



Remarks

1. Asia, Australia and New Zealand means Hong Kong, Australia, New Zealand, Thailand, Japan, Malaysia, Macau, Taiwan, South Korea, Singapore, Afghanistan, Bangladesh, Bhutan, Brunei, Cambodia, mainland China, India, Indonesia, Kazakhstan, Kyrgyzstan, Laos, Maldives, Mongolia, Myanmar, Nepal, North Korea, Pakistan, the Philippines, Sri Lanka, Tajikistan, Timor-Leste, Turkmenistan, Uzbekistan and Vietnam. For eligible expenses covered under the Certified Plan but incurred outside Asia, Australia and New Zealand, benefits shall be payable according to the VHIS Standard Plan Terms and Benefits.
2. Full cover is only applicable to selected items under Summary of Benefits and subject to the annual benefit limit, deductible and restricted ward class set out in the Summary of Benefits.
3. "Push the Limit Benefits" offers (i) full cover for eligible expenses incurred at Bupa MyFlexi Appointed Hospitals and designated specialists' clinics and service providers up to an annual benefit limit if the conditions under the Policy are fulfilled; and (ii) Supplementary Major Medical Benefit to cover the eligible expense in excess of the benefit limit, subject to 20% coinsurance. Coinsurance means the percentage of eligible expenses that must be paid by the policy holder.
4. Full Cover Benefit and Supplementary Major Medical Benefit offered under Push the limit benefit are not applicable to pre- and post-confinement/day case procedure outpatient care and psychiatric treatment. You need to follow the required procedures to enjoy full cover and subject to the benefit limits of Push the Limit under the Summary of benefit.
5. Other Optional Benefits (Clinical, Dental, Maternity and optional benefit) are not part of the VHIS certified plan. The premiums paid (if any) are not eligible for claiming tax deduction, any child discount and/or no claim renewal discount.
6. Any Hong Kong taxpayer who has purchased an eligible health insurance plan (certified by the Food and Health Bureau as VHIS) can claim a tax deduction on qualifying premiums up to HK\$8,000 per insured person each year. These persons must be included in the list of "specified relatives" in Inland Revenue (Amendment)(No. 8) Ordinance 2018 (which may change from time to time). You can claim the deduction in the same tax year when the premium was paid. The deduction is available for the Certified Plan, but not any other Optional Benefits, with policy effective date of 1 April 2019 or later. There is no limit on the number of insured persons and/or policies claimed by each taxpayer. Policies purchased for a domestic partner, grandchild(ren) or domestic partner's parents/children are not eligible for tax deduction. For details about tax deduction, please visit www.bupa.com.hk/taxfaq.
7. Deductible options include HK\$0, HK\$12,000, HK\$40,000 and HK\$80,000. A deductible is the amount of eligible expenses that you must pay each year. Bupa will cover the remaining amount up to the benefit limit. The deductible won't apply to the Medical Check-up Benefit and optional benefits.



8. The calculation compares deductible options between HK\$0 and HK\$80,000 for a 29-year-old member enrolled in Deluxe Plan with yearly payment.
9. Unknown pre-existing conditions and congenital conditions with symptoms appearing or diagnosed after age 8 are covered subject to the waiting period and reimbursement percentage as follows:
 - a. First policy year: no coverage
 - b. Second policy year: 25% reimbursement
 - c. Third policy year: 50% reimbursement
 - d. Fourth policy year onwards: full coverage
10. Bupa guarantees that your cover can be renewed up to the age of 100 as long as you meet the requirements as stated in the renewal provisions of your Policy. Bupa reserves the right to amend the premium, benefits, terms and conditions upon policy renewal. Please refer to your Policy for further details.
11. Medical card is not applicable at the day-case centre of any private hospital in Hong Kong. You need to complete required procedures to use the medical card. The current list of designated private hospitals in Hong Kong is available on Bupa's website. This list is subject to change from time to time.
12. Member who has enrolled in Full Cover Benefit and / or Supplementary Major Medical Benefit can enjoy cashless treatment for eligible medical expenses by using the medical card at designated private hospitals in Hong Kong, subject to a credit limit approved by Bupa. Your eligible claim will be reimbursed up to the Overall Annual Limit.
13. Applicable to member who enrol at private room level.
14. Bupa guarantees that your cover can be renewed every year for life as long as you meet the requirements as stated in the Renewal Clause of your contract. Bupa reserves the right to amend the subscription, benefits, terms and conditions upon your contract renewal. Please refer to your contract for further details.
15. The calculation of \$288 average monthly premium is based on an 18-year-old member enrolled in Deluxe Plan with yearly payment and a HK\$80,000 deductible option. Actual premium vary depending on the age of insured person. The fee does not include the latest welcome offer and any premium loading (if applicable).
16. From HK\$280 a month: Actual insurance fees vary. The example premium is calculated based on the current premium rate of a member aged 18 enrolling in Bupa VHIS Flexi Plan, with annual payment and "Push The Limit" at ward level. The fee does not include the latest welcome offer.
17. From HK\$185 a month: Actual insurance fees vary. The example premium is calculated based on the current premium rate of a member aged 18 enrolling in Bupa MyBasic VHIS Plan, with annual payment. The fee does not include the latest welcome offer.
18. From HK\$180 a month: Actual insurance fees vary. The example premium is calculated based on the current premium rate of a member aged 18 enrolling in Bupa CarePro , with annual payment and "Full cover" at ward level. The fee does not include the latest welcome offer.



19. The availability of the above services may vary among different plans and coverage levels.



VHIS Certification Numbers

Bupa MyBasic VHIS Plan

- S00020-01-000-01

Bupa MyFlexi VHIS Plan

- Deluxe / Deluxe Plus (F00029-03-000-01 / F00029-03-001-01)
- Advance / Advance Plus (F00029-02-000-01 / F00029-02-001-01)
- Standard / Standard Plus (F00029-01-000-01 / F00029-01-001-01)

Bupa Hero VHIS Plan

- Deluxe / Advance - HK\$0 Deductible (F00040-01-000-01 / F00040-05-000-01)
- Deluxe / Advance - HK\$12,000 Deductible (F00040-02-000-01 / F00040-06-000-01)
- Deluxe / Advance - HK\$40,000 Deductible (F00040-03-000-01 / F00040-07-000-01)
- Deluxe / Advance - HK\$80,000 Deductible (F00040-04-000-01 / F00040-08-000-01)

附註

1. 亞洲、澳洲及新西蘭地區指香港、澳洲、新西蘭、泰國、日本、馬來西亞、澳門、台灣、南韓、新加坡、阿富汗、孟加拉、不丹、文萊、柬埔寨、中國大陸、印度、印尼、哈薩克、吉爾吉斯、老撾、馬爾代夫、蒙古、緬甸、尼泊爾、北韓、巴基斯坦、菲律賓、斯里蘭卡、塔吉克、東帝汶、土庫曼、烏茲別克及越南。於亞洲、澳洲及新西蘭以外引致的認可產品下的合資格費用，只可根據自願醫保獲標準計劃條款及保障作出賠償。
2. 全數賠償只適用於保障摘要所涵蓋的項目，並受限於保障摘要所列的每年保障限額、自付費及指定病房級別。
3. 「升級保障」提供 (i) 全數賠償及 (ii) 附加醫療保障。若符合保單所訂之條件，於保柏特選醫院、專科醫生及服務供應商接受治療的合資格費用可享全數賠償，以每年賠償限額為限。而附加醫療保障則會賠償合資格費用之餘額（設 20% 共同保險，共同保險指保單持有人必須按比率分擔的合資格費用）。
4. 「升級保障」下的「全數賠償」及「附加醫療保障」不適用於入院前或出院後／日間手術前後的門診護理及精神科治療。您須按照所訂程序以享全數賠償服務，並以保障摘要所示的升級保障之保障限額為上限。
5. 其他自選保障（門診、牙科、產科及視力保障）並不屬自願醫保認可產品的一部分，有關之保費不可用作申請稅項扣減，亦不適用於子女折扣及／或無索償續保折扣。
6. 每名投保合資格醫療保障計劃（獲食物及衛生局認可之自願醫保計劃）的納稅人均可就合資格保費扣稅。每年可用作申請稅項扣減的保費上限為每名受保人港幣 8,000 元。受保人與保單持有人之關係須列載於稅務局的《2018 年稅務（修訂）（第 8 號）條例》（可不時更改）中「指明親屬」列表上。保費須於課稅年度內繳付方符合該課稅年度的申請稅項扣減資格。稅項扣減適用於 2019 年 4 月 1 日起生效的認可自願醫保產品，不包括其他自選保障。每名納稅人可申請稅項扣減的受保人數及／或保單數目不設上限。為同居伴侶、孫子女、同居伴侶之父母／子女購買的保單並不符合稅項扣減的資格。請瀏覽 www.bupa.com.hk/taxfaq 了解更多稅項扣減詳情
7. 自付費選擇包括 HK\$0, HK\$12,000, HK\$40,000 及 HK\$80,000。自付費是指每保單年度您須自行負責的合資格醫療費用。保柏會賠償餘下的費用，以賠償限額為限。自付費並不適用於身體檢查保障及自選保障。
8. 以一位 29 歲人士投保尊尚計劃，並比較 HK\$0 自付費及 HK\$80,000 自付費之年繳保費作計算。
9. 投保前未知的已有病症及 8 歲後出現徵狀或確診的先天性疾病之等候期及賠償比率如下：
 - a. 首個保單年度: 沒有保障
 - b. 第二個保單年度: 按保障限額賠償 25%



- c. 第三個保單年度: 按保障限額賠償 50%
 - d. 第四個保單年度起: 按保障限額全數賠償
10. 保柏保證續保您的保障至 100 歲，惟您須符合保單條款及細則內所列明的續保要求。保柏保留在保單續保時更改保費、保障、條款及細則的權利。詳情請參閱您的保單。
 11. 保柏醫療卡不適用於香港私家醫院的日症中心，使用醫療卡須符合所訂程序。最新之指定私家醫院名單可於保柏網站上瀏覽。此名單可能會不時更改。
 12. 會員如投保「全數賠償保障」及／或「附加醫療保障」，均可於本港指定之私家醫院使用醫療卡以享合資格醫療費用的住院免繳費服務，以保柏批核的信用額為限。合資格的醫療費用的賠償上限以每年最高賠償額為限。
 13. 保障額以投保私家房計。
 14. 保柏保證每年續保您的保障至終生，只要您符合合約內所列明的續保要求。保柏保留在合約續保時更改保費、保障、條款及細則的權利。詳情請參閱您的合約。
 15. 平均保費\$288：以一位 18 歲人士以年繳模式投保尊尚計劃並選擇 HK\$80,000 自付費作計算。
 16. 平均每月低至 \$280+：實際保費因投保人年齡而異，以上保費以一名 18 歲人士以年繳保費投保「保柏靈活配自願醫保」之大房級別，並選擇「升級保障」計算。保費未包迎新折扣。
 17. 平均每月低至 \$185+：實際保費因投保人年齡而異，以上保費以一名 18 歲人士以年繳保費投保「保柏自願醫保計劃」計算。保費未包迎新折扣。
 18. 平均每月低至 \$180+：實際保費因投保人年齡而異，以上保費以一名 18 歲人士以年繳保費投保「保柏卓康健」之「住院及手術保障」(大房級別)，並選擇全數賠償保障計算。保費未包迎新折扣。
 19. 會員是否可享用以上的服務視乎投保的計劃及病房級別而定。



自願醫保認可產品編號

保柏自願醫保計劃

- S00020-01-000-01

保柏靈活配自願醫保計劃

- 尊尚 / 升級尊尚 (F00029-03-000-01 / F00029-03-001-01)
- 智選 / 升級智選 (F00029-02-000-01 / F00029-02-001-01)
- 基本 / 升級基本 (F00029-01-000-01 / F00029-01-001-01)

保柏非凡自願醫保計劃

- 智選計劃 / 尊尚計劃 - HK\$0 自付費 (F00040-01-000-01 / F00040-05-000-01)
- 智選計劃 / 尊尚計劃 - HK\$12,000 自付費 (F00040-02-000-01 / F00040-06-000-01)
- 智選計劃 / 尊尚計劃 - HK\$40,000 自付費 (F00040-03-000-01 / F00040-07-000-01)
- 智選計劃 / 尊尚計劃 - HK\$80,000 自付費 (F00040-04-000-01 / F00040-08-000-01)