

自願醫保認可產品編號 VHIS Certification No.: S00020-01-000-01

保障摘要 Summary of Benefits

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保障項目 ^① Benefit items ^①	賠償限額 (港元) Benefit limit (in HKD)
a 病房及膳食 Room and board	每日 \$750 (每保單年度最多180日) \$750 per day (Maximum 180 days per Policy Year)
b 雜項開支 Miscellaneous charges	每保單年度 \$14,000 \$14,000 per Policy Year
c 主診醫生巡房費 Attending doctor's visit fee	每日 \$750 (每保單年度最多180日) \$750 per day (Maximum 180 days per Policy Year)
d 專科醫生費 ^② Specialist's fee ^②	每保單年度 \$4,300 \$4,300 per Policy Year
e 深切治療 Intensive care	每日 \$3,500 (每保單年度最多25日) \$3,500 per day (Maximum 25 days per Policy Year)
f 外科醫生費 Surgeon's fee	每項手術，按手術表劃分的手術分類 - Per surgery, subject to surgical category for the surgery/ procedure in the Schedule of Surgical Procedures - <ul style="list-style-type: none"> ◦ 複雜 Complex \$50,000 ◦ 大型 Major \$25,000 ◦ 中型 Intermediate \$12,500 ◦ 小型 Minor \$5,000
g 麻醉科醫生費 Anaesthetist's fee	外科醫生費的35% ^⑤ 35% of Surgeon's fee payable ^⑤
h 手術室費 Operating theatre charges	外科醫生費的35% ^⑤ 35% of Surgeon's fee payable ^⑤
i 訂明診斷成像檢測 ^{③④} Prescribed Diagnostic Imaging Tests ^{③④}	每保單年度 \$20,000 (設30%共同保險) \$20,000 per Policy Year (subject to 30% Coinsurance)
j 訂明非手術癌症治療 ^④ Prescribed Non-surgical Cancer Treatments ^④	每保單年度 \$80,000 \$80,000 per Policy Year
k 入院前或出院後 / 日間手術前後之門診護理 ^② Pre- and post-Confinement / Day Case Procedure outpatient care ^②	每次 \$580，每保單年度 \$3,000 \$580 per visit, up to \$3,000 per Policy Year <ul style="list-style-type: none"> ◦ 住院 / 日間手術前最多1次門診或急症診症 1 prior outpatient visit or Emergency consultation per Confinement/Day Case Procedure ◦ 出院 / 日間手術後90日內最多3次跟進門診 3 follow-up outpatient visits per Confinement/Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)
l 精神科治療 Psychiatric treatments	每保單年度 \$30,000 \$30,000 per Policy Year
其他限額 Other limits	
保障項目 (a) - (l) 的每年保障限額 Annual Benefit Limit for benefit items (a) - (l)	每保單年度 \$420,000 \$420,000 per Policy Year
保障項目 (a) - (l) 的終身保障限額 Lifetime Benefit Limit for benefit items (a) - (l)	無 Nil

註解 Notes

- ① 同一項目的合資格費用不可獲上述表中多於一個保障項目的賠償。
- ② 本公司有權要求有關書面建議的證明，例如轉介信或由主診醫生或註冊醫生在索償申請表內提供的陳述。
- ③ 檢測只包括電腦斷層掃描 ("CT" 掃描)、磁力共振掃描 ("MRI" 掃描)、正電子放射斷層掃描 ("PET" 掃描)、PET-CT 組合及 PET-MRI 組合。
- ④ 治療只包括放射性治療、化療、標靶治療、免疫治療及荷爾蒙治療。
- ⑤ 此百分比適用於外科醫生費實際賠償的金額或根據手術分類下外科醫生費的保障限額，以較低者為準。
- ⑥ Eligible Expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above.
- ⑦ The Company shall have the right to ask for proof of recommendation e.g. written referral or testifying statement on the claim form by the attending doctor or Registered Medical Practitioner.
- ⑧ Tests covered here only include computed tomography ("CT" scan), magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan), PET-CT combined and PET-MRI combined.
- ⑨ Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
- ⑩ The percentage here applies to the Surgeon's fee actually payable or the benefit limit for the Surgeon's fee according to the surgical categorisation, whichever is the lower.

詳情請瀏覽 www.bupa.com.hk/mybasicpolicy 參閱保單及保障資料。

Please refer to the Policy and Benefit Information at www.bupa.com.hk/mybasicpolicy for details.

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