



自選保障之保單
及保障資料

**Policy and Benefit
Information for
Optional Benefits**

保柏非凡自願醫保計劃

(2024年4月1日版本)

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自選保障條款及細則

1. 一般條文

- (a) 自選保障的條款及細則（「**自選保障條文**」）附於**保柏非凡自願醫保計劃保單**，並屬當中一部分。**自選保障條文**為自選保障，並不屬於**認可產品**。
- (b) 本**自選保障條文**所列明的所有保障賠償，僅適用於支付在**亞洲、澳洲及新西蘭**地區所招致的**合資格費用**及其他費用。
- (c) 本**自選保障條文**所列明的保障賠償，僅適用於支付額外保費選用自選保障的**保單持有人**及／或**受保人**，並且有關保障已載於**保單資料頁**。
- (d) 除本**自選保障條文**特別列明外，**認可產品**內的所有**條款及保障**均為適用，並且具十足效力及作用。倘若**條款及保障**下任何適用的條款或不保事項與**自選保障條文**內所明確列明的保障有任何抵觸，概以**自選保障條文**的條款為準以解決有關不一致之處。為免存疑，下列不保事項不適用於本**自選保障條文** -
- (i) **條款及保障**第七部分第1及第6節所述的一般不保事項，不適用於以下第2(l)節、第3(a)(i)節、第3(a)(ii)節、第3(b)(i)節、第3(b)(ii)節、3(b)(bb)節及第4節所述的保障；
 - (ii) **條款及保障**第七部分第7節所述的一般不保事項，不適用於以下第3節所述的保障；
 - (iii) **條款及保障**第七部分第8節所述的一般不保事項，不適用於以下第2(h)節、第2(i)節及第4節所述的保障；
 - (iv) **條款及保障**第七部分第9節所述的一般不保事項，不適用於以下第3(b)(cc)節所述的保障；
 - (v) **條款及保障**第七部分第10節所述的一般不保事項，不適用於以下第2(f)節、第2(g)節、第2(h)節及第2(i)節所述的保障；及
 - (vi) **條款及保障**第七部分第12節所述的一般不保事項，不適用於以下第2(h)節及第2(i)節所述的保障。
- (e) 除另行釋義外，本**自選保障條文**內以斜體標註的詞彙需以**條款及保障**下第八部分、**補充文件**一第3節、**補充文件**五第1節及下述第5節所載涵意詮釋。
- (f) 按**條款及保障**及本**自選保障條文**，**本公司**將按下述第2至4節所列明的保障項目，賠償合理及慣常的費用。任何**自付費**（如適用）並不適用於本**自選保障條文**的賠償保障。可獲賠償的費用不會超過所提供服務或項目費用的實際開支。
- (g) 倘**本公司**向**保單持有人**或**受保人**賠償任何費用，該金額超出**自選保障表**所列明適用的最高賠償限額；或不屬於**保單**涵蓋的保障，則**保單持有人**及／或**受保人**須於**本公司**出具發票日起計十四(14)日內，悉數賠償**本公司**有關不受保費用。
- (h) 按本**自選保障條文**所列明保障應支付的任何保費，將不享有**條款及保障補充文件**三所列明之任何折扣，亦不符合稅務扣減的資格。

2. 門診保障

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

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

- (a) 普通科醫生
本保障將賠償**受保人**到**註冊醫生**診所接受**註冊醫生**門診診治時，**註冊醫生**所收取的診症費以及基本**醫療所需西藥**費用（僅限**網絡保障**）。

本保障將賠償視像診症服務供應商由**註冊醫生**進行的醫療診症服務的診症費及由視像診症服務供應商的**註冊醫生**處方並於其診所取得的基本**醫療所需西藥**費用（僅限**網絡保障**）。本保障亦涵蓋指定的視像診症服務供應商的藥物運送費用。**網絡保障**下指定視像診症服務供應商名單可於**本公司**的網站查閱。**本公司**會不時更新及修訂此名單。
- (b) 專科醫生
本保障將賠償**受保人**經主診**註冊醫生**書面建議（皮膚科、家庭醫學科、婦科、眼科、骨科、耳鼻喉科、小兒外科、兒科及精神科除外），到**專科醫生**診所接受**專科醫生**門診診治時，**專科醫生**所收取的診症費及基本**醫療所需西藥**費用（僅限**網絡保障**）。

本保障將賠償於**非網絡保障**下視像診症服務供應商由**專科醫生**進行的醫療診症服務的診症費。為免存疑，**受保人**須自行承擔任何藥物運送費用，本保障將不會支付此類費用。
- (c) 家中應診
本保障將賠償主診**註冊醫生**到**受保人**家中診症時，**註冊醫生**所收取的診症費。
- (d) 物理治療師
本保障將賠償**受保人**經主診**註冊醫生**書面建議，接受**物理治療師**門診診治時，**物理治療師**所收取的診症費。
- (e) 脊醫
本保障將賠償**受保人**經主診**註冊醫生**書面建議，接受**脊醫**門診診治時，**脊醫**所收取的診症費。
- (f) 中醫師
倘**受保人**到**註冊中醫師**診所接受**註冊中醫師**門診診治，本保障將賠償**受保人**該次就醫的診症費，以及該中醫師於診症同日所處方、**受保人**由合法來源取得之基本**醫療所需中藥**費用。本保障將支付**受保人**於**非網絡保障**下由**註冊中醫師**處方並由合法來源（不論是否於該**註冊中醫師**的門診診所）取得之基本**醫療所需中藥**費用。本保障亦會賠償**非網絡保障**之**註冊中醫師**的門診針灸治療及推拿費用。

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

- (g) 跌打醫師
倘**受保人**到**註冊中醫師**診所接受**註冊中醫師**門診跌打治療，本保障將賠償**受保人**該次就醫的診症費，以及該中醫師於診症同日所處方、**受保人**由合法來源取得之基本**醫療所需中藥**費用。本保障將支付**受保人**於**非網絡保障**下由**註冊中醫師**處方並由合法來源（不論是否於該**註冊中醫師**的門診診所）取得之基本**醫療所需中藥**費用。本保障亦會賠償**非網絡保障**之**註冊中醫師**的門診針灸治療及推拿費用。
- (h) 精神科相關治療
本保障將賠償**受保人**到**註冊醫生**診所或**註冊中醫師**診所，接受關於精神、心理、情緒或行為症狀、認知障礙症（包括阿茲海默氏症）和帕金森病的門診診治。本保障將支付該次就醫時，接受由**註冊醫生**提供的診症、**醫療所需西藥**、診斷成像檢測及化驗或由**註冊中醫師**提供的診症、**中藥**、針灸治療、只限X光及化驗所招致的醫療費用。
- 為免存疑，若本保障所賠償的費用亦受保於本第2節所列明的其他保障項目，則有關費用將只會根據本第2(h)節單獨獲得賠償，而不會根據本第2節其他保障項目獲得任何賠償。儘管與**條款及保障**第七部分所述的一般不保事項有任何不一致，本保障亦會賠償因**先天性疾病**及懷孕（包括其併發症）所引致的精神、心理或行為症狀；然而，所有因濫用藥物及酗酒引致或與其相關的所有症狀或疾病一律明確地不會獲得賠償。
- (i) 臨床心理輔導
倘若**受保人**經主診**精神科醫生**書面建議，到**心理學家**診所接受關於精神、心理、情緒或行為症狀的門診診治，本保障將支付**受保人**該次就醫接受臨床心理輔導時，**心理學家**所收取的心理輔導費。
- 儘管與**條款及保障**第七部分所述的一般不保事項有任何不一致，本保障亦會賠償因**先天性疾病**及懷孕（包括其併發症）所引致的精神、心理或行為症狀；然而，所有因濫用藥物及酗酒引致或與其相關的所有症狀及疾病一律明確地不會獲得賠償。
- (j) 整骨治療師（只適用於尊尚或倍尊尚計劃）
本保障將賠償**受保人**接受**整骨治療師**的門診診治費用，而該次就醫的費用必須是通過物理手法、伸展和按摩的方式去處理肌肉、骨骼和關節的情況從而改善關節活動度、緩解肌肉緊張、增加血液流動及促進癒合。
- (k) 足病治療師（只適用於尊尚或倍尊尚計劃）
此保障將支付**受保人**於**足病治療師**門診診所接受由**足病治療師**診治的診症費，及於診治當日由該**足病治療師**處方並由合法來源於診治當日取得之**醫療所需**外塗藥物、矯形機械服務及治療等醫療費用，但須有**註冊西醫**的書面轉介信。
- (l) 診斷成像及化驗
本保障將賠償**受保人**接受門診診斷檢測時的成像或化驗費。檢驗必須與病徵或診斷相符，並經主診**註冊醫生**的書面建議之所有診斷成像檢測及化驗或**註冊中醫師**或**專醫**書面建議只限X光及化驗。
- (m) 處方西藥
本保障將賠償**受保人**於診症同日經**註冊醫生**處方、屬**醫療所需**並由合法來源取得之**西藥**費用。
- 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。
- (n) 接種疫苗（只適用於尊尚或倍尊尚計劃）
本保障將支付**受保人**於門診接受由**註冊醫生**接種以下指定受保疫苗 -
乙型肝炎疫苗、卡介苗疫苗、小兒麻痺疫苗、白喉、百日咳、破傷風混合疫苗、麻風疫苗、日本腦炎疫苗、腦膜炎疫苗、甲型肝炎疫苗、麻疹疫苗、流行感冒疫苗及其他由**香港**政府或世界衛生組織推薦的疫苗接種。

3. 牙科保障 / 牙科及視力保障

- (a) 牙科保障（只適用於智選或倍智選計劃）
本第 3(a)節的保障將賠償下列服務所收取的實際費用，惟不可超出**自選保障表**內所列明的適用最高賠償限額上限。

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

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

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

- (b) 牙科及視力保障（只適用於尊尚或倍尊尚計劃）
本第 3(b)節的保障將賠償下列服務所收取的實際費用，惟不可超出**自選保障表**內所列明的適用最高賠償限額上限。

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

- (i) 洗牙；
- (ii) 定期口腔檢查；
- (iii) 口腔 X 光及藥物；
- (iv) 補牙及脫牙；
- (v) 膿瘡排放；
- (vi) 齒尖或齒邊修復；
- (vii) 牙髓治療（杜牙根）；

- (viii) 牙周手術；
- (ix) 緊急意外治療（包括 X 光、緊急牙痛舒緩、臨時補牙、藥物、膿瘡切割及排放）；及
- (x) 因**意外**必需安裝的假牙、牙冠及牙橋。

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

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

- (xi) 牙冠及牙橋；
- (xii) 根尖切除術；
- (xiii) 鑲牙；
- (xiv) 部分或全軟組織阻生；
- (xv) 牙骨阻生；
- (xvi) 牙齒矯正；
- (xvii) 全視牙照；及
- (xviii) 牙膠。

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

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

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

4. 產科保障

(a) 如符合本第 4 節條文及受限於**自選保障表**內列明的適用最高賠償限額，產科保障將賠償**註冊醫生**所收取的以下費用 -

- (i) 就**住院**期間有關懷孕或相關狀況的**醫療服務**而收取的**合資格費用**；
- (ii) 為產前產後護理接受**註冊醫生**任何因懷孕而招致的診症、產前產後檢查、診斷檢測及處方**醫療所需西藥**之費用；及
- (iii) **住院**期間新生嬰兒的護理費用。

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

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

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

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

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服務已提供後，方會獲得賠償。

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

5. 釋義

本**自選保障條文**中使用的字詞及表述必須按照以下所述解釋 -

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

「**保柏非凡特選服務供應商**」 是指由**本公司**委任，並與**本公司**委任並訂立信用額服務安排的**註冊醫生**、**物理治療師**、**脊醫**、**心理學家**、**註冊中醫師**、**診斷中心**、**癌症中心**、**糖尿病中心**、**日間手術中心**及**醫療服務供應商**，向本**保單**之**受保人**提供服務，並由**本公司**承擔支付相關服務費用。服務供應商名單可於**保柏非凡特選醫院及專科醫生目錄**查閱。

「**保柏非凡特選醫院及專科醫生目錄**」 是指**本公司**列載由**本公司**委任之**保柏非凡特選服務供應商**資料的目錄，此目錄由**本公司**以電子版提供並不時進行更新及修訂。最新的目錄可於**本公司**的客戶服務網站查閱。

「**中藥**」 是指按照香港法例第 549 章《中醫藥條例》於香港中醫藥管理委員會中藥組或按照提供中藥治療之任何其他地方之同等法定機構合法提供之中藥材。

「**脊醫**」 是指符合以下資格的脊醫 -

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

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

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

「**網絡保障**」 是指**自選保障表**所述由**保柏非凡特選服務供應商**提供的服務。

「**非網絡保障**」 是指**自選保障表**所述的保障。

「**整骨治療師**」 是指符合以下資格的整骨治療師 -

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

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

「**物理治療師**」 是指符合以下資格的物理治療師 -

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

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

「**足病治療師**」 是指符合以下資格的足病治療師 -

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

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

「**精神科醫生**」 是指符合以下資格的精神科醫生 -

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

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

「**心理學家**」 是指符合以下資格的心理學家 -

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

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

「**註冊牙齒衛生員**」 是指符合以下資格的牙齒衛生員 -

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

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

「**註冊牙醫**」 是指符合以下資格的牙醫 -

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

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

「**註冊視光師**」

是指符合以下資格的視光師 -

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

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

「**西藥**」

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

自選保障表 (智選計劃)

1)	門診保障	賠償限額 (港元)	
		網絡保障 ¹	非網絡保障
	保障地域範圍	亞洲、澳洲及新西蘭 ²	
	每年最高賠償額	\$100,000	
	保柏非凡特選服務供應商數目 ³	約 2,200	不適用
a	普通科醫生 ⁴	全數賠償 (包括診症費及最多 5 日之基本醫療所需西藥費用)	賠償 80% (只限診症費)
b	專科醫生 ^{4,5} ◦須獲註冊醫生書面轉介, 皮膚科、家庭醫學科、婦科、眼科、骨科、耳鼻喉科、小兒外科、兒科及精神科除外		
c	家中應診		
d	物理治療師 ⁵ ◦須獲註冊醫生書面轉介	全數賠償 (只限診療費)	賠償 80% (只限診療費)
e	脊醫 ⁵ ◦須獲註冊醫生書面轉介		
f	中醫師 ⁴	全數賠償 (包括診症費及最多兩劑之基本中藥費用)	賠償 80%, 上限為每次診治 \$500 (包括診症費、基本中藥費用、針灸治療及推拿; 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) 取得之醫療所需中藥費用)
g	跌打醫師		
h	精神科相關治療 ⁶	全數賠償 (只包括由精神科醫生訂明的診症費、醫療所需西藥、診斷成像及化驗)	賠償 80%, 上限為每次診治 \$1,000 (包括診症費、醫療所需西藥、中藥、針灸治療、診斷成像及化驗)
i	臨床心理輔導 ⁵ ◦須獲精神科醫生書面轉介	全數賠償	賠償 80%, 上限為每次診治 \$1,000
j	診斷成像及化驗 ⁵ ◦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	賠償 80%, 上限為每保單年度 \$10,000
k	處方西藥	每保單年度 \$8,000 (經由註冊醫生處方並由合法來源取得之醫療所需西藥費用)	
以網絡保障及非網絡保障合計, 每保單年度有關項目(a) - (i)項之診治次數上限合共為 40 次, 其中項目(f) - (g)及項目(h) - (i)之診治次數上限合共為每保單年度各 20 次。每一項目以每日最多一次為限。			

註解

- 有關門診保障之網絡保障
 - 已投保門診保障的受保人可使用保柏非凡卡於網絡保障下享用全數賠償服務, 惟必須依循以下的所有規定 -
 - 你的門診治療必須由保柏非凡特選服務供應商提供及於其診所內進行;
 - 於進行任何網絡保障下的診斷成像或化驗前, 必須按本公司供應商指引之要求獲得本公司的初步保障審核; 及
 - 請在求診登記時出示你的保柏非凡卡, 並以此卡繳付醫療費用。
 - 如沒有依循以上第(i)節網絡保障的所有規定, 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。
- 「亞洲、澳洲及新西蘭」指阿富汗、澳洲、孟加拉、不丹、文萊、柬埔寨、中國大陸、香港、印度、印尼、日本、哈薩克、吉爾吉斯、老撾、澳門、馬來西亞、馬爾代夫、蒙古、緬甸、尼泊爾、新西蘭、北韓、巴基斯坦、菲律賓、新加坡、南韓、斯里蘭卡、台灣、塔吉克、泰國、東帝汶、土庫曼、烏茲別克及越南。
- 有關保柏非凡特選服務供應商
請登入本公司的客戶服務網站 myBupa 查閱最新的保柏非凡特選服務供應商名單。此名單會不時更改。
- 有關普通科醫生、專科醫生及中醫師保障
◦門診保障下的普通科醫生、專科醫生及中醫師亦涵蓋視像診症服務供應商由普通科醫生、專科醫生及中醫師進行的醫療診症服務的診症費。此保障亦涵蓋由指定視像診症服務供應商的藥物運送費用(只包括普通科醫生及中醫師)。指定的視像診症服務供應商名單可於本公司的網站查閱, 此名單可能會不時更改及更新。
- 於轉介信發出日起計 6 個月內, 可就相同或相關病症使用該轉介信。若須診治全新或不相關的病症, 則須提交新的轉介信。
- 此保障適用於精神、心理、情緒或行為症狀、認知障礙症 (包括阿茲海默氏症) 及帕金森病的門診診治 (因濫用藥物及酗酒而引致或相關的症狀或疾病除外)。若此保障下的費用亦同時受保於門診保障下的其他項目, 有關費用只可獲此項目(h)的賠償, 而不會獲得其他項目之賠償。
- 部分診斷影像中心或不接受由註冊中醫師及/或脊醫轉介的某些 X 光及化驗。如有疑問, 請直接聯絡有關中心。

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

3)	產科保障 (只適用於年齡介乎 18 至 49 歲之女性受保人)	賠償限額 (港元)
	保障地域範圍	亞洲、澳洲及新西蘭 ²
a	順產	每次懷孕 \$28,000
b	剖腹生產	每次懷孕 \$42,000
c	流產	每次懷孕 \$14,000
<ul style="list-style-type: none"> 產科保障將支付因懷孕引致之醫療費用, 包括醫院住院、註冊醫生診症及處方的西藥、診斷化驗、產前檢查及產後檢查, 以及住院期間新生嬰兒護理費用。 此保障不包括新生嬰兒在醫院住院期間之任何醫療費用, 或任何因懷孕而引致或相關的精神科、心理、情緒或行為問題之治療。 受保人必須於本保障生效日之後受孕方可獲得賠償, 首九(9)個月等候期內不會獲得賠償。倘若因為終止懷孕或早產 (妊娠 20 至 37 週之間的分娩), 此產科保障將不會應用 9 個月等候期而作賠償, 惟受保人必須於此產科保障生效日後受孕。為免存疑, 若受保人於妊娠 37 週後但於 9 個月等候期內分娩, 將不獲此產科保障賠償。 所有因懷孕或產科相關的醫療費用僅在本產科保障獲得賠償, 並不會於認可產品或其他自選保障下獲得賠償 (與產科相關的精神科狀況並受認可產品及/或門診保障有關項目覆蓋則除外)。 		

自選保障表 (尊尚計劃)

1)	門診保障	賠償限額 (港元)	
		網絡保障 ¹	非網絡保障
	保障地域範圍	亞洲、澳洲及新西蘭 ²	
	每年最高賠償額	\$200,000	
	保柏非凡特選服務供應商數目 ³	約 2,200	不適用
a	普通科醫生 ⁴	全數賠償 (包括診症費及最多 5 日之基本醫療所需西藥費用)	全數賠償 (只限診症費)
b	專科醫生 ^{4,5} ◦須獲註冊醫生書面轉介, 皮膚科、家庭醫學科、婦科、眼科、骨科、耳鼻喉科、小兒外科、兒科及精神科除外		
c	家中應診		
d	物理治療師 ⁵ ◦須獲註冊醫生書面轉介	全數賠償 (只限診療費)	全數賠償 (只限診療費)
e	耆醫 ⁵ ◦須獲註冊醫生書面轉介		
f	中醫師 ⁴	全數賠償 (包括診症費及最多兩劑之基本中藥費用)	每次診治\$500 (包括診症費、基本中藥費用、針灸治療及推拿; 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所)取得之醫療所需中藥費用)
g	跌打醫師		
h	精神科相關治療 ⁶	全數賠償 (只包括由精神科醫生訂明的診症費、醫療所需西藥、診斷成像及化驗)	每次診治\$1,000 (包括診症費、醫療所需西藥、中藥、針灸治療、診斷成像及化驗)
i	臨床心理輔導 ⁵ ◦須獲精神科醫生書面轉介	全數賠償	每保單年度 \$30,000
j	整骨治療師	不適用	每次診治\$1,000 (只包括診治肌肉、骨骼和關節的費用)
k	足病治療師 ⁵ ◦須獲註冊醫生書面轉介	不適用	每次診治\$1,000 (包括診症費、醫療所需外塗藥物、矯形機械服務及治療等醫療費用)
l	診斷成像及化驗 ⁵ ◦須獲註冊醫生(適用於所有診斷成像及化驗)或註冊中醫師或耆醫 ⁷ (只適用於X光及化驗)書面轉介	全數賠償	全數賠償
m	處方西藥	每保單年度 \$30,000 (經由註冊醫生處方並由合法來源取得之醫療所需西藥費用)	
n	接種疫苗	每保單年度 \$8,000 (包括乙型肝炎、卡介苗、小兒麻疹、白喉、百日咳、破傷風混合、麻風、日本腦炎、腦膜炎、甲型肝炎、麻疹、流行感冒及其他由香港政府或世界衛生組織不時推薦的疫苗接種)	
每保單年度內有關以上(a) - (k)項之診治次數上限合共為 40 次, 其中項目(f) - (g)、項目(h) - (i) 及項目(j) - (k)之診治次數上限合共為每保單年度各 20 次。每一項目以每日最多一次為限。			

註解

- 有關門診保障之網絡保障
 - 已投保門診保障的受保人可使用保柏非凡卡於網絡保障下享用全數賠償服務, 惟必須依循以下的所有規定 -
 - 你的門診治療必須由保柏非凡特選服務供應商提供及於其診所內進行;
 - 於進行任何網絡保障下的診斷成像或化驗前, 必須按本公司供應商指引之要求獲得本公司的初步保障審核; 及
 - 請在求診登記時出示你的保柏非凡卡, 並以此卡繳付醫療費用。
 - 如沒有依循以上第(i)節網絡保障的所有規定, 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。
- 「亞洲、澳洲及新西蘭」指阿富汗、澳洲、孟加拉、不丹、文萊、柬埔寨、中國大陸、香港、印度、印尼、日本、哈薩克、吉爾吉斯、老撾、澳門、馬來西亞、馬爾代夫、蒙古、緬甸、尼泊爾、新西蘭、北韓、巴基斯坦、菲律賓、新加坡、南韓、斯里蘭卡、台灣、塔吉克、泰國、東帝汶、土庫曼、烏茲別克及越南。
- 有關保柏非凡特選服務供應商

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

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

3)	產科保障 (只適用於年齡介乎 18 至 49 歲之女性受保人)	賠償限額 (港元)
	保障地域範圍	亞洲、澳洲及新西蘭 ²
a	順產	每次懷孕 \$50,000
b	剖腹生產	每次懷孕 \$75,000
c	流產	每次懷孕 \$25,000
	<ul style="list-style-type: none"> • 產科保障將支付因懷孕引致之醫療費用，包括 醫院住院、註冊醫生診症及處方的西藥、診斷化驗、產前檢查及產後檢查，以及住院期間新生嬰兒護理費用。 • 此保障不包括新生嬰兒在 醫院住院期間之任何醫療費用，或任何因懷孕而引致或相關的精神科、心理、情緒或行為問題之治療。 • 受保人必須於本保障生效日之後受孕方可獲得賠償，首九(9)個月等候期內不會獲得賠償。倘若因為終止懷孕或早產（妊娠 20 至 37 週之間的分娩），此產科保障將不會應用 9 個月等候期而作賠償，惟 受保人必須於此產科保障生效日後受孕。為免存疑，若 受保人於妊娠 37 週後但於 9 個月等候期內分娩，將不獲此產科保障賠償。 • 所有因懷孕或產科相關的醫療費用僅在本產科保障獲得賠償，並不會於 認可產品或其他自選保障下獲得賠償（與產科相關的精神科狀況並受 認可產品及／或門診保障有關項目覆蓋則除外）。 	

自選保障表 (倍智選計劃)

1)	門診保障	賠償限額 (港元)	
		網絡保障 ¹	非網絡保障
	保障地域範圍	全球但不包括美國	
	每年最高賠償額	\$150,000	
	保柏非凡特選服務供應商數目 ²	約 2,200	不適用
a	普通科醫生 ³	全數賠償 (包括診症費及最多 5 日之基本醫療所需西藥費用)	賠償 80% (只限診症費)
b	專科醫生 ^{3,4} ◦ 須獲註冊醫生書面轉介, 皮膚科、家庭醫學科、婦科、眼科、骨科、耳鼻喉科、小兒外科、兒科及精神科除外		
c	家中應診		
d	物理治療師 ⁴ ◦ 須獲註冊醫生書面轉介	全數賠償 (只限診症費)	賠償 80% (只限診症費)
e	脊醫 ⁴ ◦ 須獲註冊醫生書面轉介		
f	中醫師 ³	全數賠償 (包括診症費及最多兩劑之基本中藥費用)	賠償 80%, 上限為每次診治 \$600 (包括診症費、基本中藥費用、針灸治療及推拿; 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) 取得之醫療所需中藥費用)
g	跌打醫師		
h	精神科相關治療 ⁵	全數賠償 (只包括由精神科醫生訂明的診症費、醫療所需西藥、診斷成像及化驗)	賠償 80%, 上限為每次診治 \$1,200 (包括診症費、醫療所需西藥、中藥、針灸治療、診斷成像及化驗)
i	臨床心理輔導 ⁴ ◦ 須獲精神科醫生書面轉介		
j	診斷成像及化驗 ⁴ ◦ 須獲註冊醫生 (適用於所有診斷成像及化驗) 或註冊中醫師或脊醫 ⁶ (只適用於 X 光及化驗) 書面轉介	全數賠償	賠償 80%, 上限為每保單年度 \$12,000
k	處方西藥	每保單年度 \$10,000 (經由註冊醫生處方並由合法來源取得之醫療所需西藥費用)	
以網絡保障及非網絡保障合計, 每保單年度有關項目(a) - (i)項之診治次數上限合共為 40 次, 其中項目(f) - (g)及項目(h) - (i)之診治次數上限合共為每保單年度各 20 次。每一項目以每日最多一次為限。			

註解

- 有關門診保障之網絡保障
 - 已投保門診保障的受保人可使用保柏非凡卡於網絡保障下享用全數賠償服務, 惟必須依循以下的所有規定 -
 - 你的門診治療必須由保柏非凡特選服務供應商提供及於其診所內進行;
 - 於進行任何網絡保障下的診斷成像或化驗前, 必須按本公司供應商指引之要求獲得本公司的初步保障審核; 及
 - 請在求診登記時出示你的保柏非凡卡, 並以此卡繳付醫療費用。
 - 如沒有依循以上第(i)節網絡保障的所有規定, 你的合資格醫療費用將於非網絡保障下作出賠償。你須先直接向供應商繳付醫療費用, 然後向本公司申請索償。
- 有關保柏非凡特選服務供應商
請登入本公司的客戶服務網站 myBupa 查閱最新的保柏非凡特選服務供應商名單。此名單會不時更改。
- 有關普通科醫生、專科醫生及中醫師保障
 - 門診保障下的普通科醫生、專科醫生及中醫師亦涵蓋視像診症服務供應商由普通科醫生、專科醫生及中醫師進行的醫療診症服務的診症費。此保障亦涵蓋由指定視像診症服務供應商的藥物運送費用(只包括普通科醫生及中醫師)。指定的視像診症服務供應商名單可於本公司的網站查閱, 此名單可能會不時更改及更新。
- 於轉介信發出日起計 6 個月內, 可就相同或相關病症使用該轉介信。若須診治全新或不相關的病症, 則須提交新的轉介信。
- 此保障適用於精神、心理、情緒或行為症狀、認知障礙症 (包括阿茲海默氏症) 及帕金森病的門診診治 (因濫用藥物及酗酒而引致或相關的症狀或疾病除外)。若此保障下的費用亦同時受保於門診保障下的其他項目, 有關費用只可獲此項目(h)的賠償, 而不會獲得其他項目之賠償。
- 部分診斷影像中心或不接受由註冊中醫師及/或脊醫轉介的某些 X 光及化驗。如有疑問, 請直接聯絡有關中心。

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

3)	產科保障 (只適用於年齡介乎 18 至 49 歲之女性受保人)	賠償限額 (港元)
	保障地域範圍	全球但不包括美國
a	順產	每次懷孕 \$30,000
b	剖腹生產	每次懷孕 \$46,000
c	流產	每次懷孕 \$18,000
	<ul style="list-style-type: none"> 產科保障將支付因懷孕引致之醫療費用, 包括醫院住院、註冊醫生診症及處方的西藥、診斷化驗、產前檢查及產後檢查, 以及住院期間新生嬰兒護理費用。 此保障不包括新生嬰兒在醫院住院期間之任何醫療費用, 或任何因懷孕而引致或相關的精神科、心理、情緒或行為問題之治療。 受保人必須於本保障生效日之後受孕方可獲得賠償, 首九(9)個月等候期內不會獲得賠償。倘若因為終止懷孕或早產 (妊娠 20 至 37 週之間的分娩), 此產科保障將不會應用 9 個月等候期而作賠償, 惟受保人必須於此產科保障生效日後受孕。為免存疑, 若受保人於妊娠 37 週後但於 9 個月等候期內分娩, 將不獲此產科保障賠償。 所有因懷孕或產科相關的醫療費用僅在本產科保障獲得賠償, 並不會於認可產品或其他自選保障下獲得賠償 (與產科相關的精神科狀況並受認可產品及/或門診保障有關項目覆蓋則除外)。 	

自選保障表 (倍尊尚計劃)

1)	門診保障	賠償限額 (港元)	
		網絡保障 ¹	非網絡保障
	保障地域範圍	全球但不包括美國	
	每年最高賠償額	\$250,000	
	保柏非凡特選服務供應商數目 ²	約 2,200	不適用
a	普通科醫生 ³	全數賠償 (包括診症費及最多 5 日之基本 醫療所需西藥 費用)	全數賠償 (只限診症費)
b	專科醫生 ^{3,4} ◦須獲 註冊醫生 書面轉介, 皮膚科、家庭醫學科、婦科、眼科、骨科、耳鼻喉科、小兒外科、兒科及精神科除外		
c	家中應診	不適用	
d	物理治療師 ⁴ ◦須獲 註冊醫生 書面轉介	全數賠償 (只限診療費)	全數賠償 (只限診療費)
e	脊醫 ⁴ ◦須獲 註冊醫生 書面轉介		
f	中醫師 ³	全數賠償 (包括診症費及最多兩劑之基本 中藥 費用)	每次診治\$600 (包括診症費、基本 中藥 費用、針灸治療及推拿; 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 醫療所需中藥 費用)
g	跌打醫師		每次診治\$1,200 (包括診症費、 醫療所需西藥 、 中藥 、針灸治療、診斷成像及化驗)
h	精神科相關治療 ⁵	全數賠償 (只包括由 精神科醫生 訂明的診症費、 醫療所需西藥 、診斷成像及化驗)	每次診治\$1,200 (包括診症費、 醫療所需西藥 、 中藥 、針灸治療、診斷成像及化驗)
i	臨床心理輔導 ⁴ ◦須獲 精神科醫生 書面轉介	全數賠償	每保單年度 \$33,000
j	整骨治療師	不適用	每次診治\$1,200 (只包括診治肌肉、骨骼和關節的費用)
k	足病治療師 ⁴ ◦須獲 註冊醫生 書面轉介	不適用	每次診治\$1,200 (包括診症費、醫療所需外塗藥物、矯形機械服務及治療等醫療費用)
l	診斷成像及化驗 ⁴ ◦須獲 註冊醫生 (適用於所有診斷成像及化驗) 或 註冊中醫師 或 脊醫 ⁶ (只適用於X光及化驗) 書面轉介	全數賠償	全數賠償
m	處方 西藥	每保單年度 \$33,000 (經由 註冊醫生 處方並由合法來源取得之 醫療所需西藥 費用)	
n	接種疫苗	每保單年度 \$9,000 (包括乙型肝炎、卡介苗、小兒麻痺、白喉、百日咳、破傷風混合、麻風、日本腦炎、腦膜炎、甲型肝炎、麻疹、流行感冒及其他由 香港 政府或世界衛生組織不時推薦的疫苗接種)	
每保單年度內有關以上(a) - (k)項之診治次數上限合共為 40 次, 其中項目(f) - (g)、項目(h) - (i) 及項目(j) - (k)之診治次數上限合共為每保單年度各 20 次。每一項目以每日最多一次為限。			

註解

- 有關門診保障之**網絡保障**
(i) 已投保門診保障的**受保人**可使用**保柏非凡卡**於**網絡保障**下享用全數賠償服務, 惟必須依循以下的所有規定 -
 - 你的門診治療必須由**保柏非凡特選服務供應商**提供及於其診所內進行;
 - 於進行任何**網絡保障**下的診斷成像或化驗前, 必須按**本公司**供應商指引之要求獲得**本公司**的初步保障審核; 及
 - 請在求診登記時出示你的**保柏非凡卡**, 並以此卡繳付醫療費用。
 (ii) 如沒有依循以上第(i)節**網絡保障**的所有規定, 你的合資格醫療費用將於**非網絡保障**下作出賠償。你須先直接向供應商繳付醫療費用, 然後向**本公司**申請索償。
- 有關**保柏非凡特選服務供應商**
請登入**本公司**的客戶服務網站 myBupa 查閱最新的**保柏非凡特選服務供應商**名單。此名單會不時更改。
- 有關普通科醫生、**專科醫生**及中醫師保障
 - 門診保障下的普通科醫生、**專科醫生**及中醫師亦涵蓋視像診症服務供應商由普通科醫生、**專科醫生**及中醫師進行的醫療診症服務的診症費。此保障亦涵蓋由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。
- 於轉介信發出日起計 6 個月內, 可就相同或相關病症使用該轉介信。若須診治全新或不相關的病症, 則須提交新的轉介信。
- 此保障適用於精神、心理、情緒或行為症狀、認知障礙症 (包括阿茲海默氏症) 及帕金森病的門診診治 (因濫用藥物及酗酒而引致或相關的症狀或疾病除外)。若此保障下的費用亦同時受保於門診保障下的其他項目, 有關費用只可獲此項目(h)的賠償, 而不會獲得其他項目之賠償。
- 部分診斷影像中心或不接受由**註冊中醫師**及/或**脊醫**轉介的某些 X 光及化驗。如有疑問, 請直接聯絡有關中心。

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

3)	產科保障 (只適用於年齡介乎 18 至 49 歲之女性受保人)	賠償限額 (港元)
	保障地域範圍	全球但不包括美國
a	順產	每次懷孕 \$55,000
b	剖腹生產	每次懷孕 \$80,000
c	流產	每次懷孕 \$30,000
	<ul style="list-style-type: none"> 產科保障將支付因懷孕引致之醫療費用，包括 醫院住院、註冊醫生診症及處方的西藥、診斷化驗、產前檢查及產後檢查，以及住院期間新生嬰兒護理費用。 此保障不包括新生嬰兒在 醫院住院期間之任何醫療費用，或任何因懷孕而引致或相關的精神科、心理、情緒或行為問題之治療。 受保人必須於本保障生效日之後受孕方可獲得賠償，首九(9)個月等候期內不會獲得賠償。倘若因為終止懷孕或早產 (妊娠 20 至 37 週之間的分娩)，此產科保障將不會應用 9 個月等候期而作賠償，惟 受保人必須於此產科保障生效日後受孕。為免存疑，若 受保人於妊娠 37 週後但於 9 個月等候期內分娩，將不獲此產科保障賠償。 所有因懷孕或產科相關的醫療費用僅在本產科保障獲得賠償，並不會於 認可產品或其他自選保障下獲得賠償 (與產科相關的精神科狀況並受 認可產品及/或門診保障有關項目覆蓋則除外)。 	

Bupa Hero VHIS Plan

(1 April 2024 Edition)

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Terms and Conditions for Optional Benefits

1. General provisions

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

2. Clinical benefit

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

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

(a) General practitioner

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

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

(b) Specialist

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

This benefit shall be payable for the consultation fee charged by a Specialist of a video consultation service provider under Non-Network Benefit 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 fee charged by a Physiotherapist when the Insured Person is treated by a Physiotherapist on an outpatient basis and such visit is recommended in writing by the attending Registered Medical Practitioner.
- (e) Chiropractor
This benefit shall be payable for the treatment fee charged by a Chiropractor when the Insured Person is treated by a Chiropractor on an outpatient basis and such visit is recommended in writing by the attending Registered Medical Practitioner.
- (f) Chinese herbalist
If the Insured Person is treated by a Registered Chinese Medicine Practitioner on an outpatient basis at the Registered Chinese Medicine Practitioner's clinic, this benefit shall be payable for the consultation fee and charges for basic Medically Necessary Chinese Medicines prescribed at the time of consultation by such practitioner and obtained at a legitimate source on the same day of consultation. This benefit shall be payable when the Insured Person incurs charges for basic Medically Necessary Chinese Medicines prescribed by a Registered Chinese Medicine Practitioner and obtained at a legitimate source (at or outside the treating Registered Chinese Medicine Practitioner's clinic) under Non-Network Benefit. This benefit shall also be payable for acupuncture and tui na performed by a Registered Chinese Medicine Practitioner on an outpatient basis under Non-Network Benefit.

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

- (g) Chinese bonesetter
If the Insured Person is treated by a Registered Chinese Medicine Practitioner for bonesetting treatment on an outpatient basis at the Registered Chinese Medicine Practitioner's clinic, this benefit shall be payable for the consultation fee and charges for basic Medically Necessary Chinese Medicines prescribed at the time of consultation by such practitioner and obtained at a legitimate source on the same day of consultation. This benefit shall be payable when the Insured Person incurs charges for basic Medically Necessary Chinese Medicines prescribed by a Registered Chinese Medicine Practitioner and obtained at a legitimate source (at or outside the treating Registered Chinese Medicine Practitioner's clinic) under Non-Network Benefit. This benefit shall also be payable for acupuncture and tui na performed by a Registered Chinese Medicine Practitioner on an outpatient basis under Non-Network Benefit.
- (h) Psychiatric-related treatments
This benefit shall be payable if the Insured Person receives medical treatment for psychiatric, psychological, mental, or behavioural conditions, senile dementia (including Alzheimer's disease) and Parkinson's diseases at the clinics of Registered Medical Practitioner or Registered Chinese Medicine Practitioner on an outpatient basis. This benefit shall reimburse the medical expenses incurred at the time of consultation for consultation, Medically Necessary Western Medication, diagnostic imaging and laboratory tests prescribed by the Registered Medical Practitioner or consultation, Chinese Medicines, acupuncture, X-ray only and laboratory tests prescribed by the Registered Chinese Medicine Practitioner.

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

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

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

- (j) Osteopath (Only applicable to Deluxe or Deluxe Pro Plan)
This benefit shall be payable when the Insured Person is treated by an Osteopath on an out-patient basis and incurs medical expenses, provided that such osteopathy treatment or service is to improve joint mobility, relieve muscle tension, increase blood flow and encourage healing for condition(s) that affects muscles, bones and joints only by means of physical manipulation, stretching and massage.
- (k) Podiatrist (Only applicable to Deluxe or Deluxe Pro Plan)
This benefit is payable if an Insured Person is treated by a Podiatrist on an out-patient basis at such Podiatrist's clinic and incurs medical expenses which include consultation fee and charges for Medically Necessary topical medicament, orthomechanical services and procedures prescribed at the time of consultation by such Podiatrist and obtained at a legitimate source on the same day of consultation, provided that such visit is recommended in writing by the attending Registered Medical Practitioner.
- (l) Diagnostic imaging and laboratory tests
This benefit shall be payable for the costs of imaging or laboratory examination when the Insured Person undergoes diagnostic tests on an outpatient basis. The examination must be consistent with the symptoms or diagnosis and subject to written recommendation from the attending Registered Medical Practitioner for all diagnostic imaging and laboratory tests or written recommendation from a Registered Chinese Medicine Practitioner or Chiropractor for X-ray only and laboratory tests.
- (m) Prescribed Western Medication
This benefit shall be payable for the costs of Medically Necessary Western Medication prescribed to the Insured Person by a Registered Medical Practitioner at the time of consultation and obtained at a legitimate source.

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.
- (n) Vaccination (Only applicable to Deluxe or Deluxe Pro Plan)
This benefit shall be payable for the following covered vaccinations received by the Insured Person and performed by a Registered Medical Practitioner on an outpatient basis -
Hepatitis B vaccine, Bacillus Calmette-Guerin (BCG) vaccine, polio (poliomyelitis) vaccine, diphtheria-pertussis-tetanus vaccine, Leprosy vaccine, Japanese encephalitis vaccine, Meningitis vaccine, Hepatitis A vaccine, Measles vaccine, Influenza vaccine, and other vaccinations recommended by the Hong Kong Government or World Health Organisation.

3. Dental benefit / Dental and optical benefit

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

This benefit shall be payable when the Insured Person is treated by a Registered Dentist at the Registered Dentist's clinic and incurs fees for the following treatments or procedures -
 - (i) scaling and polishing;
 - (ii) routine oral examination;
 - (iii) intraoral X-ray and medications;
 - (iv) fillings and extractions;
 - (v) drainage of abscesses;
 - (vi) pins for cusp restoration;
 - (vii) root canal treatment;
 - (viii) periodontal surgery;
 - (ix) accident emergency treatment (including X-ray, temporary pain relief, temporary fillings, medication, incision and drainage of abscess); and
 - (x) dentures, crowns and bridges (only if necessitated by an Accident).

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

- (b) Dental and optical benefit (only applicable to Deluxe or Deluxe Pro Plan)
The amount of expenses payable under this Section 3(b) shall be equal to the actual charges of such services described below subject to the applicable maximum limits as stated in Benefit Schedule of Optional Benefits.

Dental benefit under this Section 3(b) shall be payable when the Insured Person is treated by a Registered Dentist at the Registered Dentist's clinic and incurs fees for the following treatments or procedures -
 - (i) scaling and polishing;
 - (ii) routine oral examination;
 - (iii) intraoral X-ray and medications;
 - (iv) fillings and extractions;
 - (v) drainage of abscesses;
 - (vi) pins for cusp restoration;
 - (vii) root canal treatment;
 - (viii) periodontal surgery;
 - (ix) accident emergency treatment (including X-ray, temporary pain relief, temporary fillings, medication, incision and drainage of abscess); and
 - (x) dentures, crowns and bridges (only if necessitated by an Accident).

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

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

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

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

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

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

4. Maternity benefit

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

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

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

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

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

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 for optional benefit which set out, among others, the benefit items and maximum benefits covered.

“Bupa Hero Appointed Service Providers” shall mean the Registered Medical Practitioners, Physiotherapists, Chiropractors, Psychologists, Registered Chinese Medicine Practitioners, diagnostic centres, cancer centres, diabetic centres, day case centres and medical service providers appointed by the Company and who have entered into credit facility arrangements with the Company to provide services to the Insured Persons under this Policy on the Company’s undertaking to pay for the services so provided. The list of service providers can be found in the Bupa Hero Network Directory.

“Bupa Hero Network Directory” shall mean the list printed in digital formal which contains the particulars of Bupa Hero Appointed Service Providers appointed by the Company. The list may be updated and amended by the Company from time to time and the latest list is available at the Company’s customer service portal.

“Chinese Medicines” shall mean Chinese medicines legally registered by the Chinese Medicines Board under the Chinese Medicine Council in Hong Kong pursuant to Chinese Medicine Ordinance (Chapter 549, Laws of Hong Kong) or the equivalent legal authority of any other place providing Chinese medicines treatment.

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

but in no circumstances shall include the following persons – the Insured Person, the Policy Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder and/or the Insured Person (unless approved in advance by the Company in writing). If the 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 Benefit” shall mean the services provided by Bupa Hero Appointed Service Providers and referred to as such in the Benefit Schedule of Optional Benefits.

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

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

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

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

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

the Company in writing). If the 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.

“Podiatrist”

shall mean a podiatrist,

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

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

“Psychiatrist”

shall mean a psychiatrist,

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

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

“Psychologist”

shall mean a psychologist,

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

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

“Registered Dental Hygienist”

shall mean a dental hygienist,

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

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

“Registered Optometrist”

shall mean an optometrist,

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

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

“Western Medication”

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

Benefit Schedule of Optional Benefits (Advance Plan)

1)	Clinical Benefit	Benefit limit (in HKD)	
		Network Benefit ¹	Non-Network Benefit
Area of cover		Asia, Australia and New Zealand ²	
Overall annual limit		\$100,000	
No. of Bupa Hero Appointed Service Providers³		Around 2,200	N/A
a	General practitioner ⁴	Full cover (Includes consultation fee and up to 5 days of basic Medically Necessary Western Medication)	80% reimbursement (Consultation fee only)
b	Specialist ^{4, 5} o Subject to written referral from a Registered Medical Practitioner, except for dermatology, family medicine, gynaecology, ophthalmology, orthopaedics, otolaryngology, paediatric surgery, paediatrics and psychiatry		
c	Home consultation		
d	Physiotherapist ⁵ o Subject to written referral from a Registered Medical Practitioner	Full cover (Treatment fee only)	80% reimbursement (Treatment fee only)
e	Chiropractor ⁵ o Subject to written referral from a Registered Medical Practitioner		
f	Chinese herbalist ⁴	Full cover (Includes consultation fee and up to 2 doses of basic Chinese Medicines)	80% reimbursement up to \$500 per visit (Includes consultation fee, basic Chinese Medicines, acupuncture and tui na; also payable for Medically Necessary Chinese Medicines prescribed by a Registered Chinese Medicine Practitioner and obtained at a legitimate source (at or outside the treating Registered Chinese Medicine Practitioner's clinic))
g	Chinese bonesetter		
h	Psychiatric-related treatments ⁶	Full cover (Includes consultation fee, Medically Necessary Western Medication, diagnostic imaging and laboratory tests prescribed by a Psychiatrist only)	80% reimbursement up to \$1,000 per visit (Includes consultation fee, Medically Necessary Western Medication, Chinese Medicines, acupuncture, diagnostic imaging and laboratory tests)
i	Psychological counselling ⁵ o Subject to written referral from a Psychiatrist	Full cover	80% reimbursement up to \$1,000 per visit
j	Diagnostic imaging and laboratory tests ⁵ o Subject to written referral from a Registered Medical Practitioner for all diagnostic imaging and laboratory tests, or from a Registered Chinese Medicine Practitioner or Chiropractor ⁷ for X-ray only and laboratory tests	Full cover	80% reimbursement up to \$10,000 per Policy Year
k	Prescribed Western Medication	\$8,000 per Policy Year (Medically Necessary Western Medication prescribed by a Registered Medical Practitioner and obtained at a legitimate source)	
Maximum number of visits for both Network Benefit and Non-Network Benefit in aggregate per Policy Year for items (a) - (i) is 40 in total, with a sub-limit of 20 visits per Policy Year for items (f) - (g) and items (h) - (i) respectively. Subject to a maximum of one visit per item per day.			

- Notes
- About Network Benefit under Clinical Benefit
 - The Insured Person enrolled in Clinical Benefit may use the BH card to enjoy full cover under Network Benefit if all of the following requirements are fulfilled:
 - Your clinical treatment must be performed by a Bupa Hero Appointed Service Provider and carried out at their clinic(s);
 - Pre-authorization must be obtained from the Company before any diagnostic imaging or laboratory tests under Network Benefit as required by the Company's provider guidelines; and
 - Please present your BH card upon registration for treatment and use it to pay the medical expenses.
 - If the Network Benefit requirements in (i) above are not fully satisfied, your claims, if eligible, will be reimbursed under Non-Network Benefit. You are required to pay the medical expenses to the provider directly and then submit a claim to the Company.
 - "Asia, Australia and New Zealand" means Afghanistan, Australia, Bangladesh, Bhutan, Brunei, Cambodia, mainland China, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, North Korea, Pakistan, the Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan and Vietnam.
 - About Bupa Hero Appointed Service Providers
Please log in to the Company's customer service portal myBupa to view the latest list of Bupa Hero Appointed Service Providers. This list is subject to change from time to time.
 - About General practitioner, Specialist, Chinese herbalist benefits
 - General practitioner, Specialist and Chinese herbalist under Clinical Benefit also covers the consultation fee charged by the general practitioners, Specialists and Chinese herbalists of video consultation service providers. This benefit shall also cover the medication delivery charge incurred by the designated video consultation service provider (general practitioner and Chinese herbalist only). The list of designated video consultation service providers can be found on the Company's website. The list may be updated and amended by the Company from time to time.
 - A referral letter is valid for the same or related medical condition for 6 months from the issue date. Another referral letter is required for treatment of a new or unrelated medical condition.
 - This benefit is applicable to treatment for psychiatric, psychological, mental or behavioural conditions, senile dementia (including Alzheimer's disease) and Parkinson's disease (except for conditions caused by or related to drug abuse and alcoholism). If the expenses under this benefit are also covered under other benefit items in this Clinical Benefit, the expenses for such items shall be exclusively paid under this item (h) and no benefit shall be payable under other benefit items.
 - Some diagnostic centres may not accept referrals from a Registered Chinese Medicine Practitioner and/or Chiropractor for certain X-ray and laboratory tests. If you have any queries, please contact the centres directly.

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

3)	Maternity benefit (Only applicable to female Insured Persons from Age 18 to 49)	Benefit limit (in HKD)
Area of cover		Asia, Australia and New Zealand ²
a	Normal delivery	\$28,000 per pregnancy
b	Caesarean section	\$42,000 per pregnancy
c	Miscarriage	\$14,000 per pregnancy

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| <ul style="list-style-type: none">• The maternity benefit shall cover medical expenses incurred during pregnancy, including Hospital Confinement, consultation of a Registered Medical Practitioner and prescribed Western Medication, diagnostic tests, prenatal check-up and postnatal check-up, as well as nursery care of a newborn baby during Confinement.• This benefit does not cover any medical expenses incurred by the newborn baby during Hospital Confinement or any treatments for psychiatric, psychological, mental or behavioural conditions arising from or in connection with maternity conditions.• This benefit is payable provided that the conception occurs after the commencement date of this benefit and no benefit shall be payable during the waiting period of first nine (9) months. In the event of premature termination of pregnancy or premature birth (delivery that occurs between 20 and 37 weeks of gestation), this benefit shall be payable without the application of the 9 months' waiting period provided that the conception of such pregnancy occurs after the commencement date of this maternity benefit. For the avoidance of doubt, if delivery is occurred after 37 weeks of gestation but within the 9 months' waiting period, this maternity benefit shall not be payable.• All pregnancy or maternity related medical expenses shall be exclusively payable under this maternity benefit and no benefit shall be payable under the Certified Plan or other optional benefits (except for those maternity related psychiatric conditions covered under the Certified Plan and/or relevant clinical benefit items). |
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Benefit Schedule of Optional Benefits (Deluxe Plan)

1)	Clinical Benefit	Benefit limit (in HKD)	
		Network Benefit ¹	Non-Network Benefit
Area of cover		Asia, Australia and New Zealand ²	
Overall annual limit		\$200,000	
No. of Bupa Hero Appointed Service Providers³		Around 2,200	N/A
a	General practitioner ⁴	Full cover (Includes consultation fee and up to 5 days of basic Medically Necessary Western Medication)	Full cover (Consultation fee only)
b	Specialist ^{4,5} o Subject to written referral from a Registered Medical Practitioner, except for dermatology, family medicine, gynaecology, ophthalmology, orthopaedics, otolaryngology, paediatric surgery, paediatrics and psychiatry		
c	Home consultation		
d	Physiotherapist ⁵ o Subject to written referral from a Registered Medical Practitioner	Full cover (Treatment fee only)	Full cover (Treatment fee only)
e	Chiropractor ⁵ o Subject to written referral from a Registered Medical Practitioner		
f	Chinese herbalist ⁴	Full cover (Includes consultation fee and up to 2 doses of basic Chinese Medicines)	\$500 per visit (Includes consultation fee, basic Chinese Medicines, acupuncture and tui na; also payable for Medically Necessary Chinese Medicines prescribed by a Registered Chinese Medicine Practitioner and obtained at a legitimate source (at or outside the treating Registered Chinese Medicine Practitioner's clinic))
g	Chinese bonesetter		
h	Psychiatric-related treatments ⁶	Full cover (Includes consultation fee, Medically Necessary Western Medication, diagnostic imaging and laboratory tests prescribed by a Psychiatrist only)	\$1,000 per visit (Includes consultation fee, Medically Necessary Western Medication, Chinese Medicines, acupuncture, diagnostic imaging and laboratory tests)
i	Psychological counselling ⁵ o Subject to written referral from a Psychiatrist	Full cover	\$30,000 per Policy Year
j	Osteopath	N/A	\$1,000 per visit (Includes treatment fee for muscles, bones and joints only)
k	Podiatrist ⁵ o Subject to written referral from a Registered Medical Practitioner	N/A	\$1,000 per visit (Includes consultation fee and charges for Medically Necessary topical medication, orthomechanical services and procedures)
l	Diagnostic imaging and laboratory tests ⁵ o Subject to written referral from a Registered Medical Practitioner for all diagnostic imaging and laboratory tests, or from a Registered Chinese Medicine Practitioner or Chiropractor ⁷ for X-ray only and laboratory tests	Full cover	Full cover
m	Prescribed Western Medication	\$30,000 per Policy Year (Medically Necessary Western Medication prescribed by a Registered Medical Practitioner and obtained at a legitimate source)	
n	Vaccination	\$8,000 per Policy Year (Covers vaccinations for Hepatitis B, Bacillus Calmette-Guerin (BCG), polio (poliomyelitis), diphtheria-pertussis-tetanus, Leprosy, Japanese encephalitis, Meningitis, Hepatitis A, Measles, Influenza and other vaccinations recommended by the Hong Kong Government or World Health Organisation from time to time)	
Maximum number of visits per Policy Year for items (a) - (k) is 40 in total, with a sub-limit of 20 visits per Policy Year for items (f) - (g), items (h) - (i) and items (j) - (k) respectively. Subject to a maximum of one visit per item per day.			

Notes

- About Network Benefit under Clinical Benefit
 - The Insured Person enrolled in Clinical Benefit may use the BH card to enjoy full cover under Network Benefit if all of the following requirements are fulfilled:
 - Your clinical treatment must be performed by a Bupa Hero Appointed Service Provider and carried out at their clinic(s);
 - Pre-authorisation must be obtained from the Company before any diagnostic imaging or laboratory tests under Network Benefit as required by the Company's provider guidelines; and
 - Please present your BH card upon registration for treatment and use it to pay the medical expenses.
 - If the Network Benefit requirements in (i) above are not fully satisfied, your claims, if eligible, will be reimbursed under Non-Network Benefit. You are required to pay the medical expenses to the provider directly and then submit a claim to the Company.
- "Asia, Australia and New Zealand" means Afghanistan, Australia, Bangladesh, Bhutan, Brunei, Cambodia, mainland China, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, North Korea, Pakistan, the Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan and Vietnam.
- About Bupa Hero Appointed Service Providers
Please log in to the Company's customer service portal myBupa to view the latest list of Bupa Hero Appointed Service Providers. This list is subject to change from time to time.
- About General practitioner, Specialist, Chinese herbalist benefits
 - General practitioner, Specialist and Chinese herbalist under Clinical Benefit also covers the consultation fee charged by the general practitioners, Specialists and Chinese herbalists of video consultation service providers. This benefit shall also cover the medication delivery charge incurred by the designated video consultation service provider (general practitioner and Chinese herbalist only). The list of designated video consultation service providers can be found on the Company's website. The list may be updated and amended by the Company from time to time.
- A referral letter is valid for the same or related medical condition for 6 months from the issue date. Another referral letter is required for treatment of a new or unrelated medical condition.
- This benefit is applicable to treatment for psychiatric, psychological, mental or behavioural conditions, senile dementia (including Alzheimer's disease) and Parkinson's disease (except for conditions caused by or related to drug abuse and alcoholism). If the expenses under this benefit are also covered under other benefit items in this Clinical Benefit, the expenses for such items shall be exclusively paid under this item (h) and no benefit shall be payable under other benefit items.
- Some diagnostic centres may not accept referrals from a Registered Chinese Medicine Practitioner and/or Chiropractor for certain X-ray and laboratory tests. If you have any queries, please contact the centres directly.

2)	Dental and optical benefit	Benefit limit (in HKD)
Area of cover		Asia, Australia and New Zealand ²
Dental benefit		
	<ul style="list-style-type: none"> Scaling and polishing Routine oral examination Intraoral X-ray and medications Fillings and extractions Drainage of abscesses Pins for cusp restoration 	\$8,000 per Policy Year

	<ul style="list-style-type: none"> • Root canal treatment • Periodontal surgery • Accident emergency treatment (including X-ray, temporary pain relief, temporary fillings, medication, incision and drainage of abscess) • Dentures, crowns and bridges (Only if necessitated by an Accident) 	
The following items are payable provided that the Insured Person has been continuously covered under this benefit for six (6) months or more.		
	<ul style="list-style-type: none"> • Crowns and bridges • Apicoectomy • Gold inlay • Partial and complete soft-tissue impaction • Bony impaction • Orthodontic treatment • Panoramic film • Night-guard or mouth-guard 	\$9,000 per Policy Year
Optical benefit		
	<ul style="list-style-type: none"> • This benefit shall cover the expenses incurred for consultation, eye check or examinations performed by a Registered Medical Practitioner or Registered Optometrist, as well as contact lenses or one (1) pair of glasses for optical correction. 	\$2,000 per Policy Year

3)	Maternity benefit (Only applicable to female Insured Persons from Age 18 to 49)	Benefit limit (in HKD)
	Area of cover	Asia, Australia and New Zealand ²
a	Normal delivery	\$50,000 per pregnancy
b	Caesarean section	\$75,000 per pregnancy
c	Miscarriage	\$25,000 per pregnancy
	<ul style="list-style-type: none"> • The maternity benefit shall cover medical expenses incurred during pregnancy, including Hospital Confinement, consultation of a Registered Medical Practitioner and prescribed Western Medication, diagnostic tests, prenatal check-up and postnatal check-up, as well as nursery care of a newborn baby during Confinement. • This benefit does not cover any medical expenses incurred by the newborn baby during Hospital Confinement or any treatments for psychiatric, psychological, mental or behavioural conditions arising from or in connection with maternity conditions. • This benefit is payable provided that the conception occurs after the commencement date of this benefit and no benefit shall be payable during the waiting period of first nine (9) months. In the event of premature termination of pregnancy or premature birth (delivery that occurs between 20 and 37 weeks of gestation), this benefit shall be payable without the application of the 9 months' waiting period provided that the conception of such pregnancy occurs after the commencement date of this maternity benefit. For the avoidance of doubt, if delivery is occurred after 37 weeks of gestation but within the 9 months' waiting period, this maternity benefit shall not be payable. • All pregnancy or maternity related medical expenses shall be exclusively payable under this maternity benefit and no benefit shall be payable under the Certified Plan or other optional benefits (except for those maternity related psychiatric conditions covered under the Certified Plan and/or relevant clinical benefit items). 	

Benefit Schedule of Optional Benefits (Advance Pro Plan)

1)	Clinical benefit	Benefit limit (in HKD)	
		Network Benefit ¹	Non-Network Benefit
Area of cover		Worldwide excluding the United States	
Overall annual limit		\$150,000	
No. of Bupa Hero Appointed Service Providers²		Around 2,200	N/A
a	General practitioner ³	Full cover (Includes consultation fee and up to 5 days of basic Medically Necessary Western Medication)	80% reimbursement (Consultation fee only)
b	Specialist ^{3,4} o Subject to written referral from a Registered Medical Practitioner, except for dermatology, family medicine, gynaecology, ophthalmology, orthopaedics, otolaryngology, paediatric surgery, paediatrics and psychiatry		
c	Home consultation		
d	Physiotherapist ⁴ o Subject to written referral from a Registered Medical Practitioner	Full cover (Treatment fee only)	80% reimbursement (Treatment fee only)
e	Chiropractor ⁴ o Subject to written referral from a Registered Medical Practitioner	Full cover (Includes consultation fee and up to 2 doses of basic Chinese Medicines)	80% reimbursement up to \$600 per visit (Includes consultation fee, basic Chinese Medicines, acupuncture and tui na; 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))
f	Chinese herbalist ³		
g	Chinese bonesetter	Full cover (Includes consultation fee, Medically Necessary Western Medication, diagnostic imaging and laboratory tests prescribed by a Psychiatrist only)	80% reimbursement up to \$1,200 per visit (Includes consultation fee, Medically Necessary Western Medication, Chinese Medicines, acupuncture, diagnostic imaging and laboratory tests)
h	Psychiatric-related treatments ⁵		
i	Psychological counselling ⁴ o Subject to written referral from a Psychiatrist	Full cover	80% reimbursement up to \$1,200 per visit
j	Diagnostic imaging and laboratory tests ⁴ o Subject to written referral from a Registered Medical Practitioner for all diagnostic imaging and laboratory tests, or from a Registered Chinese Medicine Practitioner or Chiropractor ⁶ for X-ray only and laboratory tests	Full cover	80% reimbursement up to \$12,000 per Policy Year
k	Prescribed Western Medication	\$10,000 per Policy Year (Medically Necessary Western Medication prescribed by a Registered Medical Practitioner and obtained at a legitimate source)	
Maximum number of visits for both Network Benefit and Non-Network Benefit in aggregate per Policy Year for items (a) - (i) is 40 in total, with a sub-limit of 20 visits per Policy Year for items (f) - (g) and items (h) - (i) respectively. Subject to a maximum of one visit per item per day.			

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

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

3)	Maternity benefit (Only applicable to female Insured Persons from Age 18 to 49)	Benefit limit (in HKD)
Area of cover		Worldwide excluding the United States
a	Normal delivery	\$30,000 per pregnancy
b	Caesarean section	\$46,000 per pregnancy
c	Miscarriage	\$18,000 per pregnancy
<ul style="list-style-type: none"> The maternity benefit shall cover medical expenses incurred during pregnancy, including Hospital Confinement, consultation of a Registered Medical Practitioner and prescribed Western Medication, diagnostic tests, prenatal check-up and postnatal check-up, as well as nursery care of a newborn baby during Confinement. 		

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| | <ul style="list-style-type: none">• 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 Certified Plan or other optional benefits (except for those maternity related psychiatric conditions covered under the Certified Plan and/or relevant clinical benefit items). |
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Benefit Schedule of Optional Benefits (Deluxe Pro Plan)

1)	Clinical Benefit	Benefit limit (in HKD)	
		Network Benefit ¹	Non-Network Benefit
Area of cover		Worldwide excluding the United States	
Overall annual limit		\$250,000	
No. of Bupa Hero Appointed Service Providers²		Around 2,200	N/A
a	General practitioner ³	Full cover (Including consultation fee and up to 5 days of basic Medically Necessary Western Medication)	Full cover (Consultation fee only)
b	Specialist ^{3,4} o Subject to written referral from a Registered Medical Practitioner, except for dermatology, family medicine, gynaecology, ophthalmology, orthopaedics, otolaryngology, paediatric surgery, paediatrics and psychiatry		
c	Home consultation	N/A	
d	Physiotherapist ⁴ o Subject to written referral from a Registered Medical Practitioner	Full cover (Treatment fee only)	Full cover (Treatment fee only)
e	Chiropractor ⁴ o Subject to written referral from a Registered Medical Practitioner		
f	Chinese herbalist ⁵	Full cover (Includes consultation fee and up to 2 doses of basic Chinese Medicines)	\$600 per visit (Includes consultation fee, basic Chinese Medicines, acupuncture and tui na; also payable for Medically Necessary Chinese Medicines prescribed by a Registered Chinese Medicine Practitioner and obtained at a legitimate source (at or outside the treating Registered Chinese Medicine Practitioner's clinic))
g	Chinese bonesetter		
h	Psychiatric-related treatments ⁵	Full cover (Includes consultation fee, Medically Necessary Western Medication, diagnostic imaging and laboratory tests prescribed by a Psychiatrist only)	\$1,200 per visit (Includes consultation fee, Medically Necessary Western Medication, Chinese Medicines, acupuncture, diagnostic imaging and laboratory tests)
i	Psychological counselling ⁴ o Subject to written referral from a Psychiatrist	Full cover	\$33,000 per Policy Year
j	Osteopath	N/A	\$1,200 per visit (Includes treatment fee for muscles, bones and joints only)
k	Podiatrist ⁴ o Subject to written referral from a Registered Medical Practitioner	N/A	\$1,200 per visit (Includes consultation fee and charges for Medically Necessary topical medicament, orthomechanical services and procedures)
l	Diagnostic imaging and laboratory tests ⁴ o Subject to written referral from a Registered Medical Practitioner for all diagnostic imaging and laboratory tests, or from a Registered Chinese Medicine Practitioner or Chiropractor ⁶ for X-ray only and laboratory tests	Full cover	Full cover
m	Prescribed Western Medication	\$33,000 per Policy Year (Medically Necessary Western Medication prescribed by a Registered Medical Practitioner and obtained at a legitimate source)	
n	Vaccination	\$9,000 per Policy Year (Covers vaccinations for Hepatitis B, Bacillus Calmette-Guerin (BCG), polio (poliomyelitis), diphtheria-pertussis- tetanus, Leprosy, Japanese encephalitis, Meningitis, Hepatitis A, Measles, Influenza and other vaccinations recommended by the Hong Kong Government or World Health Organisation from time to time)	
Maximum number of visits per Policy Year for items (a) – (k) is 40 in total, with a sub-limit of 20 visits per Policy Year for items (f) – (g), items (h) - (i) and items (j) - (k) respectively. Subject to a maximum of one visit per item per day.			

Notes

- About Network Benefit under Clinical Benefit
 - The Insured Person enrolled in Clinical Benefit may use the BH card to enjoy full cover under Network Benefit if all of the following requirements are fulfilled:
 - Your clinical treatment must be performed by a Bupa Hero Appointed Service Provider and carried out at their clinic(s);
 - Pre-authorisation must be obtained from the Company before any diagnostic imaging or laboratory tests under Network Benefit as required by the Company's provider guidelines; and
 - Please present your BH card upon registration for treatment and use it to pay the medical expenses.
 - If the Network Benefit requirements in (i) above are not fully satisfied, your claims, if eligible, will be reimbursed under Non-Network Benefit. You are required to pay the medical expenses to the provider directly and then submit a claim to the Company.
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- A referral letter is valid for the same or related medical condition for 6 months from the issue date. Another referral letter is required for treatment of a new or unrelated medical condition.
- This benefit is applicable to treatment for psychiatric, psychological, mental or behavioural conditions, senile dementia (including Alzheimer's disease) and Parkinson's disease (except for conditions caused by or related to drug abuse and alcoholism). If the expenses under this benefit are also covered under other benefit items in this Clinical Benefit, the expenses for such items shall be exclusively paid under this item (h) and no benefit shall be payable under other benefit items.
- Some diagnostic centres may not accept referrals from a Registered Chinese Medicine Practitioner and/or Chiropractor for certain X-ray and laboratory tests. If you have any queries, please contact the centres directly.

2)	Dental and optical benefit	Benefit limit (in HKD)	
		Worldwide excluding the United States	
Area of cover			
Dental benefit			
<ul style="list-style-type: none"> Scaling and polishing Routine oral examination Intraoral X-ray and medications Fillings and extractions Drainage of abscesses Pins for cusp restoration Root canal treatment Periodontal surgery Accident emergency treatment (including X-ray, temporary pain 		\$9,000 per Policy Year	

	relief, temporary fillings, medication, incision and drainage of abscess) • Dentures, crowns and bridges (Only if necessitated by an Accident)	
The following items are payable provided that the Insured Person has been continuously covered under this benefit for six (6) months or more.		
	<ul style="list-style-type: none"> • Crowns and bridges • Apicoectomy • Gold inlay • Partial and complete soft-tissue impaction • Bony impaction • Orthodontic treatment • Panoramic film • Night-guard or mouth-guard 	\$10,000 per Policy Year
Optical benefit		
	<ul style="list-style-type: none"> • This benefit shall cover the expenses incurred for consultation, eye check or examinations performed by a Registered Medical Practitioner or Registered Optometrist, as well as contact lenses or one (1) pair of glasses for optical correction. 	\$3,000 per Policy Year

3)	Maternity benefit (Only applicable to female Insured Persons from Age 18 to 49)	Benefit limit (in HKD)
	Area of cover	Worldwide excluding the United States
a	Normal delivery	\$55,000 per pregnancy
b	Caesarean section	\$80,000 per pregnancy
c	Miscarriage	\$30,000 per pregnancy
	<ul style="list-style-type: none"> • The maternity benefit shall cover medical expenses incurred during pregnancy, including Hospital Confinement, consultation of a Registered Medical Practitioner and prescribed Western Medication, diagnostic tests, prenatal check-up and postnatal check-up, as well as nursery care of a newborn baby during Confinement. • This benefit does not cover any medical expenses incurred by the newborn baby during Hospital Confinement or any treatments for psychiatric, psychological, mental or behavioural conditions arising from or in connection with maternity conditions. • This benefit is payable provided that the conception occurs after the commencement date of this benefit and no benefit shall be payable during the waiting period of first nine (9) months. In the event of premature termination of pregnancy or premature birth (delivery that occurs between 20 and 37 weeks of gestation), this benefit shall be payable without the application of the 9 months' waiting period provided that the conception of such pregnancy occurs after the commencement date of this maternity benefit. For the avoidance of doubt, if delivery is occurred after 37 weeks of gestation but within the 9 months' waiting period, this maternity benefit shall not be payable. • All pregnancy or maternity related medical expenses shall be exclusively payable under this maternity benefit and no benefit shall be payable under the Certified Plan or other optional benefits (except for those maternity related psychiatric conditions covered under the Certified Plan and/or relevant clinical benefit items). 	

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