已於***保單生效日***或本***保單***最後複效日後連續生效不少於十二(12)個月，若本***保單***的任何***受保人***患有第十一部分所界定的一(1)種或多種***嚴重疾病***，且經主診***註冊醫生***書面建議該***受保人***在確診患有***嚴重疾病***後接受相關***醫療服務***，於本有效***保單***下所有***受保人***所享有的住院及手術保障及自選保障（如有）的保費將獲豁免一(1)年。保費豁免適用於***標準保費***和***附加保費***。保費豁免期由***嚴重疾病***確診首日後的下一個***續保日期***開始。

如***受保人***在***保單生效日***或***保單***最後複效日期（以較晚者為準）之前或該日期之後十二(12)個月內有任何***嚴重疾病***的病徵、接受治療、藥物治療或檢查、或被診斷患有***嚴重疾病***，保費豁免將不適用。

嚴重疾病必須由***受保人***的***註冊醫生***以書面形式確認，並有***本公司***合理接受的臨床、放射、組織學或實驗室證據支援。 保費豁免申請的程序可參閱會員指引。

(i) 為免生疑問，每名**受保人**終生只可申請一(1)次嚴重疾病保費豁免;
(ii) 如同一***保單***下多於一(1)名***受保人***罹患***嚴重疾病***，且診斷日期為同一***保單年度***，保費豁免只適用於其後***保單年度***及為期一(1）年。在此情況下，保費豁免將不獲延長；
(iii) 在保費豁免期內，任何更改計劃及／或保障，或增加***受保人***均不獲接納。此規則不適用於新出生或新婚配偶增加的***受保人***。然而，此保費豁免不適用於這些新增的***受保人***。***保單持有人***有責任在成功投保後為該新增加的***受保人***繳付保費；及
(iv) 任何***受保人***因***嚴重疾病***被加設***個別不保項目***，保費豁免申請將不適用。

5. 投保前已有病症
所有在***投保申請文件***或任何其後就相關申請提交予***本公司***的資料或文件（若***本公司***在第一部分第 6 節提出要求，則包括相關必需資料的任何更新及改動）中，向***本公司***披露的***投保前已有病症***，除非受***個別不保項目***（如有）所規限，***本公司***將按本***條款及保障***賠償該病症的***合資格費用***。***本公司***可因應在***投保申請文件***或任何其後就相關申請提交予***本公司***的資料或文件（若***本公司***在第一部分第 6 節提出要求，則包括相關必需資料的任何更新及改動）中披露的***投保前已有病症***或影響可保性的因素，對本***條款及保障***加設***個別不保項目***。在有關***受保人***的***保障開始日***後，除在第四部分第 4 節列明的情況外，***本公司***將無權再加設任何***個別不保項目***。

若***保單持有人***或***受保人***沒有按要求於***投保申請文件***（若***本公司***在第一部分第 6 節提出要求，則包括所需資料的任何更新及改動）中披露***受保人***的***投保前已有病症***，而該***投保前已有病症***在投保前已接受治療或被確診，或***保單持有人***或***受保人***在遞交***投保申請文件***（若***本公司***在第一部分第 6 節提出要求，則包括所需資料的任何更新及改動）時已察覺或理應察覺該病症出現的病徵或症狀，***本公司***有權因而宣告本***條款及保障***

無效，並有權追討已支付的賠償及／或拒絕提供本***條款及保障***的保障。在該情況下，***本公司***將按第二部分第 14 節退還已繳交的保費。***本公司***必須就此情況負上舉證的責任。

6. 分擔費用規定

保單持有人必須支付本***條款及保障***和***保單資料頁***內列明的***共同保險***及／或***自付費***。為免生疑問，***共同保險***及***自付費***並非指在實際費用超出本***條款及保障***賠償限額的情況下，***保單持有人***需支付的任何差額。

第七部分 初步保障審核及信用額服務條文

1. 保柏尚健卡

(a) ***本公司***將會向***受保人***簽發一張***保柏尚健卡***。根據本部分第 2 節或會員指引所述的程序，***受保人***可使用***保柏尚健卡***，以信用額支付在***香港***的***保柏尚健特選服務供應商***，就本***保單***接受網絡保障下的***住院***、***訂明診斷成像檢測***、***訂明非手術癌症治療***及***日間手術***，及就自選保障條文接受網絡保障下的**診斷影像及化驗保障**。網路保障下的任何***醫療服務***或治療必須由***保柏尚健特選服務供應商***，在***香港***的***保柏尚健特選專科醫生***提供。***保柏尚健卡***不適用於***醫院***內的門診部接受的治療以及根據第六部分第 3（k）、3（l）、3（o）、3（q）和 3（r）節產生的醫療費用。

為免生疑問，只有提供門診保障的***保柏尚健卡***方可為***訂明診斷成像檢測***提供信用額。如果***受保人***並未有投保自選門診保障，亦可於***網絡保障***下的***保柏尚健特選服務供應商***就***訂明診斷成像檢測***的***合資格費用***獲得賠償，須受以下第 2 節及會員指引的初步保障審核程序規定。***保單持有人或受保人***須先直接向***保柏尚健特選服務供應商***繳付費用，然後向本公司申請索償。

(b) 使用***保柏尚健卡***須受以下第 2 節及會員指引的初步保障審核程序規定。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***按其適時的指引及本***保單***可用的保障限額釐定。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***。

(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) ***保柏尚健卡***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) ***保柏尚健卡***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***保柏尚健卡***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) 合資格獲第八部分第 1 節所述的網絡保障及使用本第七部分第 1 節所述***保柏尚健卡*** 的信用額服務均須受本第七部分第 2 節的初步保障審核程序及條款規定。

(b) 就所有於***保柏家互通特選醫院***內接受的***住院***個案，***保單持有人***、***受保人***、***受保人***的授權代表及／或***保柏尚健特選專科醫生***須於***住院***前最少兩 (2)個工作日向***本公司***提交初步保障審核表格以作批核。***本公司***將發出初步保障審核確認／付款保證信，以建議保障範圍及保障權益，並於信內列明該治療的信用額以提供信用額服務。***本公司***將負責確保***保柏尚健特選專科醫生***在填寫初步保障審核表格時，了解所需提供的資料。

(c) 就所有於***保柏尚健特選服務供應商*** 接受的***日間手術***、***訂明非手術癌症治療***及***訂明診斷成像檢測***，***保單持有人***、***受保人***、***受保人***的授權代表及／或***保柏尚健特選專科醫生***須於檢測、治療或手術前最少兩 (2)個工作日向***本公司***提交初步保障審核表格以作批核。***本公司***將發出初步保障審核確認信，以建議保障範圍及保障權益。***本公司***將負責確保***保柏尚健特選專科醫生***在填寫初步保障審核表格時，了解所需提供的資料。

(d) 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***保柏尚健特選專科醫生***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***保柏尚健特選專科醫生***在填寫初步保障審核表格時，了解所需提供的資料。

(e) 在任何情況下，如未有申請初步保障審核，或在申請後相關初步保障審核被拒，第六部分第 3 節的網絡保障將不會獲得賠償。除第六部分第 3(s) 至(t)節的 ***日間手術***賠償保障外，***合資格費用***將根據非網絡保障獲得賠償，並以***保障表***所註明的相應賠償限額為上限。

為免生疑問，若任何內窺鏡程序及病毒性疣及皮損程序的***日間手術***在未有獲得***本公司***的初步保障審核下，於***保柏尚健特選服務供應商***由***保柏尚健特選專科醫生***進行，***受保人***將不會獲得任何保障和所有相關醫療費用亦不會被賠償。

(f) 除了上述本第七部分第 2(d)節的例外情況外，如初步保障審核確認／付款保證信中所批核的項目有任何更改，***保單持有人***、***受保人***、***受保人***的授權代表及／或***保柏尚健特選專科醫生***須於檢測、治療或手術前最少一(1)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。在任何情況下，如未有申請更改初步保障審核，或在申請更改後相關初步保障審核更改被拒，除第六部分第 3(s)-(t)節的***日間手術***不獲賠償外，***合資格費用***將根據非網絡保障獲得賠償，並以***保障表***所註明的相應賠償限額為上限。

(g) ***本公司***根據本第七部分第 2 節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，及最後索賠評估而定。

(h) 如***受保人***所產生的費用為不受保障項目或不合資格項目、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***須直接與供應商結算該費用，或該費用已***本公司***支付，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***。

第八部分 根據條款及保障所計算的保障賠償

1. 網絡保障及非網絡保障

(a) 符合第六部分第 3 節所述保障項目的***合資格費用***將根據***保障表***中規定的保障限額於網路保障（如適用）或非網路保障下支付。

(b) 網路保障只會在符合下列所述的所有情況下方可獲得賠償 -

(i) ***受保人***必須於***保柏家互通特選醫院***接受***住院***或於***保柏尚健特選服務供應商***接受***日間手術***、***訂明非手術癌症治療***或***訂明診斷成像檢測***；

(ii) 於接受***保柏尚健特選專科醫生***（皮膚科、家庭醫學科、婦科、眼科、骨科、耳鼻喉科、小兒外科、兒科及精神科除外）會診前，***受保人***必須取得***註冊醫生***的書面轉介；

(iii) 就***住院***、***日間手術***、***訂明非手術癌症治療***及***訂明診斷成像檢測***，必須由***保柏尚健特選專科醫生***轉介、主診及／或治療；

(iv) ***受保人***必須遵守第七部分第2節所規定的初步保障審核程序；

(v) ***受保人***於***保柏家互通特選醫院***或***保柏尚健特選服務供應商***（***醫院***內的門診部除外）登記時必須出示***保柏尚健卡***及／或初步保障審核確認／付款保證信；

(vi) ***受保人住院***時必須入住***保單資料頁***及***保障表***所註明的指定病房級別或較其低級的病房級別；及

(vii) 本第八部分第3(c) 節下（如適用）因非自願病房級別升級的網絡保障只限賠償於***香港***招致的***合資格費用***。

(c) 本***保單***下所有***受保人***根據第六部分第 3 節應付的網路保障及非網路保障合計不得超過本***保單***下所有***受保人***的***每年最高通用賠償額***。

2. 增值稅和商品及服務稅納入為合資格費用

任何***合資格費用***將包括就***傷病***所需的***醫療服務***而徵收的增值稅和商品及服務稅（如有）。就***條款及保障***第十部第14節而言，任何已退還予***保單持有人***或***受保人***（視情況而定）的增值稅和商品及服務稅將根據該第14節不受保障，並不得根據本條款及保障獲得支付。

3. 選擇病房級別及自願升級的調整

(a) ***條款及保障***內所有保障必須受***保障表***內列明按其指定地域的病房級別選擇限制所規限。

(b) 就本第八部分 4 節而言並受限於以下第 3(c)節，若***受保人***於接受任何治療或服務時，***住院***的病房級別高於***保障表***內列明按其指定地域所規定的病房級別，就其相關***住院***當日根據***條款及保障***須予以賠償的保障，將按下述作出調整 –

指定的病房級別	實際***住院***病房級別	調整值
大房	***半私家房***	百分之五十(50%)
大房	***標準私家房***	百分之二十五(25%)
大房	高於***標準私家房***包括總統套房、貴賓房或豪華房	百分之零(0%)

(c) 若***受保人***因為以下原因***住院***時入住較高級別的病房，可獲的賠償保障將不受上述第 3(b)節的調整值所限 -

(i) 在接受***急症治療***的情況下***醫院***指定病房級別或較之為低的病房級別床位短缺；

(ii) 需要***住院***隔離導致需要入住特定級別的病房；或

(iii) 任何其他不涉及***受保人***個人對***住院***病房級別偏好的原因。

4. 根據條款及保障所計算的保障賠償

就適用保障地域範圍地區所招致的任何費用，根據***條款及保障***所獲得的最終賠償金額將會按以下公式計算-

[於應用不保事項後及賠償限額前，根據***條款及細則***可獲賠償的***合資格費用***或其他費用的金額 乘以 本第八部分第3(b)節的調整值（如適用） 乘以 非網絡保障下適用的賠償率（如適用）] 並受限於 ***保障表***註明的每名***受保人***於每***保單年度***的賠償限額的餘額（如適用）及***保單***的***每年最高通用賠償額***的賠償限額的餘額

第九部分 折扣條文

1. 一般條文

(a) 本第九部分所述的折扣將會優先扣除，而本第九部分未提及的任何其他折扣（如有）會隨後計算。如本第九部分所述的折扣多於一(1)項同時適用，其所有折扣將會合併計算並沒有使用的優先次序。

(b) 就繳付第六部分住院及手術保障的***標準保費***及***附加保費***（如有）所應付的任何保費徵費，將於扣除本第九部分的所有折扣後計算。

2. 無索償續保折扣

(a) 於任何***續保日***，一項無索償續保折扣將適用於扣減由***續保日***開始的***保單年度***應支付的保費，惟須於以下任何一個緊接***續保日***前的無索償期間內***本公司***並沒有就***條款及保障***支付任何賠償 -

無索償期間	無索償續保折扣比率
連續兩(2)個或三(3)個***保單年度***	百分之五(5%)
連續四(4)個或五(5)個***保單年度***	百分之十(10%)
連續六(6)個或以上***保單年度***	百分之十五(15%)

(b) 無索償續保折扣將相等於由***續保日***開始的***保單年度***按第六部分住院及手術保障應支付的***標準保費***及***附加保費***（如有）乘以以上第 2(a)節所述的任何一(1)個無索償續保折扣比率。

(c) 就計算以上第 2(a)節所述的無索償期間而言，***本公司***將以招致任何***合資格費用***的日期來評定該***保單年度***內是否已經支付任何賠償。

(d) 如已經獲得無索償續保折扣後，***本公司***於上述第 2(a)節所述的無索償期間內如已經支付任何賠償，***本公司***將會就支付有關賠償後的所有***保單年度***，重新計算無索償續保折扣。在***本公司***的合理要求下，***保單持有人***須向***本公司***交還已經扣減的無償續保折扣及實際合資格的無償續保折扣之差額。

3. 子女折扣

(a) 於***保單生效日***及任何***續保日***，一項子女折扣將適用於扣減由***保單生效日***及相應***續保日***開始的***保單年度***應支付的保費，惟須符合以下條件：

(i) ***受保人***須於***保單生效日***或相應***續保日年齡***未滿十八(18)歲；及

(ii) 符合以下第 3(b)節的任何一項要求。

(b) 子女折扣將相等於由***保單生效日***或相應***續保日***開始的***保單年度***按第六部分住院及手術保障應支付的***標準保費***及***附加保費***（如有）乘以以下所述的任何一(1)個子女折扣比率。

要求	子女折扣比率
受保人父母其中一(1)人於***保單生效日***或***續保日***(以較後者為準)亦受保於本***保單***	百分之三十 (30%)
受保人父母二(2)人於***保單生效日***或***續保日***(以較後者為準)亦受保於本***保單***	百分之五十五(55%)

(c) 如已經獲得子女折扣後，但其後發現未能滿足以上第 3(b)節所述的父母人數數目要求，***本公司***將會按照以上第 3(b)節的要求重新計算相關***保單年度***的子女折扣。在***本公司***的合理要求下，***保單持有人***須向***本公司***交還已經扣減的子女折扣及重新計算實際合資格的子女折扣之差額。

(d) 就本第 3 節而言，***本公司***將承認***保單持有人***的同居伴侶為***年齡***未滿十八(18) 歲***受保人***的父母。同居伴侶指民事結合的伴侶或與***保單持有人***共同生活，並保持持續、忠誠以及唯一的關係的人士（不論同性或異性），而期間***保單持有人***或該人士並沒有和其他人士成婚或結合。

4. 終生折扣

(a) 根據第九部分第 3 節享有子女折扣優惠的***受保人***除外，於***保單生效日***及任何***續保日***，一(1)項終身折扣將適用於扣減由***保單生效日***或相應***續保日***開始的***保單年度***應支付的保費，惟須符合以下第 4(b)節的任何一(1)項要求。

(b) 終身折扣將相等於由***保單生效日***或相應***續保日***開始的***保單年度***就本***條款及保障***應支付的***標準保費***及任何***附加保費***乘以以下任何一(1)個家庭折扣比率 -

要求	終生折扣比率
於***保單生效日***或***續保日***（以較後者為準）兩(2)名***合資格家庭成員***作為***受保人***同時受保本***保單***	百分之十五(15%)
於***保單生效日***或***續保日***（以較後者為準）三(3)名或以上***合資格家庭成員***作為***受保人***同時受保於本***保單***	百分之二十(20%)

(c) 如在***保單年度***獲得終生折扣後未能滿足以上第 4(b)節所述的***受保人***人數要求，***本公司***將會按照以上第 4(b)節的要求重新計算該***保單年度***的終生折扣。在***本公司***的合理要求下，***保單持有人***須向***本公司***交還已經扣減的終生折扣及重新計算實際合資格的終生折扣之差額。

(d) 就本第 4 節而言，「***合資格家庭成員***」是指 -

(i) ***保單持有人***；

(ii) ***保單持有人***的配偶或同居伴侶。同居伴侶是指民事結合的伴侶或與***保單持有人***共同生活，並保持持續、忠誠以及唯一的關係的人士（不論同性或異性），而期間***保單持有人***或該人士並沒有和任何其他人士成婚或結合；

(iii) ***保單持有人***或***保單持有人***同居伴侶的子女（包括任何非婚生或合法監護的子女、領養子女及繼子女）；

(iv) ***保單持有人***、***保單持有人***配偶或***保單持有人***同居伴侶的父母；

(v) ***保單持有人***或***保單持有人***配偶的兄弟姐妹；

(vi) ***保單持有人***或***保單持有人***配偶的（外）祖父母；或

(vii) ***保單持有人***的孫子女。

第十部分 一般不保事項

按本***條款及保障***，***本公司***不會賠償與下列項目相關或由其引致的費用 -

1. 任何***投保前已有病症***（已於***投保申請文件***披露並於登記加入時獲***本公司***接納為承保範圍內則除外）。

2. 任何非***醫療所需***治療、治療程序、藥物、檢測或服務的費用。

3. 若純粹為接受診斷程序或專職醫療服務（包括但不限於物理治療、職業治療及言語治療）而***住院***，該***住院***期間所招致的全部或部分費用。惟若該等程序或服務是在***註冊醫生***建議下因而進行***醫療所需***的診斷，或無法以為***日症病人***提供***醫療服務***的方式下有效地進行的***傷病***治療，則不屬此項。

4. 在有關***受保人***的***保障開始日***前，因感染或出現人體免疫力缺乏病毒(“HIV”)及其相關的***傷病***所招致的費用。不論***保單持有人***或***受保人***在遞交***投保申請文件***（若***本公司***在第一部分第 6 節提出要求，則包括相關必需資料的任何更新及改動）時是否知悉，若此***傷病***在有關***受保人***的***保障開始日***前已存在，本***條款及保障***則不會賠償此***傷病***。若無法證明初次感染或出現此***傷病***的時間，則此***傷病***於***保障開始日***起計五(5)年內發病，將被推定為於***保障開始日***前已感染或出現；若在這五(5)年後發病，將被推定為於***保障開始日***後感染或出現。

惟本第 4 節的不保事項並不適用於因性侵犯、醫療援助、器官移植、輸血或捐血、或出生時受 HIV 感染所引致的***傷病***，有關賠償將按本***條款及保障***內其他條款處理。

5. 因倚賴或過量服用藥物、酒精、毒品或類似物質（或受其影響）、故意自殘身體或企圖自殺、參與非法活動、或性病及經由性接觸傳染的疾病或其後遺症(HIV 及其相關的***傷病***將按本第十部分第 4 節處理）的***醫療服務***費用。

6. 以下服務的收費 -
(a) 以美容或整容為目的的服務，惟***受保人***因***意外***而***受傷***，並於***意外***後一(1)年內接受的必要***醫療服務***則不屬此項；或
(b) 矯正視力或屈光不正的服務，而該等視力問題可透過驗配眼鏡或隱形眼鏡矯正，包括但不限於眼部屈光治療、角膜激光矯視手術(LASIK)，以及任何相關的檢測、治療程序及服務。

7. 預防性治療及預防性護理的費用，包括但不限於並無症狀下的一般身體檢查、定期檢測或篩查程序、或僅因***受保人***及／或其家人過往病歷而進行的篩查或監測程序、頭髮重金屬元素分析、接種疫苗、健康補充品或自選保障及根據「其他服務之保單及保障資料」就保柏保健計劃需繳付的自付費(如有)。為免生疑問，本第 7 節並不適用於 -
(a) 為了避免因接受其他***醫療服務***引起的併發症而進行的治療、監測、檢查或治療程序；
(b) 移除癌前病變；及
(c) 為預防過往***傷病***復發或其併發症的治療。

8. 牙科醫生進行的牙科治療及口腔頜面手術的費用，惟***受保人***因***意外***引致在***住院***期間接受的***急症治療***及手術則不屬此項。出院後的跟進牙科治療及口腔手術則不會獲得賠償。

9. 下列***醫療服務***及輔導服務的費用 - 產科狀況及其併發症，包括但不限於懷孕、分娩、墮胎或流產的診斷檢測；節育或恢復生育；任何性別的結紮或變性；不育（包括體外受孕或任何其他人工受孕）；以及性機能失常，包括但不限於任何原因導致的陽萎、不舉或早泄。

10. 購買屬耐用品的醫療設備及儀器的費用，包括但不限於輪椅、床及家具、呼吸道壓力機及面罩、可攜式氧氣及氧氣治療儀器、血液透析機、運動設備、眼鏡、助聽器、特殊支架、輔助步行器具、非處方藥物、家居使用的空氣清新機或空調及供熱裝置。為免生疑問，***住院***期間或***日間手術***當日所租用的醫療設備及儀器則不屬此項。

11. 除受保於第六部分第 3(r)節***住院***或指定治療後由***註冊中醫師***提供之診症或針灸的保障外，傳統中醫治療的費用，包括但不限於中草藥治療、跌打、針灸、穴位按摩及推拿，以及另類治療，包括但不限於催眠治療、氣功、按摩治療、香薰治療、自然療法、水療法、順勢療法及其他類似的治療。

12. 按接受治療、治療程序、檢測或服務所在地的普遍標準（或尚未經當地認可機構批准）界定為實驗性或未經證實醫療成效的醫療技術或治療程序的費用。

13. ***受保人***年屆八 (8) 歲前發病或確診的***先天性疾病***所招致的***醫療服務***費用。

14. 已獲任何法律，或由任何政府、僱主或第三方提供的醫療或保險計劃賠償的***合資格費用***。

15. 因戰爭（不論宣戰與否）、內戰、侵略、外敵行動、敵對行動、叛亂、革命、起義、或軍事政變或奪權事故所招致的治療費用。

16. 在未經***本公司***認可的醫生、醫院或醫療保健機構產生的任何費用，包括但不限於以下治療的費用：
(i) 由醫生、醫院或醫療保健機構提供的治療，或任何人或機構在香港或進行治療的地方的有關當局不認可其具有治療方面的專業知識進行或提供醫療、疾病或受傷的治療；
(ii) 由***受保人***本人、其親屬、家人或商業夥伴或與***受保人***同住的任何人所提供的治療，若治療在一所機構進行，則上述人士是該機構的股東及／或持有該機構的控制權，除非已告知***本公司***並獲其批准； 或
(iii) 由本公司未有或不再因應其保險計劃而認可的醫生、醫院或醫療保健機構所提供的治療。
未經認可的醫生及供應商的列表可參閱***本公司***的客戶服務網站 myBupa。 此列表可能會不時更新，恕不另行通知。

第十一部分 釋義

本***條款及保障***中使用的字詞及表述必須按照以下所述解釋 -

「***意外***」	是指因暴力、外在及可見因素引致的突發事故，並且完全非***受保人***所能預見及控制。
「***年齡***」	是指***受保人***的實際年齡。
「***投保申請文件***」	是指向***本公司***就本***認可產品***遞交的投保申請，包括與該投保申請有關的投保申請表格、問卷、可保性的證明、任何已提交的文件或資料，以及已作出的陳述及聲明（若***本公司***在第一部分第6節提出要求，則包括相關必需資料的任何更新及改動）。
「***保障表***」	是指本***條款及保障***所附的保障表，當中必須列明所涵蓋的保障項目及最高賠償限額。
「***保柏尚健卡***」	是指***本公司***向***保單資料頁***標示***受保人***繕發的醫療卡，而其使用須受第七部分第 1 及 2 節所列明之條款所限。
「保柏集團」	是指***本公司***及所有由***本公司***直接或間接***控制***、受***控制***於***本公司***或與***本公司***受共同***控制***的實體，包括屬於***本公司***及所有此等實體的聯營、聯繫公司及有關者。
「***保柏尚健特選服務供應商***」	是指由***本公司***委任，並與***本公司***訂立信用額服務安排的***保柏家互通特選醫院***及其他***醫院***、***註冊醫生***、物理治療師、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***保柏尚健特選醫院及專科醫生目錄***查閱。
「***保柏尚健特選專科醫生***」	是指***本公司***委任的***專科醫生***，有關之醫生名稱、專科、地址、電話號碼和診症時間列明於***保柏尚健特選醫院及專科醫生目錄***內。
「***保柏尚健特選醫院及專科醫生目錄***」	是指***本公司***批核初步保障審核當日列載由***本公司***委任之***保柏尚健特選服務供應商***和***保柏尚健特選專科醫生***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 myBupa 查閱。
「***保柏家互通特選醫院***」	是指由***本公司***委任的***香港醫院***，提供第六部分第3節的網絡保障。***本公司***會不時修訂***保柏家互通特選醫院***的名單，最新的名單可於***本公司***網站查閱(https://www.bupa.com.hk/tc/alltogether)
「***個別不保項目***」	是指***本公司***可按***受保人***的***投保前已有病症***或其他影響其可保性的因素，就特定的***不適***或***疾病***而加設的不保承項目，訂明在本***條款及保障***中不保障。
「***中藥***」	是指在香港中醫藥管理委員會轄下中藥組根據香港法例第 549 章《中醫藥條例》或任何其他提供中醫治療的地方的同等法定機構合法註冊的中藥。
「***共同保險***」	是指***保單持有人***在支付每個***保單年度***的***自付費***後（如有），必須按比率分擔的***合資格費用***。為免生疑問，***共同保險***並非指在實際費用超出本***條款及保障***賠償限額的情況下，***保單持有人***需支付的任何差額。
「***本公司***」	是指保柏（亞洲）有限公司。
「***住院***」	是指***受保人***在***醫療所需***的情況下，按***註冊醫生***的建議以***住院病人***身份入住***醫院***以接受***醫療服務***。 ***住院***必須以***醫院***開出的每日病房費單據作證明，***受保人***必須在整個***住院***期間連續留院。
「***先天性疾病***」	是指 (a) 任何於出生時或之前已存在的醫學、生理或精神上的異常，不論於出生時有關異常是否已出現、被確診或獲知悉；或 (b) 任何於出生後六 (6) 個月內出現的新生嬰兒異常。
「控制」	是指一家公司已發行股本多於百分之二十五（25%）的實益擁有權或法律權利以指示或促使該公司的管理作出指示（而「受控制」亦據此解釋）。
「***保障開始日***」	是指本***條款及保障***的個別***受保人***之保障開始日日期，即***保單資料頁***內載明的「***保障開始日***」。
「***日間手術***」	是指***受保人***作為***日症病人***在具備康復設施的診所、日間手術中心或***醫院***內因檢查或治療而進行***醫療所需***的外科手術。
「***日症病人***」	是指在診所、日間手術中心或***醫院***（非***住院***性質）接受***醫療服務***或治療的***受保人***。
「***自付費***」	是指在***本公司***賠償餘下的***合資格費用***前，***保單持有人***在每個***保單年度***必須分擔的定額***合資格費用***。
「***交付***」	是指於第二部分第2(a)節所述以下列任何方式將本***條款及保障***及***保單資料頁***或冷靜期通知書交付予***保單持有人***或其指定代表： (a) 由專人交付； (b) 以郵遞方式（包括掛號郵遞方式）；或 (c) 電子方式。 不論以何種方式交付，***本公司***有責任就交付的行為及交付的時間備存充分的證據作證明。
「***傷病***」	是指***不適***、***疾病***或***受傷***，包括任何由此而引發的併發症。
「***合資格費用***」	是指就***傷病***接受***醫療服務***所需的費用。
「***急症***」	是指***受保人***需立即接受***醫療服務***的事件或情況，以防止***受保人***身故、健康遭永久損害或遭受其他嚴重健康後果。

「***急症治療***」 是指***急症***所需的***醫療服務***，而所需的***醫療服務***必須在***急症***事件或情況出現後的合理時間內進行。

「***監護人***」 是指按香港法例第 13 章《未成年人監護條例》被委任為或憑藉此條例成為***未成年人***的監護人的人士。

「***港元***」 是指***香港***法定貨幣。

「***香港***」 是指「中華人民共和國香港特別行政區」。

「***醫院***」 是指按其所在地法律妥為成立及註冊為醫院的機構，為*不適*及*受傷*的***住院病人***提供***醫療服務***，並 -

(a) 具備診斷及進行大型手術的設施，或屬於《醫院管理局條例》（香港法例第 113 章）所界定的公營醫院或是根據《私營醫療機構條例》（香港法例第 633 章）領有牌照的醫院；
(b) 由持牌或註冊護士提供二十四 (24) 小時護理服務；
(c) 由一(1)位或以上***註冊醫生***駐診；及
(d) 非主要作為診所、戒酒或戒毒中心、自然療養院、水療中心、護理或療養院、寧養或紓緩護理中心、復康中心、護老院或同類機構。

「***受傷***」 是指完全因***意外***而非涉及任何其他原因所引致的身體損害（包括有或沒有可見的傷口）。

「***住院病人***」 是指***住院***中的***受保人***。

「***保險業監管局***」 是指按***《保險業條例》***第 4AAA 條設立的香港保險業監管局。

「***保險業條例***」 是指香港法例第 41 章《保險業條例》。

「***受保人***」 是指本***條款及保障***所保障，並在***保單資料頁***中列為「***受保人***」的人士。

「***深切治療部***」 是指***醫院***內專為***住院病人***提供深切醫療及護理服務而設的部門。

「***終身保障限額***」 是指***本公司***由本***條款及保障***生效起向***保單持有人***累計支付的最高賠償限額，不論***保障表***中所列的保障項目是否已經達到其相關項目的賠償限額，或個別***保單年度***的賠償是否已經達到***每年保障限額***。

「***每年最高通用賠償額***」 指保單持有人就本保單下所有受保人所招致的合資格費用可共享有的每保單年度最高賠償額。每年最高通用賠償額在每個新保單年度會重新計算。。

「***醫療服務***」 是指就診斷或治療***受保人***的***傷病****所*提供的***醫療所需***服務，包括按情況所需的***住院***、治療、程序、檢測、檢查或其他相關服務。

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

(a) 需要***註冊醫生***的專業知識或轉介；
(b) 符合該***傷病***的診斷及治療所需；
(c) 按良好而審慎的醫學標準及主診***註冊醫生***審慎的專業判斷提供，而非主要為對***受保人***、其家庭成員、照顧人員或主診***註冊醫生***帶來方便或舒適而提供；
(d) 在環境最適當及符合一般公認的醫療標準的設備下，提供醫療服務；及
(e) 按主診***註冊醫生***審慎的專業判斷，以最適當的水平向***受保人***安全及有效地提供。

就本***條款及保障***的釋義而言，在不抵觸上述一般條件下，符合***醫療所需***條件的***住院***情況包括但不限於以下例子 -

(i) ***受保人***因***急症***需要在***醫院***接受緊急治療；
(ii) 手術是在全身麻醉下進行；
(iii) ***醫院***具備手術或治療程序所需的設備，有關手術或治療程序並不能以***日症病人***的方式進行；
(iv) ***受保人***同時發生的傷病屬明顯嚴重；
(v) 主診***註冊醫生***考慮到***受保人***的個人情況下，經過審慎的專業判斷及考慮***受保人***安全後，所需的醫療服務應在***醫院***內進行；
(vi) 經過主診***註冊醫生***審慎的專業判斷，***住院***時間對***受保人***接受的醫療服務是合適的；及/或
(vii) 如屬***註冊醫生***認為需要的診斷程序或專職醫療服務，經該***註冊醫生***審慎的專業判斷及考慮***受保人***安全後，所需治療程序或服務應在***醫院***內進行。

在上文(v)至(vii)的情況下，主診***註冊醫生***行使審慎的專業判斷時，應該考慮該***住院***是否 -

(aa) 按照當地良好及審慎的醫療標準提供該醫療服務，而非主要為***受保人***、其家庭成員、照顧人員或主診***註冊醫生***提供方便或舒適的環境；及
(bb) 在環境最適當及符合當地一般公認的醫療標準的設備下，提供該醫療服務。

「***未成年人***」 是指***年齡***未滿十八 (18) 歲的人士。

「***手術室***」 是指任何指定並配備進行外科手術或程序的設施，及至少符合由香港衛生署署長發出的《日間醫療中心實務守則》或《醫院實務守則》或根據香港法例第 633 章《私營醫療機構條例》之任何其他適用的實務守則或規例。

「***居住地***」 是指某人士在法律上擁有居留權的司法管轄區。***居住地***變更包括該人士獲得新增司法管轄區的居留權或停止擁有現有司法管轄區的居留權。上述關於***居住地***解釋僅適用於本***條款及保障***。為免生疑問，某人士若對該司法管轄區只有法律上的入境許可，而非居留權（例如留學、工作或旅遊），該司法管轄區並不可被視為該人士的***居住地***。

「***計劃***」 是指***保柏家互通醫療保障計劃***，專為家庭醫療保障而設計，設有***每年最高通用賠償額***與***保單***下所有***受保人***共用。

「***保單***」 是指由***本公司***承保及簽發的本保單，並作為***保單持有人***與***本公司***之間就本計劃的合約，當中包括但不限於本***條款及細則***、***保障表***、***投保申請文件***、聲明及***受保人***的***保單資料頁***及任何附於本保單的背書/補充文件（如適用）。

「***保單生效日***」 是指本***條款及保障***的起始日，即***保單資料頁***內載明的「***保單生效日***」。

「***保單持有人***」 是指在法律上擁有本***保單***，並於***保單資料頁***內列為「***保單持有人***」的人士。

「***保單簽發日***」 是指首次簽發本***條款及保障***的日期。

「***保單資料頁***」 是指本***條款及保障***的附表，當中載有***保單***細節、***保障開始日***、***保單生效日***、***續保日***、***保單持有人***及***受保人***的姓名及個人資料，以及本***條款及保障***所適用的保障、保費及其他細節。每份***保單資料頁***是專為***保單***內的個別***受保人***提供。

「***保單年度***」 是指本***條款及保障***的生效期限。首個***保單年度***是指由***保單生效日***起一(1)年內，直至首個***續保日***前一日為止（包括首尾兩日）的期限。至於在繼後的***保單年度***，則由每個***續保日***起計一(1)年。

「***同一類別保單***」 是指所有具備相同條款及細則及保障表的***計劃***。

「***投保前已有病症***」 是指***受保人***於***保單生效日***或***保障開始日***(僅適用於***保單生效日***後於現有保單內新增的***受保人***)前已存在的任何***不適***、***疾病***、***受傷***、生理、心理或醫療狀況或機能退化，包括***先天性疾病***。在以下情況發生時，一般審慎人士理應已可察覺到***投保前已有病症***-

(a) 病症已被確診；或
(b) 病症已出現清楚明顯的病徵或症狀；或
(c) 已尋求、獲得或接受病症的醫療建議或治療。

「***附加保費***」 是指***本公司***因承受***受保人***的額外風險向***保單持有人***收取***標準保費***以外的額外保費。

「***訂明診斷成像檢測***」 是指電腦斷層掃描（“CT”掃描）、磁力共振掃描（“MRI”掃描）、正電子放射斷層掃描（“PET”掃描）、PET-CT組合及PET-MRI組合。

「***訂明非手術癌症治療***」 是指治療癌症的放射性治療、化療、標靶治療、免疫治療及荷爾蒙治療。

「***合資格護士***」 是指符合以下資格的護士 -
(a) 具有正式資格並已按香港法例第164章《護士註冊條例》在香港護士管理局註冊，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***或向***受保人***提供治療或服務的***香港***境外司法管轄區，經當地法例許可提供相關護理治療或服務，

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***或***保單持有人***及／或***受保人***的保險中介人、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）。若該護士並未具有正式資格或未能按***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，以決定該護士是否仍被視為符合資格及已註冊。

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

本公司必須參照以下資料（如適用）以釐定***合理及慣常***收費 -

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

「***註冊中醫師***」 是指符合以下資格的中醫師 -
(a) 具有正式資格並已按香港法例第 549 章《中醫藥條例》在中醫藥管理委員會註冊，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***或向***受保人***提供治療或服務的***香港***境外司法管轄區，經當地法例許可提供相關中醫治療或服務，

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***或***保單持有人***及／或***受保人***的保險中介人、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）。若該醫師並未具有正式資格或未能按***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，以決定該醫師是否仍被視為符合資格及已註冊。

「***註冊醫生***」、「***專科醫生***」、「***外科醫生***」及「***麻醉科醫生***」 是指符合以下資格的西醫 -
(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，經當地法例許可提供相關***醫療服務***，

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***、或***保單持有人***及/或***受保人***的保險中介人、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。

「***續保***」 是指就按本***條款及保障***不曾中斷地繼續承保。

「***續保日***」 是指***續保***的生效日期。首個***續保日***必須訂明於***保單資料頁***上（並不可遲於***保單生效日***的首個週年日），至於繼後的***續保日***則為首個***續保日***的週年日。有關***續保日***將在第四部分第 3 節所述的***續保***通知中列明。

「***手術表***」 是指附於本***保障表***的手術列表，表內的手術或治療程序按其複雜程度分類。***政府***將定期審視其內容，並不時公布有關修訂。

「***嚴重疾病***」 ***嚴重疾病***包括***癌症***、***急性心肌梗塞*** 及 ***中風***。每項***嚴重疾病***必須按照以下相關標題所述解釋，任何***嚴重疾病***的診斷以獲取保費豁免，以必須符合第六部第 4 節所述條款及細則。

癌症：
癌症指惡性腫瘤。其特徵為惡性細胞漸進地不受控制地生長，侵入及破壞正常及周邊組織。癌症必須由組織病理學報告證實腫瘤呈陽性。癌症包括白血病、淋巴瘤或惡性肉瘤。
以下不在保障範圍內：
(a) 原位癌（包括子宮頸上皮內贅瘤 CIN-1、CIN-2 及 CIN-3）或組織學上被界定為癌前病變的情況；
(b) 所有皮膚癌，除非惡性黑色素瘤；
(c) 如 TNM 組織學分期在 T1(a) 或 T1(b)或其他分級方法中同等或更低分級的前列腺癌；
(d) RAI 級別 III 以下的慢性淋巴性白血病；
(e) 如 TNM 組織學分期在 T1N0M0 或更低分級的甲狀線惡性腫瘤。

急性心肌梗塞：
因心臟血液供應不足，引致部分心臟肌肉（心肌）壞死，並須符合下列所有準則：
(a) 典型的胸痛病史；
(b) 在相關心臟事故期間心電圖（ECG）顯示新近具急性心肌梗塞特徵的變化；及
(c) 心肌酵素（CK-MB）提高至一般公認的實驗室水平的正常水平以上或 心肌旋轉蛋白 T（Troponin T）> 0.5 ng/ml 或心肌旋轉蛋白 I（Troponin I）> 0.5ng/ml。
心絞痛並不包括在內。

中風：
指腦血管事故包括腦組織梗塞、腦出血、蛛網膜下腔出血，腦栓塞及腦血栓。診斷必須由以下各項支持：
(a) 由註冊神經科專科醫生書面證明永久性神經損害由事故發生後持續至少四(4)週； 及
(b) 磁力共振或電腦掃描的報告或其他可靠的影像技術證明此為新發生的中風事故。
以下的情況不在保障範圍內：
(a) 短暫性腦缺血發作；
(b) 引起眼或視神經障礙的血管疾病；及
(c) 前庭系統的缺血性異常。

「***不適***」或「***疾病***」 是指正常健康狀態因受到病理偏差而出現的生理、心理或醫療狀況，包括但不限於***受保人***有否出現病徵或症狀的情況，亦不論是否已確診。

「***半私家房***」 是指於***香港***的***醫院***列為半私家房或二等房的房間，或於***香港***以外地方由不多於三(3)名人士共用但不包括任何***標準私家房***或以上的***醫院***病房。

「***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。

「***標準保費***」 是指***本公司***向***保單持有人***就本***保單***內個別***受保人***的保障所收取的基本保費，適用於所有***同一類別保單***。保費可按***受保人***的***年齡***、性別及／或生活方式等因素進行調整。

「***標準私家房***」 是指於***醫院***列為單人、私人或頭等房的房間，附有私人浴室，但不設有任何廚房、飯廳或客廳。

「***條款及保障***」 是指本***計劃***的***條款及細則***，以及***保障表***（包括***手術表***）和任何附於本保單的背書/補充文件（如適用）。

「***條款及細則***」 是指本***計劃***的第一至第十一部分。

「***增值稅和商品及服務稅***」 是指增值稅、商品和服務稅或其他性質類似的稅項、關稅或徵費，有關費用由相關稅務或類似機構，或政府部門就***傷病***所需的***醫療服務***而招致的費用收取或徵收。

「***大房***」 是指於一間低於***半私家房***級別的房間，包括於***醫院***列為大房或標準房的房間。

保障表

下表所列的保障限額為每名***受保人***於每***保單年度***的賠償限額。本***保單***下所有***受保人***每年合計賠償總額以***每年最高通用賠償額***為準。

住院及手術保障（港元）					
計劃選項		計劃 A （非網絡保障的賠償率為 ***合資格費用***百分之八十，即自付費為百分之二十）		計劃 B （非網絡保障的賠償率為 ***合資格費用***全數賠償，即無自付費）	
指定病房級別		大房			
每年最高通用賠償額		***保單***下所有***受保人***共享$5,000,000			
每名*受保人*的*終身保障限額*		不適用			
嚴重疾病保費豁免		惟本***保單***已於***保單生效日***或保單最後複效日後連續生效不少於十二(12）個月，若本***保單***的任何***受保人***患有第十一部分所界定的一(1）種或多種***嚴重疾病***[11]，且經主診***註冊醫生***書面建議，該***受保人***在確診患有***嚴重疾病***後接受相關***醫療服務***，於本有效***保單***下所有***受保人***所享有的住院及手術保障及自選保障（如有）的保費將獲豁免一(1）年。[7]			
保障項目[1]		網絡保障[8]	非網絡保障	網絡保障[8]	非網絡保障
保障地域範圍[2]		***香港***	***亞洲、澳洲及新西蘭***	***香港***	***亞洲、澳洲及新西蘭***
(a)	病房及膳食 （每***保單年度***最多 270 日）	全數賠償[9]	80% 賠償率	全數賠償[9]	100% 賠償率
(b)	雜項開支				
(c)	主診醫生巡房費 （每***保單年度***最多 270 日）				
(d)	***專科醫生***費[3]				
(e)	深切治療 （每***保單年度***最多 25 日）				
(f)	***外科醫生***費 （不限手術類別）				
(g)	***麻醉科醫生***費 （不限手術類別）				
(h)	***手術室***費 （不限手術類別）				
(i)	***訂明診斷成像檢測***[3][4]		80% 賠償率 每***保單年度***最多 $20,000		100% 賠償率 每***保單年度***最多 $20,000
(j)	***訂明非手術癌症治療***[5]		80% 賠償率		100% 賠償率
(k)	入院前或出院後／***日間手術***前後的門診護理[3]	不適用	80% 賠償率 每***保單年度***最多$10,000 適用於以下所有***合資格費用*** • 2 次***住院***／***日間手術***前的門診／***急症***診症 • 所有出院／***日間手術***後 90 日內之跟進門診	不適用	100% 賠償率 每***保單年度***最多 $10,000 適用於以下所有***合資格費用*** • 2 次***住院***／***日間手術***前的門診／***急症***診症 • 所有出院／***日間手術***後 90 日內之跟進門診
(l)	精神科治療		80% 賠償率		100% 賠償率

			每***保單年度***最多 $30,000		每***保單年度***最多 $30,000
(m)	私家看護費[3] （每***保單年度***最多 120 日）	全數賠償[9]	80% 賠償率	全數賠償[9]	100% 賠償率
(n)	陪床費 （每***保單年度***最多 270 日）				
(o)	***急症意外*** 門診保障	不適用	80% 賠償率 每***保單年度***最多 $7,600	不適用	100% 賠償率 每***保單年度***最多 $7,600
(p)	***日症病人*** 洗腎[3]	全數賠償[9]	80% 賠償率	全數賠償[9]	100% 賠償率
(q)	康復治療 （每***保單年度*** 每***傷病*** 最多 90 日） （必須取得本公司之預先批准）	不適用	80% 賠償率 每日最多 $1,000	不適用	100% 賠償率 每日最多 $1,000
(r)	***住院***或***指定治療***後由***註冊中醫師***提供之診症或針灸 （每***保單年度***最多 20 次）	不適用	80% 賠償率 每次最多 $ 225	不適用	100% 賠償率 每次最多 $ 225
日間手術保障[10] • 保障項目 (s) 至(t)項將賠償(i)由***註冊醫生***於診所或***醫院***日症房進行***日間手術***或(ii) 無需過夜的***住院***的費用。「網絡保障」只支付已獲取初步保障審核的費用。 • 如需要過夜的***住院***目的只是為了進行內窺鏡程序或病毒性疣及皮損程序，而該需要過夜的***住院***並未獲得保柏初步保障審核，則根據第六部分第 3(b) 、(c)、(f) 、(g)及(h)節的保障項目與相關手術程序的***醫療服務***所收取的***合資格費用***僅在以下保障項目 (s) 至(t)項內獲得賠償。					
(s)	日間內窺鏡程序保障	全數賠償[9]	80% 賠償率 每次手術最多$11,820	全數賠償[9]	100% 賠償率 每次手術最多$11,820
(t)	日間病毒性疣及皮損程序保障[6]	全數賠償[9] (每***保單年度***最多 6 次)	80% 賠償率 每***保單年度***最多 $8,000	全數賠償[9] (每***保單年度***最多 6 次)	100% 賠償率 每***保單年度***最多 $8,000

註解

(1) 每名***受保人***於同一項目的***合資格費用*** 不可於保障項目(a) 至 (t) 項下獲得多於一(1)個保障項目的賠償。本***保單***下所有***受保人***每年合計賠償總額以***每年最高通用賠償額***為準。

(2) 「***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。網絡保障的保障地域範圍僅限於香港。

(3) ***本公司***有權要求有關書面建議的證明，例如轉介信或由主診醫生或***註冊醫生***在索償申請表內提供的陳述。

(4) 檢測只包括電腦斷層掃描（“CT”掃描）、磁力共振掃描（“MRI”掃描）、正電子放射斷層掃描（“PET”掃描）、PET-CT 組合及 PET-MRI 組合。

(5) 治療只包括放射性治療、化療、標靶治療、免疫治療及荷爾蒙治療。

(6) 如***受保人***於同一日同時接受多過一次的病毒性疣及皮損治療，將被算作為一次手術。由第四次病毒性疣及皮損治療起或索償金額超過港幣 20,000 元，保柏可能會要求你提供醫療報告以供檢閱。

(7) 保費豁免適用於***標準保費***和***附加保費***。保費豁免期由***嚴重疾病***確診首日後的下一個***續保日期***開始。

(8) 請登入***本公司*** 的客戶服務網站 myBupa 查閱最新的***保柏尚健特選服務供應商***名單。此名單可能會不時更改。

(9) 有關全數賠償保障

- 全數賠償是指不設分項賠償限額，及以下所有要求均適用。如果未完全滿足以下所有要求，合資格的索賠將在非網路保障下獲得賠償。
  - (a) ***受保人***必須於***保柏家互通特選醫院***接受***住院***或於***保柏尚健特選專科醫生***的診所或***保柏尚健特選服務供應商***接受***日間手術***、***訂明非手術癌症治療***或***訂明診斷成像檢測***；
  - (b) 於接受***保柏尚健特選專科醫生***（皮膚科、家庭醫學科、婦科、眼科、骨科、耳鼻喉科、小兒外科、兒科及精神科除外）會診前，***受保人***必須取得***註冊醫生***的書面轉介；
  - (c) 就***住院***、***日間手術***、***訂明非手術癌症治療***及***訂明診斷成像檢測***，必須由***保柏尚健特選專科醫生***轉介、主診及/或治療；
  - (d) ***受保人***必須遵守第七部分第2節所規定的初步保障審核程序；

(e) ***受保人***於***保柏家互通特選醫院***或***保柏尚健特選服務供應商***（***醫院***內的門診部除外）登記時必須出示***保柏尚健卡***及/或初步保障審核確認／付款保證信；

(f) ***受保人住院*** 時必須入住***保單資料頁***及***保障表*** 所註明的指定病房級別或較其低級的病房級別。如***受保人***在***住院***時入住***保柏家互通特選醫院***任何大房級別(或較低等級)以外之任何等級的房間，賠償須以調整值計算；及

(g) 就第六部分第3節下的網路保障（如適用）只限賠償於***香港***招致的***合資格費用***。

- 您的***保柏尚健卡***可用於支付***保柏家互通特選醫院***（門診部除外）、***保柏尚健特選專科醫生***的診所或***保柏尚健特選服務供應商***的付款，但須符合保柏批准的信用額度。
- 請到***保柏尚健特選專科醫生***的診所支付門診費用，除非***住院***、***日間手術***、***訂明非手術癌症治療***及***訂明診斷成像檢測***是***醫療所需***，並在同一次門診就診期間已獲得預先授權（如適用）。

(10) 有關日間手術保障

- 如於***保柏尚健特選服務供應商***進行及以「網絡保障」支付內窺鏡和病毒性疣及皮損程序之前，必須經由***保柏尚健特選專科醫生***申請初步保障審核(按保柏供應商指引之要求)
- 如由你所選的醫生及服務供應商（即非網絡保障）由***註冊醫生***於(i)診所或***醫院***日症房進行***日間手術***或(ii) 無需過夜的***住院***所收取的***合資格費用***，將以「非網絡保障」之最高賠償額為限，無需向保柏申請初步保障審核。
- 如程序於需要過夜的***住院***進行，以下情況不需要申請初步保障審核：
  - 任何於***香港***以外的地方所進行的治療；
  - 於***香港***政府公立醫院大房***住院***及進行***住院***手術；及／或
  - 如你先向其他保險公司索償，再向保柏申請第二索償。
- 有關受***日間手術***保障所保障之內窺鏡和病毒性疣及皮損程序的完整列表，請參閱保柏客戶服務網站myBupa上的會籍文件頁面。此列表可能會不時更改。

(11) ***嚴重疾病***包括***癌症***、***急性心肌梗塞*** 及***中風***。詳情請參閱本***條款及保障***第十一部分。

手術表

程序 / 手術		分類
腹部及消化系統		
食道、胃及十二指腸	食道病變組織切除術 / 經頸進行食道病變組織或組織破壞術	大型
	高選擇性胃迷走神經切斷術	大型
	腹腔鏡胃底摺疊術	大型
	腹腔鏡式食道裂孔疝氣修補術	大型
	食道胃十二指腸內窺鏡檢查，連或不連活體組織檢查及 / 或息肉切除術	小型
	食道胃十二指腸內窺鏡檢查連異物清除	小型
	食道胃十二指腸內窺鏡連食道 / 胃靜脈曲張結紮 / 綁紮術	中型
	食道切除術	複雜
	食道全切除術及腸插入手術	複雜
	經皮膚進行胃造口術	小型
	永久胃切開術 / 胃腸造口術	大型
	部分胃切除術連或不連空腸移位術	大型
	部分胃切除術連十二指腸 / 空腸接合術	大型
	部分胃切除術連接合食道術	複雜
	近端胃切除術 / 根治性胃切除術 / 全部胃切除術連或不連腸插入術	複雜
	十二指腸撕裂縫合術 / 十二指腸潰瘍修補術	大型
	胃迷走神經切斷術及 / 或幽門成形術	大型
空腸、迴腸及大腸	開放式或腹腔鏡式闌尾炎切除術	中型
	肛裂切除術	小型
	肛瘻管切開術或切除術	中型
	肛周膿腫的切除術及引流術	小型
	修補直腸脫垂的德洛姆手術	大型
	結腸鏡檢查連或不連活體組織檢查	小型
	結腸鏡檢查，連息肉切除術	小型
	乙狀結腸內窺鏡檢查	小型
	外痔或內痔切除術	中型
	痔瘡的注射療法或綁紮術	小型
	迴腸造口術或結腸造口術	大型
	開放式或腹腔鏡式直腸前位切除術	複雜
	開放式或腹腔鏡式經腹部會陰切除術	複雜
	開放式或腹腔鏡式結腸切除術	複雜
	開放式或腹腔鏡式直腸低前位切除術	複雜
	腸扭結或腸套疊復位術	中型
	小腸切除術及接合術	大型
膽管	開放式或腹腔鏡式膽囊切除術	大型
	逆行內窺鏡膽胰管造影術	中型
	逆行內窺鏡膽胰管造影術連乳突物手術、膽結石摘取或其他相關手術	中型
肝臟	幼針抽吸肝活體組織檢查	小型
	肝移植手術	複雜
	開放式肝病變組織 / 肝囊腫或肝膿腫袋形縫合術	大型
	開放式或腹腔鏡式移除肝病變組織	大型
	開放式或腹腔鏡式肝次葉切除術	大型
	開放式或腹腔鏡式肝葉切除術	複雜
	開放式或腹腔鏡式肝楔形切除術	大型
胰臟	閉合式胰管活體組織檢查	中型
	胰臟 / 胰管病變組織或組織的切除術或破壞術	大型
	胰臟十二指腸切除術（惠普爾手術）	複雜
腹部	剖腹探查	大型
	腹腔鏡檢查 / 腹膜內窺鏡檢查	中型
	開放式或腹腔鏡式的單側疝切開 / 縫合術	中型
	開放式或腹腔鏡式的兩側疝切開 / 縫合術	大型
	開放式或腹腔鏡式的單側腹腔溝疝修補術	中型
	開放式或腹腔鏡式的兩側腹腔溝疝修補術	大型
腦部及中樞神經系統		
神經外科手術	腦部活體組織檢查	大型
	顱骨鑽孔術	中型
	顱骨切除術	複雜
	顱神經減壓術	複雜
	腦室引流沖洗術	小型
	腦室引流的維修清除術，包括修正術	中型
	建立腦室腹腔引流或皮下腦脊液儲存器	大型
	顱內動脈瘤鉗夾術	複雜
	顱內動脈瘤包裹術	複雜
	顱內動靜脈血管畸型切除手術	複雜
	聽覺神經瘤切除術	複雜
	腦腫瘤或腦膿腫切除術	複雜
	顱神經腫瘤切除手術	複雜
	治療三叉神經節氣囊的射頻溫熱凝固術	中型
	使用射頻進行閉合式三叉神經根切斷術	大型
	三叉神經根減壓術 / 開放式三叉神經根切斷術	複雜

程序 / 手術		分類
	大腦包括腦葉切除手術	複雜
	大腦半球切除術	複雜
脊椎手術	腰椎穿刺或小腦延髓池穿刺手術	小型
	脊髓或脊神經根減壓術	大型
	頸交感神經切除術	中型
	胸腔鏡或腰交感神經切除術	大型
	脊髓管內硬膜內或硬膜外的腫瘤切除術	複雜
心血管系統		
心臟	心臟導管插入	中型
	冠狀動脈分流手術	複雜
	心臟移植	複雜
	心臟起搏器置入	中型
	心包穿刺術	小型
	心包切開術	大型
	經皮刺穿冠狀動脈腔內成形術及有關程序，包括：激光、支架置入、馬達扇頁切割、氣囊擴張或射頻切割技術	大型
	肺動脈瓣切開術、氣囊 / 腔內激光 / 腔內射頻術	大型
	經皮心瓣成形術	大型
	主動脈瓣擴張術 / 二尖瓣切開術	大型
	閉合式心瓣切開術	複雜
	心臟直視心瓣成形術	複雜
	心瓣置換	複雜
血管	腹內動脈 / 脾靜脈腎靜脈 / 門靜脈腔靜脈分流術	複雜
	腹腔血管切除術連置換 / 接合術	複雜
內分泌系統		
腎上腺	腹腔鏡式或腹膜後腔鏡式單側腎上腺切除術	大型
	腹腔鏡式或腹膜後腔鏡式兩側腎上腺切除術	複雜
松果腺	松果腺全切除術	複雜
腦下垂體	腦下垂體腫瘤切除術	複雜
甲狀腺	幼針抽吸甲狀腺活組織檢查連或不連影像導引	小型
	半甲狀腺切除術 / 部分甲狀腺切除術 / 大部分甲狀腺切除術 / 副甲狀腺切除術	大型
	甲狀腺全切除術 / 副甲狀旁腺全切除術 / 機械人輔助式甲狀腺全切除術	大型
	甲狀舌管囊腫切除術	中型
耳鼻喉 / 呼吸系統		
耳	耳道閉鎖 / 耳道狹窄的耳道成形術	大型
	耳前囊腫 / 耳前竇切除術	小型
	耳廓血腫引流 / 裝鈕 / 切除術	小型
	耳道成形術	中型
	（耳科）異物清除術	小型
	切開鼓室進行中耳腫瘤切除術	大型
	鼓膜切開術連或不連導管插入	小型
	鼓膜成形術 / 鼓室成形術	大型
	聽小骨成形術	大型
	全部 / 部分迷路切除術	大型
	乳突切除術	大型
	耳蝸手術及 / 或人工耳蝸植入	複雜
	內淋巴囊手術 / 內淋巴囊減壓術	大型
	圓窗或卵圓窗瘻管修補術	中型
	鼓室交感神經切除術	大型
	前庭神經切除術	中型
鼻、口及咽喉	上頷竇穿刺及沖洗術	小型
	鼻粘膜燒灼術 / 鼻衄控制	小型
	鼻骨折閉合復位術	小型
	口竇瘻管閉合術	中型
	淚囊鼻腔造口術	中型
	鼻病變組織切除術	小型
	鼻咽鏡檢查或鼻鏡檢查連或不連鼻腔活體組織檢查連或不連清除異物	小型
	鼻瘜肉切除術	小型
	考一路二氏手術 / 以考一路二氏式進行 / 上頷竇切除術	中型
	篩竇 / 上頷竇 / 額竇 / 蝶竇內窺鏡手術	中型
	延伸性額竇內窺鏡手術連經中隔的額竇切開術	大型
	額竇切開術或篩竇切除術	中型
	額竇切除術	大型
	功能性鼻竇內窺鏡手術	大型
	兩側功能性鼻竇內窺鏡手術	複雜
	上頷竇 / 蝶竇 / 篩竇動脈結紮術	中型
	其他鼻內手術，包括激光手術（除了簡易的鼻鏡檢查、活體組織檢查及血管燒灼術）	中型
	鼻成形術	中型
	鼻咽腫瘤切除術	中型
	竇腔鏡連或不連活體組織檢查	小型
	鼻中隔成形術連或不連黏膜下層切除術	中型
	鼻中隔黏膜下層切除術	中型
	鼻甲切除術 / 粘膜下鼻甲切除術	中型
	腺樣體切除術	小型

程序 / 手術		分類
	扁桃體切除術連或不連腺樣體切除術	中型
	咽囊 / 咽憩室切除術	中型
	咽成形術	中型
	治療睡眠相關呼吸疾病的舌骨懸吊術、上顎 / 下顎 / 舌頭前移術、激光懸吊術 / 切除術、射頻切割輔助垂腭咽成形術、垂腭咽成形術	中型
	治療舌下囊腫的袋形縫合術 / 切除術	中型
	表層腮腺清除術	中型
	腮腺清除術 / 腮腺切除術	大型
	下頜唾腺液清除術	中型
	下頜腺導管移位術	中型
	下頜腺切除術	中型
呼吸系統	杓狀軟骨半脫位 – 喉鏡復位術	小型
	支氣管鏡檢查連或不連活體組織檢查	小型
	支氣管鏡連清除異物	小型
	喉鏡檢查連或不連活體組織檢查	小型
	喉頭 / 氣管狹窄 – 喉內 / 開放式支架置入術 / 重建術	大型
	喉頭分流術	中型
	喉切除術連或不連根治性頸淋巴組織切除術	複雜
	喉顯微鏡檢查連或不連活體組織檢查，連或不連小結 / 息肉 / 聲帶水腫切除術	小型
	喉腫瘤切除術	中型
	會厭窩囊腫清除術	中型
	喉骨折修補術	大型
	治療聲帶麻痺注射法	小型
	氣管食道穿刺術進行語音復建	小型
	治療聲帶麻痺的甲狀軟骨成形術	中型
	聲帶手術包括使用激光技術（惡性腫瘤除外）	小型
	氣管造口術 – 臨時性 / 永久性 / 修正術	小型
	肺葉切除術 / 肺切除術	複雜
	胸膜切除術	大型
	肺節段切除術	大型
	治療氣胸的胸腔穿刺術 / 胸管插入術	小型
	胸腔鏡連或不連活體組織檢查	中型
	胸廓成形術	大型
	胸腺切除術	大型
眼部		
眼	眼瞼損傷組織切除術 / 刮除術 / 冷凍治療	小型
	眼瞼縫合術 / 眼緣縫合術	小型
	瞼內翻或瞼外翻修補術連或不連楔型切除術	小型
	部分皮層眼瞼重建術	中型
	結膜損傷組織切除術 / 破壞術	小型
	胬肉切除術	小型
	角膜移植術、嚴重傷口修復及角膜成形術，包括角膜移植	大型
	激光清除術或角膜損傷組織破壞術	中型
	角膜異物清除術	小型
	角膜修復手術	中型
	角膜撕裂或受傷的縫補術 / 修補術連結膜移位	中型
	晶狀體囊抽吸術	中型
	晶狀體囊切開術，包括使用激光	中型
	囊外 / 囊內晶狀體摘除術	中型
	去除眼內晶狀體 / 植入物	中型
	為脈絡膜視網膜損傷組織進行的手術	中型
	白內障超聲乳化手術連人工晶體植入	中型
	氣體視網膜粘結術	中型
	視網膜光凝固療法	中型
	視網膜脫落 / 撕裂的修補手術	中型
	視網膜撕裂 / 脫落的修補術連扣帶術	大型
	視網膜脫落扣帶術 / 環紮術	大型
	睫狀體分離術	中型
	小梁切除術，包括使用激光	中型
	青光眼手術治療包括置入植入物	中型
	玻璃體診斷性抽吸術	小型
	注入玻璃體替代物	中型
	玻璃體切除術 / 移除術	大型
	虹膜活體組織檢查	小型
	虹膜 / 眼前半段 / 睫狀體損傷組織切除術	中型
	脫垂虹膜切除術	中型
	虹膜切開術	中型
	虹膜切除術	中型
	激光虹膜成形連或不連瞳孔成形術	中型
	虹膜崁頓術及虹膜牽張術	中型
	鞏膜造瘻術連或不連虹膜切除術	中型
	鞏膜熱灼術連或不連虹膜切除術	中型
	睫狀體縮減術	中型
	眼外肌或肌腱活體組織檢查	小型

程序 / 手術		分類
	單一條眼外肌手術	中型
	眼球穿孔傷口連箝閉或眼色素膜脫落修補術	大型
	眼球摘除術	中型
	眼球 / 眼內物摘除術	中型
	眼球或眼眶修補術	中型
	結膜淚囊鼻腔造口術	中型
	結膜淚囊鼻腔造口術連導管或支架插入	中型
	淚囊鼻腔造口術	中型
	淚囊及淚道切除術	小型
	淚腺切除術	中型
	淚小管 / 鼻淚管探查連或不連冲洗	小型
	淚小管修補術	中型
	瞳孔成形術	中型
女性生殖系統		
子宮頸	子宮頸截除術	中型
	陰道鏡檢查連或不連活體組織檢查	小型
	子宮頸錐形切除術	小型
	使用切除術 / 冷凍手術 / 燒灼術 / 激光破壞子宮頸病變組織	小型
	子宮頸內膜刮除術	小型
	子宮頸電環切除術	小型
	子宮頸囊腫袋形縫合術	小型
	子宮頸修補術	小型
	子宮頸瘻管修補術	中型
	子宮頸 / 子宮 / 陰道撕裂縫合術	中型
輸卵管及卵巢^	輸卵管擴張術 / 吹氣術	小型
	開放式或腹腔鏡式切除 / 破壞輸卵管病變組織	大型
	輸卵管修補術	大型
	輸卵管造口術 / 輸卵管切開術	中型
	全部或部分輸卵管切除術	中型
	輸卵管成形術	中型
	卵巢囊腫抽吸術	小型
	開放式或腹腔鏡式卵巢囊腫切除術	大型
	開放式或腹腔鏡式卵巢楔形切除術	大型
	卵巢切除術	中型
	腹腔鏡式卵巢切除術	大型
	開放式或腹腔鏡式輸卵管卵巢切除術	大型
	開放式或腹腔鏡式輸卵管卵巢膿瘍引流術	中型
	^除非另有說明，此類別應用於單側或兩側（輸卵管及卵巢）	
子宮	子宮頸擴張及刮宮術	小型
	宮腔鏡檢查連或不連活體組織檢查	小型
	宮腔鏡檢查連切除或破壞子宮及承重結構	中型
	子宮切開術	大型
	腹腔鏡輔助的陰道子宮切除術	大型
	經陰道切除子宮連或不連膀胱突出症及 / 或直腸突出症的修補術	大型
	開放式或腹腔鏡式經腹部切除全部 / 大部分子宮連或不連兩側輸卵管卵巢切除術	大型
	經腹部進行根治性子宮切除術	複雜
	開放式或腹腔鏡式子宮肌瘤切除術	大型
	經陰道或宮腔鏡切除子宮肌瘤	中型
	腹腔鏡式盆腔膿腫引流術	中型
	陰道懸吊術	大型
	盆腔底修補術	大型
	盆腔臟器切除術	複雜
	子宮懸吊術	中型
陰道	使用切除術 / 冷凍手術 / 燒灼術 / 激光破壞陰道病變組織	小型
	陰道承托環的嵌入或移除	小型
	巴多林氏腺囊腫袋形縫合術	小型
	陰道剝脫術或陰道斷端術	小型
	陰道切開術	中型
	陰道部分切除術	中型
	陰道全切除術	大型
	根治性陰道切除術	複雜
	陰道前壁修補術使用或不使用基利氏聯針法	中型
	陰道後壁修補術	中型
	陰道穹窿閉塞術	中型
	骶棘韌帶懸吊或陰道固定術	中型
	骶骨陰道固定術	中型
	經陰道進行腸疝修補術	中型
	尿道陰道瘻管閉合術	中型
	經陰道進行直腸陰道瘻管修補術	中型
	經腹部進行直腸陰道瘻管修補術	大型
	後穹窿穿刺術	小型
	子宮直腸凹切開術	小型
	陰道橫隔切除術	小型
	麥哥氏後穹窿整型術	中型

程序 / 手術		分類
	陰道重建術	大型
外陰及入口	使用切除術 / 冷凍手術 / 燒灼術 / 激光破壞外陰病變組織	小型
	閹邊局部外陰冷刀切除術或子宮頸電環切除術	小型
	前庭腺炎切除術	小型
	切除外陰活體組織檢查	小型
	外陰及會陰切開術及引流術	小型
	外陰粘連鬆解術	小型
	外陰或會陰瘻管修補術	小型
	外陰及 / 或會陰撕裂縫合術 / 修補術	小型
	外陰切除術	中型
	根治性外陰切除術	大型
血液淋巴系統		
淋巴結	淋巴結病變組織 / 膿腫引流術	小型
	表面淋巴結活體組織檢查 / 切除 / 淋巴結構的單純切除術	小型
	頸淋巴結切開活組織檢查 / 幼針抽吸淋巴結活組織檢查	小型
	深淋巴結 / 淋巴管瘤 / 囊狀水瘤切除術	中型
	兩側腹股溝淋巴結切除術	中型
	頸淋巴結切除術	中型
	腹股溝及盤骨淋巴結切除術	大型
	根治性腹股溝清掃術	大型
	根治性盤腔淋巴結切除術	大型
	選擇性 / 根治性 / 功能性頸淋巴切除術	大型
	腋淋巴結廣泛性切除術	大型
脾臟	開放式或腹腔鏡式脾切除術	大型
男性生殖系統		
前列腺	前列腺膿腫外部引流術	小型
	激光前列腺氣化術	大型
	等離子激光前列腺氣化術	大型
	前列腺活體組織檢查	小型
	經尿道微波電療法	中型
	經尿道前列腺切除術	大型
	開放式或腹腔鏡式前列腺切除術	大型
	開放式或腹腔鏡式根治性前列腺切除術	複雜
陰莖	包皮環切術	小型
	痛性陰莖勃起鬆解術	大型
	隱藏陰莖修補術 / 陰莖抽出術	中型
睾丸^	附睾切除術	中型
	睾丸探查	中型
	腹腔鏡探查未降睾丸	大型
	睾丸固定術	中型
	腹腔鏡式睾丸切除術或睾丸固定術	大型
	睾丸扭轉復位及固定術	中型
	睾丸活體組織檢查	小型
	睾丸鞘膜積水高位結紮術	中型
	睾丸鞘膜積水抽液手術	小型
	精索靜脈曲張及睾丸鞘膜積液切除術	中型
	精索靜脈曲張切除術（顯微外科）	大型
	^如非特別說明，此類別應用於單側或兩側（睾丸）	
輸精管	輸精管結紮手術	小型
肌肉骨骼系統		
骨	單肢的手指 / 腳趾截肢術	中型
	單臂 / 單手 / 單腿 / 單腳截肢術	中型
	拇趾囊腫切除術	中型
	拇趾囊腫切除術並進行軟組織矯正及第一蹠骨切除術	大型
	橈骨頭切除術	中型
	因良性疾病切除下頜骨	中型
	膝蓋骨切除術	大型
	部分面骨骨切除術	中型
	面部死骨切除術	中型
	腕 / 手 / 腿骨的楔形截骨術	大型
	上臂 / 下臂 / 大腿的楔形截骨術	大型
	肩胛骨 / 鎖骨 / 胸骨的楔形截骨術	大型
關節	關節鏡引流及清創手術	中型
	關節鏡移除關節內游離體	中型
	關節鏡檢查連或不連活體組織檢查	中型
	關節鏡輔助進行韌帶重建術	大型
	關節鏡班卡特修補術	大型
	經關節鏡肩關節上盂唇由前往後撕裂的修補術	大型
	關節鏡旋轉套修復術	大型
	肩峰切除術	大型
	肩關節融合術	大型
	肘關節融合術 / 三關節融合術	大型
	膝關節 / 髖關節融合術	複雜
	手 / 手指 / 足 / 足趾的關節置換連植入術	大型

程序 / 手術		分類
	腕融合術	大型
	腕滑膜切除術	中型
	腳趾指骨間關節融合術	中型
	手指指骨間關節融合術	大型
	肩關節切除術 / 半肩關節置換術	大型
	髖關節 / 膝關節 / 手腕關節 / 肘關節切除術	大型
	髖關節 / 膝關節切除術連局部釋放抗生素	複雜
	顳顎關節成形術連或不連自體移植	大型
	關節抽吸術 / 注射	小型
	麻醉下進行關節鬆弛治療	小型
	金屬股骨頭置入術	大型
	前十字韌帶重建術	大型
	開放式或關節鏡式鏡半月板切除術	大型
	後十字韌帶重建術	大型
	副韌帶修復術	大型
	十字韌帶修補術	大型
	踝及足關節囊或韌帶的縫合術	大型
	全肩置換術	複雜
	全膝置換術	複雜
	全髖置換術	複雜
	部分髖關節置換術	大型
肌肉及肌腱	跟腱修補術	中型
	跟腱切斷術	中型
	肌肉或肌腱放鬆或收緊手術（除手部以外） / 肌肉損傷組織切除術	中型
	手部肌肉或肌腱放鬆或收緊手術	大型
	肌肉損傷組織切除術	中型
	肌腱延長，包括腱切斷術	中型
	開放式肌肉活體組織檢查	小型
	橈骨莖突狹窄性腱鞘炎	小型
	板機指鬆解術	小型
	網球肘（肱骨外上髁炎）鬆解術	小型
	肌肉轉移 / 移植 / 再接合術	大型
	不涉及手部的肌腱修復術 / 縫合術	中型
	手肌腱修復術 / 縫合術	大型
	腱鞘滑膜切除術 / 滑膜切除術	中型
	手腕 / 手肌腱移位術	大型
	二期肌腱修補術，包括移植、轉移及 / 或假體置入	大型
骨折及脫位	顳顎 / 指間骨 / 肩峰關節脫位閉合復位術	小型
	肩膀 / 肘 / 腕 / 踝骨脫位閉合復位術	中型
	科雷氏骨折閉合復位術連經皮膚克氏綠固定治療	大型
	手臂 / 腿骨 / 髕骨 / 盤骨骨折閉合復位術連內固定術	大型
	顎骨骨折閉合復位術連內固定術	中型
	肩胛骨 / 鎖骨 / 指骨 / 髕骨骨折閉合復位術不連內固定術	小型
	上臂 / 前臂 / 手腕 / 手 / 腿 / 足骨骨折閉合復位術不連內固定術	中型
	鎖骨 / 手骨 / 踝骨 / 足骨骨折閉合復位術連內固定術	中型
	股骨骨折閉合復位術連或不連內固定術	大型
	關節窩骨折閉合 / 開放復位術連內固定術	複雜
	顎骨骨折開放復位術連內固定術	大型
	鎖骨 / 手 / 足骨骨折開放復位術（除腕骨 / 踝骨 / 跟骨外）連或不連內固定術	中型
	手臂 / 腿骨 / 髕骨 / 肩胛骨骨折開放復位術連或不連內固定術	大型
	股骨 / 跟骨 / 踝骨骨折開放復位術連或不連內固定術	大型
	使用外固定支架及徹底傷口清創術的複合性骨折手術治療	中型
	拆除因舊骨折而裝上的螺絲、釘、金屬板及其他金屬（股骨除外）	小型
脊椎	人造頸椎間盤置換術	複雜
	頸 / 頸胸 / C4/5 及 C5/6 前脊柱融合術連鎖定骨板	大型
	除頸 / 頸胸 / C4/5 及 C5/6 以外的前脊柱融合術連鎖定骨板	複雜
	前脊椎融合術連儀器設置	複雜
	頸椎板成形術	大型
	椎板切除術或椎間盤切除術	大型
	椎板切除術連椎間盤切除術	複雜
	胸 / 頸胸 / 胸腰 / T5 至 L1 / 環 – 樞椎 後脊椎融合術	大型
	（除胸 / 頸胸 / 胸腰 / T5 至 L1 / 環 – 樞椎以外的）後脊椎融合術	複雜
	後脊椎融合術連儀器設置	複雜
	脊椎活體組織檢查	小型
	脊椎融合術，連或不連椎間孔切開術，連或不連椎板切除術，連或不連椎間盤切除術	複雜
	脊椎截骨術	複雜
	椎體成形術 / 椎體矯正術	中型
其他	神經節 / 滑囊切除術	小型
	掌腱膜攣縮的閉合式 / 經皮膚刺針筋膜切開術	小型
	掌腱膜攣縮的根治性或全部筋膜切開術	大型
	開放式或內窺鏡式腕道或踝管鬆解術	中型
	周圍神經鬆解術	中型
	尺神經移位術	中型
	滑動式 / 復位式下巴整形術	中型

程序 / 手術		分類
皮膚及乳房		
皮膚	皮膚或皮下病變組織切除術 / 冷凍術 / 電灼術 / 激光治療	小型
	指甲下血腫或膿腫引流術	小型
	脂肪瘤切除術	小型
	用於移植的切皮手術	小型
	皮膚膿腫切開術及 / 或引流術	小型
	皮膚及 / 或皮下組織切開術及 / 或異物清除	小型
	皮膚及皮下病變組織的局部切除術或破壞術	小型
	皮膚傷口縫合術	小型
	外科洗滌及縫合術	小型
	趾甲楔形切除術	小型
乳房	乳房腫瘤 / 腫塊切除術連或不連活體組織檢查	中型
	幼針抽吸乳房囊腫檢查	小型
	乳房活體組織檢查	小型
	改良式根治性乳房切除術	大型
	部分或簡易乳房切除術	中型
	部分或根治性乳房切除連腋窩淋巴切除術	大型
	全部或根治性乳房切除術	大型
	乳管內乳頭狀瘤切除術	中型
	男性乳腺增生切除術	中型
泌尿系統		
腎臟	因泌尿系統結石進行的體外衝擊波碎石術	中型
	腎石切除術 / 腎盂切開術	大型
	腎內窺鏡	大型
	經皮膚插入腎造口管手術	小型
	腎活體組織檢查	小型
	開放式或使用腹腔鏡或後腹腔鏡的腎切除術	大型
	部分 / 下端腎切除術	複雜
	腎移植手術	複雜
膀胱、輸尿管及尿道	膀胱鏡檢查連或不連活體組織檢查	小型
	膀胱鏡連輸尿管導管插入 / 經尿道膀胱清除術	小型
	膀胱鏡連電灼術 / 激光碎石術	中型
	尿道肉阜切除術	小型
	尿道或尿管支架植入	中型
	開放式或腹腔鏡式膀胱憩室切除術	大型
	經尿道切除膀胱腫瘤	大型
	開放式或腹腔鏡式部分膀胱切除術	大型
	開放式或腹腔鏡式根治性 / 全部膀胱切除術	複雜
	開放式或使用腹腔鏡或後腹腔鏡的尿管切石術	大型
	尿道直腸瘻管閉合術	大型
	尿道瘻管修補術	大型
	膀胱陰道瘻管修補術	大型
	結腸膀胱瘻管修補術	大型
	尿道破裂修補術	大型
	應力性尿失禁修補術	大型
	迴腸導管建造，包括輸尿管植入	複雜
	迴腸或結腸代替輸尿管手術	大型
	單邊輸尿管再植入腸或膀胱	大型
	雙邊輸尿管再植入腸或膀胱	大型
牙科		
	任何因意外受傷而進行的牙科手術	小型

(1 January 2024 Edition)

Table of Content

Terms And Conditions

TERMS AND CONDITIONS

Part 1 Insuring Clause and The Policy

Insuring Clause

These Terms and Conditions together with the Benefit Schedule (including the Schedule of Surgical Procedures) (hereafter "Terms and Benefits") forms the whole of Bupa All Together Health Insurance Scheme.

During the period of time these Terms and Benefits are in force, if the Insured Person suffers from a Disability, the Company shall pay the Eligible Expenses accordingly.

All benefits payable to the Policy Holder shall be on a reimbursement basis of the actual amounts of Eligible Expenses incurred and are subject to the maximum limits and cost-sharing arrangement (if any) as stated in these Terms and Benefits and the Policy Schedule.

The Policy

The Policy Holder and the Company agree that –

1. No alteration to these Terms and Benefits shall be valid unless it is made in accordance with these Terms and Conditions.

2. All statements made by or for the Insured Person in the Application shall be treated as representations and not warranties.

3. All information provided and all statements made by or for the Insured Person as required under this Policy and the Application shall be provided to the best of his knowledge and in his utmost good faith.

4. These Terms and Benefits come into force on the Policy Effective Date as specified in the Policy Schedule on the condition that the Policy Holder has paid the first premium in full.

5. At the time these Terms and Benefits are first issued, the Company may apply Case-based Exclusion(s) due to a Pre-existing Condition or other factor that affects the insurability of the Insured Person notified to the Company in the Application.

6. The Policy Holder and the Insured Person shall have the obligation to provide in the Application all requisite information for the Company to make the underwriting decision. If the Company requires the Policy Holder and/or the Insured Person to disclose any updates of or changes to such requisite information after the time of submission of Application and before the Policy Issuance Date or the Policy Effective Date (whichever is the earlier), the Policy Holder and/or the Insured Person shall have the obligation to inform the Company on such updates and changes. Each of the Policy Holder and the Insured Person shall have the obligation to respond to the questions, and to disclose such material facts as requested in the questions.

7. If the Policy Holder or the Insured Person fails to make the relevant disclosures under Section 6 of this Part 1, and such failure has materially affected the underwriting decision of the Company, the Company shall have the right as provided in Sections 13 and 14 of Part 2.

Part 2 General Conditions

1. Interpretation

(a) Throughout these Terms and Benefits, where the context so requires, words embodying the masculine gender shall include the feminine gender, and words indicating the singular case shall include the plural and vice-versa.
(b) Headings are for convenience only and shall not affect the interpretation of these Terms and Benefits.
(c) A time of day is a reference to the time in Hong Kong.
(d) Unless otherwise defined, capitalised terms used in these Terms and Benefits shall have the meanings ascribed to them under Part 11.

These Terms and Benefits have been prepared in both English and Chinese. Both English and Chinese versions are official versions and neither one shall prevail over the other.

2. Cancellation within cooling-off period

The Policy Holder may exercise the right of cancellation of these Terms and Benefits with full refund of paid premium during the cooling-off period. The cancellation right is subject to the following conditions –

(a) The request to cancel must be signed by the Policy Holder and received directly by the Company within the cooling-off period. The cooling-off period is the period of twenty-one (21) days immediately following the day of the Delivery to the Policy Holder or the nominated representative of the Policy Holder, of –
(i) these Terms and Benefits and the Policy Schedule; or
(ii) the cooling-off notice;
whichever is the earlier. For the avoidance of doubt, the day of Delivery of these Terms and Benefits and the Policy Schedule or the cooling-off notice is not included for the calculation of the twenty-one (21) days period. However, if the last day of the twenty-one (21) days period is not a working day, the period shall include the next working day; and
(b) no refund can be made if a benefit payment has been made, is to be made or impending.

The above cancellation right shall not apply at Renewal.
To exercise this cancellation right, the Policy Holder must –
(c) return the original of these Terms and Benefits and the Policy Schedule; and
(d) attach a letter, signed by the Policy Holder, requesting cancellation or in other forms acceptable by the Company.

These Terms and Benefits shall then be cancelled and the premium paid shall be fully refunded. In such event, these Terms and Benefits shall be deemed to have been void from the Policy Effective Date and the Company shall not be liable to pay any benefit.

3. Cancellation

After the cooling-off period, the Policy Holder can request cancellation of these Terms and Benefits by giving thirty (30) days prior written notice to the Company, provided that there has been no benefit payment under these Terms and Benefits during the relevant Policy Year.
The cancellation right under this Section shall also apply after these Terms and Benefits have been Renewed upon expiry of its first (or subsequent) Policy Year.

4. Benefit entitlement

If Eligible Expenses are incurred for Medical Services provided to the Insured Person, the Terms and Benefits applicable shall be those prevailing at the time that such Eligible Expenses are incurred. However, if this Policy has been terminated but Eligible Expenses incurred within a period of thirty (30) days after termination are covered pursuant to Section 15 of this Part 2, the Terms and Benefits applicable shall be those prevailing as at the day immediately preceding the date of termination of this Policy.

5. Assignment

The rights, benefits, obligations and duties of the Policy Holder under these Terms and Benefits shall not be assignable and the Policy Holder warrants that any amounts payable under these Terms and Benefits shall not be subject to any trust, lien or charge.

6. Clerical error

Clerical errors in keeping the records shall neither invalidate coverage which is validly in force nor justify continuation of coverage which has been validly terminated.

7. Currency

Any claim for Eligible Expenses made by the Insured Person in any foreign currency shall be converted to HKD at the opening indicative counter exchange selling rate published by The Hong Kong Association of Banks in respect of that foreign currency for the date on which the actual Eligible Expenses are settled by the Policy Holder or the Insured Person. If such rate is not available on the date concerned, reference shall be made to the rate as soon as it is available afterwards. If no such rate exists, the Company shall convert the foreign currency at the rate certified as appropriate by the Company's bankers which shall be deemed to be final and binding.

8. Interest

Save as otherwise specified, no benefit and expenses payable under these Terms and Benefits shall carry interest.

9. Company's obligation

The Company shall at all times perform its obligations in this Policy in utmost good faith and comply with the relevant guidelines issued by the Insurance Authority and all applicable laws and regulations.

10. Governing law

This Policy is issued in Hong Kong and shall be governed by and construed in accordance with the laws of Hong Kong. The Company and Policy Holder agree to be subject to the exclusive jurisdiction of the Hong Kong courts.

11. Dispute resolution

If any dispute, controversy or disagreement arises out of this Policy, including matters relating to the validity, invalidity, breach or termination of this Policy, the Company and Policy Holder shall use their endeavours to resolve it amicably, failing which, the matter may (but is not obliged to) be referred to any form of alternative dispute resolution, including but not limited to mediation or arbitration, as may be agreed between the Company and the Policy Holder, before it is referred to a Hong Kong court.
Each party shall bear its own costs of using services under alternative dispute resolution.

12. Liability

The Company shall not accept any liability under this Policy unless the terms of this Policy relating to anything to be done or not to be done are duly observed and complied with by the Policy Holder and the Insured Person, and the information and representations made in the Application and declaration are correct. Notwithstanding the above, the Company shall not

disclaim liability unless any non-observance or non-compliance with the terms of this Policy, or the inaccuracy of the information and representations made in the Application and declaration, shall materially and adversely affect the interests of the Company.

13. Misstatement of personal information

Without prejudice to the Company's right to declare this Policy void in the case of misrepresentation on health related information or fraud as provided in Section 14 of this Part 2, if the non-health related information of the Insured Person that may impact the risk assessment by the Company (including but not limited to Age, sex or smoking habit) is misstated in the Application or in any subsequent information or document submitted to the Company for the purpose of the application, including any updates of and changes to such requisite information (if so requested by the Company under Section 6 of Part 1), the Company may adjust the premium, for the past, current or future Policy Years, on the basis of the correct information. Where additional premium is required, no benefits shall be payable unless the additional premium has been paid. If the additional required premium is not paid within a grace period of thirty (30) days after the due date as notified by the Company to the Policy Holder, the Company shall have the right to terminate this Policy with effect from such due date, in which case Section 15 of this Part 2 shall apply. Where there has been an overpayment of premium by the Policy Holder, the Company shall refund the overpaid premium.

Where the Company, based on the correct information of the Insured Person and the Company's underwriting guidelines, considered that the application of the Insured Person should have been rejected, the Company shall have the right to declare this Policy void as from the Policy Effective Date and notify the Policy Holder that no cover shall be provided for the Insured Person. In such circumstances, the Company shall have –

(a) the right to demand refund of the benefits previously paid; and
(b) the obligation to refund the premium received,

in each case for the current Policy Year and the previous Policy Years in which this Policy was in force, subject to a reasonable administration charge payable to the Company. This refund arrangement shall be the same as that in Section 14 of this Part 2.

14. Misrepresentation or fraud

The Company has the right to declare this Policy void as from the Policy Effective Date and notify the Policy Holder that no cover shall be provided for the Insured Person in case of any of the following events –

(a) any material fact relating to the health related information of the Insured Person which may impact the risk assessment by the Company is incorrectly stated in, or omitted from, the Application or any statement or declaration made for or by the Insured Person in the Application or in any subsequent information or document submitted to the Company for the purpose of the application, including any updates of and changes to such requisite information (if so requested by the Company under Section 6 of Part 1). The circumstances that a fact shall be considered "material" include, but not limited to, the situation where the disclosure of such fact as required by the Company would have affected the underwriting decision of the Company, such that the Company would have imposed Premium Loading, included Case-based Exclusion(s), or rejected the application. For the avoidance of doubt, this paragraph (a) shall not apply to non-health related information of the Insured Person, which shall be governed by Section 13 of this Part 2; or
(b) any Application or claim submitted is fraudulent or where a fraudulent representation is made.

In the event of (a), the Company shall have -

(i) the right to demand refund of the benefits previously paid; and
(ii) the obligation to refund the premium received,

in each case for the current Policy Year and the previous Policy Years in which this Policy was in force, subject to a reasonable administration charge payable to the Company.

In the event of (b), the Company shall have –

(iii) the right to demand refund of the benefits previously paid; and
(iv) the right not to refund the premium received.

15. Termination of Policy

Without prejudice to the Company's right provided in Section 14 of this Part 2, if the Policy Holder or the Insured Person fails to act in utmost good faith, the Company shall have the right to terminate the Policy, or to revise the terms and conditions of this Policy.

This Policy shall be automatically terminated on the earliest of the followings –

(a) where this Policy is terminated due to non-payment of premiums after the grace period as specified in Section 13 of this Part 2 or Section 3 of Part 3;
(b) the day immediately following the death of the last Insured Person;
(c) the date of the termination as specified in the notice issued by the Company to the Policy Holder if the Company decides to terminate this Plan; or
(d) the Company has ceased to have the requisite authorisation under the Insurance Ordinance to write or continue to write this Policy;

If this Policy is terminated pursuant to this Section 15, the termination shall be effective at 00:00 hours of the effective date of termination.

Immediately following the termination of this Policy, insurance coverage under this Policy shall cease to be in force. No premium paid for the current Policy Year and previous Policy Years shall be refunded, unless specified otherwise.

Where this Policy is terminated pursuant to (a), the effective date of termination shall be the date that the unpaid premium is first due.

Where this Policy is terminated pursuant to (b), (c) or (d), the Company shall refund the relevant premium paid for the current Policy Year on a pro rata basis.

This Policy shall also be terminated if the Policy Holder decides to cancel this Policy or not to renew this Policy in accordance with Section 3 of this Part 2 or Section 1 of Part 4, as the case may be, by giving the requisite written notice to the Company. If this Policy is terminated under Section 3 of this Part 2, the effective date of termination shall be the date as stated in the cancellation notice given by the Policy Holder. However, such date shall not be within or earlier than the notice period as required by Section 3 of this Part 2 for the cancellation. If this Policy is not renewed under Section 1 of Part 4, the effective date of termination shall be the renewal date immediately following the expiry of the Policy Year during which this Policy remains valid.

If this Policy is terminated under (a), (c) or (d) of this Section 15, in the case where the Insured Person is being Confined or is undergoing Prescribed Non-surgical Cancer Treatment for a Disability suffered before such termination, then, with respect to the Confinement or treatment in relation to the same Disability, Eligible Expenses incurred shall continue to be covered under this Policy until (i) the Insured Person is discharged or the treatment is completed or (ii) thirty (30) days after the termination of this Policy, whichever is the earlier. The Terms and Benefits applicable shall be those prevailing as at the day immediately preceding the date of termination of this Policy. The Company shall have the right to deduct any outstanding premium under Section 13 of this Part 2 from any benefit payment.

For the avoidance of doubt, where this Policy includes other additional benefits beyond those under the Terms and Benefits of this Plan, removal or downgrading of any such other additional benefits by the Company shall not adversely affect the Terms and Benefits of this Plan which shall continue to be in full force and effect

16. Notices to Company
All notices which the Company requires the Policy Holder to give shall be in writing, or in other forms acceptable by the Company, addressed to the Company.

17. Notices from Company
Any notice to be given under this Policy shall be sent by post to the latest address of the Policy Holder as notified to the Company, or sent by email to the latest email address of the Policy Holder as notified to the Company. Any notice so served shall be deemed to have been duly received by the Policy Holder as follows –
(a) if sent by post, two (2) working days after posting; or
(b) if sent by email, on the date and time transmitted.

18. Other insurance coverage
If the Policy Holder has taken out other insurance coverage besides this Plan, the Policy Holder shall have the right to claim under any such other insurance coverage or this Plan. However, if the Policy Holder or the Insured Person has already recovered all or part of the expenses from any such other insurance coverage, the Company shall only be liable for such amount of Eligible Expense, if any, which is not compensated by any such other insurance coverage.

19. Ownership and discharge under this Policy
The Company shall treat the Policy Holder as the absolute owner of this Policy and shall not recognise any equitable or other interest of any other party in this Policy. The payment of any benefits hereunder to the Policy Holder shall be deemed to be full and effective discharge of the Company's obligations in respect of such payment under this Policy.

20. Change of ownership of the Policy
Subject to the approval of the Company at its discretion, the Policy Holder may transfer the ownership of this Policy by completing the prescribed form and sending it to the Company. The Company shall consider application of transfer of ownership at the time of Policy renewal without any administration charge on the Policy Holder or transferee. The change of ownership shall not be effective until the Company has approved the change and notified in writing to the Policy Holder and transferee. From the effective date of the change of ownership, the transferee shall be treated as the Policy Holder, and the absolute owner of this Policy as described in Section 19 of this Part 2 and be responsible for the payment of the premiums, including any outstanding premiums.

The Company shall not reject any application by the Policy Holder for the transfer of ownership to –
(a) any Insured Person if he has reached the Age of eighteen (18) years;
(b) the parent or the Guardian of the Insured Person if he is a Minor; or
(c) any person whose familial relationship with the Insured Person is accepted by the Company according to its prevailing underwriting practices which are readily accessible by the Policy Holder.

21. Death of Policy Holder
The Policy Holder may nominate a person to be the successive Policy Holder of this Policy in the event of his death. If the Policy Holder dies, but has not named a successive Policy Holder for this Policy or the named successive Policy Holder refuses the transfer, the ownership of this Policy shall be transferred to –
(a) the Insured Person, in case there is only one (1) Insured Person and if he has reached the Age of eighteen (18) years; or
(b) the first named Insured Person in the Application if he has reached the Age of eighteen (18) years, in case there are more than one (1) Insured Person; or
(c) the parent or the Guardian of the Insured Person if there is only one (1) Insured Person and he is a Minor; or the parent or the Guardian of the first named Insured Person in the Application if all Insured Persons are Minors. If such parent or the Guardian refuses the transfer, the ownership of this Policy shall be transferred to the administrator or executor of the Policy Holder's estate.

The transfer of ownership of this Policy in accordance with the above paragraph shall be conditional upon the Company having received satisfactory evidence of the Policy Holder's death.

22. Rights of third parties
Any person or entity who is not a party to this Policy shall have no rights under the Contracts (Rights of Third Parties) Ordinance (Cap. 623 of the Laws of Hong Kong) to enforce any terms of this Policy.

23. Subrogation
After the Company has paid a benefit under this Policy, the Company shall have the right to proceed at its own expense in the name of the Policy Holder and/or the Insured Person against any third party who may be responsible for events giving rise to such benefit claim under this Policy. Any amount recovered from any such third party shall belong to the Company to the extent of the amount of benefits which has been paid by the Company in respect of the relevant benefit claim under this Policy. The Policy Holder and/or the Insured Person must provide full details in his possession or within his knowledge on the fault of the third party and fully cooperate with the Company in the recovery action. For the avoidance of doubt, the above subrogation right shall only apply if the third party is not the Policy Holder or the Insured Person.

24. Suits against third parties
Nothing in this Policy shall oblige the Company to join, respond to or defend (or indemnify in respect of the costs for) any suit or alternative dispute resolution process for damages for any cause or reason which may be instituted by the Policy Holder or the Insured Person against any Registered Medical Practitioner, Hospital or healthcare services provider, including but not limited to any suit or alternative dispute resolution process for negligence, malpractice or professional misconduct or any other causes in relation to or arising out of the medical investigation or treatment of the Disability of the Insured Person under the terms of this Policy.

25. Waiver
No waiver by any party of any breach by any other party of any provisions of this Policy shall be deemed to be a waiver of any subsequent breach of that or any other provision of this Policy, and any forbearance or delay by any party in exercising any of its rights under this Policy shall not be construed as a waiver of such rights. Any waiver shall not take effect unless it is expressly agreed, and the rights and obligations of the Company and Policy Holder under this Policy shall remain in full force and effect except and only to the extent that they are waived.

26. Compliance with law
If this Policy is or becomes illegal under the law applicable to the Policy Holder or the Insured Person, the Company shall have the right to terminate this Policy from the date it becomes illegal and the Company shall refund the relevant premium paid for the Policy Year in which this Policy is terminated, on a pro rata basis.

27. Personal data privacy
The Company shall comply with the Personal Data (Privacy) Ordinance (Cap. 486 of the Laws of Hong Kong) and the related codes, guidelines and circulars.

28. Bribery and Corruption

28.1 The Policy Holder represents and warrants that neither the Policy Holder nor any person acting on the behalf of the Policy Holder or any Insured Person, in connection with the entry into or performance of any obligation by either the Company or the Policy Holder under this Policy:

(a) has offered, promised, given, authorised, solicited or accepted any undue financial or other advantage of any kind, nor will the Policy Holder or they take any such action after entry into this Policy;
(b) will engage in any activity, practice or conduct that would constitute an offence under any applicable laws relating to anti-bribery and anticorruption matters; and
(c) will do, or omit to do, any act or series of acts that will cause or lead the Company to be in breach of any applicable laws relating to anti-bribery and anti-corruption matters.

28.2 The Policy Holder will promptly report to the Company any request or demand by any person, in connection with the entry into or performance of any obligation by either the Company or the Policy Holder under this Policy, for any undue financial or other advantage of any kind or other act or acts that would, if such request or demand were met, be in breach of any applicable laws relating to anti-bribery and anti-corruption matters.

29. Sanctions

29.1 The Company shall be deemed not to provide cover and the Company shall not be liable to pay any claim or provide any benefit under this Policy to the extent that the provision of such cover, payment of such claim or provision of such benefit would:

(a) be in contravention of a United Nations resolution or the trade or economic sanctions, laws or regulations of any jurisdiction to which the Company or any entity, employee or officer of the Bupa Group is subject (which may include without limitation those of the European Union, Hong Kong, Australia, the United Kingdom, and/or the United States of America).
(b) expose the Company or any entity, employee or officer of the Bupa Group to the risk of being sanctioned by any relevant authority or competent body; and/or
(c) expose the Company or any entity, employee or officer of the Bupa Group to the risk of being involved in conduct (either directly or indirectly) which any relevant authority or competent body would consider to be prohibited.

29.2 Where such resolution, sanctions, laws or regulations referred to in Clause 29.1(a) of this Part 2 are or become applicable to this Policy, the Company reserves all of its rights to take all and any such actions as may be deemed necessary in its absolute discretion, to ensure that the Company and any entity, employee or officer of the Bupa Group continues to be compliant, including but not limited to terminating coverage. The Policy Holder acknowledges that this may restrict or delay the Company's obligations under this Policy and the Company may not be able to pay such claim in the event of a sanctions related concern.

29.3 The Policy Holder shall upon its reasonable knowledge, inform the Company promptly if there is any change to the identity, status and particulars of the Policy Holder or any Insured Person.

30. Fraud

30.1 The Company reserves the right to refuse to pay the whole or any part of a claim, and to recover any payments the Company has already made in respect of a claim, where the Policy Holder or an Insured Person:

(a) has made a fraudulent or exaggerated or falsely stated claim under this Policy;
(b) has sent fake or forged documents or other false evidence, or made a false statement, in support of a claim under this Policy; and/or
(c) has failed to provide the Company with information that the Policy Holder or the Insured Person (as the case may be) knows would otherwise enable the Company to refuse a claim under this Policy.

30.2 In the event that the Company detects fraudulent activity of a type described in Clause 30.1 of this Part 2 (including a fraudulent claim or fraudulent omission to provide relevant information) made by or concerning the Policy Holder or an Insured Person, the Company reserves the right to suspend or terminate cover under this Policy (as a whole or for that Insured Person) from the date of occurrence of the relevant fraudulent activity and the Policy Holder shall be notified accordingly. The Company will not be required make any further payment of the whole or part of any claim or to refund any premiums relating to the whole Policy or to that Insured Person or those Insured Persons.

30.3 The Policy Holder shall take all reasonable steps to prevent fraud in connection with this Policy and notify the Company immediately if the Policy Holder has reason to suspect that any fraud in connection with this Policy has occurred, is occurring or is likely to occur.

31. Facilitation of Tax Evasion

31.1 The Policy Holder represents and warrants that neither the Policy Holder nor any of the Insured Person, in connection with the entry into or performance of any obligation by either the Company or the Policy Holder under this Policy engaged or will engage in any activity, practice or conduct which would constitute any tax evasion offence or tax evasion facilitation offence under any applicable laws.

31.2 The Policy Holder will promptly report to the Company, in connection with the entry into or performance of any obligation by either the Company or the Policy Holder under this Policy, any request or demand by any person for any act or acts that would, if such request or demand were met, be in breach of any applicable laws against tax evasion or tax evasion facilitation.

Part 3 Premium Provisions

1. Premium payable

The premium payable for these Terms and Benefits shall only include –

(a) the Standard Premium according to the prevailing Standard Premium schedule adopted by the Company; and

(b) the Premium Loading, if applicable.

2. Payment of premiums

The amount of premium payable is specified in the Policy Schedule and/or the notification of Renewal as specified in Section 3 of Part 4. The premium, whether paid for a Policy Year or by instalment as agreed by the Company, shall be paid in advance when due before any benefits shall be paid. Premium once paid shall not be refundable, unless otherwise specified in this Policy.

Premium due dates, Renewal Dates and Policy Years are determined with reference to the Policy Effective Date as stated in the Policy Schedule and/or the notification of Renewal as specified in Section 3 of Part 4. The first premium is due on the Policy Effective Date.

3. Grace period

The Company shall allow a grace period of sixty (60) days after the premium due date for payment of each premium. This Policy shall continue to be in effect during the grace period but no benefits shall be payable unless the premium is paid. If the premium is still unpaid in full at the expiration of the grace period, this Policy shall be terminated immediately on the date on which the unpaid premium is first due.

Part 4 Renewal Provisions

These Terms and Benefits shall be effective from the Policy Effective Date in consideration of the payment of premium and is Renewable for each Policy Year in accordance with the terms of this Part 4. Renewal is guaranteed during the lifetime of the Insured Person.

1. Renewal

The Company shall Renew these Terms and Benefits unless the Company has ceased to offer the Plan, or ceased to have the requisite authorisation under the Insurance Ordinance to write these Terms and Benefits , or the Policy Holder decides not to Renew these Terms and Benefits by giving the Company not less than thirty (30) days prior notice in writing in accordance with Section 3 of Part 2, Renewal shall be arranged automatically with the Terms and Benefits, save for the exceptions in Section 5 of Part 1, Sections 1(b) and 5 of Part 6.

2. Adjustment of premium

Irrespective of whether the Company revises these Terms and Benefits upon Renewal, the Company shall have the right to adjust the Standard Premium according to the prevailing Standard Premium schedule adopted by the Company on an overall Portfolio basis. For the avoidance of doubt, if the Premium Loading is set as a percentage of the Standard Premium (i.e. rate of Premium Loading), the amount of Premium Loading payable shall be automatically adjusted according to the change in Standard Premium.

During each Policy Year and upon Renewal, the Company shall not impose any additional rate of Premium Loading (or any additional amount of Premium Loading if the Premium Loading is set in monetary terms rather than as a percentage of the Standard Premium) or Case-based Exclusion(s) on the Insured Person by reason of any change in the Insured Person's health conditions.

3. Notification of Renewal

Irrespective of whether the Company revises these Terms and Benefits upon Renewal, the Company shall in accordance with the terms of this Section 3 give the Policy Holder a written notice of the revised Terms and Benefits to the Policy Holder of not less than thirty (30) days prior to the Renewal Date.

The written notice shall specify the premium for Renewal and Renewal Date. If the Company revises these Terms and Benefits upon Renewal, the Company shall make available the revised Terms and Benefits to the Policy Holder together with the written notice. The revised Terms and Benefits and premium for Renewal shall take effect on the Renewal Date.

4. No re-underwriting except in limited circumstances

While these Terms and Benefits are in force, the Company shall not have the right to re-underwrite these Terms and Benefits irrespective of any change in health conditions of the Insured Person after the Policy Effective Date (in the case of new Policy application) or Coverage Commencement Date (in the case of adding new Insured Person(s) under the Policy subsequent to the Policy Effective Date).

The Company shall not have the right to re-underwrite these Terms and Benefits irrespective of any change in these Terms and Benefits. This restriction applies to any change including but not limited to where there is any upgrade or downgrade of any benefits, or any addition or removal of any benefits, as permitted under these Terms and Benefits, regardless of where they are set out in these Terms and Benefits.

The Company shall have the right to re-underwrite these Terms and Benefits only under the following circumstances –

(a) Where the Policy Holder requests the Company to re-underwrite these Terms and Benefits at the time of Renewal for reduction in Premium Loading or removal of Case-based Exclusion(s) according to the Company's underwriting practices. For the avoidance of doubt, the Company shall not have the right to terminate or not to Renew these Terms and Benefits if any of the aforesaid requests is rejected by the Company or the re-underwriting result is not accepted by the Policy Holder;

(b) At any time where the Policy Holder requests to subscribe additional benefits (if any) or switch to another insurance plan which provides upgrade or addition of benefits (in which cases the re-underwriting shall be limited to such upgrade or additional benefits).
   (i) However, at any time where the Policy Holder requests to unsubscribe the additional benefits (if any) in these Terms and Benefits, or switch to another insurance plan which provides downgrade or reduction of benefits, the Company shall not have the right to re-underwrite these Terms and Benefits but shall have the discretion to accept or reject the request according to its prevailing practices in handling similar requests; and
   (ii) The Company shall not have the right to terminate or not to Renew these Terms and Benefits if any of the aforesaid requests is rejected by the Company or the re-underwriting result is not accepted by the Policy Holder;

(c) Where there is change in the Place of Residence of the Insured Person
   At Renewal, the Company shall have the right to re-underwrite these Terms and Benefits due to a change in the Place of Residence of the Insured Person provided that –
   (i) The Company has taken into account the Place of Residence of the Insured Person in underwriting these Terms and Benefits before its inception;
   (ii) The Company has specifically informed the Policy Holder of the consideration at the time of submission of Application of these Terms and Benefits and that any change in the Place of Residence could lead to re-underwriting upon Renewal;
   (iii) The Company has maintained underwriting practices which show unambiguously how changes in the Place of Residence will affect the underwriting result, and the underwriting practices are readily accessible by the Policy Holder;
   (iv) The Company shall carry out the re-underwriting solely in respect of the said changes (i.e. the change in the Place of Residence of the Insured Person); and
   (v) The re-underwriting result may be more advantageous or adverse to the Policy Holder and the Insured Person.

   For the purpose of this paragraph (c), the Company shall have the obligation to request the Policy Holder to inform the Company of any change in the Place of Residence of the Insured Person, which means that as at the Renewal Date his Place of Residence differs from that as at the last Renewal Date (or the Policy Effective Date in the event of first Renewal). After receiving the request, the Policy Holder shall have the obligation to inform the Company of such a change.

The Company and Policy Holder acknowledge that –

(d) if under the terms of this Part 4, the Company has the right, or is required, to re-underwrite these Terms and Benefits based on certain factors at Renewal, the Company shall, in accordance with the terms of this Part 4 and its prevailing underwriting guidelines, take into account only such relevant factors to carry out the re-underwriting; and
(e) as a result of re-underwriting, these Terms and Benefits may be terminated, new Premium Loading may be applied, existing Premium Loading may be adjusted upwards or downwards, new Case-based Exclusion(s) may be applied, and existing Case-based Exclusion(s) may be revised or removed.

5. Addition or deletion of Insured Person

The Policy Holder may apply in writing for addition or deletion of Insured Person(s) only at the time of Renewal of this Policy, except for addition of a new born child or newly-wedded spouse and parent(s) of such newly-wedded spouse as an Insured

Person which the Policy Holder may apply within three (3) months of wedding date or child's date of birth and coverage shall be take effect on the 1st day of next month upon receipt. Any addition of Insured Person is subject to underwriting. The Company has the absolute discretion to approve addition of any Insured Person.

6. Change of benefits

All Insured Persons are subject to same plan level under the Hospital and Surgical Benefit of the Plan. Any plan level change is not allowed once the Policy has taken effect.

Part 5 Claim Provisions

1. Submission of claims

All claims incurred in respect of these Terms and Benefits shall be submitted to the Company within ninety (90) days after the date on which the Insured Person is discharged from the Hospital, or (where there is no Confinement) the date on which the relevant Medical Service is performed and completed. For this purpose, a claim shall be deemed not valid or complete and benefit shall not be payable unless –

(a) all original receipts and/or original itemised bills together with the diagnosis, type of treatment, procedure, test or service provided shall have been submitted to the Company; and

(b) all relevant information, certificates, reports, evidence, referral letter and other data or materials as reasonably required by the Company shall have been furnished to the Company for processing of such claim.

The Policy Holder shall notify the Company if claims cannot be submitted within the above timeframe, otherwise the Company shall have the right to reject claims submitted after the above timeframe.

All certificates, information and evidence that are reasonably required by the Company and which can be reasonably provided by the Policy Holder shall be furnished at the expenses of the Policy Holder. The Company shall bear all expenses incurred in obtaining further certificates, information and evidence for the purposes of verification of the claim after the Policy Holder has submitted all required information pursuant to (a) and (b) above.

2. Claimable amount estimate

Before the Insured Person receives a Medical Service, the Policy Holder may request the Company to provide an estimate on the amount that may be claimed under these Terms and Benefits. The Policy Holder shall provide the Company with the estimated fees to be incurred as furnished by the Hospital and/or attending Registered Medical Practitioner as required by the laws and regulations regulating the private healthcare facilities in Hong Kong at the time of request. Upon receiving the request, the Company shall inform the Policy Holder of the claimable amount estimate under these Terms and Benefits based on the estimation furnished by the Hospital and/or attending Registered Medical Practitioner. The Company's estimate is for reference only, and the actual amount claimable by the Policy Holder shall be subject to the final expenses as evidenced in (a) and (b) of Section 1 of this Part 5.

3. Legal action

No legal action shall be brought by the Policy Holder to recover any claim amount payable under these Terms and Benefits within the first sixty (60) days from which all proof of claims as required by these Terms and Benefits has been received by the Company.

4. Medical examination

Where a claim occurs, the Company shall have the right to require the Insured Person to be examined by a Registered Medical Practitioner appointed by the Company at the Company's cost.

Part 6 Hospital and Surgical Benefit Provisions

1. General

(a) **Territorial scope of cover**
All benefits described in these Terms and Benefits are subject to the geographical limitation for benefit coverage as stated in the Benefit Schedule of these Terms and Benefits.. For the purpose of these Terms and Benefits -

"Asia, Australia and New Zealand" shall mean 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.

For the avoidance of doubt, no benefit is payable for any Eligible Expenses and other expenses incurred outside the applicable territorial scope of cover.

(b) **Lifetime Benefit Limit**
All benefits described in these Terms and Benefits are not subject to any Lifetime Benefit Limit for each Insured Person.

(c) **Choice of healthcare services providers**
Benefits described in these Terms and Benefits are subject to the choice of healthcare service providers as stated in the Benefit Schedule (except medical practitioner, hospital or healthcare facility unrecognised by the Company).

(d) **Choice of ward class**
The benefits described in these Terms and Benefits are subject to the restriction in the choice of ward class as stated in the Benefit Schedule of these Terms and Benefits. In the event of any voluntary upgrade of ward class, the benefits payable are subject to adjustment as stated in Section 3(b) of Part 8 of these Terms and Benefits.

2. Coverage of Confinement and non-Confinement services

Subject to these Terms and Benefits, if during the period while these Terms and Benefits are in force, the Insured Person, as a result of a Disability and upon the recommendation of a Registered Medical Practitioner,

(a) is Confined in a Hospital; or

(b) undergoes any Day Case Procedure, Prescribed Diagnostic Imaging Test, Prescribed Non-surgical Cancer Treatment, Emergency outpatient treatment for Accidents or Day Patient kidney dialysis as described under Section 3 of this Part 6,

the Company shall reimburse the Eligible Expenses which are Reasonable and Customary in accordance with benefit items under Section 3 of this Part 6.

For the avoidance of doubt, where an Insured Person is Confined in a Hospital but the Confinement is considered not Medically Necessary, the expenses incurred as a result of such Confinement shall not be regarded as Eligible Expenses for the purpose of (a) above. However, the Policy Holder shall still have the right to claim for the relevant Eligible Expenses incurred during such Confinement on Medical Services under (b) above.

The amount of Eligible Expenses payable under these Terms and Benefits shall not exceed the actual costs for Medical Services provided to the Insured Person, subject to the limits as stated in the Benefit Schedule.

For the avoidance of doubt, the benefits covered under these Terms and Benefits shall only be payable for Eligible Expenses incurred for Medical Services provided to the Insured Person. Expenses incurred for Medical Services provided to persons other than the Insured Person shall not be covered, unless otherwise specified.

3. Hospital and Surgical Benefits covered

Eligible Expenses covered under Section 2 of this Part 6 shall be payable according to the following benefit items –

(a) **Room and board**
This benefit shall be payable for the Eligible Expenses charged by the Hospital on the cost of accommodation and meals where the Insured Person is Confined in a Hospital or undergoes any Day Case Procedure or Prescribed Non-surgical Cancer Treatment.

(b) **Miscellaneous charges**
This benefit shall be payable for the Eligible Expenses charged on miscellaneous charges where the Insured Person is Confined in a Hospital or on the day he undergoes any Day Case Procedure for receiving Medical Services. These charges shall cover the followings –

(i) Road ambulance service to and/or from the Hospital;
(ii) Anaesthetic and oxygen administration;
(iii) Administration charges for blood transfusion;
(iv) Dressing and plaster casts;
(v) Medicine and drug prescribed and consumed during Confinement or any Day Case Procedure;
(vi) Medicine and drug prescribed upon discharge from Confinement or completion of Day Case Procedure for use up to the ensuing four (4) weeks;
(vii) Additional surgical appliances, equipment and devices other than those inclusively paid under Section 3(h) of this Part 6, and implants, disposables and consumables used during surgical procedure;
(viii) Medical disposables, consumables, equipment and devices;
(ix) Diagnostic imaging services, including ultrasound and X-ray, and their interpretation, other than Prescribed Diagnostic Imaging Tests which shall be covered under Section 3(i) of this Part 6;
(x) Intravenous ("IV") infusions including IV fluids;
(xi) Laboratory examinations and reports, including the pathological examination performed for the surgery or procedure during the Confinement or any Day Case Procedure;
(xii) Rental of walking aids and wheelchair for Inpatients; and
(xiii) Physiotherapy, occupational therapy and speech therapy during Confinement.

(c) **Attending doctor's visit fee**
If on any day of Confinement, the Insured Person is treated by a Registered Medical Practitioner, this benefit shall be payable for the Eligible Expenses charged by the attending Registered Medical Practitioner for such visit or consultation.

(d) **Specialist's fee**
If on any day of Confinement, the Insured Person is treated by a Specialist (not being the attending Registered Medical Practitioner under Section 3(c) of this Part 6) as recommended in writing by the attending Registered Medical Practitioner, this benefit shall be payable for the Eligible Expenses charged by the Specialist for such visit or consultation.

(e) **Intensive care**
If on any day of Confinement, the Insured Person is admitted to an Intensive Care Unit, this benefit shall be payable for the Eligible Expenses charged on the intensive care services.

For the avoidance of doubt, the Eligible Expenses so incurred and payable under this benefit shall not be payable under Section 3(a) of this Part 6.

(f) **Surgeon's fee**
This benefit shall be payable for the Eligible Expenses charged by the attending Surgeon on a surgical procedure performed during Confinement or in a setting for providing Medical Services to a Day Patient.

This benefit shall be payable according to the relevant surgical category and the categorisation of such surgical procedure under the Schedule of Surgical Procedures as categorised and reviewed from time to time by the Company. If a surgical procedure performed is not included in the Schedule of Surgical Procedures, the Company may reasonably determine its surgical category according to any other relevant publication or information including but not limited to the schedule of fees recognised by the government, relevant authorities and medical association in the locality where the surgical procedure is performed.

(g) **Anaesthetist's fee**
If Surgeon's fee is payable under Section 3(f) of this Part 6, this benefit shall be payable for the Eligible Expenses charged by the Anaesthetist in relation to the surgical procedure.

(h) **Operating Theatre charges**
If Surgeon's fee is payable under Section 3(f) of this Part 6, this benefit shall be payable for the Eligible Expenses charged for the use of Operating Theatre (including but not limited to a treatment room and a recovery room) during the surgical procedure.

For the avoidance of doubt, the Eligible Expenses for any additional surgical appliances, equipment and devices used in the Operating Theatre that are separately charged shall be payable under Section 3(b) of this Part 6.

(i) **Prescribed Diagnostic Imaging Tests**
This benefit shall be payable for the Eligible Expenses charged on Prescribed Diagnostic Imaging Test performed during Confinement or in a setting for providing Medical Services to a Day Patient recommended in writing by the attending Registered Medical Practitioner for the investigation or treatment of a Disability, subject to the Coinsurance as specified in Section 5 of this Part 6 and the Benefit Schedule.

(j) **Prescribed Non-surgical Cancer Treatments**
This benefit shall be payable for the Eligible Expenses charged on the Prescribed Non-surgical Cancer Treatment performed during Confinement or in a setting for providing Medical Services to a Day Patient, outpatient consultation by a Specialist in treatment planning, and monitoring of prognosis and development during the course of Prescribed Non-surgical Cancer Treatment.

For the avoidance of doubt, the Eligible Expenses for the Prescribed Diagnostic Imaging Tests shall be payable under Section 3(i) of this Part 6.

(k) **Pre- and post-Confinement/Day Case Procedure outpatient care (applicable to Non-Network Benefit only)**
This benefit shall be payable for the Eligible Expenses for –
(i) outpatient visit or Emergency consultation resulting in a Confinement or Day Case Procedure (including but not limited to consultation, western medication prescribed or diagnostic test); and
(ii) follow-up outpatient visit (including but not limited to consultation, western medication prescribed, dressings, physiotherapy, occupational therapy, speech therapy or diagnostic test) to, or recommended in writing by, the attending Registered Medical Practitioner, within the period stated in the Benefit Schedule after discharge from Hospital or the date of Day Case Procedure, provided that such outpatient visit is directly related to and as a result of the condition arising from the same cause (including any and all complications therefrom) necessitating such Confinement or Day Case Procedure.

For the purpose of (i) and (ii) above, Prescribed Diagnostic Imaging Tests and Prescribed Non-surgical Cancer Treatments shall be payable under Sections 3(i) and 3(j) of this Part 6 respectively.

(l) **Psychiatric treatments (applicable to Non-Network Benefit only)**
This benefit shall be payable for the Eligible Expenses charged on the psychiatric treatments during Confinement as recommended by a Specialist.

This benefit shall be payable in lieu of other benefit items under Sections 3(a)-(k), (m)-(n) and (p) of this Part 6. For the avoidance of doubt, where a Confinement is not solely for the purpose of psychiatric treatments, this benefit shall only be payable for the Eligible Expenses charged on the Medical Services related to psychiatric treatments. Where the Eligible Expenses involve both psychiatric and non-psychiatric treatments and apportionment of the expenses is not available, the expenses in entirety shall be payable under this benefit if the Confinement is initially for the purpose of psychiatric treatments. If the Confinement initially is not for the purpose of psychiatric treatment, the expenses in entirety shall be payable under Sections 3(a)-(k), (m)-(n) and (p) above.

(m) **Private nursing**
This benefit shall be payable for the Eligible Expenses charged on the services rendered by Qualified Nurse(s) hired by the Policy Holder or the Insured Person in respect of nursing care received during Confinement (in addition to the general nursing services provided by the Hospital) or at the Insured Person's residential home rendered within one hundred eighty (180) days immediately after discharge from a Hospital. Such nursing care received must be recommended in writing by the attending Registered Medical Practitioner and is directly related to and as a result of the condition arising from the same cause (including any and all complications therefrom) necessitating such Confinement. This benefit shall be payable on a daily basis regardless of the number of Qualified Nurse(s) hired or the number of time slots/shifts provided on the same day, subject to the maximum benefit limit per day and maximum number of days per Policy Year as stated in the Benefit Schedule.

(n) **Companion bed**
If room and board or intensive care is payable under Section 3(a) or Section 3(e) of this Part 6, this benefit shall be payable for the charges of one (1) companion bed in the event the Insured Person is being Confined. For the avoidance of doubt, this benefit shall only cover the cost of companion bed but not any expenses incurred on meal.

(o) **Emergency outpatient treatment for Accidents (applicable to Non-Network Benefit only)**
This benefit shall be payable if the Insured Person sustains an Injury due to Accident and receives Emergency Treatment at an outpatient department or accident and emergency department of a Hospital on an outpatient basis. The onset of the Accident and the treatment received should not be separated by more than forty-eight (48) hours.
This benefit shall cover the following charges incurred by the Insured Person –
(i) consultation fee of a Registered Medical Practitioner;
(ii) western medication prescribed by a Registered Medical Practitioner and consumed during outpatient treatment and post treatment up to the ensuing four (4) weeks;
(iii) laboratory examination and reports;
(iv) diagnostic imaging services, including ultrasound and X-ray, and their interpretation; and

(v) other medical related fee covering the costs of dressing and intravenous ("IV") infusions, including IV fluids.
For the avoidance of doubt, this benefit shall only be payable for the Eligible Expenses for outpatient visit or Emergency Treatment not resulting in a Confinement or Day Case Procedure. In any event, where Eligible Expenses under this benefit are also covered under other sections of this Part 6, such Eligible Expenses shall not be payable under this benefit.

(p) **Day Patient kidney dialysis**
This benefit shall be payable for the Eligible Expenses charged on haemodialysis or peritoneal dialysis in a setting for providing Medical Services to a Day Patient recommended in writing by the attending Registered Medical Practitioners, provided that the Insured Person is suffering from chronic and irreversible kidney failure.

For the avoidance of doubt, any Eligible Expenses incurred for Day Patient kidney dialysis shall be exclusively paid under this benefit. This benefit shall be payable in lieu of other benefits under Section 3(a)-(d) of this Part 6. The amount payable under this benefit shall be subject to the applicable maximum limit as stated in the Benefit Schedule.

(q) **Rehabilitation (applicable to Non-Network Benefit only)**
This benefit shall be payable each day for the Eligible Expenses and other expenses charged for institutional rehabilitation treatment provided to the Insured Person provided that there is a minimum of twelve (12) consecutive hours of stay at the rehabilitation centre during such day which is within one hundred eighty (180) days after discharge from a Hospital provided further that the rehabilitation treatment is directly related to and as a result of the condition arising from the same cause (including any and all complications therefrom) necessitating such Confinement. Such rehabilitation centre shall be recognised, constituted and registered as a rehabilitation centre under the laws of the territory in which it is situated to provide institutional rehabilitation services.
Where Eligible Expenses under this benefit are also covered by other benefit items under this Section 3 of this Part 6, such Eligible Expenses shall not be payable under this benefit.
This benefit shall only be payable with the pre-approval given by the Company pursuant to the approval procedure specified in the membership guide. For the avoidance of doubt, this rehabilitation benefit shall not be payable if no pre-approval is obtained from the Company.

(r) **Consultation or acupuncture by a Registered Chinese Medicine Practitioner after Confinement or specific treatments (applicable to Non-Network Benefit only)**
In the event that the Insured Person is Confined or receives specific treatments and provided that benefits are payable under Section 3(a), (f), (j) or (p) of this Part 6 of the Terms and Benefits, this benefit shall be payable to cover the expenses charged by a Registered Chinese Medicine Practitioner for rendering treatments which are directly related to and as a result of the condition arising from the same cause (including all complications therefrom) necessitating such Confinement or specific treatment. This benefit shall cover the following charges incurred by the Insured Person –
(i) consultation fee of a Registered Chinese Medicine Practitioner;
(ii) charges for acupuncture performed by a Registered Chinese Medicine Practitioner; and
(iii) charges for Chinese Medicines prescribed at the time of consultation by the Registered Chinese Medicine Practitioner and obtained from a legitimate source on the same day of the consultation mentioned under Section 3(r)(i) above.

(s) **Day Case Endoscopy Procedure Benefit**
This benefit shall be payable for the Eligible Expenses charged for (i) Day Case Procedure related to endoscopy procedure performed by a Registered Medical Practitioner at a clinic or day-case unit of a Hospital or (ii) Hospital Confinement without an overnight stay. Eligible Expenses charged on the Medical Services under Sections 3(b), (c), (f), (g) and (h) of this Part 6 and the consultation fees charged on the day of procedure that are related to endoscopy procedure shall be exclusively payable under this benefit. Where a Confinement with an overnight stay is solely for the purpose of endoscopy procedure, if pre-authorisation for overnight Confinement is not obtained from the Company, Eligible Expenses charged on the Medical Services under Sections 3(b), (c), (f), (g) and (h) of this Part 6 that are related to endoscopy procedure shall be exclusively payable under this benefit. This benefit shall be payable in lieu of other benefits under Section 3(a)-(i) and (m)-(n) of this Part 6. The amount payable under this benefit shall be subject to the applicable maximum limit as stated in the Benefit Schedule.

Provided that pre-authorisation for overnight Confinement is obtained from the Company, Eligible Expenses charged on the Medical Services related to endoscopy procedure shall be payable under Section 3(a)-(i) and (m)-(n) of this Part 6.

For the avoidance of doubt, where the expenses involve both endoscopy procedure and non-endoscopy procedure in connection with a condition entirely unrelated to the condition which requires the endoscopy procedure during the Insured Person's Confinement with an overnight stay, the Eligible Expenses shall be exclusively payable under Section 3(a)-(i) and (m)-(n) of this Part 6. For full list of endoscopy procedures, please refer to Bupa's customer service portal - myBupa. This list is subject to change from time to time.

(t) **Day Case Viral Warts and Skin Lesions Procedure Benefit**
This benefit shall be payable for the Eligible Expenses charged for (i) a Day Case Procedure related to viral warts and skin lesions procedure performed by a Registered Medical Practitioner at a clinic or day-case unit of a Hospital or (ii) Hospital Confinement without an overnight stay. Eligible Expenses charged on the Medical Services under Sections 3(b), (c), (f), (g) and (h) of this Part 6 and the consultation fees charged on the day of procedure that are related to viral warts and skin lesions procedure shall be exclusively payable under this benefit. Where a Confinement with an overnight stay is solely for the purpose of viral warts and skin lesions procedure, if pre-authorisation for overnight Confinement is not obtained from the Company, Eligible Expenses charged on the Medical Services under Sections 3(b), (c), (f), (g) and (h) of this Part 6 that are related to viral warts and skin lesions procedure shall be exclusively payable under this benefit. This benefit shall be payable in lieu of other benefits under Section 3(a)-(i) and (m)-(n) of this Part 6. The amount payable under this benefit shall be subject to the applicable maximum limit as stated in the Benefit Schedule.

Provided that pre-authorisation for overnight Confinement is obtained from the Company, Eligible Expenses charged on the Medical Services related to viral warts and skin lesions procedure shall be payable under Section 3(a)-(i) and (m)-(n) of this Part 6.

For the avoidance of doubt, where the expenses involve both viral warts and skin lesions procedure and non-viral warts and skin lesions procedure in connection with a condition entirely unrelated to the condition which requires the viral warts and skin lesions procedure during the Insured Person's Confinement with an overnight stay, the Eligible Expenses shall be exclusively payable under Section 3(a)-(i) and (m)-(n) of this Part 6. For full list of viral warts and skin lesions procedures, please refer to Bupa's customer service portal - myBupa. This list is subject to change from time to time.

4. Premium Waiver for Serious Illnesses

Provided that this Policy has been in force continuously for no less than twelve (12) months immediately following the Policy Effective Date or date of last reinstatement of the Policy, in the event that any Insured Person under this Policy suffers from one (1) or more of the Serious Illnesses as defined in Part 11 and, upon the written recommendation of the attending Registered Medical Practitioner, such Insured Person receives relevant Medical Services after an Serious Illness is diagnosed, the premium payable for the coverage of Hospital and Surgical Benefit and Optional Benefits (if any) for all Insured Person(s) under this in-force Policy will be waived for one (1) year. The premium waiver is applicable for both Standard Premium and Premium Loading. The premium waiver period shall start from the following Renewal Date subsequent to the first date of diagnosis of Serious Illness.

Premium waiver is not applicable if an Insured Person has any sign or symptom, received treatment, medication or investigation for or is diagnosed with, any Serious Illness prior to or within twelve (12) months immediately following the Policy Effective Date or date of last reinstatement of the Policy, whichever is the later.

Serious Illness must be confirmed by the Insured Person's attending Registered Medical Practitioner in writing and supported by clinical, radiological, histological or laboratory evidence reasonably acceptable to the Company. The procedure of premium waiver application can be found in membership guide.

For the avoidance of doubt,

(i) each Insured Person is eligible for application of the premium waiver for Serious Illness benefit once (1) per life;
(ii) in the event of more than one (1) Insured Person under a same Policy suffered Serious Illnesses with date of diagnosis in a same Policy Year, the premium waiver benefit shall only be applicable in the subsequent Policy Year and for one (1) year only in parallel-run. No extension of premium waiver benefit shall be provided in this situation;
(iii) during premium waiver period, any change in plan and/or benefit, or addition of Insured Person is not allowed. This rule is not applicable to any addition of Insured Person in the case of new-born or newly-wed spouse. However, this premium waiver benefit shall not be applicable to these newly added Insured Person(s). The Policy Holder is liable to pay the Premium for such newly added Insured Person(s) upon successful application; and
(iv) Premium wavier application shall not be applicable to any Insured Person with Case-based Exclusion on Serious Illnesses.

5. Pre-existing Condition(s)

Eligible Expenses arising from Pre-existing Condition(s) that are notified to the Company in the Application and subsequent information or document submitted to the Company for the purpose of the application, including any updates of and changes to such requisite information (if so requested by the Company under Section 6 of Part 1), subject to the Case-based Exclusion(s) (if any), shall be payable in accordance with these Terms and Benefits. The Company may impose Case-based Exclusion(s) to these Terms and Benefits by reason of a Pre-existing Condition or other factor that affects the insurability of the Insured Person notified to the Company in the Application and any subsequent information or document submitted to the Company for the purpose of the application, including any updates of and changes to such requisite information (if so requested by the Company under Section 6 of Part 1). After the Coverage Commencement Date of relevant Insured Person, the Company shall not have the right to impose any additional Case-based Exclusion(s), save for the limited circumstances stated in Section 4 of Part 4.

If the Policy Holder or the Insured Person is requested but fails to disclose to the Company upon submission of Application, including any updates of and changes to the required information (if so requested by the Company under Section 6 of Part 1), that the Insured Person is suffering from a Pre-existing Condition, and such Pre-existing Condition has been treated or diagnosed or has manifested signs or symptoms of which the Policy Holder or the Insured Person is aware or should have reasonably been aware of at the time of submission of Application, including any updates of and changes to the required information (if so requested by the Company under Section 6 of Part 1), the Company has the right to declare these Terms and Benefits void, demand repayment of any benefits paid and/or refuse to provide coverage under these Terms and Benefits. In such event, the Company shall refund the premium in accordance with Section 14 of Part 2. The burden of proving the above shall rest with the Company.

6. Cost-sharing requirement

The Policy Holder is required to pay for Coinsurance and/or Deductible as stated in these Terms and Benefits and the Policy Schedule. For the avoidance of doubt, Coinsurance and Deductible do not refer to any amount that the Policy Holder is required to pay if the actual expenses exceed the benefit limits under these Terms and Benefits.

Part 7 Pre-authorisation and Credit Facilities Provisions for Network Benefit

1. BHP Card

(a) The Company shall issue a BHP Card to Insured Person. Subject to the procedures as stated in Section 2 of this Part below or the membership guide, the Insured Person can use the BHP Card for the credit facilities available for Confinement, Prescribed Diagnostic Imaging Test, Prescribed Non-surgical Cancer Treatment and Day Case Procedure under the Policy and the diagnostic imaging and laboratory tests under Section 2(j) of the Optional Benefit Provisions under Network Benefit. Any medical services or treatments under Network Benefit should by performed by Bupa HealthPlus Appointed Service Providers by a Bupa HealthPlus Appointed Specialist in Hong Kong. BHP Card does not apply to treatment received at the outpatient department of a Hospital and medical expense incurred under Sections 3(k), 3(l), 3(o), 3(q) and 3(r) of Part 6 of the Terms and Benefits.

For the avoidance of doubt, credit facilities for Prescribed Diagnostic Imaging Test are applicable to BHP Card with clinical benefit only. If Insured Person does not enrol for any optional clinical benefit under this Policy, the eligible expenses on Prescribed Diagnostic Imaging Test performed by Bupa HealthPlus Appointed Service Providers shall be payable under Network Benefit, subject to the required pre-authorisation procedures stated in Section 2 below and the membership guide. The Policy Holder or the Insured Person should pay the expenses to such Bupa HealthPlus Appointed Service Provider directly and submit a claim to the Company subsequently.

(b) The uses of BHP card are subject to the required pre-authorisation procedures stated in Section 2 below and the membership guide. 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 Policy. 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.

(c) The Company has the right to hold the credit limit from the Policy Holder's or the Insured Person's authorised credit card. 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 outstanding or arising from the Insured Person.

(e) The BHP 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 BHP 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) The BHP 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 BHP Card with the reasons notified to the Policy Holder and/or the Insured Person in writing.

2. Pre-authroisation procedures

(a) The eligibility for Network Benefit described in Section 1 of Part 8 and the use of the BHP card for the credit facilities service under Section 1 of this Part 7 are subject to the pre-authorisation procedures and conditions set out in the Section 2 of this Part 7.

(b) For all Confinement cases received at any Bupa All Together Appointed Hospital, the Policy Holder, the Insured Person, the Insured Person's authorised representative and/or the Bupa HealthPlus Appointed Specialist is required to submit a pre-authorisation request form to the Company for approval at least two (2) working days prior to Confinement. The Company shall then issue a pre-authorisation confirmation / guarantee of payment letter to advise the coverage and benefit entitlement and provide a credit facility for such treatment up to the credit limit specified in the letter. The Company shall be responsible for ensuring that the Bupa HealthPlus Appointed Specialist is aware of the required information to be included when completing the pre-authorisation request form.

(c) For all Day Case Procedures, Prescribed Non-surgical Cancer Treatments and Prescribed Diagnostic Imaging Tests received at any Bupa HealthPlus Appointed Service Provider, the Policy Holder, the Insured Person, the Insured Person's authorised representative and/or the Bupa HealthPlus Appointed Specialist is required to submit a pre-authorisation request form to the Company for approval at least two (2) working days prior to the test, treatment or procedure. The Company shall then issue a pre-authorisation confirmation letter to advise the coverage and benefit entitlement. The Company shall be responsible for ensuring that the Bupa HealthPlus Appointed Specialist is aware of the required information to be included when completing the pre-authorisation request form.

(d) 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 HealthPlus 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 HealthPlus Appointed Specialist is aware of the required information to be included when completing the pre-authorisation request form.

(e) In any event, where a pre-authorisation request has not been submitted, or where a pre-authorisation request has been submitted but has been rejected, Network Benefit under Section 3 of the Part 6 shall not be payable. Save for the exceptions for the Day Case Procedures benefits under Section 3 (s) - (t) of the Part 6, Eligible Expenses shall be payable under Non-Network Benefit subject to their corresponding benefit limits as stated in the Benefit Schedule.

For the avoidance of doubt, any Day Case Procedure related to endoscopy procedure and viral warts and skin lesions

procedure performed at Bupa HealthPlus Appointed Service Providers by a Bupa HealthPlus Appointed Specialist without any approved pre-authorisation from the Company, the Insured Person will not be entitled to any benefits and all relevant medical expenses will not be paid.

(f) If there is any variation in the approved 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 HealthPlus Appointed Specialist should inform the Company at least one (1) working day before the test, treatment or procedure and obtain prior written acceptance of such change, save for the exceptions described in Section 2(d) of this Part 7 above. In any event, where a request for variation of pre-authorisation has not been submitted, or where the request for variation of pre-authorisation has been submitted but has been rejected, Network Benefit under Section 3 of the Part 6 shall not be payable. Save for the exceptions for the Day Case Procedures Benefits under Section 3 (s) - (t) of the Part 6 without any coverage, Eligible Expenses shall be payable under Non-Network Benefit subject to their corresponding benefit limits as stated in Benefit Schedule.

(g) The issuance of a pre-authorisation confirmation / guarantee of payment letter from the Company under this Section 2 of this Part 7 shall not be deemed as an agreement on the Company's part to pay the total amount of 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.

(h) 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.

Part 8 The calculation of benefit payment under the Terms and Benefits

1. Network Benefit and Non-Network Benefit

(a) The expenses eligible for the benefit items described under Section 3 of the Part 6 shall be payable under either Network Benefit (if applicable) or Non-network Benefit per the benefit limit as stated in the Benefit Schedule.

(b) Network Benefit shall only be payable if all of the following conditions are fulfilled -
- (i) the Insured Person must be Confined at a Bupa All Together Appointed Hospital or receive the Day Case Procedure, Prescribed Non-surgical Cancer Treatment or Prescribed Diagnostic Imaging Test at a Bupa HealthPlus Appointed Service Provider;
- (ii) a written referral must be obtained from a Registered Medical Practitioner prior to the consultation with a Bupa HealthPlus Appointed Specialist (except for dermatology, family medicine, gynaecology, ophthalmology, orthopaedics, otolaryngology, paediatric surgery, paediatrics and psychiatry);
- (iii) the Confinement, Day Case Procedure, Prescribed Non-surgical Cancer Treatment and Prescribed Diagnostic Imaging Test must be referred, attended and/or performed by a Bupa HealthPlus Appointed Specialist;
- (iv) the Insured Person is required to comply with the pre-authorisation procedures as specified under Section 2 of Part 7;
- (v) the BHP Card and/or pre-authorisation confirmation / guarantee of payment letter must be presented to the Bupa All Together Appointed Hospital or Bupa HealthPlus Appointed Service Provider (except outpatient department of Hospital) upon registration;
- (vi) the Insured Person must be Confined in the restricted ward class or lower as stated in the Policy Schedule and Benefit Schedule in the event of Confinement; and
- (vii) Network Benefit payable for involuntary upgrade of ward class as described in the Section 3(c) of this Part 8 (if applicable) is only limited to Eligible Expenses incurred within Hong Kong.

(c) The aggregate of the Network Benefit and Non-Network Benefit payable under Section (3) of Part 6 for all Insured Persons under the Policy shall not exceed the Maximum Annual Benefit Pool for all Insured Persons under this Policy.

2. Inclusion of VAT and GST as Eligible Expenses for benefit payable

With respect to the benefit payable for any Eligible Expenses shall include the VAT and GST (if any) charged or imposed on the expenses incurred for Medical Services rendered with respect to a Disability. For the purpose of Section 14 of Part 10 of the Terms and Benefits, any VAT and GST which is refunded to the Policy Holder or Insured Person (as the case may be) shall be excluded pursuant to such Section 14, and shall not be recoverable under the Terms and Benefits.

3. Choice of ward class and adjustment for voluntary upgrade

(a) The benefits described in these Terms and Benefits are subject to the restriction in choice of ward class at the designated geographical locations as stated in the Benefit Schedule.

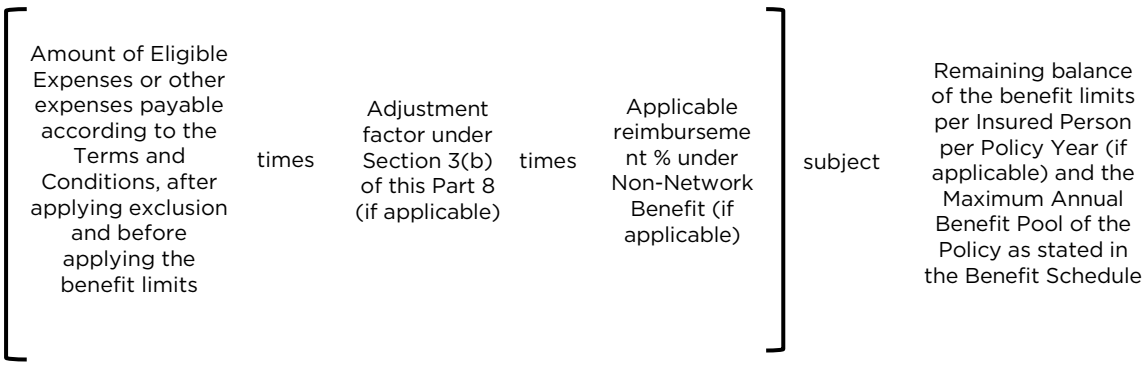
(b) For the purpose of Section 4 and subject to Section 3(c) of this Part 8 below, if the Insured Person is Confined in room of class higher than the restricted ward class at the designated geographical location specified in the Benefit Schedule for any treatment or service, benefits payable under the Terms and Benefits in relation to such days of Confinement shall be subject to the adjustment as follows-

Restricted ward class	Actual Confined ward class	Adjustment factor
Ward Room	Semi-Private Room	Fifty percent (50%)
Ward Room	Standard Private Room	Twenty-five percent (25%)
Ward Room	Above Standard Private Room including suite, VIP or deluxe room	Zero percent (0%)

(c) The benefits payable under the Terms and Benefits shall not be subject to the adjustment in Section 3(b) above if the Insured Person is Confined in a room at a higher level ward class in Hong Kong a result of –
- (i) unavailability of a restricted or lower ward class due to room shortage at the Hospital for Emergency Treatment;
- (ii) Confinement in isolation that requires a specific ward class; or
- (iii) any other reason not involving the Insured Person's own individual preference for the Confined ward class.

4. The calculation of benefit payment under the Terms and Benefits

For any expenses incurred within the applicable area of cover, the amount payable under the Terms and Benefits shall be calculated according to the formula below –



Part 9 Discount Provisions

1. General provisions

(a) The discounts stated in this Part 9 will be applied before any other discount which is not stated in this Part 9, if any, applies. If more than one (1) type of discount described under this Part 9 is applicable, the discounts shall be applied on a cumulative basis without any priority in applying any discount first.

(b) Any levy payable in respect of the Standard Premium and Premium Loading, if any, paid for Part 6 Hospital and Surgical Benefit shall be calculated after applying all discounts under this Part 9.

2. No claim renewal discount

(a) On any Renewal Date, a no claim renewal discount will be deducted from the premium payable for the Policy Year starting from a Renewal Date provided that no benefit was paid by the Company under the Terms and Benefits during the following no claim period immediately preceding the Renewal Date -

No claim period	No claim renewal discount rate
Two (2) or three (3) consecutive Policy Years	Five Percent (5%)
Four (4) or five (5) consecutive Policy Years	Ten percent (10%)
Six (6) or more consecutive Policy Years	Fifteen percent (15%)

(b) The no claim renewal discount will be equal to the Standard Premium and Premium Loading, if any, paid for Part 6 Hospital and Surgical Benefit in respect of the Policy Year starting from a Renewal Date multiplied by any one of the no claim renewal discount rates in Section 2(a) above.

(c) In assessing the no claim period under Section 2(a) above, any benefits paid by the Company shall be attributed to the Policy Year in which the relevant Eligible Expenses were incurred.

(d) In the event any benefit is paid by the Company under the no claim period specified under Section 2(a) above after a no claim renewal discount has been applied, the no claim renewal discount shall be recalculated for all Policy Year(s) subsequent to such benefit being paid. The Policy Holder shall repay to the Company the difference between the no claim renewal discount already applied by the Company and the recalculated actual eligible no claim renewal discount immediately upon the Company's reasonable demand.

3. Child discount

(a) On the Policy Effective Date and any Renewal Date, a child discount will be deducted from the premium payable for the Policy Year starting from the Policy Effective Date or the relevant Renewal Date, provided that -

(i) the Insured Person is under the Age of eighteen (18) on the Policy Effective Date or the relevant Renewal Date; and

(ii) either one of the requirements under Section 3(b) below is fulfilled.

(b) The child discount will be equal to the Standard Premium and Premium Loading, if any, paid for Part 6 Hospital and Surgical Benefits in respect of the Policy Year starting from the Policy Effective Date or the relevant Renewal Date multiplied by any one (1) of the child discount rates below -

Requirements	Child discount rate
One (1) parent of the Insured Person is also covered under this Policy on the Policy Effective Date or Renewal Date, whichever is later	Thirty percent (30%)
Both (2) parents of the Insured Person are also covered under this Policy on the Policy Effective Date or Renewal Date, whichever is later	Fifty-five percent (55%)

(c) In the event it is discovered that the required number of parent(s) set out in Section 3(b) above cannot be fulfilled after a child discount has been applied, the child discount shall be recalculated for the relevant Policy Year(s) based on requirements set out in Section 3(b) above. The Policy Holder shall repay to the Company the difference between the child discount already applied by the Company and the recalculated actual eligible child discount immediately upon the Company's reasonable demand.

(d) For the purpose of this Section 3, the Company shall recognise the Policy Holder's domestic partner as the parent of the Insured Person under the Age of eighteen (18). Domestic partner shall mean civil partner, or the person (of same or different sex), with whom the Policy Holder lives with in a continuous, committed, exclusive relationship during which period neither the Policy Holder nor that person was or is married to or partnered with any other person.

4. Lifetime discount

(a) On the Policy Effective Date and any Renewal Date, a lifetime discount will be deducted from the premium payable for the Policy Year starting from the Policy Effective Date or the relevant Renewal Date except where child discount applies to the premium for an insured person pursuant Section 3 of this part 9, provided that either one of the requirements under Section 4(b) below is fulfilled.

(b) The lifetime discount will be equal to the Standard Premium and Premium Loading, if any, paid for Part 6 Hospital and Surgical Benefits in respect of the Policy Year starting from the Policy Effective Date or the relevant Renewal Date multiplied by any one (1) of the lifetime discount rates below

Requirements	Lifetime discount rate
Two (2) Eligible Family Members who are Insured Persons are covered all together under this Policy on the Policy Effective Date or Renewal Date, whichever is later	Fifteen percent (15%)
Three (3) Eligible Family Members who are Insured Persons are covered all together under this Policy on the Policy Effective Date or Renewal Date, whichever is later	Twenty percent (20%)

(c) In the event it is discovered that the required number of insured person(s) set out in Section 4(b) above cannot be fulfilled after a lifetime discount has been applied, the lifetime discount shall be recalculated for the relevant Policy Year(s) based on requirements set out in Section 4(b) above. The Policy Holder shall repay to the Company the difference between the child discount already applied by the Company and the recalculated actual eligible lifetime discount immediately upon the Company's reasonable demand.

(d) For the purpose of this Section 4, "Eligible Family Member" shall mean -

(i) the Policy Holder;

(ii) spouse or domestic partner of the Policy Holder. Domestic partner shall mean civil partner, or the person (of same or different sex), with whom the Policy Holder lives with in a continuous, committed, exclusive relationship during which period neither the Policy Holder nor that person was or is married to or partnered with any other person;

(iii) child of the Policy Holder or the Policy Holder's domestic partner (including any child born out of wedlock or under legal custody, adoptive child and stepchild);

(iv) parents of the Policy Holder, the Policy Holder's spouse or the Policy Holder's domestic partner;

(v) siblings of the Policy Holder or the Policy Holder's spouse;

(vi) grandparents of the Policy Holder or the Policy Holder's spouse; or

(vii) grandchildren of the Policy Holder.

Part 10 General Exclusions

Under these Terms and Benefits, the Company shall not pay any benefits in relation to or arising from the following expenses.

1. Any Pre-existing Conditions (unless such conditions have been disclosed in the Application and accepted by the Company).

2. Expenses incurred for treatments, procedures, medications, tests or services which are not Medically Necessary.

3. Expenses incurred for the whole or part of the Confinement solely for the purpose of diagnostic procedures or allied health services, including but not limited to physiotherapy, occupational therapy and speech therapy, unless such procedure or service is recommended by a Registered Medical Practitioner for Medically Necessary investigation or treatment of a Disability which cannot be effectively performed in a setting for providing Medical Services to a Day Patient.

4. Expenses arising from Human Immunodeficiency Virus ("HIV") and its related Disability, which is contracted or occurs before the Coverage Commencement Date of relevant Insured Person. Irrespective of whether it is known or unknown to the Policy Holder or the Insured Person at the time of submission of Application, including any updates of and changes to such requisite information (if so requested by the Company under Section 6 of Part 1) such Disability shall be generally excluded from any coverage of these Terms and Benefits if it exists before the Coverage Commencement Date of relevant Insured Person. If evidence of proof as to the time at which such Disability is first contracted or occurs is not available, manifestation of such Disability within the first five (5) years after the Coverage Commencement Date of relevant Insured Person shall be presumed to be contracted or occur before the Coverage Commencement Date, while manifestation after such five (5) years shall be presumed to be contracted or occur after Coverage Commencement Date.
   However, the exclusion under this entire Section 4 shall not apply where HIV and its related Disability is caused by sexual assault, medical assistance, organ transplant, blood transfusions or blood donation, or infection at birth, and in such cases the other terms of these Terms and Benefits shall apply.

5. Expenses incurred for Medical Services as a result of Disability arising from or consequential upon the dependence, overdose or influence of drugs, alcohol, narcotics or similar drugs or agents, self-inflicted injuries or attempted suicide, illegal activity, or venereal and sexually transmitted disease or its sequelae (except for HIV and its related Disability, where Section 4 of this Part 10 applies).

6. Any charges in respect of services for –
   (a) beautification or cosmetic purposes, unless necessitated by Injury caused by an Accident and the Insured Person receives the Medical Services within one (1) year of the Accident, or
   (b) correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens, including but not limited to eye refractive therapy, LASIK and any related tests, procedures and services.

7. Expenses incurred for prophylactic treatment or preventive care, including but not limited to general check-ups, routine tests, screening procedures for asymptomatic conditions, screening or surveillance procedures based on the health history of the Insured Person and/or his family members, Hair Mineral Analysis (HMA), immunisation, health supplements, co-payment (if any) incurred from the Wellness Program as stated in the Policy and Benefit Information for Optional Benefits and Other Services. For the avoidance of doubt, this Section ~~6~~7 does not apply to –
   (a) treatments, monitoring, investigation or procedures with the purpose of avoiding complications arising from any other Medical Services provided;
   (b) removal of pre-malignant conditions; and
   (c) treatment for prevention of recurrence or complication of a previous Disability.

8. Expenses incurred for dental treatment and oral and maxillofacial procedures performed by a dentist except for Emergency Treatment and surgery during Confinement arising from an Accident. Follow-up dental treatment or oral surgery after discharge from Hospital shall not be covered.

9. Expenses incurred for Medical Services and counselling services relating to maternity conditions and its complications, including but not limited to diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage; birth control or reversal of birth control; sterilisation or sex reassignment of either sex; infertility including in-vitro fertilisation or any other artificial method of inducing pregnancy; or sexual dysfunction including but not limited to impotence, erectile dysfunction or pre-mature ejaculation, regardless of cause.

10. Expenses incurred for the purchase of durable medical equipment or appliances including but not limited to wheelchairs, beds and furniture, airway pressure machines and masks, portable oxygen and oxygen therapy devices, dialysis machines, exercise equipment, spectacles, hearing aids, special braces, walking aids, over-the-counter drugs, air purifiers or conditioners and heat appliances for home use. For the avoidance of doubt, this exclusion shall not apply to rental of medical equipment or appliances during Confinement or on the day of the Day Case Procedure.

11. Except for the consultation or acupuncture by a Registered Chinese Medicine Practitioner after Confinement or specific treatments benefit payable under Section 3(r) of Part 6, expenses incurred for traditional Chinese medicine treatment, including but not limited to herbal treatment, bone-setting, acupuncture, acupressure and tui na, and other forms of alternative treatment including but not limited to hypnotism, qigong, massage therapy, aromatherapy, naturopathy, hydropathy, homeotherapy and other similar treatments.

12. Expenses incurred for experimental or unproven medical technology or procedure in accordance with the common standard, or not approved by the recognised authority, in the locality where the treatment, procedure, test or service is received.

13. Expenses incurred for Medical Services provided as a result of Congenital Condition(s) which have manifested or been diagnosed before the Insured Person attained the Age of eight (8) years.

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

15. Expenses incurred for treatment for Disability arising from war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power.

16. Any charges incurred at a medical practitioner, hospital or healthcare facility unrecognised by the Company, including but not limited to charges for the following treatment:
   (i) Treatment provided by a medical practitioner, hospital or healthcare facility, or otherwise any person or establishment which is not recognised by the relevant authorities in Hong Kong or any other place where the treatment takes place as having specialist knowledge, or expertise in, the treatment of the disease, illness or injury being treated;.
   (ii) Treatment provided by the Insured Person himself, his relatives, family or business partners or anyone with the same residence as the Insured Person or in case the treatment is provided in an establishment, that one of the above-mentioned persons is a shareholder and/or having a power to control such establishment unless it has been made known to and approved by the Company; or
   (iii) Treatment provided by a medical practitioner, hospital or healthcare facility whom the Company do not or no longer recognise for the purposes of the Company's insurance plans.
   A list of unrecognised medical practitioners and providers can be found at the Company's customer service portal – myBupa. The list is subject to update from time to time without prior notice.

Part 11 Definitions

Under these Terms and Benefits, words and expressions used shall have the following meanings -

"Accident"	shall mean a sudden and unforeseen event occurring entirely beyond the control of the Insured Person and caused by violent, external and visible means.
"Age"	shall mean the attained age of the Insured Person.
"Application"	shall mean the application submitted to the Company in respect of this Plan, including the application form, questionnaires, evidence of insurability, any documents or information submitted and any statements and declarations made in relation to such application, including any updates of and changes to such requisite information (if so requested by the Company under Section 6 of Part 1).
"Benefit Schedule"	shall mean a schedule of benefits attached to these Terms and Benefits which sets out, among others, the benefit items and maximum benefits covered.
"BHP Card"	shall mean the medical card issued by the Company to the Insured Person shown on the Policy Schedule, and the use of the card is subject to the conditions set out in Sections 1 and 2 of Part 7.
"Bupa Group"	means the Company and all entities that directly or indirectly Control, are Controlled by or are under common Control with the Company, together with its and their respective joint ventures, affiliates and related parties.
"Bupa HealthPlus Appointed Service Provider"	shall mean Bupa All Together Appointed Hospitals and other Hospitals, Registered Medical Practitioners, physiotherapists, 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 HealthPlus Network Directory.
"Bupa HealthPlus Appointed Specialist"	shall mean the Specialists appointed by the Company with their names, specialties, addresses, phone numbers and clinic hours shown on the Bupa HealthPlus Network Directory.
"Bupa HealthPlus Network Directory"	shall mean the list printed in digital format as at the date when the Company approves the pre-authorisation which contains the particulars of Bupa HealthPlus Appointed Service Providers and Bupa HealthPlus Appointed Specialists appointed by the Company. The list may be updated and amended by the Company from time to time and the latest list is available on the Company's customer service portal myBupa.
"Bupa All Together Appointed Hospital"	shall mean the Hong Kong Hospitals which have been appointed by the Company for providing Network Benefit under Section 3 of Part 6. The list of Bupa All Together Appointed Hospitals may be updated and amended by the Company from time to time and the latest list is available on the Company's website (https://www.bupa.com.hk/en/alltogether).
"Case-based Exclusion"	shall mean the exclusion of a particular Sickness or Disease from the coverage of these Terms and Benefits that may be applied by the Company based on a Pre-existing Condition or factors affecting the insurability of the Insured Person.
"Chinese Medicines"	shall mean Chinese medicines legally registered by the Chinese Medicines Board under the Chinese Medicine Council of Hong Kong pursuant to the Chinese Medicine Ordinance (Chapter 549, Laws of Hong Kong) or the equivalent legal authority of any other place providing Chinese medicines treatment.
"Coinsurance"	shall mean a percentage of Eligible Expenses the Policy Holder must contribute after paying the Deductible (if any) in a Policy Year. For the avoidance of doubt, Coinsurance does not refer to any amount that the Policy Holder is required to pay if the actual expenses exceed the benefit limits under these Terms and Benefits.
"Company"	shall mean Bupa (Asia) Limited.
"Confinement" or "Confined"	shall mean an admission of the Insured Person to a Hospital that is recommended by a Registered Medical Practitioner for Medical Service and as an Inpatient as a result of a Medically Necessary condition. Confinement shall be evidenced by a daily room charge invoiced by the Hospital and the Insured Person must stay in the Hospital continuously for the entire period of Confinement.
"Congenital Condition(s)"	shall mean (a) any medical, physical or mental abnormalities existed at the time of or before birth, whether or not being manifested, diagnosed or known at birth; or (b) any neo-natal abnormalities developed within six (6) months of birth.
"Control"	means the beneficial ownership of more than twenty-five percent (25%) of the issued share capital of a company or the legal power to direct or cause the direction of the general management of the company (and "Controlled" shall be construed accordingly).
"Coverage Commencement Date"	shall mean the commencement date of these Terms and Benefits for particular Insured Person which is specified as "Coverage Commencement Date" in the Policy Schedule.
"Day Case Procedure"	shall mean a Medically Necessary surgical procedure for investigation or treatment to the Insured Person performed in a medical clinic, or day case procedure centre or Hospital with facilities for recovery as a Day Patient.
"Day Patient"	shall mean an Insured Person receiving Medical Services or treatments given in a medical clinic, day case procedure centre or Hospital where the Insured Person is not in Confinement.
"Deductible"	shall mean a fixed amount of Eligible Expenses that, in a Policy Year, the Policy Holder must pay before the Company shall reimburse the remaining Eligible Expenses.

“Delivery”	shall mean the delivery of these Terms and Benefits and the Policy Schedule or the cooling-off notice as stated in Section 2(a) of Part 2 to the Policy Holder, or to nominated representative of the Policy Holder, by any the following means: (a) by hand; (b) by post (including registered post); or (c) by electronic means. Regardless of the means of delivery is used, it is the responsibility of the Company, to have sufficient proof of delivery and the timing of delivery.
"Disability"	shall mean a Sickness or Disease or Injury, including any and all complications arising therefrom.
"Eligible Expenses"	shall mean expenses incurred for Medical Services rendered with respect to a Disability.
"Emergency"	shall mean an event or situation that Medical Service is needed immediately in order to prevent death, permanent impairment or other serious consequences of the Insured Person's health.
"Emergency Treatment"	shall mean Medical Service required in an Emergency. The Emergency event or situation, and the required Medical Service cannot be and are not separated by an unreasonable period of time.
"Guardian"	in respect of a Minor shall mean the person(s) appointed as the guardian(s) under or acting by virtue of the Guardianship of Minors Ordinance (Cap 13. of the Laws of Hong Kong).
"HKD"	shall mean Hong Kong dollars.
"Hong Kong"	shall mean the Hong Kong Special Administrative Region of the People's Republic of China.
"Hospital"	shall mean an establishment duly constituted and registered as a hospital under the laws of the relevant territory in which it is established, which is for providing Medical Service for sick and injured persons as Inpatients, and which - (a) has facilities for diagnosis and major operations, or is a public hospital as defined in the Hospital Authority Ordinance (Cap. 113 of the Laws of Hong Kong) or a hospital for which a licence is issued under the Private Healthcare Facilities Ordinance (Cap. 633 of the Laws of Hong Kong); (b) provides twenty-four (24) hours nursing services by licensed or registered nurses; (c) has one (1) or more Registered Medical Practitioners; and (d) is not primarily a clinic, a place for alcoholics or drug addicts, a nature care clinic, a health hydro, a nursing, rest or convalescent home, a hospice or palliative care centre, a rehabilitation centre, an elderly home or similar establishment.
"Injury"	shall mean any bodily damage (with or without a visible wound) solely caused by an Accident independent of any other causes.
"Inpatient"	shall mean an Insured Person who is Confined.
"Insurance Authority"	shall mean the Insurance Authority of Hong Kong established pursuant to section 4AAA of the Insurance Ordinance.
"Insurance Ordinance"	shall mean the Insurance Ordinance (Cap. 41 of the Laws of Hong Kong).
"Insured Person"	shall mean any person whose risks are covered by these Terms and Benefits, and named as the "Insured Person" in the Policy Schedule.
"Intensive Care Unit"	shall mean that part or unit of a Hospital established for and devoted to providing intensive medical and nursing care for Inpatients.
"Lifetime Benefit Limit"	shall mean the maximum amount of benefits paid by the Company to the Policy Holder for each Insured Person under this Policy cumulatively since the inception of these Terms and Benefits or the Coverage Commencement Date of relevant Insured Person (if applicable), irrespective whether any limits of any benefit items stated in the Benefit Schedule have been reached or whether the Maximum Annual Benefit Pool in a Policy Year has been reached.
“Maximum Annual Benefit Pool”	shall mean the maximum amount of benefits which the Policy Holder is entitled to receive in aggregate for the Eligible Expenses incurred by all Insured Person(s) in a Policy Year under this Policy. The Maximum Annual Benefit Pool is counted afresh in a new Policy Year.
"Medical Services"	shall mean Medically Necessary services, including, as the context requires, Confinement, treatments, procedures, tests, examinations or other related services for the investigation or treatment of a Disability.
"Medically Necessary"	shall mean the need to have medical service for the purpose of investigating or treating the relevant Disability in accordance with the generally accepted standards of medical practice and such medical service must – (a) require the expertise of, or be referred by a Registered Medical Practitioner; (b) be consistent with the diagnosis and necessary for the investigation and treatment of the Disability; (c) be rendered in accordance with standards of good and prudent medical practice, and not be rendered primarily for the convenience or the comfort of the Insured Person, his family, caretaker or the attending Registered Medical Practitioner; (d) be rendered in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice for the medical services; and (e) be furnished at the most appropriate level which, in the prudent professional judgment of the attending Registered Medical Practitioner, can be safely and effectively provided to the Insured Person.

For the purpose of these Terms and Benefits, without prejudice to the generality of the foregoing, circumstances where a Confinement is considered Medically Necessary include, but not limited to -

(i) the Insured Person is having an Emergency that requires urgent treatment in Hospital;
(ii) surgical procedures are performed under general anaesthesia;
(iii) equipment for surgical procedure is available in Hospital and procedure cannot be done on a Day Patient basis;
(iv) there is significantly severe co-morbidity of the Insured Person;
(v) taking into account the individual circumstances of the Insured Person, the attending Registered Medical Practitioner has exercised his prudent professional judgment and is of the view that for the safety of the Insured Person, the medical service should be conducted in Hospital;
(vi) in the prudent professional judgment of the attending Registered Medical Practitioner, the length of Confinement of the Insured Person is appropriate for the medical service concerned; and/or
(vii) in the case of diagnostic procedures or allied health services prescribed by a Registered Medical Practitioner, such Registered Medical Practitioner has exercised his prudent professional judgment and is of the view that for the safety of the Insured Person, such procedures or services should be conducted in Hospital.

For the purpose of exercising his prudent professional judgment in (v) to (vii) above, the attending Registered Medical Practitioner shall have regard to whether the Confinement –

(aa) is in accordance with standards of good and prudent medical practice in the locality for the medical service rendered, and, in the prudent professional judgment of the attending Registered Medical Practitioner, not rendered primarily for the convenience or the comfort of the Insured Person, his family, caretaker or the attending Registered Medical Practitioner; and
(bb) is in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice in the locality for the medical service rendered.

"Minor"	shall mean a person below the Age of eighteen (18) years.
"Operating Theatre"	shall mean any facility designated for and equipped to perform surgical operations or procedures, and have satisfied at least equivalent to the requirements stipulated in the Code of Practice for Day Procedure Centres or the Code ofPractice for Hospitals issued by the Director of Health in Hong Kong, or any other applicable code of practice or regulation pursuant to the Private Healthcare Facilities Ordinance (Chapter 633, Laws of Hong Kong).
"Place(s) of Residence"	shall mean the jurisdiction(s) in which a person legally has the right of abode. A change in the Place(s) of Residence refers to the situation where a person has been granted the right of abode of additional jurisdiction(s), or has ceased to have the right of abode of existing jurisdiction(s). The above definition of "Place(s) of Residence" is used solely for the purpose of these Terms and Benefits. For the avoidance of doubt, a jurisdiction in which a person legally has the right or permission of access only but without the right of abode, such as for the purpose of study, work or vacation, shall not be treated as a Place of Residence.
" Plan"	shall refer to Bupa All Together Health Insurance Scheme which is designed for family medical protection with Maximum Annual Benefit Pool shared with all Insured Persons under the Policy.
"Policy"	shall mean this policy underwritten and issued by the Company, which is the contract between the Policy Holder(s) and the Company in respect of this Plan including but not limited to these Terms and Conditions, Benefit Schedule, Application, declarations, Policy Schedule(s) of Insured Person(s) and any endorsement(s)/ supplement(s) attached to this policy, if applicable.
"Policy Effective Date"	shall mean the commencement date of these Terms and Benefits which is specified as "Policy Effective Date" in the Policy Schedule.
"Policy Holder"	shall mean the person who is a legal holder of this Policy and is named as the “Policy Holder” in the Policy Schedule.
"Policy Issuance Date"	shall mean the date of first issuance of these Terms and Benefits.
"Policy Schedule"	shall mean a schedule attached to these Terms and Benefits, which sets out, among others, the Coverage Commencement Date, Policy Effective Date, Renewal Date, the name and the relevant particulars of the Policy Holder and the Insured Person, the eligible benefits, premium and other relevant details in respect of these Terms and Benefits. Each Policy Schedule is specific for an individual Insured Person of the Policy.
"Policy Year"	shall mean the period of time these Terms and Benefits are in force. The first Policy Year shall be the period from the Policy Effective Date to the day immediately preceding the first Renewal Date as specified in the Policy Schedule (both days inclusive) within one (1) year period; and each subsequent Policy Year shall be the one (1) year periodfrom each Renewal Date.
"Portfolio"	shall mean all policies of the same terms and conditions and the benefit schedule as a Plan.
"Pre-existing Condition(s)"	shall mean, in respect of the Insured Person, any Sickness, Disease, Injury, physical, mental or medical condition or physiological degradation, including Congenital Condition, that has existed prior to the Policy Effective Date or Coverage Commencement Date(which is only applicable to any addition of Insured Person(s) in the Policy after the Policy Effective Date). An ordinary prudent person shall be reasonably aware of a Pre-existing Condition, where - (a) it has been diagnosed; (b) it has manifested clear and distinct signs or symptoms; or (c) medical advice or treatment has been sought, recommended or received.

"Premium Loading"	shall mean the additional premium on top of the Standard Premium charged by the Company to the Policy Holder according to the additional risk assessed for the Insured Person.
"Prescribed Diagnostic Imaging Tests"	shall mean computed tomography ("CT" scan), magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan), PET-CT combined and PET-MRI combined.
"Prescribed Non-surgical Cancer Treatments"	shall mean chemotherapy, radiotherapy, targeted therapy, immunotherapy and hormonal therapy for cancer treatment.
"Qualified Nurse"	shall mean a nurse, (a) who is duly qualified and is registered with the Nursing Council of Hong Kong pursuant to the Nurses Registration Ordinance (Cap. 164 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 nursing 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 nurse 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 nurse shall nonetheless be considered qualified and registered.
"Reasonable and Customary"	shall mean, in relation to a charge for Medical Service, such level which does not exceed the general range of charges being charged by the relevant service providers in the locality where the charge is incurred for similar treatment, services or supplies to individuals with similar conditions, e.g. of the same sex and similar Age, for a similar Disability, as reasonably determined by the Company in utmost good faith. The Reasonable and Customary charges shall not in any event exceed the actual charges incurred. In determining whether a charge is Reasonable and Customary, the Company shall make reference to the followings (if applicable) - (a) treatment or service fee statistics and surveys in the insurance or medical industry; (b) internal or industry claim statistics; (c) gazette published by the Government; and/or (d) other pertinent source of reference in the locality where the treatments, services or supplies are provided.
"Registered Chinese Medicine Practitioner"	shall mean a Chinese medicine practitioner, (a) who is duly qualified and is registered with the Chinese Medicine Council of Hong Kong pursuant to the Chinese Medicine Ordinance (Cap. 549 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 Chinese medicine 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 Medical Practitioner", "Specialist", "Surgeon" and "Anaesthetist"	shall mean a medical practitioner of western medicine, (a) who is duly qualified and is registered with the Medical Council of Hong Kong pursuant to the 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 relevant Medical Service in Hong Kong or the relevant jurisdiction outside Hong Kong where the Medical Service is provided to the Insured Person, but in no circumstance 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 and 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.
"Renewal", "Renew", "Renewed" or "Renewable"	shall mean renewal of these Terms and Benefits in accordance with their terms without any discontinuance.
"Renewal Date"	shall mean the effective date of Renewal. The first Renewal Date shall be the date as specified in the Policy Schedule (which shall not be later than the first anniversary of the Policy Effective Date) and the subsequent Renewal Date(s) shall be the anniversary(ies) of the first Renewal Date. The relevant Renewal Date shall be specified in the notification of Renewal in accordance with Section 3 of Part 4.

"Schedule of Surgical Procedures"	shall mean the list of surgical procedures attached to the Benefit Schedule which sets out the surgical category of different surgical procedures according to their relative degree of complexity, which is from time to time published and subject to regular review by the Company.
"Serious Illness"	Serious Illnesses include Cancer, Heart Attack and Stroke. Each Serious Illness has its meaning given under the relevant headings below and any diagnosis of a Serious Illness for the purpose of premium waiver must fulfill the meaning together with the terms and conditions stated in this Section 4 of Part 6. Cancer: shall mean the presence of a malignant tumour that is characterised by progressive, uncontrolled growth of malignant cells and invasion and destruction of normal and surrounding tissue. Cancer must be positively diagnosed with histopathological confirmation. This also includes leukaemia, lymphoma or sarcoma. The following are excluded: (a) Tumours showing the malignant changes of carcinoma-in-situ, cervical dysplasia, CIN-1, CIN-2, CIN-3 or which are histologically described as pre-malignant; (b) All skin cancers other than malignant Melanomas; (c) Prostate cancers which are histologically described as TNM Classification T1(a) or T1(b) or are of another equivalent or lesser classification; (d) Chronic Lymphocytic Leukaemia less than RAI Stage III; (e) Thyroid cancers which are histologically described as TNM classification T1N0M0 or a lesser classification. Heart Attack: shall mean the death of a portion of the heart muscle (myocardium) as a result of inadequate blood supply, where all of the following criteria are met: (a) a history of typical chest pain; (b) new characteristic ECG changes indicating acute myocardial infarction at the time of the relevant cardiac incident; and (c) the elevation of the cardiac biomarkers, inclusive of CK-MB above the generally accepted normal laboratory levels, or Troponin T > 0.5ng/ml or Troponin I > 0.5ng/ml. Angina is specifically excluded. Stroke: shall mean any cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, cerebral embolism and cerebral thrombosis. Diagnosis must be supported by all of the following conditions: (a) Evidence of permanent neurological damage confirmed by a consultant neurologist at least four (4) weeks after the event; and (b) Findings on magnetic resonance imaging, computerised tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke. The following conditions are excluded: (a) Transient Ischaemic Attacks; (b) Vascular disease affecting the eye or optic nerve; and (c) Ischaemic disorders of the vestibular system.
"Sickness" or "Disease"	shall mean a physical, mental or medical condition arising from a pathological deviation from the normal healthy state, including but not limited to the circumstances where signs and symptoms occur to the Insured Person and whether or not any diagnosis is confirmed.
"Semi-private Room"	shall mean a room categorised as a semi-private or second class room by a Hospital in Hong Kong or a room shared by no more than three (3) people but excluding any Standard Private Room or above in a Hospital outside of Hong Kong.
"Shortfall"	shall mean any expenses which are not covered by or which exceed the benefit limit of these Terms and Benefits.
"Standard Premium"	shall mean the basic premium for the coverage of an individual Insured Person under this Policy, as charged by the Company to the Policy Holder on an overall Portfolio basis, which may be adjusted in accordance with the Age, gender and/or lifestyle factors of the Insured Person.
"Standard Private Room"	shall mean a room categorised as a single, private or first class room by a Hospital with a private bathroom, but without any kitchen, dining room or sitting room.
"Terms and Benefits"	shall mean the Terms and Conditions together with the Benefit Schedule (including the Schedule of Surgical Procedures) and any endorsement(s)/ supplement(s) attached to this Policy, if applicable.
"Terms and Conditions"	shall mean Part 1 to Part 11 of this Plan.
"VAT and GST"	shall mean value added taxes, goods and services taxes or other taxes, duties or levies of a similar nature, which may be charged or imposed by the relevant tax or similar authorities or governmental departments on the expenses incurred for Medical Services rendered with respect to a Disability.
"Ward Room"	shall mean a room of a class lower than a Semi-private Room including a ward or standard room categorised by a Hospital.

Benefit Schedule

The benefit limit as stated in the table below is per individual Insured Person per Policy Year. The aggregate annual benefit payable for all Insured Persons under the Policy is subject to the Maximum Annual Benefit Pool.

1	**Hospital and Surgical Benefit (in HKD)**				
Plan option		**Plan A (80% Reimbursement of Eligible Expenses under Non-network Benefit, i.e. 20% Coinsurance)**		**Plan B (100% Reimbursement of Eligible Expenses under Non-network Benefit, i.e. 0% Coinsurance)**	
Restricted ward class		**Ward**			
Maximum Annual Benefit Pool		**$5,000,000 for <u>all</u> Insured Person(s) under this Policy**			
Lifetime Benefit Limit per Insured Person		**Nil**			
Premium Waiver for Serious Illnesses		**Provided that this Policy has been in force continuously for no less than twelve (12) months immediately following the Policy Effective Date or date of last reinstatement of the Policy, in the event that any Insured Person under this Policy suffers from one (1) or more of the Serious Illnesses [11] and, upon the written recommendation of the attending Registered Medical Practitioner, such Insured Person receives relevant Medical Services after an Serious Illness is diagnosed, the premium payable for the coverage of Hospital and Surgical Benefit and Optional Benefits (if any) for all Insured Person(s) under this in-force Policy will be waived for one (1) year.[7]**			
Benefit items[1]		**Network benefit[8]**	**Non-network benefit**	**Network benefit[8]**	**Non-network benefit**
Area of cover[2]		**Hong Kong**	**Asia, Australia and New Zealand**	**Hong Kong**	**Asia, Australia and New Zealand**
(a)	Room and board (Maximum 270 days each Policy Year)	Full cover[9]	80% Reimbursement	Full cover[9]	100% Reimbursement
(b)	Miscellaneous charges				
(c)	Attending doctor's visit fee (Maximum 270 days each Policy Year)				
(d)	Specialist's fee[3]				
(e)	Intensive care (Maximum 25 days each Policy Year)				
(f)	Surgeon's fee (regardless of the surgical category)				
(g)	Anaesthetist's fee (regardless of the surgical category)				
(h)	Operating theatre charges (regardless of the surgical category)				
(i)	Prescribed Diagnostic Imaging Tests[3][4]		80% Reimbursement and up to $20,000 per Policy Year		100% Reimbursement and up to $20,000 per Policy Year
(j)	Prescribed Non-surgical Cancer Treatments[5]		80% Reimbursement		100% Reimbursement
(k)	Pre- and post-Confinement / Day Case Procedure outpatient care[3]	NA	80% Reimbursement and up to $10,000 per Policy Year all Eligible Expenses incurred for • 2 prior outpatient visits or Emergency consultations per Confinement/ Day Case Procedure and • all related follow-up outpatient visits per Confinement/Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)	NA	100% Reimbursement and up to $10,000 per Policy Year all Eligible Expenses incurred for • 2 prior outpatient visits or Emergency consultations per Confinement/ Day Case Procedure and • all related follow-up outpatient visits per Confinement/Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)

(l)	Psychiatric treatments		80% Reimbursement and up to $30,000 per Policy Year		100% Reimbursement and up to $30,000 per Policy Year
(m)	Private nursing[3] (Maximum 120 days each Policy Year)	Full cover[9]	80% Reimbursement	Full cover[9]	100% Reimbursement
(n)	Companion bed (Maximum 270 days each Policy Year)				
(o)	Emergency outpatient treatment for Accidents	NA	80% Reimbursement and up to $7,600 per Policy Year	NA	100% Reimbursement and up to $7,600 per Policy Year
(p)	Day Patient kidney dialysis[3]	Full cover[9]	80% Reimbursement	Full cover[9]	100% Reimbursement
(q)	Rehabilitation (Maximum 90 days per Disability per Policy Year and subject to pre-approval by Bupa)	NA	80% Reimbursement and up to $1,000 per day	NA	100% Reimbursement and up to $1,000 per day
(r)	Consultation or acupuncture by a Registered Chinese Medicine Practitioner after Confinement or specific treatments (Max. 20 visits per Policy Year)	N/A	80% Reimbursement and up to $ 225 per visit	N/A	100% Reimbursement and up to $ 225 per visit
Day Case Procedure Benefits[10] • Benefit item (s) – (t) below cover expenses incurred for (i) Day Case Procedure at a clinic or day-case unit of a Hospital performed by a Registered Medical Practitioner or (ii) Confinement without an overnight stay. Expenses are payable under Network Benefit only when pre-authorisation has been obtained. • Where a Confinement with an overnight stay is solely for the purpose of endoscopy procedure, or viral warts and skin lesions procedure, if pre-authorisation for Insured Person's Confinement with an overnight stay is not obtained from the Company, Eligible Expenses charged on the Medical Services under Sections 3(b), (c), (f), (g) and (h) of the Part 6 that are related to those procedures shall be exclusively payable under benefit item (s) – (t) below.					
(s)	Day Case Endoscopy Procedure	Full cover[9]	80% Reimbursement and up to $11,820 per operation	Full cover[9]	100% Reimbursement and up to $11,820 per operation
(t)	Day Case Viral Warts and Skin Lesions Procedure[6]	Full cover[9] (Maximum 6 visits per Policy Year)	80% Reimbursement and up to $8,000 per Policy Year	Full cover[9] (Maximum 6 visits per Policy Year)	100% Reimbursement and up to $8,000 per Policy Year

Notes

(1) Eligible Expenses incurred in respect of the same item shall not be recoverable under more than one (1) benefit item in the table for items (a)-(t). The aggregate annual benefit payable for all Insured Persons under the Policy is subject to the Maximum Annual Benefit Pool.

(2) Regarding the area of cover, "Asia, Australia and New Zealand" shall mean 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. The area of cover of Network Benefit is restricted to Hong Kong only.

(3) The Company shall have the right to ask for proof of recommendation e.g. written referral or testifying statement on the claim form by the attending doctor or Registered Medical Practitioner.

(4) Tests covered here only include computed tomography ("CT" scan), magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan), PET-CT combined and PET-MRI combined.

(5) Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.

(6) If an Insured Person receives more than one viral warts and skin lesions treatment at the same time on the same day, it will be counted as 1 operation. Bupa may ask for a medical report for review from the 4th viral warts and skin lesions treatment onwards, or for claims over HK$20,000.

(7) The premium waiver is applicable for both Standard Premium and Premium Loading. The premium waiver period shall start from the following Renewal Date subsequent to the first date of diagnosis of Serious Illness.

(8) Please log in to the Company's customer service portal myBupa to view the latest list of Bupa HealthPlus Appointed Service Providers. The list is subject to change from time to time.

(9) About full cover benefit
- Full cover shall mean no itemised benefit sublimit, and all of the following requirements applied. If all the following requirements are NOT fully satisfied, eligible claims will be reimbursed under Non-network Benefits.
  (a) Insured Person must be Confined at a Bupa All Together Appointed Hospital or receive the Day Case Procedure, Prescribed Non-surgical Cancer Treatment or Prescribed Diagnostic Imaging Test at a Bupa HealthPlus Appointed Specialist's clinic or Bupa HealthPlus Appointed Service Provider;
  (b) A written referral must be obtained from a Registered Medical Practitioner prior to the consultation with a Bupa HealthPlus Appointed Specialist (except for dermatology, family medicine, gynaecology, ophthalmology, orthopaedics, otolaryngology, paediatric surgery, paediatrics and psychiatry);
  (c) The Confinement, Day Case Procedure, Prescribed Non-surgical Cancer Treatment and Prescribed Diagnostic Imaging Test must be referred, attended and/or performed by a Bupa HealthPlus Appointed Specialist;
  (d) Insured Person is required to comply with the pre-authorisation procedures as specified under Section 2 of the Part 7;
  (e) the BHP Card and/or pre-authorisation confirmation / guarantee of payment letter must be presented to the Bupa All Together Appointed Hospital or Bupa HealthPlus Appointed Service Provider (except outpatient department of Hospital) upon registration;
  (f) Insured Person must be Confined in the restricted ward class or lower as stated in the Benefit Schedule in the event of Confinement. Hospital Confinement to any class of room other than the ward class (or lower level) of a Bupa HealthPlus Appointed Hospital shall be subject to benefit adjustment factor for higher room class hospital confinement; and
  (g) Network Benefit payable under this Section 3 of this Part 6 (if applicable) is only limited to Eligible Expenses incurred within Hong Kong.
- Your BHP Card can be used to settle payment for Bupa All Together Appointed Hospital (except outpatient department), Bupa HealthPlus Appointed Specialist's clinic or Bupa HealthPlus Appointed Service Provider, subject to a credit limit approved by Bupa.
- Please settle your out-patient expenses at the Bupa HealthPlus Appointed Specialist's clinic, unless Hospital Confinement, Day Case Procedure, Prescribed Non-surgical Cancer Treatment or Prescribed Diagnostic Imaging Test is Medically Necessary and pre-authorisation, if required, is obtained during the same clinic visit.

(10) About Day Case Procedure Benefits
- For procedures performed at a Bupa HealthPlus Appointed Service Provider, pre-authorisation must be obtained through the Bupa HealthPlus Appointed Specialist prior to endoscopy and viral warts and skin lesions procedures (as required by Bupa's provider guidelines).
- For procedures performed by your choice of doctor and service provider (i.e. Non-Network Benefit), for (i) Day Case Procedure at a clinic or day-case unit of a Hospital or (ii) Confinement without an overnight stay, the Eligible Expenses incurred will be payable up to the Maximum Limit of Non-Network Benefit without pre-authorisation required.
- For procedures performed in Hospital Confinement with an overnight stay, no pre-authorisation is required in any of the following situations:
  - Any treatment performed outside Hong Kong;
  - Hospital Confinement and surgical procedures performed at ward level in the public sector of government Hospitals; and /or
  - If you file a claim for your procedure with another insurer first and submit a second claim to Bupa.
- For the full list of endoscopy and viral warts and skin lesions procedures covered under Day Case Procedure Benefits, please refer to the Documents section of Bupa's customer service portal myBupa. This list is subject to change from time to time.

(11) Serious Illnesses include Cancer, Heart Attack and Stroke. Please refer to Part 11 of the Terms and Benefits for details.

Schedule of Surgical Procedures

Procedure / Surgery		Category
ABDOMINAL AND DIGESTIVE SYSTEM		
Oesophageal / stomach / duodenum	Excision of oesophageal lesion / destruction of lesion or tissue of oesophagus, cervical approach	Major
	Highly selective vagotomy	Major
	Laparoscopic fundoplication	Major
	Laparoscopic repair of hiatal hernia	Major
	Oesophagogastroduodenoscopy (OGD) +/- biopsy and/or polypectomy	Minor
	OGD with removal of foreign body	Minor
	OGD with ligation / banding of oesophageal / gastric varices	Intermediate
	Oesophagectomy	Complex
	Total oesophagectomy and interposition of intestine	Complex
	Percutaneous gastrostomy	Minor
	Permanent gastrostomy / gastroenterostomy	Major
	Partial gastrectomy +/- jejunal transposition	Major
	Partial gastrectomy with anastomosis to duodenum / jejunum	Major
	Partial gastrectomy with anastomosis to oesophagus	Complex
	Proximal gastrectomy / radical gastrectomy / total gastrectomy +/- intestinal interposition	Complex
	Suture of laceration of duodenum / patch repair, duodenal ulcer	Major
	Vagotomy and / or pyloroplasty	Major
Jejunum, ileum and large intestine	Appendicectomy, open or laparoscopic	Intermediate
	Anal fissurectomy	Minor
	Anal fistulotomy / fistulectomy	Intermediate
	Incision & drainage of perianal abscess	Minor
	Delorme operation for repair of prolapsed rectum	Major
	Colonoscopy +/- biopsy	Minor
	Colonoscopy with polypectomy	Minor
	Sigmoidoscopy	Minor
	Haemorrhoidectomy, internal or external	Intermediate
	Injection / banding of haemorrhoid	Minor
	Ileostomy or colostomy	Major
	Anterior resection of rectum, open or laparoscopic	Complex
	Abdominoperineal resection, open or laparoscopic	Complex
	Colectomy, open or laparoscopic	Complex
	Low anterior resection of rectum, open or laparoscopic	Complex
	Reduction of volvulus or intussusception	Intermediate
	Resection of small intestine and anastomosis	Major
Biliary tract	Cholecystectomy, open or laparoscopic	Major
	Endoscopic retrograde cholangio-pancreatography (ERCP)	Intermediate
	ERCP with papilla operation, stone extraction or other associated operation	Intermediate
Liver	Fine needle aspiration (FNA) biopsy of liver	Minor
	Liver transplantation	Complex
	Marsupialization of lesion / cyst of liver or drainage of liver abscess, open approach	Major
	Removal of liver lesion, open or laparoscopic	Major
	Sub-segmentectomy of liver, open or laparoscopic	Major
	Segmentectomy of liver, open or laparoscopic	Complex
	Wedge resection of liver, open or laparoscopic	Major
Pancreas	Closed biopsy of pancreatic duct	Intermediate
	Excision / destruction of lesion of pancreas or pancreatic duct	Major
	Pancreaticoduodenectomy (Whipple's Operation)	Complex
Abdominal wall	Exploratory laparotomy	Major
	Laparoscopy / peritoneoscopy	Intermediate
	Unilateral repair of inguinal hernia, open or laparoscopic	Intermediate
	Bilateral repair of inguinal hernia, open or laparoscopic	Major
	Unilateral herniotomy / herniorrhaphy, open or laparoscopic	Intermediate
	Bilateral herniotomy / herniorrhaphy, open or laparoscopic	Major
BRAIN AND NERVOUS SYSTEM		
Brain	Brain biopsy	Major
	Burr hole(s)	Intermediate
	Craniectomy	Complex
	Cranial nerve decompression	Complex
	Irrigation of cerebroventricular shunt	Minor
	Maintenance removal of cerebroventricular shunt, including revision	Intermediate
	Creation of ventriculoperitoneal shunt or subcutaneous cerebrospinal fluid reservoir	Major
	Clipping of intracranial aneurysm	Complex
	Wrapping of intracranial aneurysm	Complex
	Excision of arteriovenous malformation, intracranial	Complex
	Excision of acoustic neuroma	Complex
	Excision of brain tumour or brain abscess	Complex
	Excision of cranial nerve tumour	Complex
	Radiofrequency thermocoagulation of trigeminal ganglion	Intermediate
	Closed trigeminal rhizotomy using radiofrequency	Major
	Decompression of trigeminal nerve root/ open trigeminal rhizotomy	Complex
	Excision of brain, including lobectomy	Complex
	Hemispherectomy	Complex

Procedure / Surgery		Category
Spine	Lumbar puncture or cisternal puncture	Minor
	Decompression of spinal cord or spinal nerve root	Major
	Cervical sympathectomy	Intermediate
	Thoracoscopic or lumbar sympathectomy	Major
	Excision of intraspinal tumour, extradural or intradural	Complex
CARDIOVASCULAR SYSTEM		
Heart	Cardiac catheterization	Intermediate
	Coronary artery bypass graft (CABG)	Complex
	Cardiac transplantation	Complex
	Insertion of cardiac pacemaker	Intermediate
	Pericardiocentesis	Minor
	Pericardiotomy	Major
	Percutaneous transluminal coronary angioplasty (PTCA) and related procedures, including use of laser, stenting, motor-blade, balloon angioplasty, radiofrequency ablation technique, etc.	Major
	Pulmonary valvotomy, Balloon / Transluminal laser / Transluminal radiofrequency	Major
	Percutaneous valvuloplasty	Major
	Balloon aortic / mitral valvotomy	Major
	Closed heart valvotomy	Complex
	Open heart valvuloplasty	Complex
	Valve replacement	Complex
Vessels	Intra-abdominal venous shunt/ spleno-renal shunt / portal-caval shunt	Complex
	Resection of abdominal vessels with replacement / anastomosis	Complex
ENDOCRINE SYSTEM		
Adrenal Gland	Unilateral adrenalectomy, laparoscopic or retroperitoneoscopic	Major
	Bilateral adrenalectomy, laparoscopic or retroperitoneoscopic	Complex
Pineal gland	Total excision of pineal gland	Complex
Pituitary Gland	Operation of pituitary tumour	Complex
Thyroid Gland	Fine needle aspiration (FNA) of thyroid gland +/- imaging guidance	Minor
	Hemithyroidectomy / partial thyroidectomy / subtotal thyroidectomy / parathyroidectomy	Major
	Total thyroidectomy / complete parathyroidectomy / robotic-assisted total thyroidectomy	Major
	Excision of thyroglossal cyst	Intermediate
EAR / NOSE / THROAT / RESPIRATORY SYSTEM		
Ear	Canaloplasty for aural atresia / stenosis	Major
	Excision of preauricular cyst / sinus	Minor
	Haematoma auris, drainage / buttoning / excision	Minor
	Meatoplasty	Intermediate
	Removal of foreign body	Minor
	Excision of middle ear tumour via tympanotomy	Major
	Myringotomy +/- insertion of tube	Minor
	Myringoplasty / tympanoplasty	Major
	Ossiculoplasty	Major
	Labyrinthectomy, total / partial excision	Major
	Mastoidectomy	Major
	Operation on cochlea and / or cochlear implant	Complex
	Operation on endolymphatic sac / decompression of endolymphatic sac	Major
	Repair of round window or oval window fistula	Intermediate
	Tympanosympathectomy	Major
	Vestibular neurectomy	Intermediate
Nose, mouth and pharynx	Antral puncture and lavage	Minor
	Cauterization of nasal mucosa / control of epistaxis	Minor
	Closed reduction for fracture nasal bone	Minor
	Closure of oro-antral fistula	Intermediate
	Dacryocystorhinostomy	Intermediate
	Excision of lesion of nose	Minor
	Nasopharyngoscopy / rhinoscopy +/- including rhinoscopic biopsy +/- removal of foreign body	Minor
	Polypectomy of nose	Minor
	Caldwell-Luc operation / Maxillary sinusectomy with Caldwell-Luc approach	Intermediate
	Endoscopic sinus surgery on ethmoid / maxillary / frontal / sphenoid sinuses	Intermediate
	Extended endoscopic frontal sinus surgery with trans-septal frontal sinusotomy	Major
	Frontal sinusotomy or ethmoidectomy	Intermediate
	Frontal sinusectomy	Major
	Functional endoscopic sinus surgery (FESS)	Major
	Functional endoscopic sinus surgery (FESS) bilateral	Complex
	Maxillary / sphenopalatine / ethmoid artery ligation	Intermediate
	Other intranasal operation, including use of laser (excluding simple rhinoscopy, biopsy and cauterisation of vessel)	Intermediate
	Rhinoplasty	Intermediate
	Resection of nasopharyngeal tumour	Intermediate
	Sinoscopy +/- biopsy	Minor
	Septoplasty +/- submucous resection of septum	Intermediate
	Submucous resection of nasal septum	Intermediate

Procedure / Surgery		Category
	Turbinectomy / submucous turbinectomy	Intermediate
	Adenoidectomy	Minor
	Tonsillectomy +/- adenoidectomy	Intermediate
	Excision of pharyngeal pouch / diverticulum	Intermediate
	Pharyngoplasty	Intermediate
	Sleep related breathing disorder – hyoid suspension, maxilla / mandible / tongue advancement, laser suspension / resection, radiofrequency ablation assisted uvulopalatopharyngoplasty, uvulopalatopharyngoplasty	Intermediate
	Marsupialization / excision of ranula	Intermediate
	Parotid gland removal, superficial	Intermediate
	Parotid gland removal / parotidectomy	Major
	Removal of submandibular salivary gland	Intermediate
	Submandibular duct relocation	Intermediate
	Submandibular gland excision	Intermediate
Respiratory system	Arytenoid subluxation – laryngoscopic reduction	Minor
	Bronchoscopy +/- biopsy	Minor
	Bronchoscopy with foreign body removal	Minor
	Laryngoscopy +/- biopsy	Minor
	Laryngeal / tracheal stenosis – endolaryngeal / open operation with stenting / reconstruction	Major
	Laryngeal diversion	Intermediate
	Laryngectomy +/- radical neck resection	Complex
	Microlaryngoscopy +/- Biopsy +/- excision of nodule / polyp / Reinke's edema	Minor
	Partial / total resection of laryngeal tumour	Intermediate
	Removal of vallecular cyst	Intermediate
	Repair of laryngeal fracture	Major
	Injection for vocal cord paralysis	Minor
	Tracheoesophageal puncture for voice rehabilitation	Minor
	Thyroplasty for vocal cord paralysis	Intermediate
	Vocal cord operation, including use of laser (excluding carcinoma)	Minor
	Tracheostomy, temporary / permanent / revision	Minor
	Lobectomy of lung / pneumonectomy	Complex
	Pleurectomy	Major
	Segmental resection of lung	Major
	Thoracocentesis / insertion of chest tube for pneumothorax	Minor
	Thoracoscopy +/- biopsy	Intermediate
	Thoracoplasty	Major
	Thymectomy	Major
EYE		
Eye	Excision / curettage / cryotherapy of lesion of eyelid	Minor
	Blepharorrhaphy / tarsorrhaphy	Minor
	Repair of entropion or ectropion +/- wedge resection	Minor
	Reconstruction of eyelid, partial-thickness	Intermediate
	Excision / destruction of lesion of conjunctiva	Minor
	Excision of pterygium	Minor
	Corneal grafting, severe wound repair and keratoplasty, including corneal transplant	Major
	Laser removal / destruction of corneal lesion	Intermediate
	Removal of corneal foreign body	Minor
	Repair of cornea	Intermediate
	Suture / repair of corneal laceration or wound with conjunctival flap	Intermediate
	Aspiration of lens	Intermediate
	Capsulotomy of lens, including use of laser	Intermediate
	Extracapsular / intracapsular extraction of lens	Intermediate
	Intraocular lens / explant removal	Intermediate
	Chorioretinal lesion operations	Intermediate
	Phacoemulsification and implant of intraocular lens	Intermediate
	Pneumatic retinopexy	Intermediate
	Retinal Photocoagulation	Intermediate
	Repair of retinal detachment / tear	Intermediate
	Repair of retinal tear / detachment with buckle	Major
	Scleral buckling / encircling of retinal detachment	Major
	Cyclodialysis	Intermediate
	Trabeculectomy, including use of laser	Intermediate
	Surgical treatment for glaucoma including insertion of implant	Intermediate
	Diagnostic aspiration of vitreous	Minor
	Injection of vitreous substitute	Intermediate
	Mechanical vitrectomy / removal of vitreous	Major
	Biopsy of iris	Minor
	Excision of lesion of iris / anterior segment of eye / ciliary body	Intermediate
	Excision of prolapsed iris	Intermediate
	Iridotomy	Intermediate
	Iridectomy	Intermediate
	Iridoplasty +/- coreoplasty by laser	Intermediate
	Iridencleisis and iridotasis	Intermediate
	Scleral fistulization +/- iridectomy	Intermediate
	Thermocauterization of sclera +/- iridectomy	Intermediate

Procedure / Surgery		Category
	Diminution of ciliary body	Intermediate
	Biopsy of extraocular muscle or tendon	Minor
	Operation on one extraocular muscle	Intermediate
	Eyeball, perforating wound of, with incarceration or prolapse of uveal tissue repair	Major
	Enucleation of eye	Intermediate
	Evisceration of eyeball / ocular contents	Intermediate
	Repair of eyeball or orbit	Intermediate
	Conjunctivocystorhinostomy	Intermediate
	Conjunctivorhinostomy with insertion of tube / stent	Intermediate
	Dacryocystorhinostomy	Intermediate
	Excision of lacrimal sac and passage	Minor
	Excision of lacrimal gland / dacryoadenectomy	Intermediate
	Probing +/- syringing of lacrimal canaliculi / nasolacrimal duct	Minor
	Repair of canaliculus	Intermediate
	Coreoplasty	Intermediate
FEMALE GENITAL SYSTEM		
Cervix	Amputation of cervix	Intermediate
	Colposcopy +/- biopsy	Minor
	Conization of cervix	Minor
	Destruction of lesion of cervix by excision/ cryosurgery / cauterization / laser	Minor
	Endocervical curettage	Minor
	Loop electrosurgical excision procedure (LEEP)	Minor
	Marsupialization of cervical cyst	Minor
	Repair of cervix	Minor
	Repair of fistula of cervix	Intermediate
	Suture of laceration of cervix / uterus / vagina	Intermediate
Fallopian tubes and ovaries^	Dilatation / insufflation of fallopian tube	Minor
	Excision / destruction of lesion of fallopian tube, open or laparoscopic	Major
	Repair of fallopian tube	Major
	Salpingostomy / salpingotomy	Intermediate
	Total or partial salpingectomy	Intermediate
	Tuboplasty	Intermediate
	Aspiration of ovarian cyst	Minor
	Ovarian cystectomy, open or laparoscopic	Major
	Wedge resection of ovary, open or laparoscopic	Major
	Oophorectomy	Intermediate
	Oophorectomy, laparoscopic	Major
	Salpingo-oophorectomy, open or laparoscopic	Major
	Drainage of tubo-ovarian abscess, open or laparoscopic	Intermediate
	^ The category applies to both unilateral and bilateral procedures unless otherwise specified.	
Uterus	Dilatation and curettage of Uterine (D&C)	Minor
	Hysteroscopy +/- biopsy	Minor
	Hysteroscopy with excision or destruction of uterus and supporting structures	Intermediate
	Hysterotomy	Major
	Laparoscopic assisted vaginal hysterectomy (LAVH)	Major
	Vaginal hysterectomy +/- repair of cystocele and/or rectocele	Major
	Total / subtotal abdominal hysterectomy +/- bilateral salpingo-oophorectomy, open or laparoscopic	Major
	Radical abdominal hysterectomy	Complex
	Myomectomy, open or laparoscopic	Major
	Uterine myomectomy, vaginal or hysteroscopic	Intermediate
	Laparoscopic drainage of female pelvic abscess	Intermediate
	Colposuspension	Major
	Pelvic floor repair	Major
	Pelvic exenteration	Complex
	Uterine suspension	Intermediate
Vagina	Destruction of lesion of vagina by excision / cryosurgery / cauterization / laser	Minor
	Insertion / removal of vaginal supportive pessaries	Minor
	Marsupialization of Bartholin's cyst	Minor
	Vaginal stripping of vaginal cuff	Minor
	Vaginotomy	Intermediate
	Partial vaginectomy	Intermediate
	Vaginectomy, complete	Major
	Radical vaginectomy	Complex
	Anterior colporrhaphy +/- Kelly plication	Intermediate
	Posterior colporrhaphy	Intermediate
	Obliteration of vaginal vault	Intermediate
	Sacrospinous ligament suspension or fixation of the vagina	Intermediate
	Sacral colpopexy	Intermediate
	Vaginal repair of enterocoele	Intermediate
	Closure of urethro-vaginal fistula	Intermediate
	Repair of rectovaginal fistula, vaginal approach	Intermediate
	Repair of rectovaginal fistula, abdominal approach	Major
	Culdocentesis	Minor

Procedure / Surgery		Category
	Culdotomy	Minor
	Excision of transverse vaginal septum	Minor
	McCall's culdeplasty / culdoplasty	Intermediate
	Vaginal reconstruction	Major
Vulva and introitus	Destruction of lesion of vulva by excision / cryosurgery / cauterization / laser	Minor
	Wide local excision of vulva with cold knife or LEEP	Minor
	Excision of vestibular adenitis	Minor
	Excision biopsy of vulva	Minor
	Incision and drainage of vulva and perineum	Minor
	Lysis of vulvar adhesions	Minor
	Repair of fistula of vulva or perineum	Minor
	Suture of lacerations / repair of vulva and/or perineum	Minor
	Vulvectomy	Intermediate
	Radical vulvectomy	Major
HEMIC AND LYMPHATIC SYSTEM		
Lymph Nodes	Drainage of lesion / abscess of lymph node	Minor
	Biopsy / excision of superficial lymph nodes / simple excision of lymphatic structure	Minor
	Incisional biopsy of cervical lymph node / fine needle aspiration (FNA) biopsy of lymph nodes	Minor
	Excision of deep lymph node / lymphangioma / cystic hygroma	Intermediate
	Bilateral inguinal lymphadenectomy	Intermediate
	Cervical lymphadenectomy	Intermediate
	Inguinal and pelvic lymphadenectomy	Major
	Radical groin dissection	Major
	Radical pelvic lymphadenectomy	Major
	Selective / radical / functional neck dissection	Major
	Wide excision of axillary lymph node	Major
Spleen	Splenectomy, open or laparoscopic	Major
MALE GENITAL SYSTEM		
Prostate	External drainage of prostatic abscess	Minor
	Photoselective vaporization of prostate	Major
	Plasma vaporization of prostate	Major
	Prostate biopsy	Minor
	Transurethral microwave therapy	Intermediate
	Transurethral prostatectomy or TURP	Major
	Prostatectomy, open or laparoscopic	Major
	Radical prostatectomy, open or laparoscopic	Complex
Penis	Circumcision	Minor
	Release of chordee	Major
	Repair of buried / avulsion of penis	Intermediate
Testicles^	Epididymectomy	Intermediate
	Exploration of testis	Intermediate
	Exploration for undescended testis, laparoscopic	Major
	Orchidopexy	Intermediate
	Orchidectomy or orchidopexy, laparoscopic	Major
	Reduction of torsion of testis and fixation	Intermediate
	Testicular biopsy	Minor
	High ligation of hydrocoele	Intermediate
	Tapping of hydrocele	Minor
	Excision of varicocoele and hydrocoele of spermatic cord	Intermediate
	Varicocelectomy (microsurgical)	Major
	^ The category applies to both unilateral and bilateral procedures unless otherwise specified.	
Spermatic cord	Vasectomy	Minor
MUSCULOSKELETAL SYSTEM		
Bone	Amputation of finger(s) / toe(s) of one limb	Intermediate
	Amputation of one arm / hand / leg / foot	Intermediate
	Bunionectomy	Intermediate
	Bunionectomy with soft tissue correction and osteotomy of the first metatarsal	Major
	Excision of radial head	Intermediate
	Mandibulectomy for benign disease	Intermediate
	Patellectomy	Major
	Partial ostectomy of facial bone	Intermediate
	Sequestrectomy of facial bone	Intermediate
	Wedge osteotomy of bone of wrist / hand / leg	Major
	Wedge osteotomy of bone of upper arm / lower arm / thigh	Major
	Wedge osteotomy of scapula / clavicle / sternum	Major
Joint	Arthroscopic drainage and debridement	Intermediate
	Arthroscopic removal of loose body from joints	Intermediate
	Arthroscopic examination of joint +/- biopsy	Intermediate
	Arthroscopic assisted ligament reconstruction	Major
	Arthroscopic Bankart repair	Major
	Arthroscopic repair for superior labral tear from anterior to posterior of shoulder	Major
	Arthroscopic rotator cuff repair	Major
	Acromioplasty	Major

Procedure / Surgery		Category
	Arthrodesis of shoulder	Major
	Arthrodesis of Elbow / Triple arthrodesis	Major
	Arthrodesis of knee / hip	Complex
	Arthroplasty of hand / finger / foot / Toe joint with implant	Major
	Fusion of wrist	Major
	Synovectomy of wrist	Intermediate
	Interphalangeal joint fusion of toes	Intermediate
	Interphalangeal fusion of finger	Major
	Excisional arthroplasty shoulder / hemiarthroplasty of shoulder	Major
	Excisional arthroplasty of hip / knee / Wrist / Elbow	Major
	Excisional arthroplasty of hip / knee with local antibiotic delivery	Complex
	Temporomandibular arthroplasty +/- autograft	Major
	Joint aspiration / injection	Minor
	Manipulation of joint under anesthesia	Minor
	Metal femoral head insertion	Major
	Anterior cruciate ligament reconstruction	Major
	Meniscectomy, open or arthroscopic	Major
	Posterior cruciate ligament reconstruction	Major
	Repair of the collateral ligaments	Major
	Repair of the cruciate ligaments	Major
	Suture of capsule or ligament of ankle and foot	Major
	Total shoulder replacement	Complex
	Total knee replacement	Complex
	Total hip replacement	Complex
	Partial hip replacement	Major
Muscle/ Tendon	Achilles tendon repair	Intermediate
	Achillotenotomy	Intermediate
	Change in muscle or tendon length (except hand) / excision of lesion of muscle	Intermediate
	Change in muscle or tendon length of hand	Major
	Excision of lesion of muscle	Intermediate
	Lengthening of tendon, including tenotomy	Intermediate
	Open biopsy of muscle	Minor
	Release of De Quervain's disease	Minor
	Release of trigger finger	Minor
	Release of tennis elbow	Minor
	Transfer / transplantation / reattachment of muscle	Major
	Tendon repair / Suture of tendon not involving hand	Intermediate
	Tendon repair / Suture of tendon of hand	Major
	Tenosynovectomy / synovectomy	Intermediate
	Transposition of tendon of wrist / hand	Major
	Secondary repair of tendon, including graft, transfer and / or prosthesis	Major
Fracture/ dislocation	Closed reduction of dislocation of temporomandibular / interphalangeal / acromioclavicular joint	Minor
	Closed reduction of dislocation of shoulder / elbow / wrist / ankle	Intermediate
	Closed reduction for Colles' fracture with percutaneous k-wire fixation	Major
	Closed reduction for fracture of arm / leg / patella / pelvis with internal fixation	Major
	Close reduction for mandibular fracture with internal fixation	Intermediate
	Closed reduction for fracture of clavicle / scapula / phalanges / patella without internal fixation	Minor
	Closed reduction for fracture of upper arm / lower arm / wrist / hand / leg / foot bone without internal fixation	Intermediate
	Closed reduction for fracture of clavicle / hand / ankle / foot with internal fixation	Intermediate
	Closed reduction for fracture of femur +/- internal fixation	Major
	Closed / open reduction of fracture of acetabulum with internal fixation	Complex
	Open reduction for mandibular fracture with internal fixation	Major
	Open reduction for clavicle / hand / foot (except carpal / talus / calcaneus) +/- internal fixation	Intermediate
	Open reduction for arm / leg / patella / scapula +/- internal fixation	Major
	Open reduction for femur / calcaneus / talus/ +/- internal fixation	Major
	Operative treatment of compound fracture with external fixator and extensive wound debridement	Intermediate
	Removal of screw, pin and plate, and other metal for old fracture except fracture femur	Minor
Spine	Artificial cervical disc replacement	Complex
	Anterior spinal fusion, cervical / cervicothoracic/ C4/5 and C5/6 and locking plate	Major
	Anterior spinal fusion (excluding cervical / cervicothoracic/ C4/5 and C5/6 and locking plate)	Complex
	Anterior spinal fusion with instrumentation	Complex
	Laminoplasty for cervical spine	Major
	Laminectomy / diskectomy	Major
	Laminectomy with diskectomy	Complex
	Posterior spinal fusion, thoracic / cervico-thoracic / thoracolumbar / T5 to L1/ atlas-axis	Major
	Posterior spinal fusion, (excluding thoracic / cervico-thoracic / thoracolumbar / T5 to L1 / atlas-axis)	Complex
	Posterior spinal fusion with instrumentation	Complex
	Spinal biopsy	Minor

Procedure / Surgery		Category
	Spinal fusion +/- foraminotomy +/- laminectomy +/- diskectomy	Complex
	Spine osteotomy	Complex
	Vertebroplasty / kyphoplasty	Intermediate
Others	Excision of ganglion / bursa	Minor
	Closed/ Percutaneous needle fasciotomy for Dupuytren disease	Minor
	Radical (or total) fasciectomy for Dupuytren disease	Major
	Release of carpal / tarsal tunnel, open or endoscopic	Intermediate
	Release of peripheral nerve	Intermediate
	Transposition of ulnar nerve	Intermediate
	Sliding / reduction genioplasty	Intermediate
SKIN AND BREAST		
Skin	Curettage / cryotherapy / cauterization / laser treatment of lesion of skin	Minor
	Drainage of subungual haematoma or abscess	Minor
	Excision of lipoma	Minor
	Excision of skin for graft	Minor
	Incision and / or drainage of skin abscess	Minor
	Incision and / or removal of foreign body from skin and subcutaneous tissue	Minor
	Local excision or destruction of lesion or tissue of skin and subcutaneous tissue	Minor
	Suture of wound on skin	Minor
	Surgical toilet and suturing	Minor
	Wedge resection of toenail	Minor
Breast	Breast tumour / lump excision +/- biopsy	Intermediate
	Fine needle aspiration (FNA) of breast cyst	Minor
	Incisional breast biopsy	Minor
	Modified radical mastectomy	Major
	Partial or simple mastectomy	Intermediate
	Partial or radical mastectomy with axillary lymphadenectomy	Major
	Total or radical mastectomy	Major
	Duct papilloma excision	Intermediate
	Gynaecomastia excision	Intermediate
URINARY SYSTEM		
Kidney	Extracorporeal shock wave lithotripsy for urinary stone (ESWL)	Intermediate
	Nephrolithotomy / pyelolithotomy	Major
	Nephroscopy	Major
	Percutaneous insertion of nephrostomy tube	Minor
	Renal biopsy	Minor
	Nephrectomy, open or laparoscopic or retroperitoneoscopic	Major
	Nephrectomy, partial/ lower pole	Complex
	Kidney transplant	Complex
Bladder, ureter and urethra	Cystoscopy +/- biopsy	Minor
	Cystoscopy with catheterization of ureter / transurethral bladder clearance	Minor
	Cystoscopy with electro-cauterisation / laser lithotripsy	Intermediate
	Excision of urethra caruncle	Minor
	Insertion of urethral / ureter stent	Intermediate
	Diverticulectomy of urinary bladder, open or laparoscopic	Major
	Transurethral resection of bladder tumour	Major
	Partial cystectomy, open or laparoscopic	Major
	Radical / total cystectomy, open or laparoscopic	Complex
	Ureterolithotomy, open or laparoscopic or retroperitoneoscopic	Major
	Closure of urethro-rectal fistula	Major
	Repair of urethral fistula	Major
	Repair of vesicovaginal fistula	Major
	Repair of vesicocolic fistula	Major
	Repair of rupture of urethra	Major
	Repair of urinary stress incontinence	Major
	Formation of ileal conduit, including ureteric implantation	Complex
	Ileal or colonic replacement of ureter	Major
	Unilateral reimplantation of ureter into bowel or bladder	Major
	Bilateral reimplantation of ureter into bowel or bladder	Major
DENTAL		
	Any kind of dental surgery due to injury caused by an Accident	Minor

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保柏家互通
Bupa All Together

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

(2024年1月1日版本)

目錄

自選保障條款及細則

1. 一般條文

(a) 自選保障的條款及細則（「***自選保障條文***」）附於***保柏家互通醫療保障計劃保單***，並屬當中一部分。

(b) 本***自選保障條文***所列明的所有保障賠償，僅適用於支付在自選***保障表***內指定的保障地域範圍所招致的***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***列明不適用者外，***計劃***內的所有***條款及保障***均為適用，並且具十足效力及作用。 倘若***條款及保障***下任何適用的不保事項與***自選保障條文***內所明確列明的保障有任何抵觸，概以***自選保障條文***的條款為準以解決有關不一致之處。為免存疑，下列不保事項不適用於本***自選保障條文*** -

(i) ***條款及保障***第十部分第2及第7節所述的一般不保事項，不適用於以下第3節及第4節所述的保障；
(ii) ***條款及保障***第十部分第8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***第十部分第9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***第十部分第11節所述的一般不保事項，不適用於以下第2(f)節、第2(g)節、第2(h)節及第2(i)節所述的保障；及
(v) ***條款及保障***第十部分第13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***第十一部分及下述第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。可賠償費用不會超過所接受服務的實際開支。

(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；或不符合***保單***的保障，則***保單持有人***及／或***受保人***須於收到***本公司***發票起十四(14)日內，悉數賠償***本公司***有關不受保費用。

(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***第九部所列明之任何折扣。

(i) 為免存疑，就其他服務條款及細則第II節所述的保柏保健計劃所提供的保健服務，其招致的任何自付費均不是自選保障下可獲賠償的合資格費用。

(j) 門診保障申請須經核保批准。***保單持有人***可不時於***保單續保日***前最少一（1）個月以書面向保柏申請，為現有***保單***下的所有***受保人***申請額外、刪除或更改自選保障（如適用）。相關更改將於***保單續保日***生效。更改保障生效日起，***受保人***只能享有更改後的保障，更改前的保障則會停止。

2. 門診保障

如符合下列條款，本第 2 節賠償額將等於下列任何***醫療服務***實際收取的費用，並受***自選保障表***內列明的最高賠償限額及診治次數上限所規限。

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***保柏尚健特選服務供應商***所訂定的信用額安排會有所不同。若由***保柏尚健特選服務供應商***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。於***網絡保障***下，基本***醫療所需西藥***費用亦可獲得賠償。

本保障將賠償視像診症服務供應商由***註冊醫生***進行的醫療診症服務的診症費及由視像診症服務供應商的***註冊醫生***處方並於其診所取得的基本***醫療所需西藥***費用（僅限***網絡保障***）。本保障亦涵蓋就指定視像診症服務供應商的藥物運送費用。***網絡保障***下指定視像診症服務供應商名單可於***本公司***的網站查閱。***本公司***會不時更新及修訂此名單。

(b) 專科醫生

本保障將賠償***受保人***經主診***註冊醫生***書面建議（皮膚科、家庭醫學科、婦科、眼科、骨科、耳鼻喉科、小兒外科、兒科及精神科除外），到***專科醫生***診所接受***專科醫生***門診診治時，***專科醫生***所收取的診症費。於***網絡保障***下，基本***醫療所需西藥***費用亦可獲得賠償。

本保障將賠償於***非網絡保障下***視像診症服務供應商由***專科醫生***進行的醫療診症服務的診症費。為免存疑，***受保人***須自行承擔任何藥物運送費用，本保障將不會支付此類費用。

(c) 家中應診

本保障將賠償主診***註冊醫生***到***受保人***家中診症時，***註冊醫生***所收取的診症費。

(d) 物理治療師

本保障將賠償***受保人***經主診***註冊醫生***書面建議，接受***物理治療師***門診診治時，***物理治療師***所收取的診症費。

(e) 脊醫

本保障將賠償***受保人***經主診***註冊醫生***書面建議，接受***脊醫***門診診治時，***脊醫***所收取的診症費。

(f) 中醫師

倘***受保人***到***註冊中醫師***診所接受***註冊中醫師***門診診治，本保障將賠償***受保人***該次就醫的診症費，以及該中醫師於診症同日所處方、***受保人***由合法來源取得之基本***醫療所需中藥***費用。本保障將支付***受保人***於***非網絡保障***下由***註冊中醫師***處方並由合法來源（不論是否於該***註冊中醫師***的門診診所）取得之基本***醫療所需中藥***費用。本保障亦會賠償***非網絡保障***之***註冊中醫師***的門診針灸治療及推拿費用。

本保障將賠償視像診症服務供應商由***註冊中醫師***進行的醫療診症服務的診症費及由視像診症服務供應商的***註冊中醫師***處方並於其診所取得的基本***醫療所需中藥***費用。本保障亦涵蓋就指定視像診症服務供應商的藥物運送費用。為免存疑，***受保人***須自行承擔任何煎藥費用，本保障將不會支付此類費用。***網絡保障***下指定視像診症服務供應商名單可於***本公司***的網站查閱。***本公司***會不時更新及修訂此名單。

(g) 跌打醫師
本保障將賠償***受保人***於網絡保障之***註冊中醫師***診所接受***註冊中醫師***門診跌打治療時所收取的的診症費。本保障將支付***受保人***於***非網絡保障***下由***註冊中醫師***門診跌打治療時所收取的的診症費，及處方並由合法來源（不論是否於該***註冊中醫師***的門診診所）取得之基本***醫療所需中藥***費用。本保障亦會賠償***非網絡保障***之***註冊中醫師***的門診針灸治療及推拿費用。

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

為免存疑，就***訂明診斷成像檢測***所產生的***合資格費用***只會根據***條款及保障***第六部分第3(i)節所述的***訂明診斷成像檢測***獲得賠償，即使***條款及保障***第六部分第6部第3(i)節下的***訂明診斷成像檢測因***的最高賠償額已用盡，本保障亦不提供任何賠償。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***第十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***第十部分所述的一般不保事項有任何不一致，本保障亦會賠償因***先天性疾病***及懷孕（包括其併發症）所引致的精神、心理或行為症狀；然而，所有因濫用藥物及酗酒引致或與其相關的所有症狀及疾病一律明確地不會獲得賠償。

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

為免存疑，訂明診斷成像檢測所招致的合資格費用只可於住院及手術保障下作出賠償，而並非於門診保障下的診斷成像及化驗作出賠償。訂明診斷成像檢測是指電腦斷層掃描（“CT”掃描）、磁力共振掃描（“MRI”掃描）、正電子放射斷層掃描（“PET”掃描）、PET–CT 組合及 PET–MRI 組合。

(k) 處方西藥
本保障將賠償***受保人***於診症同時經***註冊醫生***處方、屬***醫療所需***並由合法來源取得之***西藥***費用。

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

3. 牙科保障
如符合下列條款，本第 3 節賠償額將等於下列服務所收取的實際費用，並受***自選保障表***內所列明的最高賠償限額及診治次數上限所規限。

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

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

(b) 產科保障按懷孕所選分娩方式或最終手術而賠償。順產保障及剖腹生產保障賠償不可超出***自選保障表***內分別列明的順產及剖腹生產最高賠償限額。倘因流產、經***註冊醫生***建議而墮胎或因懷孕併發症令懷孕中止，將按***自選保障表***內列明的流產保障作賠償。

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

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

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

為免存疑，若***受保人***於妊娠三十七(37)週後但於九 (9) 個月等候期內分娩，將不獲此產科保障賠償。

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

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

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

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

5. 釋義

本***自選保障條文***中使用的字詞及表述必須按照以下所述解釋 -

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

「***脊醫***」 是指符合以下資格的脊醫 -

(a) 具有正式資格並已按香港法例第 428 章《脊醫註冊條例》在香港脊醫管理局註冊，或在***香港***境外的司法管轄區內由***本公司***絕對真誠及合理地認為具有同等效力的團體註冊；及

(b) 在***香港***或***香港***境外的司法管轄區，經當地法例許可向***受保人***提供脊醫治療或服務，

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

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

「***非網絡保障***」 是指***自選保障表***所述屬***非網絡保障***的保障。

「***物理治療師***」 是指符合以下資格的物理治療師 -

(a) 具有正式資格並已按香港法例第 359 章《輔助醫療業條例》在香港輔助醫療業管理局註冊，或在***香港***境外的司法管轄區內由***本公司***絕對真誠及合理地認為具有同等效力的團體註冊；及

(b) 在***香港***或***香港***境外的司法管轄區，經當地法例許可向***受保人***提供物理治療或服務，

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

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

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***保柏家互通醫療保障計劃保單***，並屬當中一部分。***其他服務條文***列明提供予***保柏家互通醫療保障計劃保單持有人***及***受保人***的增值服務，無需額外保費。

(b) 除本***其他服務條文***列明不適用者外，***計劃***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***內所明確列明的保障有任何抵觸，概以***其他服務條文***的條款為準以解決有關不一致之處。

(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***第十一部分及***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***將按本***其他服務條文***的條款提供服務。可獲賠償的費用（如有）不會超過所接受服務的實際開支。

(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；或不符合***保單***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. 保柏保健計劃條文（「條文一」）

此保障由第二個***保單年度***起以及隨後的每一個***保單年度***適用。每位***受保人***可按其年齡享有***保障表***所示的任何一項保健服務，有關服務必須由換領信或其他換領文件（如有）上指定的保健中心提供。按本***條文一***所訂，每位***受保人***每***保單年度***只可享有一項保健服務。

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***服務供應商***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***服務供應商***全年二十四(24)小時求助熱線 (852) 2861 9229，獲得本***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***服務供應商***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***服務供應商***並非對方之代理。

(b) ***本公司***不須就***服務供應商***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***服務供應商***之間的安排終止或***服務供應商***終止其業務，***本公司***沒有責任另覓其他供應商代替***服務供應商***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***服務供應商***的二十四(24)小時緊急支援中心提出口頭通知，即可直接獲***服務供應商***提供以下的全球援助服務及保障。

<u>醫療援助服務</u>

(a) 醫療意見熱線
如有需要，***受保人***可致電***服務供應商***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***服務供應商***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，***服務供應商***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，***服務供應商***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***服務供應商***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，***服務供應商***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。***服務供應商***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，***服務供應商***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***服務供應商***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***服務供應商***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，***服務供應商***將提供最高港元 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）。***服務供應商***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***身在外地接受住院治療，***服務供應商***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，***服務供應商***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，最高達港元 16,000 元。

(j) 同行伙伴之額外交通及住宿費
服務供應商將安排並支付與***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元 15,000 元，並以每日港元 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***服務供應商***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***服務供應商***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，服務供應商將為***受保人***安排及支付該等合理酒店住宿費用，以每天最高港元 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***服務供應商***醫療護送或遣返後的一(1)個月內，如***受保人***提出要求，***服務供應商***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。***服務供應商***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，***服務供應商***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，***服務供應商***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，***服務供應商***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***保柏家互通醫療保障計劃***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***服務供應商***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***服務供應商***。

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***服務供應商***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，***服務供應商***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，***服務供應商***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
服務供應商將向***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***保柏靈家互通醫療保障計劃***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。***服務供應商***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***服務供應商***所擔保之***醫院***按金。***服務供應商***並不會支付任何費用。

法律援助

(v) 提供法律轉介
服務供應商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，***服務供應商***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***服務供應商***委任的大律師及／或律師，須以法定身份代表***受保人***，***服務供應商***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***服務供應商***支付，最高為港元 40,000 元。

(x) 保釋金墊支
服務供應商將會代***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。***服務供應商***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。***服務供應商***提供的預付款項將會一律被視為由***服務供應商***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***服務供應商***。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***服務供應商***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
服務供應商可協助***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
服務供應商可協助***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***服務供應商***之責任
服務供應商向***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***服務供應商***員工、代理或僱員。***本公司***將盡最大努力促使***服務供應商***在本***條文二***下提供服務和協助，及***服務供應商***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***保柏家互通醫療保障計劃***，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***服務供應商***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***保柏家互通醫療保障計劃***之其他不保事項。

(b) 不可抗力之免責事由
本公司及***服務供應商***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***服務供應商***提供支援服務的不可抗力事項，因而所引致的***服務供應商***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。

「***任中橫網絡***」 是指列載有***服務供應商***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。

「***服務供應商***」 是指***本公司***聘用並於本***條文***二規定提供全球援助的任何服務供應商。

「***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」。就「健康支援服務條款及細則」內第 2 節所訂明的服務，惟以下服務將適用於本***條文三***。

健康支援服務	
計劃級別	
24 小時健康專線 提供每天 24 小時支援服務，為你解答健康問題並提供指引，根據病徵或病況建議合適的做法	√
醫療中心選擇 可根據你的指定情況或需要為您你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，讓你了解你的治療詳情和醫療開支預算，替你處理有關入院、出院後跟進治療及索償等事宜	√
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你提供專業的第二意見，讓你掌握病情從而決定治療方法	√

V. 新生嬰兒免費危疾保障條文（「*條文四*」）

如***保單***於***保單生效日***後連續生效不少於十二 (12) 個月，***保單***下的任何女性***受保人***若分娩新生嬰兒，該新生嬰兒將可獲得一 (1) 年免費危疾保障，惟有關危疾保障須經申請及核保審批。
新生嬰兒免費危疾保障由***本公司***提供，並受計劃條款和細則限制。計劃詳情和申請方法可能會不時更改。有關最新資訊，請參閱***本公司***網站和會員指引。

自選保障表

賠償限額（*港元*）

1	**門診保障[9]**	**網絡保障[1]**	***非網絡保障***
	保障地域範圍[8]	香港	亞洲、澳洲及新西蘭
	保柏尚健特選服務供應商數目[2]	約 1,800	不適用
a	普通科醫生	全數賠償 （包括診症費及最多 5 日之基本***醫療所需西藥***費用）	每次診治 $340 （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		每次診治 $640 （只限診症費）
c	家中應診	不適用	每次診治 $760 （只限診症費）
d	***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）	每次診治 $630 （只限診療費）
e	***脊醫***[3] ◦須獲***註冊醫生***書面轉介	不適用	
f	中醫師	全數賠償 （包括診症費及最多兩劑之基本***中藥***費用）	每次診治 $350 （包括診症費、基本***中藥***費用、針灸治療及推拿；亦支付由註冊中醫師處方並由合法來源（不論是否於該註冊中醫師的門診診所）取得之***醫療必需***中藥費用）
g	跌打醫師	全數賠償 （只限診症費）	
h	精神科相關治療[4][5]	不適用	每次診治 $550 （包括診症費、***醫療所需西藥***、***中藥***、針灸治療、診斷成像及化驗）
i	臨床心理輔導[3] ◦須獲***精神科醫生***書面轉介	不適用	每次診治 $550
j	診斷成像及化驗[3][6] ◦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***[7]（只適用於 X 光及化驗）書面轉介	全數賠償	每***保單年度*** $5,200
k	處方***西藥***	每***保單年度*** $5,200 （經由***註冊醫生***處方並由合法來源取得之***醫療所需西藥***費用）	
以網絡保障及***非網絡保障***合計，每***保單年度***有關項目(a) - (i)之診治次數上限合共為 30 次，其中項目(f) - (g)之診治次數上限合共為每***保單年度***20 次，而項目(h) - (i)之診治次數上限則合共為每***保單年度***10 次，每一項目以每日最多一次為限。			

註解

(1) 有關門診保障之網絡保障

(i) 每名已投保門診保障之合資格***受保人***均會獲發一張***保柏尚健卡***。***受保人***可使用***保柏尚健卡***享用全數賠償服務，惟必須依循以下的所有規定 -

- 你的門診治療必須由***保柏尚健特選服務供應商*** 提供及於其診所內進行；
- ***專科醫生***診症（皮膚科、家庭醫學科、婦科、眼科、骨科、耳鼻喉科、小兒外科、兒科及精神科除外）及物理治療必須經***註冊醫生***轉介；
- 必須按***本公司***供應商指引之要求向***本公司***取得初步保障審核確認，方可享用診斷成像及化驗之全數賠償（有關初步保障審核之步驟，請參閱會員指引）；及
- 請在求診登記時出示你的***保柏尚健卡***，並以此卡繳付醫療費用。

(ii) 如沒有依循以上第(i)節的所有規定，你的合資格醫療費用將於***非網絡保障***下作出賠償。你須先直接向供應商繳付醫療費用，然後向***本公司***申請索償。

(2) 有關***保柏尚健特選服務供應商***

請登入***本公司***的客戶服務網站 myBupa 查閱最新的***保柏尚健特選服務供應商***名單。此名單會不時更改。

(3) 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。

(4) 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）及帕金遜病的門診診治（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。

(5) 精神科治療處方藥物只限於 1(h)項作出賠償。

(6) ***訂明診斷成像檢測***所招致的***合資格費用***只可於住院及手術保障下作出賠償，而並非於門診保障下的診斷成像及化驗作出賠償。***訂明診斷成像檢測***是指電腦斷層掃描（“CT”掃描）、磁力共振掃描（“MRI”掃描）、正電子放射斷層掃描（“PET”掃描）、PET–CT 組合及 PET–MRI 組合。

(7) 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。

(8) 「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。

(9) 門診保障下的普通科醫生、***專科醫生***及中醫師亦涵蓋由視像診症服務供應商的普通科醫生、***專科醫生***及中醫師的醫療診症服務的診症費。此保障亦涵蓋由指定視像診症服務供應商的藥物運送費用（只包括普通科醫生及中醫師）。指定的視像診症服務供應商名單可於***本公司***的網站查閱，此名單可能會不時更改及更新。

賠償限額（*港元*）

2	**牙科保障** **(只適用於*年齡*介乎 15 日至 80 歲之*受保人*)**	***網絡牙科中心*保障**		***非網絡牙科中心*保障**	
		計劃 A	**計劃 B**	**計劃 A**	**計劃 B**
保障地域範圍(8)		香港		亞洲、澳洲及新西蘭	
***網絡牙科中心*數目(10)**		12		不適用	
	適用範圍	只適用於在***網絡牙科中心***(10) 診症時間以內由***註冊牙醫***（所有適用項目）或***註冊牙齒衛生員***（只適用於項目(a)）進行的合資格牙科服務		適用於在***網絡牙科中心***以外由***註冊牙醫***（所有適用項目）或***註冊牙齒衛生員***（只適用於項目(a)）進行的合資格牙科服務。所有合資格牙科費用將以下列的賠償限額為限。請先直接向牙科服務供應商支付費用，然後再向***本公司***申請索償	
賠償率		不適用		100%	100%
a	洗牙	每***保單年度***共一次	每***保單年度***共兩次	每***保單年度***$300	每***保單年度***$500
b	定期口腔檢查				
c	口腔 X 光及藥物	全數賠償(11)			
d	補牙及脫牙	全數賠償(11) （只適用於蛀牙或患嚴重牙周病之牙齒之大牙（銀粉）或門牙（瓷粉）補牙。脫除智慧齒、複雜脫牙、口腔手術脫除牙腳、需移走牙骨或牙齒、任何口腔手術或因矯正牙齒而脫牙將不包括在保障內）			
e	牙周病治療	全數賠償(11) (只限由普通科***註冊牙醫***進行之輕微至中度的牙周病治療，包括清洗牙周袋內的牙菌膜及牙根刮治等牙科治療)			
f	牙痛急症處理	全數賠償(11) (只適用於緊急牙痛舒緩(包括敷料及藥物)、膿瘡切割及排放)			

註解

(10) ***網絡牙科中心***指由***本公司***委任的牙科中心網絡以提供***自選保障表***上***網絡牙科中心***保障所列的牙科服務項目。***網絡牙科中心***地點包括金鐘、銅鑼灣、鰂魚涌、尖沙咀、將軍澳、沙田、青衣、東涌等。請登入***本公司***之客戶服務網站 myBupa 查閱最新的牙科中心地址。此名單會不時更改。有關診症時間請向個別***網絡牙科中心***查詢。

(11) 要享有全數賠償的***網絡牙科中心***保障：

(i) ***受保人***必須於指定***網絡牙科中心***出示保柏會員卡、醫療卡或保單號碼，及香港身份證以作核實及紀錄便可使用免找數服務。如***受保人***直接向***網絡牙科中心***繳付費用，合資格的索償將根據非***網絡牙科中心***保障作出賠償，並以賠償限額為限。

(ii) 每***保單年度網絡牙科中心***保障下項目(c) - (f)的診治次數不設上限。

賠償限額（*港元*）

3	**產科保障** **(只適用於*年齡* 介乎 18 至 49 歲之女性*受保人*)**	
	保障地域範圍(8)	亞洲、澳洲及新西蘭
a	順產	每次懷孕 $18,420
b	剖腹生產	每次懷孕 $27,630
c	流產	每次懷孕 $9,210
	• 產科保障將支付因懷孕引致之醫療費用，包括***醫院住院***、***註冊醫生***診症及處方的***西藥***、診斷化驗、產前檢查及產後檢查，以及初生嬰兒護理費用。 • 此保障不包括初生嬰兒在***醫院住院***期間之任何醫療費用，或任何因懷孕而引致或相關的精神科、心理、情緒或行為問題之治療。 • ***受保人***必須於本保障生效日之後受孕方可獲得賠償，首九(9)個月等候期內不會獲得賠償。倘若因為終止懷孕或早產（妊娠 20 至 37 週之間的分娩），此產科保障將不會應用 9 個月等候期而作賠償，惟***受保人***必須於此產科保障生效日後受孕。為免存疑，若***受保人***於妊娠 37 週後但於 9 個月等候期內分娩，將不獲此產科保障賠償。 • 所有因懷孕或產科相關的醫療費用僅在本產科保障獲得賠償，並不會於住院及手術保障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門診保障有關項目覆蓋則除外）。	

(1 January 2024 Edition)

Table of Content

Terms and Conditions for Optional Benefits

1. General provisions

(a) The terms and conditions for optional benefits ("Optional Benefit Provisions") is attached to and forms part of the Policy of Bupa All Together Health Insurance Scheme .

(b) All benefits payable under the Optional Benefit Provisions are only applicable to Eligible Expenses and other expenses incurred in the area of cover as specified in the Benefit Schedule of Optional Benefits.

(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 by payment of additional premium and the relevant benefit is shown on the Policy Schedule.

(d) Except as otherwise specified in this Optional Benefit Provisions, all Terms and Benefits applied to the Plan shall have full force and effect. To the extent that any exclusion applied to the Terms and Benefits is inconsistent with the benefits expressly provided in the Optional Benefit Provisions, the provisions in the Optional Benefit Provisions shall prevail to resolve such inconsistency. For the avoidance of doubt, the following exclusions do not apply to the benefits covered under this Optional Benefit Provisions –

  (i) Sections 2 and 7 of the general exclusions under Part 10 of the Terms and Benefits do not apply to the benefits payable under Sections 3 and 4 below;

  (ii) Section 8 of the general exclusions under Part 10 of the Terms and Benefits does not apply to the benefits payable under Section 3 below;

  (iii) Section 9 of the general exclusions under Part 10 of the Terms and Benefits does not apply to the benefits payable under Sections 2(h) and 2(i) and Section 4 below;

  (iv) Section 11 of the general exclusions under Part 10 of the Terms and Benefits does not apply to the benefits payable under Sections 2(f), 2(g), 2(h) and 2(i) below; and

  (v) Section 13 of the general exclusions under Part 10 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 11 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. The amount of expenses payable shall not exceed the actual costs of the services 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 of receipt 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 Part 9 of the Terms and Benefits.

(i) For the avoidance of doubt, any co-payment incurred in relation to wellness services provided by Bupa Wellness Programme as specified in Section II of Terms and Conditions of Other Service is not an eligible expense for reimbursement by any Optional Benefits.

(j) The application of Clinical Benefit is subject to underwriting approval. Policy Holder may from time to time apply for additional, deletion or change of Optional Benefits (if applicable) for the Insured Persons under the existing Policy by giving written notice to Bupa at least one (1) month before the Policy Renewal Date. Any such changes shall be effective on the Policy Renewal Date. As from the effective date of the changes of benefits, Insured Person shall only be entitled to the benefits as changed and shall cease to be entitled to any benefits that he was previously entitled to before such changes.

2. Clinical benefit

Subject to the terms below, the amount payable under this Section 2 shall be equal to the actual charges of any Medical Services described below, subject to the maximum limits and maximum number of visits 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 HealthPlus Appointed Service Provider. If the services or treatments offered by the Bupa HealthPlus 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 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. For Network Benefit, this benefit shall also cover the charges for basic Medically Necessary Western Medication.

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

(b) Specialist
This benefit shall be payable for the consultation fee 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). For Network Benefit, this benefit shall also cover the charges for basic Medically Necessary Western Medication.

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

(c) Home consultation
This benefit shall be payable for the consultation fee charged by a Registered Medical Practitioner when the Insured Person is treated by the attending Registered Medical Practitioner at the Insured Person's home.

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

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

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

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

(g) Chinese bonesetter
This benefit shall be payable for the consultation fee charged by a Registered Chinese Medicine Practitioner for bonesetting treatment on an outpatient basis at the Registered Chinese Medicine Practitioner's clinic. The benefit shall be payable for the consultation fee and charges for basic Medically Necessary Chinese Medicines prescribed by a Registered Chinese Medicine Practitioner and obtained at a legitimate source (at or outside the treating Registered Chinese Medicine Practitioner's clinic) under Non-Network Benefit. This Benefit shall also be payable for acupuncture and tui na performed by a Registered Chinese Medicine Practitioner on an outpatient basis under Non-Network Benefit.

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

For the avoidance of doubt, any eligible expenses on Prescribed Diagnostic Imaging Tests shall be exclusively paid under the benefit of Prescribed Diagnostic Imaging Tests under Section 3(i) of Part 6 of Terms and Benefits, and this benefit does not provide any coverage even if the maximum limit of the benefit of Prescribed Diagnostic Imaging Tests under Section 3(i) of Part 6 of Terms and Benefits has been exhausted. 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 10 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 10 of the Terms and Benefits, this benefit

shall also cover psychiatric, psychological, mental, or behavioural conditions arising from Congenital Conditions and maternity conditions (including their complications) but all conditions caused by or related to drug abuse and alcoholism are expressly excluded.

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

For the avoidance of doubt, Eligible Expenses incurred for the Prescribed Diagnostic Imaging Tests shall be payable exclusively under the Hospital and Surgical Benefits, and not payable under benefit item of diagnostic imaging and laboratory tests under the Clinical Benefit. Prescribed Diagnostic Imaging Tests shall mean computed tomography ("CT" scan), magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan), PET-CT combined and PET-MRI combined.

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

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

3. Dental benefit

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

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

4. Maternity benefit

(a) Subject to the terms in this Section 4 and the applicable maximum limits as stated in Benefit Schedule of Optional Benefits, maternity benefit shall be payable for the following expenses charged by a Registered Medical Practitioner -
   (i) the Eligible Expenses charged on the Medical Services related to pregnancy or related condition during Confinement;
   (ii) the charges for consultation, prenatal and postnatal check-up, diagnostic tests and prescribed Medically Necessary Western Medication incurred in any obstetric visit to a Registered Medical Practitioner for prenatal and postnatal care; and
   (iii) the expenses incurred for newborn baby care during Confinement.

(b) Maternity benefit shall be payable according to the delivery option or final procedure received for such pregnancy. Normal delivery benefit and caesarean section benefit shall be payable in accordance with the maximum limits under normal delivery and caesarean sections as stated in the Benefit Schedule of Optional Benefits respectively. If the pregnancy is terminated due to miscarriage, abortion advised by a Registered Medical Practitioner or complications of pregnancy, miscarriage benefit under the Benefit Schedule of Optional Benefits shall be payable.

(c) The benefit under this Section 4 shall only be payable provided that the conception occurs after the commencement date of this maternity benefit. Except for the conditions set out in Sections 4(d) and 4(e) below, this benefit shall not be payable during the waiting period of first nine (9) months from the commencement date of this maternity benefit.

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

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

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

(e) If the eligible medical expenses incurred after the nine (9) months' waiting period have been paid and there is a remaining balance of the benefit limit with respect of the relevant pregnancy after delivery, the Company shall also cover eligible medical expenses incurred during the nine (9) months' waiting period up to the maximum benefit limit according to the delivery option.

(f) Maternity benefit shall not cover any medical expenses incurred by the newborn baby in respect of any illness or injury during Confinement.

(g) In no event the maternity benefit shall be payable for a prepaid maternity package that requires advance payment to a Hospital or Registered Medical Practitioner and all benefits under this Section 4 shall only cover the charges after all treatments have been rendered.

(h) For the avoidance of doubt, this benefit shall not be payable for any psychiatric, psychological, mental, or behavioural conditions arising from or in connection with maternity conditions (including its complications).

5. Definitions

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

"Benefit Schedule of Optional Benefits"	shall mean a schedule of benefit attached to the terms and conditions of optional benefit which sets out, among others, the benefit items and maximum benefits covered.
"Chiropractor"	shall mean a chiropractor, (a) who is duly qualified and is registered with the Chiropractors Council of Hong Kong pursuant to Chiropractors Registration Ordinance (Cap. 428 of the Laws of Hong Kong) or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith); and (b) legally authorised for rendering chiropractor treatment or service in Hong Kong or the relevant jurisdiction outside Hong Kong where the treatment or service is provided to the Insured Person, but in no circumstances shall include the following persons – the Insured Person, the Policy Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder and/or the Insured Person (unless approved in advance by the Company in writing). If the chiropractor is not duly qualified or registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall exercise reasonable judgment to determine whether such practitioner shall nonetheless be considered qualified and registered.
"Network Dental Centre"	shall mean the list of dental service providers appointed by the Company to provide the covered dental services items as specified under the Benefit Schedule of Optional Benefits. The particulars of these dental service providers are published by the Company in either print or digital format and shall be amended from time to time.
"Non-Network Benefit"	shall mean the benefit referred to as a Non-Network Benefit in the Benefit Schedule of Optional Benefits.
"Physiotherapist"	shall mean a physiotherapist, (a) who is duly qualified and is registered with the Supplementary Medical Professions Council of Hong Kong pursuant to Supplementary Medical Professions Ordinance (Cap. 359 of the Laws of Hong Kong) or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith); and (b) legally authorised for rendering physiotherapy treatment or service in Hong Kong or the relevant jurisdiction outside Hong Kong where the treatment or service is provided to the Insured Person, but in no circumstances shall include the following persons – the Insured Person, the Policy Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder and/or the Insured Person (unless approved in advance by the Company in writing). If the physiotherapist is not duly qualified or registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall exercise reasonable judgment to determine whether such practitioner shall nonetheless be considered qualified and registered.
"Psychiatrist"	shall mean a psychiatrist, (a) who is duly qualified and is registered with the Medical Council of Hong Kong pursuant to Medical Registration Ordinance (Cap. 161 of the Laws of Hong Kong) or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith); and (b) legally authorised for rendering psychiatric treatment or service in Hong Kong or the relevant jurisdiction outside Hong Kong where the treatment or service is provided to the Insured Person, but in no circumstances shall include the following persons – the Insured Person, the Policy Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder and/or the Insured Person (unless approved in advance by the Company in writing). If the practitioner is not duly qualified or registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall exercise reasonable judgment to determine whether such practitioner shall nonetheless be considered qualified and registered.
"Psychologist"	shall mean a psychologist, (a) who is duly qualified to practise as a clinical psychologist for rendering services for emotional and behavioural disorder following completion of a degree in psychology and has

qualifications at least equivalent to those of a psychologist registered with the Hong Kong Psychological Society; and

(b) legally authorised for rendering psychological counselling or service in Hong Kong or the relevant jurisdiction outside Hong Kong where the counselling or service is provided to the Insured Person.

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

"Registered Dental Hygienist" shall mean a dental hygienist,

(a) who is duly qualified and is registered with the Hong Kong Dental Hygienists' Association pursuant to Ancillary Dental Workers (Dental Hygienists) Registrations (Cap. 156B of the Laws of Hong Kong) or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith); and

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

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

"Registered Dentist" shall mean a dentist,

(a) who is duly qualified and is registered with the Dental Council of Hong Kong pursuant to Dentists Registration Ordinance (Cap. 156 of the Laws of Hong Kong) or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith); and

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

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

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

Terms and Conditions for Other Services

I. General provisions

(a) The terms and conditions for other services ("Other Services Provisions") is attached to and forms part of the Policy of Bupa All Together Health Insurance Scheme . The Other Services Provisions set out the value added services available to Policy Holder and Insured Person of Bupa All Together Health Insurance Scheme without additional premium.

(b) Except as otherwise specified in this Other Services Provisions, all Terms and Benefits applied to the 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.

(c) Unless otherwise defined in Provision 1 to 4 below, capitalised terms used in this Other Services Provisions shall have the meanings ascribed to them under Part 11 of the Terms and Benefits and Section 5 of Optional Benefit 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.

(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. Bupa Wellness Programme Provisions (the "Provision 1")

This Benefit is available from the second Policy Year and in every subsequent Policy Year thereafter. Each Insured Person shall be entitled to enjoy any one of the wellness services, depending on the Insured Person's age, as stated in the Schedule of Benefits provided that the service is rendered at the designated wellness centre as listed in the redemption letter or other document for redemption (if any). Each Insured Person shall be entitled to use one selected service only in each relevant Policy Year pursuant to this Provision 1.

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

The services described under this Provision 2 are provided by the Service Provider(s). When travelling abroad, the Policy Holder or the Insured Person can call the Service Provider(s) 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 the Service Provider(s). 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 the Service Provider(s) 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 the Service Provider(s) or its agent, or the availability of such services.

(c) The Company has no obligation to replace the Service Provider(s) with other service provider if the arrangement between the Company and the Service Provider(s) ceases to operate or if the Service Provider(s) 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 the Service Provider(s) upon specific verbal notification by the Insured Person or his representative to the Service Provider(s)'s twenty-four (24)-hour alarm centre.

<u>Medical assistance</u>

(a) Medical advice hotline
If necessary, the Insured Person may call the Service Provider(s)'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, the Service Provider(s) 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, the Service Provider(s) may send an appropriate medical practitioner.

(e) Medical evacuation (Unlimited cover)
If the Insured Person suffers from Bodily Injury or Sudden Illness such that the Service Provider(s)'s medical team and the attending Registered Medical Practitioner recommend hospitalisation in another medical facility where the Insured Person can be suitably treated, the Service Provider(s) 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, the Service Provider(s) 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 the Service Provider(s)'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 the Service Provider(s)'s doctor and the Insured Person is without means of payment of the required Hospital admission deposit, the Service Provider(s) 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). The Service Provider(s) will require valid credit authorisation from the Insured Person or his representative, prior to advancement of funds for such admission.

(h) Medical monitoring
The Service Provider(s) 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
The Service Provider(s) 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
The Service Provider(s) 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, the Service Provider(s) 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
The Service Provider(s) 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 the Service Provider(s)'s doctor.

(m) Transportation for return of Insured Person to original work site
Following the Insured Person's evacuation or repatriation by the Service Provider(s) within a one (1) month period, the Service Provider(s) 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. The Service Provider(s) is not involved whatsoever in such decisions.

(n) Repatriation of mortal remains / ashes (Unlimited cover)
Upon the death of the Insured Person, the Service Provider(s) 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, the Service Provider(s) 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 All Together Health Insurance Scheme 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 the Service Provider(s) if the Service Provider(s) arranges new tickets or transportation for them.

<u>Travel and pre-trip assistance</u>

(q) Pre-trip and travel information
The Insured Person may contact the Service Provider(s) 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, the Service Provider(s) 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
The Service Provider(s) 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
The Service Provider(s) 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 All Together Health Insurance Scheme and travel document, the Hospital will provide medical treatment without requiring any admission deposit directly from the Insured Person up front. The Service Provider(s) 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 the Service Provider(s) when the Insured Person is discharged from Hospital. The Service Provider(s) will not pay for any expenses incurred.

<u>Legal assistance</u>

(v) Legal referral
The Service Provider(s) 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, the Service Provider(s) 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 the Service Provider(s) shall act in a legal capacity for the Insured Person without any recourse to, responsibility of, or indemnification by the Service Provider(s) by reason of its appointment of counsel and / or lawyer. The counsel and / or lawyer's fee will be settled by the Service Provider(s) up to a limit of HKD40,000.

(x) Advance of bail bonds
The Service Provider(s) 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 the Service Provider(s) 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 the Service Provider(s) shall be considered as a loan made by the Service Provider(s) to the Insured Person and should be fully repaid by the Insured Person to the Service Provider(s) 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 the Service Provider(s) the deposit paid by the Service Provider(s), the Policy Holder and/or the Insured Person is/are liable to repay such deposit to the Service Provider(s).

<u>Local assistance - The following services are only available in Hong Kong</u>

(y) Baby sitting, nursing and temporary domestic helper referral
The Service Provider(s) 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
The Service Provider(s) 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 the Service Provider(s)
The Registered Medical Practitioners, Hospitals, clinics, and any kind of professionals to whom the Insured Person will be referred by the Service Provider(s) are independent contractors responsible for their own acts and are not employees, agents or servants of the Service Provider(s) and the Company. The Company shall use its best effort to procure the Service Provider(s) to provide the service and assistance in this Provision 2 and the Service Provider(s) 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 All Together Health Insurance Scheme.

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 the Service Provider(s).
(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 All Together Health Insurance Scheme.

(b) Force majeure
The Company and the Service Provider(s) 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 the Service Provider(s) 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.
"Medpass Network"	shall mean the list printed in digital format which contains the particulars of the Service Provider(s)'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.
"Service Provider(s)"	shall mean any service provider(s) engaged by the Company for providing worldwide assistance stipulated under this Provision 2.
"Sudden Illness"	shall mean any sudden and unforeseen illness or disease.

IV. Health Coaching Services Provisions (the "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. Only the following services set out under Section 2 of the "Terms and conditions for Health Coaching Services" is applicable to this Provision 3.

Health Coaching Services	
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	√

V. Complimentary Critical Illness Coverage for New Born Child Provision (the "Provision 4")

Provided that the Policy has been in force continuously for no less than twelve (12) months immediately following the Policy Effective Date, in the event that any female Insured Person(s) under the Policy has delivered newborn baby, complimentary critical illness coverage will be offered to the newborn baby for one (1) year, subject to application and underwriting.

The complimentary coverage will be provided by the Company and subject to the coverage's terms and conditions. The coverage details and enrollment procedure are subject to change from time to time. Please refer to the Company's website and Membership Guide for the latest information.

Benefit Schedule of Optional Benefits

Benefit limit (in HKD)

1	**Clinical benefit[9]**	**Network benefit [1]**	**Non-Network Benefit**
Area of Cover[8]		Hong Kong	Asia, Australia and New Zealand
	No. of Bupa HealthPlus Appointed Service Providers [2]	Around 1,800	N/A
a	General practitioner	Full cover (Includes consultation fee and up to 5 days of basic Medically Necessary Western Medication)	$340 per visit (Consultation fee only)
b	Specialist [3] ○ Subject to written referral from a Registered Medical Practitioner, except for dermatology, family medicine, gynaecology, ophthalmology, orthopaedics, otolaryngology, paediatric surgery, paediatrics and psychiatry		$640 per visit (Consultation fee only)
c	Home consultation	N/A	$760 per visit (Consultation fee only)
d	Physiotherapist [3] ○ Subject to written referral from a Registered Medical Practitioner	Full cover (Treatment fee only)	$630 per visit (Treatment fee only)
e	Chiropractor [3] ○ Subject to written referral from a Registered Medical Practitioner	N/A	
f	Chinese herbalist	Full cover (Includes consultation fee and up to 2 packets of basic Chinese Medicines)	$350 per visit (Includes consultation fee, basic Chinese Medicines, acupuncture and tui na; also payable for Medically Necessary Chinese Medicines prescribed by a Registered Chinese Medicine Practitioner and obtained at a legitimate source (at or outside the treating Registered Chinese Medicine Practitioner's clinic))
g	Chinese bonesetter	Full cover (Consultation fee only)	
h	Psychiatric-related treatments [4][5]	N/A	$550 per visit (Includes consultation fee, Medically Necessary Western Medication, Chinese Medicines, acupuncture, diagnostic imaging and laboratory tests)
i	Psychological counselling [3] ○ Subject to written referral from a Psychiatrist	N/A	$550 per visit
j	Diagnostic imaging and laboratory tests [3][6] ○ 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 [7] for X-ray only and laboratory tests	Full cover	$5,200 per Policy Year
k	Prescribed Western Medication	$5,200 per Policy Year (Medically Necessary Western Medication prescribed by a Registered Medical Practitioner and obtained at a legitimate source)	
Maximum number of visits for both network benefit and Non-Network Benefit in aggregate per Policy Year for items (a) - (i) is 30 in total, with a sub-limit of 20 visits per Policy Year for items (f) - (g) and a sub-limit of 10 visits per Policy Year for item (h) - (i). Subject to a maximum of one visit per item per day.			

Notes

(1) About network benefit under clinical benefit

(i) A BHP Card will be issued to every eligible Insured Person with clinical benefit. The Insured Person may use the BHP card to enjoy full cover under network benefit if all of the following requirements are fulfilled -

- Your clinical treatment must be performed by a Bupa HealthPlus Appointed Service Provider and carried out at their clinic(s);
- Specialist consultation (except for dermatology, family medicine, gynaecology, ophthalmology, orthopaedics, otolaryngology, paediatric surgery, paediatrics and psychiatry) and physiotherapy must be referred by a Registered Medical Practitioner;
- Pre-authorisation confirmation must be obtained from the Company as required by the Company's provider guidelines to enjoy full cover for diagnostic imaging and laboratory tests (Please refer to the membership guide for the pre-authorisation procedure); and
- Please present your BHP Card upon registration for treatment and use it to pay the medical expenses.

(ii) If the requirements in (i) above are not fully satisfied, your claims, if eligible, will be reimbursed under Non-Network Benefit. You are required to pay the medical expenses to the provider directly and then submit a claim to the Company.

(2) About Bupa HealthPlus Appointed Service Providers
Please log in to the Company's customer service portal myBupa to view the latest list of Bupa HealthPlus Appointed Service Providers. This list is subject to change from time to time.

(3) A referral letter is valid for the same or related medical condition for 6 months from the issue date. Another referral letter is required for treatment of a new or unrelated medical condition.

(4) This benefit is applicable to treatment for psychiatric, psychological, mental or behavioural conditions, senile dementia (including Alzheimer's disease) and Parkinson's disease (except for conditions caused by or related to drug abuse and alcoholism). If the expenses under this benefit are also covered under other benefit items in this clinical benefit, the expenses for such items shall be exclusively paid under this item (h) and no benefit shall be payable under other benefit items.

(5) Medicine prescribed in Psychiatric treatments is separately covered in item 1(h).

(6) Eligible Expenses incurred for the Prescribed Diagnostic Imaging Tests shall be payable exclusively under the Hospital and Surgical Benefits, and not payable under benefit item of diagnostic imaging and laboratory tests under the Clinical Benefit. Prescribed Diagnostic Imaging Tests shall mean computed tomography ("CT" scan), magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan), PET-CT combined and PET-MRI combined.

(7) 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.

(8) Regarding the area of cover, "Asia, Australia and New Zealand" shall mean 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.

(9) General practitioner, Specialist and Chinese herbalist under Clinical Benefit also cover the consultation fee charged by general practitioners, Specialists and Chinese herbalists of video consultation service providers. This benefit shall also cover the medication delivery charges incurred by the designated video consultation service provider (general practitioner and Chinese herbalist only). The list of designated video consultation service providers can be found on the Company's website. The list may be updated and amended by the Company from time to time.

Benefit limit (in HKD)

2	Dental benefit (Only applicable to Insured Persons from Age 15 days to 80 years)	Network Dental Centre benefit		Non-Network Dental Centre benefit	
		Plan A	Plan B	Plan A	Plan B
Area of Cover[8]		Hong Kong		Asia, Australia and New Zealand	
No. of Network Dental Centres [10]		12		N/A	
	Eligibility	Only applicable to covered dental service items performed by a Registered Dentist (for all applicable items) or Registered Dental Hygienist (for item (a) only) at Network Dental Centres [10] within consultation hours		Applicable to eligible dental services from a Registered Dentist (for all applicable items) or Registered Dental Hygienist (for item (a) only) which are not performed at Network Dental Centres. All eligible dental expenses will be subject to the benefit limits below. Please settle the expenses with the dental providers directly and submit your claim to the Company.	
Reimbursement percentage		N/A		100%	100%
a	Scaling and polishing	One visit in total per Policy Year	Two visits in total per Policy Year	$300 per Policy Year	$500 per Policy Year
b	Routine oral examination				
c	Intra-oral X-rays and medications	Full cover [11]			
d	Fillings and extractions	Full cover [11] (Applicable to fillings and extractions due to tooth decay or gum disease only, including amalgam (silver) fillings for premolar and molar teeth and white (composite) fillings for front teeth. Extraction of wisdom teeth, complicated extractions, extractions requiring bone removal, surgical extractions or extractions for orthodontic reasons are excluded)			
e	Periodontal (gum) treatment	Full cover [11] (Includes treatment of mild to moderate periodontal (gum) disease, which involves curettage and root planing with medication as required, and is limited to treatment by a general Registered Dentist)			
f	Emergency consultation and treatment	Full cover [11] (Includes emergency pain relief of toothache (including dressing and medication), incision and drainage of abscesses only)			

Notes

(10) Network Dental Centre refers to the network of dental service providers appointed by the Company to provide dental services items listed under Network Dental Centre benefit in the Benefit Schedule of Optional Benefits. Locations of the Network Dental Centres include Admiralty, Causeway Bay, Quarry Bay, Tsim Sha Tsui, Tseung Kwan O, Sha Tin, Tsing Yi, Tung Chung, etc. Please log in to the Company's customer service portal myBupa to view the latest location list. This list is subject to change from time to time. Please contact the Network Dental Centre to understand their consultation hours.

(11) To enjoy full cover under Network Dental Centre benefit:

(i) The Insured Person must use cashless service at designated Network Dental Centres by presenting the Bupa membership card, medical card or Policy number and Hong Kong Identity Card for verification and record. If the payment is made by the Insured Person to the Network Dental Centres directly, eligible claims will be paid under non-Network Dental Centre benefit and subject to the benefit limits thereunder.

(ii) There is no limit on the number of visits for Network Dental Centre benefit Items (c) - (f) per Policy Year.

Benefit limit (in HKD)

3	Maternity benefit (Only applicable to female Insured Persons from Age 18 to 49)	
	Area of Cover[8]	Asia, Australia and New Zealand
a	Normal delivery	$18,420 per pregnancy
b	Caesarean section	$27,630 per pregnancy
c	Miscarriage	$9,210 per pregnancy
	• The maternity benefit shall cover medical expenses incurred during pregnancy, including Hospital Confinement, consultation of a Registered Medical Practitioner and prescribed Western Medication, diagnostic tests, prenatal check-up and postnatal check-up, as well as nursery care of a newborn baby. • This benefit does not cover any medical expenses incurred by the newborn baby during Hospital Confinement or any treatments for psychiatric, psychological, mental or behavioural conditions arising from or in connection with maternity conditions. • This benefit is payable provided that the conception occurs after the commencement date of this benefit and no benefit shall be payable during the waiting period of first nine (9) months. In the event of premature termination of pregnancy or premature birth (delivery that occurs between 20 and 37 weeks of gestation), this Benefit shall be payable without the application of the 9 months' waiting period provided that the conception of such pregnancy occurs after the commencement date of this Maternity Benefit. For the avoidance of doubt, if delivery is occurred after 37 weeks of gestation but within the 9 months' waiting period, this maternity benefit shall not be payable. • All pregnancy or maternity related medical expenses shall be exclusively payable under this maternity benefit and no benefit shall be payable under the Hospital and Surgical Benefits or other optional benefits (except for those maternity related psychiatric conditions covered under the relevant clinical benefit items).	

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