



Enjoy peace of mind while you recover 給你安心 讓你專注康復

Bupa Hospital Cash Insurance Scheme gives you valuable extra cash when you are hospitalised, making sure that you are well-protected against any loss of income during this period. Best of all, you have the flexibility to use the money any way you wish to suit your needs.

Daily cash of up to HK\$1,000

For a minimal subscription, you will get a daily cash payout of HK\$1,000 if you are hospitalised anywhere in the world^①, with a maximum payout of up to HK\$1 million for each covered illness. You can also choose the option of a daily cash benefit of HK\$500 to fit your budget, at just HK\$2 subscription per day^②.

30% cash refund on your paid subscriptions

If you do not make any claims for every three consecutive years, you will be rewarded with a 30% cash refund of your paid subscriptions for that period.

Double cash benefit for extra support

Bupa will double your cash benefit if you are hospitalised in the intensive care unit, or for major organ transplant surgery or common infectious diseases^③, providing you with more cash-on-hand to ease your worries during these critical moments.

Medical expenses for overseas accidents fully covered

If you are hospitalised overseas due to an accident^④, your hospital and surgical expenses will be fully covered up to HK\$100,000 without any individual item limits.

Accidental injuries covered

Accidental injuries such as bumps, bruises, burns or scalds are commonplace occurrences. With our Emergency Out-patient Benefit for Accidents, you will be covered for emergency treatment received at the out-patient department or accident and emergency department of a hospital due to an accident.

Call us 查詢熱線 2517 5268

Get quote 網上報價 www.bupa.com.hk

This scheme is only available for direct enrolment through Bupa's Health Management Consultant.

此計劃須透過保柏直屬之健康管理顧問直接投保。

Monthly subscriptions for various sample ages (HK\$)
不同年齡的每月保費參考 (港幣)

Age 年齡	Plan 計劃 1 - \$1,000 Daily Cash Benefit 每日現金保障 \$1,000	Plan 計劃 2 - \$500 Daily Cash Benefit 每日現金保障 \$500
25	84	45
35	107	57
45	146	78

The above monthly subscriptions include the 25% discount on the first-year subscription. 以上保費為首年 75 折後之每月保費。



保柏住院現金保障計劃給你額外的現金保障，補助你在住院期間的收入損失，一筆過的現金更可隨你的需要而靈活運用。

每日現金高達港幣 1,000 元

每日所費無幾，你就可在住院期間每日獲得港幣 1,000 元現金，每受保疾病可獲最高港幣 100 萬元現金，保障更適用於入住海外任何一間醫院^①。你亦可因應需要選擇每日港幣 500 元的住院現金保障，保費十分划算，每日只需港幣 2 元^②。

30% 已繳保費現金回贈

如你連續每 3 年沒有索償，可獲該 3 年的已繳保費 30% 現金回贈。

雙倍現金保障給你額外支援

在危急時候，如須入住深切治療部、接受主要器官移植手術或因感染傳染病住院^③，你將可獲雙倍的住院現金，令你有更充裕現金應付需要，減輕憂慮。

海外意外獲全數賠償住院開支

如你在海外因意外入院^④，我們會全數賠償你的住院和手術開支至港幣 10 萬元，每個保障細項不設賠償上限。

保障意外受傷

意外受傷如跌傷撞傷、燒傷、燙傷都是一些日常容易遇上的意外，我們提供的「緊急意外門診保障」，可保障你因意外而需在醫院門診部或急症部接受緊急治療的費用。

- ① For hospital confinement in Mainland China, the maximum number of days covered is limited to 30 days per disability and benefit payable is limited to 50%.
- ② Based on the subscription of a member aged 25.
- ③ Please refer to the Schedule of Benefits for more details.
- ④ The overseas hospital confinement should take place outside Hong Kong, Mainland China or Macau.

About Levy payment

Starting from 1 January 2018, insurance subscription payment is subject to the Hong Kong Insurance Authority's levy. The amount of levy charged will be based on a percentage of the total amount of subscription under an insurance contract. Payable levy is not included in the subscription rates shown in the Table of Subscriptions and is subject to the applicable levy rate. For general information on the applicable levy rates, please visit www.bupa.com.hk/levy.

- ① 如在中國內地住院，每病症的最高賠償日數為 30 日，而最高賠償上限為保障額的 50%。
- ② 以 25 歲會員的保費計算。
- ③ 詳情請參考保障金額表。
- ④ 海外住院需在香港、中國內地或澳門以外。

有關保費徵費

由 2018 年 1 月 1 日起，保險業監管局按保費徵收徵費，徵費額是以每份合約的保費的某個百分比計算。保費表上的保費尚未包括應繳徵費，應繳徵費將按適用的徵費率計算。有關徵費率詳情，請瀏覽 www.bupa.com.hk/levy。

Schedule of Benefits 保障金額表

Valid from 1 October 2013 自 2013 年 10 月 1 日起生效		Maximum Limit (HK\$) 最高賠償額 (港幣)	
A Daily Cash Benefit 每日現金保障^①	Plan 計劃 1^②	Plan 計劃 2	
Payable from the first day of Hospital Confinement ^③ 由住院第一天開始支付 ^③ (Maximum 1,000 days per Disability 每病症最多 1,000 日) ^④	Each day 每日 1,000	Each day 每日 500	
Maximum Limit 最高賠償額 (Per Disability 每病症) ^⑤	1,000,000	500,000	
B Double Cash Benefit 雙倍現金保障^⑥	Plan 計劃 1^②	Plan 計劃 2	
Payable from the first day of Hospital Confinement ^③ 由住院第一天開始支付 ^③ (Maximum 1,000 days per Disability 每病症最多 1,000 日) ^④	Each day 每日 2,000	Each day 每日 1,000	
Maximum Limit 最高賠償額 (Per Disability 每病症) ^⑤	2,000,000	1,000,000	

C Overseas Accident Benefit 海外意外保障	Plan 計劃 1^②	Plan 計劃 2
In the event of Hospital Confinement or Day Case Surgery due to an Accident outside Hong Kong, Mainland China or Macau, the following hospital and surgical expenses can be fully covered up to the annual limit: 在香港、中國內地或澳門以外因意外住院或進行日症手術，以下之住院及手術費用將全數賠償，以每年賠償額為上限：		
<ul style="list-style-type: none"> ◦ Room and Board 住房及膳食費 ◦ Miscellaneous Hospital Services 住院雜費 ◦ Intensive Care 深切治療 ◦ Private Nursing 私家看護費 ◦ Surgeon and Attendance Fees 外科醫生費及巡房費 ◦ Anaesthetist's Fees 麻醉科醫生費 ◦ Operating Theatre Fees 手術室費用 ◦ In-patient Physician's Fees 住院醫生巡房費 ◦ In-patient Specialist's Fees 住院專科醫生費 ◦ Companion Bed 住院加床費 	全數賠償 Full Cover	全數賠償 Full Cover
Maximum Limit 最高賠償額 (Each Contract Year 每合約年度計)	100,000	50,000

D Emergency Out-patient Benefit for Accidents 緊急意外門診保障	Plan 計劃 1^②	Plan 計劃 2
Covers emergency treatment received at the out-patient department or accident and emergency department of a Hospital due to an Accident. 賠償因意外而需在醫院門診部或急症部接受緊急治療的費用。		
Maximum Limit 最高賠償額 (Each Contract Year 每合約年度計)	10,000	6,000

- ③ The maximum number of days covered per Disability and the Maximum Limit per Disability is the aggregate sum of the Daily Cash Benefit and Double Cash Benefit. For Hospital Confinement in Mainland China, the maximum number of days covered is limited to 30 days per Disability and benefit payable is limited to 50%.
- ④ Plan 1 is not applicable to proposed Members aged 15 days to 17 years, full-time students, housewives, unemployed individuals and retirees.
- ⑤ Hospital Confinement must be 6 consecutive hours or more in the same hospital whereby room and board charges are incurred.
- ⑥ If you are hospitalised for the same Disability after 90 days from your last discharge from hospital or your last consultation, whichever is later, the Disability will be considered as a separate Disability.
- ⑦ Major organ transplant surgery covers heart, lung, liver, pancreas, kidney or bone marrow transplant operations.
- ⑧ Designated infectious diseases include Severe Acute Respiratory Syndrome (SARS), Dengue Fever, Japanese Encephalitis, Creutzfeldt-Jakob Disease (Including human form of Mad Cow Disease), Legionnaires' Disease, Amoebic Dysentery, Cholera, Malaria, Measles, Tetanus, Anthrax, Leprosy, Rabies (Human), Diphtheria, Acute Poliomyelitis, Yellow Fever, Plague and Scarlet Fever.
- ⑨ 每病症的最高賠償日數及最高賠償額以「每日現金保障」及「雙倍現金保障」合併計算。於中國內地住院，每病症的最高賠償日數為 30 日，而最高賠償上限為保障額的 50%。
- ⑩ 計劃 1 不適用於年齡為 15 日至 17 歲之準會員、全日制學生、家庭主婦、待業及退休人士。
- ⑪ 住院期間必須在同一所醫院內留院連續 6 小時或以上，並被收取病房及膳食費。
- ⑫ 如你在出院或最後接受治療當日 (以較後者為準) 90 日後，再因同一病因而引起之病症，將被視為另一次病症。
- ⑬ 主要器官移植手術是指心臟、肺、肝臟、胰臟、腎臟或骨髓移植手術。
- ⑭ 指定傳染病包括嚴重急性呼吸系統綜合症 (沙士)、登革熱、日本腦炎、克雅二氏病 (包括人類瘋牛症)、退伍軍人病、阿米巴痢疾、霍亂、瘧疾、麻疹、破傷風、炭疽、麻風、瘋狗症、白喉、急性脊髓灰質炎 (小兒麻痺症)、黃熱病、鼠疫及猩紅熱。

Enrolment 登記

- Easy enrolment; no health examination required
- Issue age: 15 days to 64 years old (guaranteed renewal up to 75 years old)
- Payment: monthly by credit card or autopay
- 投保簡易，無需身體檢查
- 投保年齡：15 日至 64 歲 (保證可續保至 75 歲)
- 繳付保費方法：以信用卡或自動轉賬每月支付

Bupa – A global healthcare specialist 保柏 – 國際醫療保健專家

Bupa's purpose is helping people live longer, healthier, happier lives and making a better world. We are an international healthcare company serving over 38 million customers worldwide. With no shareholders, we reinvest profits into providing more and better healthcare for the benefit of current and future customers.

In Hong Kong, we are known as the health insurance specialist. We have gained the trust of more than 400,000 individuals and 3,200 companies. We have provided quality health insurance for Hong Kong's civil servants for more than 20 years.

Bupa also provides primary care services through Quality HealthCare Medical Services, one of Hong Kong's largest private clinic networks.

保柏的目標是幫助人們活出更長壽、更健康 and 更愉快的人生，並創造更美好的世界。我們是國際醫療保健公司，於全球服務超過 3,800 萬客戶。我們不設股東，將盈餘投資於業務當中，為現在和未來的客戶提供更多更佳的醫療保健服務。

在香港，我們是醫療保險專家，受超過 40 萬名會員及 3,200 間公司所信賴。我們亦為本港公務員提供優質醫療保障逾 20 年。

此外，保柏透過旗下卓健醫療提供醫療保健服務，卓健醫療是本港最龐大的私營醫療網絡之一。

Important information

重要資料

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

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

Waiting period

There's no waiting period, coverage starts as soon as your contract is in effect.

Cooling-off period

You have the right to cancel your contract by giving Bupa signed written notice within 21 days from the contract effective date. You'll receive a refund of all the subscription and levy paid, provided that no benefit has been paid or is payable. Cooling-off rights are applicable to new contracts only.

Cancellation rights

You may cancel your contract by giving not less than 10 days' written notice to Bupa before the contract anniversary date. The cancellation will be effective on the contract anniversary date.

Disclosure of information for underwriting

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

Claims procedure

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

Subscription adjustment

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

Any claims you make won't affect your subscription at renewal. However, renewal subscriptions may still increase as you get older. Other factors affecting subscription rates each year include medical inflation, general operating expenses and revision of benefits to cover increasing medical expenses.

Renewal

This contract will last for 1 year and will be renewed with subscription payments collected automatically, unless you submit a written request to cancel your membership. Bupa guarantees that your cover can be renewed every year until you reach the age of 75 as long as you meet the requirements as stated in the Renewal Clause of your contract, regardless of any changes in your health condition.

We understand that your healthcare needs may change throughout your life, so you have the flexibility to change your Hospital Cash plan option every year upon renewal. If you wish to upgrade your plan option, you will need to complete a health declaration form for medical underwriting purposes. Approval will be subject to underwriting.

Bupa may revise the benefits, contract terms and conditions every year at renewal. During the renewal process, we'll notify you in writing if there are any changes.

Payment of subscription

You may pay your subscription monthly by bank account or credit card autopay. If you've fulfilled the eligibility criteria for renewal, we will charge your subscription automatically at the next contract renewal, unless we have received other instructions from you.

Termination of your contract

Your contract will be terminated automatically in the following situations, whichever is earliest:

- pursuant to any prohibition or restriction under any sanctions, law or regulations to provide any benefit;
- when the subscription is unpaid at the expiration of the grace period;
- at the Contract Anniversary Date immediately following the attainment of 75 years old of the member;
- upon the death of the member; or
- when the member is engaged in any employment, occupation or business that is excluded under the contract.

Please refer to the contract for details.

Changing to a new insurance scheme

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

General exclusions

Below are the major exclusions. For detailed exclusions specified under part C and D of the Schedule of Benefits, please refer to the contract.

- Claims initiated by members of the following occupations (whether on a full- time or part-time basis):
 - Actors, entertainers or stunt persons; casinos' or other gambling establishments' staff; nightclubs, saunas' or massage parlours' staff; police, auxiliary police, armed forces personnel or firemen; scaffolders, construction or interior decoration workers, crane or earthmoving equipment operators; workers who engage in maintenance or repair work at heights in excess of 50ft/15m.
 - Pre-existing conditions; congenital conditions, developmental conditions or hereditary conditions.
 - Treatment, medical service, medication or investigation which is not medically necessary.

- Any charges for accommodation, nursing and services received in health hydros, nature cure clinics, convalescent home, rest home, home for the aged or similar establishments.
- Any charges in respect of surgical or non-surgical cosmetic treatment (unless necessitated by injury caused by an accident and the member receives the medically necessary treatments or related services within one year of the accident), or hearing tests, routine blood tests, general check-ups, vaccinations or inoculations, Hair Mineral Analysis (HMA), health supplements or body weight control, eye refraction including but not limited to routine eye tests or any costs of fitting of spectacles or lens.
- Treatment that commenced during the first five years of the member's coverage commencement date of this contract and which in any way arises from, is attributable to, or is consequential upon Human Immunodeficiency Virus Infection.
- Sexually transmitted (venereal) diseases or their sequel.
- Treatment relating to pregnancy, including diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage; birth control, sterilisation or sex reassignment of either sex; infertility including in-vitro fertilisation or any other artificial method of inducing pregnancy; sexual dysfunction including but not limited to impotence, erectile dysfunction, pre-mature ejaculation, regardless of cause.
- Treatment arising from or relating to:
 - Misuse or overdose of drugs or being under the influence of alcohol, self-inflicted injuries or attempted suicide;
 - Any illness or injury resulting from participation in criminal activities;
 - War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power or terrorist acts;
 - Participation in aqualung diving, climbing or mountaineering necessitating the use of ropes or guides, potholing, parachuting, bungee jumping, hang-gliding, stunts or daring feats, skiing, tobogganing, sledding and ice skating, including ice hockey and other sports requiring snow or ice for play, professional sports, motor cycling, horse racing and polo;
 - Engagement in aviation other than as a fare-paying passenger in an aircraft provided by and operated by an airline or air charter company which is duly licensed for the regular transportation of fare-paying passengers; or
 - Radioactive contamination.

- Alternative treatment including but not limited to Chinese medicines treatment, acupuncture, acupressure, tui na, hypnotism, rolfing, massage therapy, aromatherapy.
- Senile Dementia (including Alzheimer's disease), Parkinson's disease, psychological or psychiatric condition(s) of any and all kinds, including but not limited to psychoses, neuroses, depression, anxiety, anorexia nervosa, schizophrenia, behavioural disorders, delirium, insomnia, neurasthenia.
- Organ or tissue transplantation surgery of which the member is the donor.
- Hospital confinement primarily for diagnostic scanning, X-ray examinations or physiotherapy treatment which can be delivered as out-patient treatment.

Medically necessary

We only cover the expenses of the member when they are medically necessary and normal and customary.

Medically necessary means the necessity to have a treatment, medical service or medication which is:

- consistent with the diagnosis and customary medical treatment for the condition at a normal and customary charge;
- in accordance with standards of good and prudent medical practice;
- necessary for such a diagnosis or treatment;
- not furnished primarily for the convenience of the member, registered medical practitioner, registered Chinese medicine practitioner, physiotherapist, anaesthetist or any other medical service providers;
- furnished at the most appropriate level which can be safely and effectively provided to the member; and
- with respect to hospital confinement, not furnished primarily for diagnostic scanning purposes, imaging examination or physical therapy.

For the avoidance of doubt, the recommendation of the attending registered medical practitioner is not the sole factor to be considered when determining whether a treatment, medical service or medication is medically necessary.

Without prejudice to the generality of the foregoing, circumstances where a hospital confinement is considered medically necessary include, but are not limited to:

- the member is having an emergency that requires urgent treatment which should be performed at a hospital;
- surgical procedures which are medically required to be performed under general anaesthesia;
- equipment for surgical procedure is available in hospital and procedure cannot be done on a day case basis;
- there is significantly severe co-morbidity of the member; and/or
- taking into account the individual circumstances of the member and for the safety of the member, the medical service should only be conducted in hospital.

For the purposes of interpreting "standards of good and prudent medical practice", Bupa shall consider the following:

- standards that are based on clinically proven evidence in appropriately reviewed, independent medical journals;
- relevant speciality body recommendations; and
- in accordance with standards of generally accepted medical practice.

Normal and customary

In relation to fees, "normal and customary" means 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 the similar treatment, services or supplies to individuals with similar conditions, e.g. of the same sex and similar age, for a similar disability, as reasonably determined by Bupa in utmost good faith. The "normal and customary" charges shall not in any event exceed the actual charges incurred.

In determining whether a charge is "normal and customary", Bupa shall make reference to the followings (if applicable):

- treatment or service fee statistics and surveys in the insurance or medical industry;
- internal or industry claim statistics;
- gazette published by the Hong Kong government; and/or
- other pertinent source of reference in the locality where the treatments, services or supplies are provided.

本冊子乃資料摘要，僅供參考之用。請務必細閱完整的保險合約，以了解計劃之保障範圍、不受保障項目、條款及細則。

我們想幫助你在投保前了解本計劃。請細閱以下資料。

等候期

本計劃不設等候期，合約生效後即可獲得保障。

冷靜期

你有權於合約生效日起計的21天內以書面通知保柏取消合約，唯有關通知必須由你簽署。若你並無獲得任何賠償或有應付賠償，將可獲全數退還已繳保費及徵費。冷靜期權益只適用於新合約。

取消合約權益

你可於合約週年日前最少10天以書面通知保柏取消合約。有關取消將於合約週年日生效。

有關核保之資料披露

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

索償步驟

任何索償須按照保柏所訂的索償程序進行。所有有關該索償的所須文件正本須於求診、診所手術、日症或出院後90天內遞交，否則保柏將不能處理你的賠償，或會導致索償被拒。

保費調整

每名會員的首期保費會根據年齡、健康狀況、保障選擇等因素而定。

你的保費並不會因曾作出索償而被調高。然而，續保保費或會因年齡遞增而相應調整。其他會影響每年保費率的因素包括醫療通脹、一般營運開支及因應醫療開支增加而作出的保障改動等。

續保

本合約生效期為期一年並會自動續保及收取保費，除非你以書面提出取消會籍。無論你在投保後的健康狀況有任何改變，保柏保證每年續保你的保障至75歲，只要你符合合約內列明的續保要求。

我們了解每個人生階段有不同的保險需要，因此你可在每年續保時，靈活更改你的住院現金計劃選項。若你選擇提升計劃選項，你須填寫健康聲明作核保之用。核保須經保柏批准。

保柏可於每年續保時更改合約條款及細則，有關改動將於續保時以書面通知你。

繳付保費

你可選擇以銀行賬戶或信用卡自動轉賬年繳或月繳保費。只要你符合續保的資格條件，保柏將於合約續保時於指定銀行賬戶／信用卡自動扣取續保保費，除非我們接獲你的其他指示。

終止合約

你的合約將在下列最早出現的情況下自動終止：

- 根據任何制裁，法律或法規而禁止或限制提供任何保障；
- 在繳費寬限期屆滿時仍未支付保費；
- 緊隨會員年屆75歲之合約週年日；
- 會員身故；或
- 當會員從事於在合約內列明不受保障的任何職業、工作或行業。

詳情請參閱合約。

轉換至新的保險計劃

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

不受保障項目

以下為主要不受保障項目。你亦可以透過本計劃合約了解保障金額表內有關C及D部分之不保事項詳情。

- 任何由從事以下任何一種職業的會員提出的索償（不論全職或兼職）：
 - 演員、娛樂事業表演者或特技人；賭場或其他賭博場所職員；夜總會、蒸氣浴室或按摩中心職員；警察、輔警、軍裝／配槍人士或消防員；搭棚工人、地盤工人或室內裝修工人、起重機或推土機操控人員；於超過50尺或15米高空工作之人士。
 - 已存在病症；先天性疾病、發育異常或遺傳性疾病。
 - 不是醫療必需的治療、醫療服務、藥物或檢驗。
 - 在水療中心、天然治療中心、康復院、療養院、老人院或類似機構所提供之住宿、護理或服務的費用。
 - 手術性或非手術性整容或整形治療（會員因意外而受傷，並於意外後一年內接受醫療上必需的服務則不屬此項）、聽覺測驗、常規驗血、例行檢驗、預防注射或接種疫苗、毛髮藥物質含量分析、健康補品或體重控制，及因視力不正常而引致之治療，包括但不限於常規視力測驗或所需之眼鏡或鏡片費用。
 - 由保障開始日起首5年內，因感染人體免疫力缺陷病毒所引致的治療。

- 性病及其後遺症。
- 與懷孕有關的治療，包括診斷性產科檢查、生育、墮胎或小產；與男女任何一方節育、絕育或變性有關的治療；由於不育而直接或間接進行的治療，包括體外受孕，任何非自然受孕或人工受孕；與性機能失常有關之治療，包括但不限於陽萎、不舉、早泄（不論任何原因導致）。
- 任何因下列情況直接或間接引致的治療：
 - 誤用或服用過量藥物或受酒精影響、蓄意自傷身體或意圖自殺；
 - 任何因參與犯罪活動而引致的疾病或損傷；
 - 戰爭、入侵、外敵行動、開戰（不論是否已宣戰）、內戰、暴動、革命、叛亂或軍人奪權、恐怖活動；
 - 水肺潛水、需要繩索或導遊的攀岩或登山活動、洞穴探險、跳傘、高空彈跳（笨豬跳）、滑翔傘、危險特技或雜技、滑雪、平底雪橇、雪橇、滑冰（包括需要在雪地或冰上進行的冰上曲棍球）、專業體育、賽車、賽馬及馬球；
 - 航空活動（以購票乘客身份乘坐正式持牌作定期運輸的航空或包機公司所提供及經營的飛機則不在此限）；或
 - 輻射性污染。
- 另類治療，包括但不限於中藥治療、針灸、穴位按摩、推拿、催眠治療、羅爾夫按摩療法、按摩治療、香薰治療。
- 老年性痴呆（包括阿茲海默氏症）、帕金遜病、心病或精神病症，包括但不限於精神病、神經機能病、抑鬱、焦慮、神經性厭食、精神分裂、行為失常、譫妄症、失眠、神經衰弱等直接或間接引致的治療。
- 以捐贈者身份進行器官或組織移植的手術。
- 主要因接受診斷掃描、X光檢查或物理治療而住院，而有關檢查或治療本可透過門診進行。

醫療必需

保柏只會根據「醫療必需」和「正常及慣常」的原則，為會員所需支付的費用及／或開支作出賠償。

醫療必需指醫療上必需的治療、醫療服務或藥物：

- 以正常及慣常費用就病症之診斷提供相應之治療；
- 符合良好及謹慎的醫療標準；
- 就有關診斷或治療而所需的；
- 非純為會員、註冊西醫、註冊中醫、物理治療師、麻醉科醫生或任何其他醫療服務供應商提供方便；

- 以最合適之程度向會員提供安全及有效的治療；及
- 住院非純為診斷掃描目的、影像學檢驗或物理治療。

為免存疑，在考慮治療、醫療服務或藥物是否醫療必需時，主診註冊西醫的建議並不是唯一的考慮因素。

在不損害上述的一般性條件的原則下，符合醫療所需條件的住院情況包括但不限於以下例子：

- 會員因急症需要在醫院接受緊急治療；
 - 手術在醫學上需要在全身麻醉下進行；
 - 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)會員同時發生的傷病屬明顯嚴重；及／或
 - v)考慮到會員的個人情況及會員安全後，所需的醫療服務應在醫院內進行。
- 就「良好及謹慎的醫療標準」之詮釋，保柏將會考慮以下事項：
- 醫療標準為必須經過適當審查的獨立醫學期刊中臨床證明所界定；
 - 相關專業機構的建議；及
 - 符合良好醫療守則標準。

正常及慣常

「正常及慣常」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。「正常及慣常」的收費水平由保柏合理及絕對真誠地決定，在任何情況下，此收費不得高於實際收費。

保柏必須參照以下資料（如適用）以釐定「正常及慣常」收費：

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

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本冊子中、英文之意思如有任何差別，概以英文為準。



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