



免費保柏住院現金保障 (計劃3)
**Complimentary
Bupa Hospital Cash
Coverage (Plan 3)**

保障條文
Coverage Provision

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免費保柏住院現金保障 (計劃 3)

一般條款

在詮釋本條文時：

- (a) 以「其他」一詞引述的一般詞語，不應由於前文有顯示特定行為、事項或事物類別的詞語而被賦予限制性的涵義；
- (b) 「包含」、「包括」或「例如」不應由於隨後有擬由該一般詞語包含的特定例子而被賦予限制性涵義；
- (c) 本條文內的標題僅供參考之用，不應影響本條文任何條款的解釋及應用；及
- (d) 所提述的「本條文」或「條文」應指可不時修訂的本條文。所提述的項、節及表指本條文的項、節及表。

1. 定義

本條文內凡有關詞語之單數字詞將包含眾數意義而相反亦然；另含陽性的字詞將包含陰性及中性；同時，除非內文另有註明，下列詞語將以下列定義闡釋：

申請表	指登記人就簽發本條文而提交保柏之申請表格。
保障	指保柏根據本條文應支付會員之保障。
保柏	指保柏（亞洲）有限公司。
癌症	癌症指惡性腫瘤。其特徵為惡性細胞漸進地不受控制地生長，侵入及破壞正常及周邊組織。癌症必須由組織病理學報告證實腫瘤呈陽性。癌症包括白血病、淋巴瘤或惡性肉瘤。以下不在保障範圍內： <ul style="list-style-type: none">(a) 原位癌（包括子宮頸上皮內贅瘤 CIN-1、CIN-2 及 CIN-3）或組織學上被界定為癌前病變的情況；(b) 所有皮膚癌，除非惡性黑色素瘤；(c) 如 TNM 組織學分期在 T1(a) 或 T1(b)或其他分級方法中同等或更低分級的前列腺癌；(d) RAI 級別 III 以下的慢性淋巴性白血病；(e) 如 TNM 組織學分期在 T1N0M0 或更低分級的甲狀腺惡性腫瘤。
先天性疾病	指自出生已存在之醫學異常，不論會員或登記人知道與否。醫學異常包括（但不排除在醫學上被視為先天性疾病之其他病症）斜視、腦積水、睪丸未降、美克爾氏憩室、扁平足、心間隔缺損及腹股溝斜疝（小腸氣）。
保障計劃	指免費保柏住院現金保障，於保障生效日至保障完結日期間生效。
保障生效日期	指迎新信件上所訂定之日期，為本保障計劃開始生效的日期。
保障完結日期	指迎新信件上所訂定之日期，為保障生效日的下一個曆年同一日期的前一天。
發育異常	指相較於同年齡或同發育階段之預期發育情況而出現之發育異常。這些缺陷或殘障出現於 18 歲之前，並可能預期會不確定的延續下來，從而造成實質上的損害。這些障礙情況包含生物性及非生物性的因素在內。這包括（但不排除醫學上被視為發育異常的其他病症）語言及學習障礙、自閉症及智力遲鈍。
病症	指癌症、急性心肌梗塞及中風，包括所有由同一原因引致的病症及所有由此而起的併發症。
緊急情況	指急病情況而沒有事先安排的住院，而有關初起病徵、診斷或治療均相距不超過 48 小時。
急性心肌梗塞	因心臟血液供應不足，引致部份心臟肌肉（心肌）壞死，並須符合下列所有準則： <ul style="list-style-type: none">(a) 典型的胸痛病史；(b) 在相關心臟事故期間心電圖（ECG）顯示新近具急性心肌梗塞特徵的變化；及(c) 心肌酵素（CK-MB）提高至一般公認的實驗室水平的正常水平以上或 心肌旋轉蛋白 T（Troponin T）> 0.5 ng/ml 或心肌旋轉蛋白 I（Troponin I）> 0.5ng/ml。 心絞痛並不包括在內。
遺傳性疾病	指通過基因由父母遺傳給子女的疾病。
香港	指中華人民共和國香港特別行政區。
醫院	指任何根據當地之法律承認、成立及註冊作醫院的機構，以對患病、受傷、或需要醫學治療人士提供醫療服務。該機構必須有政府批核的醫療設備，包括能進行診斷、大型手術及提供 24 小時由註冊護士執行的看護服務，並有註冊西醫駐診。任何以療養院、護理中心、老人院、濫用藥物或酗酒復康中心方式營運的機構（包括位於醫院中的同類型部門）或任何類似用途的機構均不包括在內。
住院	指由註冊西醫轉介以病人身份接受以西方醫療或外科手術服務的醫療必需之住院。根據條文所訂，會員必須在整個入院時段都住在醫院內（最少連續六(6)個小時），而同時醫院有向會員收取住房及膳食費。
醫療必需	指醫療上必需的治療、醫療服務或藥物： <ul style="list-style-type: none">(a) 以正常及慣常費用就病症之診斷提供相應之治療；(b) 符合良好及謹慎的醫療標準；(c) 就有關診斷或治療而所需的；(d) 非純為會員、註冊西醫、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；(e) 以最合適之程度向會員提供安全及有效的治療；及(f) 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。

就本條文而言，在不損害上述的一般性的原則下，符合醫療所需條件的住院情況包括但不限於以下例子 -

- (i) 會員因急症需要在醫院接受緊急治療；
- (ii) 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：

- I. 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；
- II. 相關專業機構的建議；及
- III. 符合良好醫療守則標準。

會員	即登記人或在迎新信件上名為會員的人士。
正常及慣常	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 - (a) 由保險或醫學業界進行的治療或服務費用統計及調查； (b) 公司內部或業界的賠償統計； (c) 香港政府憲報；及/或 (d) 提供治療、服務或物料當地的其他相關參考資料。
條文	指本條文、迎新信件、申請表、保障金額表、及任何其他附加於本條文的其他表格及經保柏授權代表簽署的修訂協議內所包括或註明的條款及細則及例外規定。
註冊醫生	指符合以下資格的西醫 - 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， 下列人士在任何情況下均不得包括在內 - 會員、登記人、或登記人及/或會員的保險中介人、僱主、僱員、直系親屬或業務夥伴（除非事先經本公司的書面批准）。若該醫生未能按香港法例或在香港以外的司法管轄區具有同等效力的團體註冊（由本公司絕對真誠及合理地決定），本公司必須作出合理的判斷，以決定該醫生是否仍被視為符合資格及已註冊。
保障金額表	指可不時修訂並列明每項保障項目及其最高賠償金額的表格，包括在保障生效日期發出的保障金額表及其後所更改並簽發的其他保障金額表。
中風	指腦血管事故包括腦組織梗塞、腦出血、蛛網膜下腔出血，腦栓塞及腦血栓。診斷必須由以下各項支持： (a) 由註冊神經科專科醫生書面證明永久性神經損害由事故發生後持續至少四(4)週；及 (b) 磁力共振或電腦掃描的報告或其他可靠的影像技術證明此為新發生的中風事故。 以下的情況不在保障範圍內： (a) 短暫性腦缺血發作； (b) 引起眼或視神經障礙的血管疾病；及 (c) 前庭系統的缺血性異常。
登記人	指在迎新信件上所訂定之登記人，無論登記人於本保障計劃內是否享有保障。
迎新信件	指保柏向本保障計劃內保障的會員發出的信函，而該信函須列明會員姓名、保障生效日期及不時修訂的本保障計劃的其他詳情。

2. 條文

- (a) 本條文將構成保障計劃之條款及細則。
- (b) 任何關於本條文之條款及細則之更改，包括但不限於增加、修改、改正及刪除，將不會有效，除非得到保柏書面批准並經保柏之授權代表簽署同意。
- (c) 任何代理或經紀將不會獲授權代表保柏從事下列各項：
 - i. 刪除或更改本條文上任何條款及細則，或以書面或口頭的形式引入其他條款及細則於本條文內；
 - ii. 根據本條文提供陳述或同意任何條款，或簽定任何抵押性質的條文；
 - iii. 接納登記人的任何要約或反要約；及
 - iv. 批核或拒絕任何在本條文下的索償。
- (d) 在預先以書面通知登記人之情況下，保柏可不時更改保障及條文之條款及細則，或終止登記人或會員的保障計劃或整項產品。

3. 登記保障計劃資格

- (a) 於本保障計劃的首次登記當日，會員並非「一般條款」中第 6 項所定義的美國、日本或波多黎各自由邦的永久居民；
- (b) 作為使本條文生效的先決條件，在本保障計劃的首次登記當日：
 - i. 如登記人為會員，登記人年齡必須為 18 歲至 64 歲（包括首尾歲數）；
 - ii. 如登記人為會員之父母或合法監護人，登記人年齡必須為 18 歲或以上而會員年齡必須為 15 日至 17 歲（包括首尾歲數）。
- (c) 登記人或會員必須持有有效的香港身份證。18 歲以下之會員須持有有效的香港出生證明書（如尚未持有有效的香港身份證）。

- (d) 登記人必須在香港任何銀行持有港元支票或儲蓄戶口。
- (e) 會員不得註冊多於一(1)個保障計劃。
- (f) 保柏保留權利拒絕任何申請。

4. 保障範圍及賠償

- (a) 在本條文的條款及細則規限下，會員將於保障開始日期享有本條文下的保障。
- (b) 保柏將支付符合以下條件之住院：
 - i. 醫療必需；
 - ii. 由註冊醫生提供或經其每日個別監察；
 - iii. 有關治療程序或檢驗必須符合保柏不時發出之最合適護理指引並於保柏認可的設施內進行；及
 - iv. 必須經合理程序控制有關開支。
- (c) 若純因紀錄錯誤，將不會令會員應有效之保障失效，或應已終止之保障可繼續生效。
- (d) 根據「**一般條款**」中第 3 (e)項的規定下，即使有任何其他現有保單承保相同的損失或提供相同的保障，除現有保障外，保柏亦須根據本條文向會員支付保障。
- (e) 保柏根據本條文承擔的保障，將支付予登記人或其指定之第三者，或以登記人與保柏就任何特定情況另行協定之其他方式支付，並受本條文之條款及細則所約束。在保柏以自動轉賬形式支付登記人，並受本條文之條款及細則所約束的情況下，保柏將被視為已向登記人支付保障。若戶口持有人並非登記人，必須出示登記人之授權信。保柏保留絕對的權利拒絕有關安排。保障一經支付，則保柏可完全免除所有在本條文之責任。

5. 條款及終止保障

- (a) 保障計劃為期一(1)年，由保障生效日期開始，至保障完結日期。
- (b) 保障計劃受六十 (60) 天的等候期限限制，從保障生效日期開始計算。會員須於等候期過後，方可根據保障金額表獲得其規定的保障。
- (c) 即使在此「**一般條款**」中第 5 項提及，但以下不受「**一般條款**」中第 10 項的應用原則限制下，如登記人或會員未有履行至高誠信的責任，保柏將有權單方面立即終止會員的保障、終止本保障計劃或更改本條文的條款及細則。
- (d) 本保障計劃將在下列最早出現的情況自行終止：
 - i. 根據「**一般條款**」中第 5(a)項，就保障計劃的終止日期；
 - ii. 根據「**一般條款**」中第 6 項或第 17-20 項，終止會員的保障的日期；或
 - iii. 會員去世當日之後一日。

6. 居民身份

如會員的所在國家、會員的居住地或國籍所屬國家的法律(包括但不限於美國和日本)，或任何其他對保柏或本條文適用的法律禁止保柏向當地國民、居民或公民提供醫療保障，保柏可終止相關會員的保障。該終止將立即生效或由條文週年日(如相關會員的保障獲准繼續有效至該日期)起生效。如登記人知悉任何會員於條文年度改變居住地或國籍，登記人須立即以書面通知保柏。即使上列條款已有任何規定，任何會員如成為美國、日本或波多黎各自由邦的永久居民，相關會員的保障將不會在下一個條文週年日獲續保。「永久居民」指居於某國家並且身為該國公民或根據適用法律獲許在該國永久性居留及工作的人士。

7. 索償程序

- (a) 在本條文下會員就任何索償須以保柏提供的賠償申請表遞交。而所有有關該索償的所需文件正本須由會員或其代表於求診、日症手術或出院後 90 天內遞交，否則保柏有權可在不提供任何理由下拒絕是項賠償。
- (b) 保柏可在合理情況下要求索償人遞交與索償有關保柏要求的資料、證書、證明、醫療報告及其他有關數據或資料，並由索償人支付有關費用。
- (c) 在適當及合理情況下保柏將有權以自費形式在索償申請進行期間委派獨立的醫務核驗人員替會員進行驗身。
- (d) 如保柏以書面通知要求更多關於「**一般條款**」中第 7(b)項之資料，除非保柏在通知書發出日後 4 星期內收到所需資料，否則保柏將不對任何索償負責(獲得保柏同意及批准除外)。

8. 貨幣

保障將以港幣支付。

9. 一般不受保障項目

除本條文另有特別註明，否則保柏將不會負責於下列情況下支付保障：

- i. 不是醫療必需的治療、醫療服務、藥物或檢驗。
- ii. 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。
- iii. 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(1)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、毛髮礦物質含量分析、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。
- iv. 先天性疾病、發育異常或遺傳性疾病。
- v. 由保障生效日期起因感染人體免疫力缺損病毒所引致的治療。
- vi. 性病及其後遺症。
- vii. 與懷孕有關的治療，包括診斷性產科檢查、生育、墮胎或小產；與男女任何一方的節育、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；與性功能失常有關之治療，包括但不限於陽萎、不舉、早泄(不論任何原因導致)。
- viii. 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之疾病或損傷；
 - 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。
- ix. 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。
- x. 老年性痴呆(包括阿茲海默氏症)、帕金森病、心病或精神病，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。

- xi. 以捐贈者身份進行器官或組織移植的手術。
- xii. 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。

10. 重要披露

- (a) 如登記人不慎誤報會員之年齡或出生日期或其他相關資料，而該誤報將影響本條文的條款及細則，會員之真實年齡及事實將重新決定保障能否根據條文條款提供。
- (b) 保柏於履行本條文下之賠償責任前，會員或登記人須遵照及符合本條文下訂定的條款及細則並提供真確的陳述或聲明予保柏，而所有保柏在合理情況下索取資料作核實用途所引致的費用將由會員或登記人自行支付。
- (c) 倘下列任何一項事情發生，保柏有權自行決定終止本條文並要求登記人即時繳還就該事項曾支付予登記人或會員的保障及保留權利追討因終止本條文所需的費用：
 - i. 如登記人或會員在申請表或任何陳述或聲明中不正確地提供或漏報任何可影響保柏評估本條文風險的、關於登記人或會員的事實；或
 - ii. 如作錯誤陳述、誤導或隱瞞而獲得本條文；或
 - iii. 提出任何虛假或誇大之索償。

11. 保障計劃持有及轉讓權

在沒有保柏的書面同意下，本保障計劃及保障權利不能視作全部或部分之轉讓或轉承。

12. 法律訴訟

在以下情況不可向保柏提出任何法律行動：

- (a) 在根據本條文的要求下提交有關索償證據予保柏後不足 60 天；或
- (b) 在根據本條文的要求下須提交保柏有關索償證據日起計一年後仍未提交該證據。

13. 有效時間及地域限制

- (a) 有關本條文所提及之任何時間或日期將以香港時間上午 12 時 01 分開始計算。
- (b) 根據本條文之條款及細則訂明，本條文將提供全球保障（特別訂明地域限制之保障除外）。

14. 管限法律及司法管轄權

本條文將受香港法律的管限及闡釋。根據「一般條款」中第 15 項，各方均同意接受香港法院的專屬管轄權所管轄。

15. 仲裁

任何在本條文下之糾紛及分歧將被轉介至香港國際仲裁中心並由該中心根據本地仲裁條例決定和辦理。

16. 不設第三者權利

任何不是本條文某一方的人士或實體，不能根據香港法例第 623 章《條文(第三者權利)條例》強制執行本條文的任何條款。

17. 賄賂及貪污

- (a) 登記人聲明及保證，就保柏或登記人根據本保障計劃訂立或履行任何義務而言，登記人或任何代表登記人或會員行事的人士概不會：
 - i. 提供、承諾、給予、授權、索取或接受任何不正當的財務或其他任何形式的好處，登記人或彼等在訂立本保障計劃後亦不會採取任何該等行動；
 - ii. 從事任何在反賄賂及反貪污事宜的適用法律下或會構成罪行的活動、行動或行為；及
 - iii. 作出或不作出任何行動或系列行動，致使或導致保柏違反任何反賄賂及反貪污事宜的適用法律。
- (b) 倘任何人士就保柏或登記人訂立或履行本保障計劃任何義務作出任何請求或要求任何不當財務或其他任何形式的好處或其他行為，且有關請求或要求一旦被滿足即違反任何反賄賂及反貪污事宜的適用法律，登記人需及時向保柏報告。

18. 制裁

- (a) 倘保柏提供有關保障、支付有關索賠或提供有關保障將：
 - i. 違反聯合國決議或保柏受約束的任何司法管轄區（可能包括但不限於歐盟、香港、澳大利亞、英國及／或美國的司法管轄區）的貿易或經濟制裁、法律或法規；
 - ii. 使保柏面臨被任何有關當局或主管機構制裁的風險；及／或
 - iii. 使保柏面臨參與（直接或間接）被任何有關當局或主管機構認為屬禁止的行為的風險；保柏將被視為不提供保障，且保柏無須根據本保障計劃支付任何索賠或提供任何保障。
- (b) 倘「一般條款」第 18(a)項中提及的有關決議、制裁、法律或法規適用於或變得適用於本保障計劃，為確保保柏持續合規，保柏保留其採取其全權酌情認為屬必要的所有及任何有關行動的權利，包括但不限於終止保障。登記人知悉倘出現制裁相關問題可能會限制或延遲保柏在本保障計劃項下的義務，保柏亦可能無法支付有關索賠。
- (c) 倘登記人或任何會員有任何身分、法律狀況及資料上的改變時，在登記人有合理知悉時，應及時通知保柏。

19. 欺詐

- (a) 倘登記人或會員有以下行為，保柏有權拒絕支付全部或部分索償，並收回保柏已就索償支付的任何款項：
 - i. 根據本保障計劃提出欺詐、誇大或虛假陳述索償；
 - ii. 已發送虛假或偽造文件或其他虛假證據，或作出虛假陳述，以支持根據本保障計劃提出的索償；及／或
 - iii. 未能向保柏提供登記人或會員（視情況而定）知悉的會令保柏拒絕本保障計劃項下索償的資料。
- (b) 倘保柏偵測到會員進行或涉及會員的上述「一般條款」第 19(a)項所列的一類型的欺詐活動（包括欺詐索償或欺詐遺漏提供相關資料），保柏保留自相關欺詐活動發生之日起暫停或終止於本保障計劃下享有的保障（全部或該會員之部份），且登記人將會接獲相關通知。保柏將無需進一步支付全部或部分索償或退還與該會員或該等會員有關的任何保費。
- (c) 登記人應採取一切合理措施防止有關本保障計劃的欺詐，如登記人有理由懷疑任何與本保障計劃有關連的欺詐已發生、正在發生或可能發生，應立即通知保柏。

20. 協助逃稅

- (a) 登記人聲明及保證，就保柏或登記人根據本保障計劃訂立或履行任何義務而言，登記人或任何會員概無且亦不會從事在適用法律下任何構成逃稅或協助逃稅罪行的活動、行動或行為。

- (b) 倘任何人士就保柏或登記人訂立或履行本保障計劃任何義務作出任何提出進行任何行動的請求或要求，且有關請求或要求一旦被滿足即違反任何逃稅或協助逃稅的適用法律，登記人需及時向保柏報告。

保障述要

在本條文的條款及細則規限下，下述保障將根據任何本條文受保的病症所致為醫療必需的住院支付保障。

每日住院現金保障

如會員因任何病症而住院，並接受註冊醫生的專業護理至少連續 6 個小時，可獲支付此保障。此住院保障須受保障金額表內所示的適用保障限額及每項保障的最長日數所規限。此保障只適用於香港住院。

保障金額表

每日住院現金保障	港幣\$500 (每日) 於保障計劃期內最多三十 (30) 日
住院保障	限於因 (1) 癌症、(2) 急性心肌梗塞及 (3) 中風之住院
保障地域範圍	香港
等候期	六十(60)日
保障計劃期限	一(1)年

注意: 住院期間必須在同一所醫院內留院連續 6 個小時或以上，並被收取病房及膳食費。

(1 June 2023 Edition)

Complimentary Bupa Hospital Cash Coverage (Plan 3)

General Conditions

In construing this Provisions:

- (a) general words introduced by the word "other" shall not be given a restrictive meaning by reason of the fact that they are preceded by words indicating a particular class of acts, matters or things;
- (b) the words "include", "including" or "for example" shall not be given a restrictive meaning by reason of the fact that they are followed by particular examples intended to be embraced by the general words;
- (c) the headings in this Provision are for the purposes of reference only and shall not affect the interpretation or application of any of the terms hereof; and
- (d) reference to "this Provisions" shall mean this Provisions as amended from time to time. References to Clauses, Sections and Schedules are to clauses, sections and schedules of this Provisions.

1. Definitions

In this Provisions where consistent with the context, the singular shall include the plural and vice versa; words importing the masculine gender shall include the feminine and neuter gender; and each of the following words and expressions shall have the following meanings, except where the context otherwise requires.

"Application"	means the application form(s) submitted by the Subscriber to Bupa for the issuance of this Provisions.
"Benefit or Benefits"	means the benefit(s) payable to a Member by Bupa under this Provisions.
"Bupa"	means Bupa (Asia) Limited.
"Cancer"	shall mean the presence of a malignant tumour that is characterised by progressive, uncontrolled growth of malignant cells and invasion and destruction of normal and surrounding tissue. Cancer must be positively diagnosed with histopathological confirmation. This also includes leukaemia, lymphoma or sarcoma. The following are excluded: <ul style="list-style-type: none">(a) Tumours showing the malignant changes of carcinomainsitu, cervical dysplasia, CIN1, CIN2, CIN3 or which are histologically described as premalignant;(b) All skin cancers other than malignant Melanomas;(c) Prostate cancers which are histologically described as TNM Classification T1(a) or T1(b) or are of another equivalent or lesser classification;(d) Chronic Lymphocytic Leukaemia less than RAI Stage III;(e) Thyroid cancers which are histologically described as TNM classification T1N0M0 or a lesser classification.
"Congenital Conditions"	means medical abnormalities existing at the time of birth, regardless of whether they are known or unknown to the Member. Medical abnormalities shall include (but not to the exclusion of others which may medically be regarded as congenital conditions), strabismus (squint), hydrocephalus, undescended testicle, Meckel's diverticulum, flat foot, heart septal defect and indirect inguinal hernias.
"Coverage"	means Complimentary Bupa Hospital Cash Coverage, valid from the Coverage Effective Date to the Coverage End Date.
"Coverage Effective Date"	means the date stated as such in the Welcome Letter, being the effective date of this Coverage.
"Coverage End Date"	means the day prior to the same date in the subsequent calendar year as the Coverage Effective Date, stated as such in the Welcome Letter.
"Developmental Conditions"	means abnormal development compared to what is expected at the given age level or stage of development. These impairments or disabilities originate before the age of eighteen (18) years, may be expected to continue indefinitely, and constitute a substantial impairment. Biological and non-biological factors are involved in these disorders. They shall include (but not to the exclusion of others which may medically be regarded as developmental conditions) language and learning disorders, autism and mental retardation.
"Disability"	means Cancer, Heart Attack and Stroke, and shall include all disabilities arising from the same cause including any and all complications therefrom.
"Emergency"	means unplanned Hospital Confinement and condition that is acute in nature and wherein the initial sign or symptom, and the consultation or treatment for this condition cannot be and are not separated by more than forty-eight (48) hours.
"Heart Attack"	The death of a portion of the heart muscle (myocardium) as a result of inadequate blood supply, where all of the following criteria are met: <ul style="list-style-type: none">(a) a history of typical chest pain;(b) new characteristic ECG changes indicating acute myocardial infarction at the time of the relevant cardiac incident; and(c) the elevation of the cardiac biomarkers, inclusive of CKMB above the generally accepted normal laboratory levels, or Troponin T > 0.5ng/ml or Troponin I > 0.5ng/ml. Angina is specifically excluded.
"Hereditary Conditions"	means medical conditions genetically transmitted from parent to offspring.
"Hong Kong"	means the Hong Kong Special Administrative Region of the People's Republic of China.
"Hospital"	means any establishment recognised, constituted and registered as a hospital under the laws of the territory in which that establishment is situated to provide medical services for the sick, the injured or those who require medical treatment, and which has government approved facilities for diagnosis, major surgery and provides twenty-four (24) hours a day nursing services by Qualified Nurses and is under the regular care and attendance of Registered Medical Practitioners.

“Hospital” does not include any establishment or that portion of any establishment which is operated as a convalescent or nursing home, rest home, home for the aged, or any establishment for rehabilitation of alcoholics or drug addicts, or any similar purpose.

“Hospital Confinement” means confinement in a Hospital as an in-patient for western medicine and surgical services as a result of a Medically Necessary condition and recommended by a Registered Medical Practitioner. For the purpose of this Provisions, the Member must stay in the Hospital for the entire period of confinement for at least 6 consecutive hours and room and board charges must be incurred.

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

- (a) consistent with the diagnosis and customary medical treatment for the condition at a Normal and Customary charge;
- (b) in accordance with standards of good and prudent medical practice;
- (c) necessary for such a diagnosis or treatment;
- (d) not furnished primarily for the convenience of the Member, Registered Medical Practitioner or any other medical service providers;
- (e) furnished at the most appropriate level which can be safely and effectively provided to the Member; and
- (f) with respect to Hospital Confinement, not furnished primarily for diagnostic scanning purpose, 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.

For the purpose of this Coverage, without prejudice to the generality of the foregoing, circumstances where a Hospital Confinement is considered Medically Necessary include, but are not limited to -

- (i) the Member is having an Emergency that requires urgent treatment which should be performed at a Hospital;
- (ii) surgical procedures which are medically required to be performed under general anaesthesia;
- (iii) equipment for surgical procedure is available in Hospital and procedure cannot be done on a Day Case basis;
- (iv) there is significantly severe co-morbidity of the Member; and/or
- (v) 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 followings:

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

“Member” means the Subscriber or the person named as the Member in the Welcome Letter.

“Normal and Customary” in relation to fees, such level which does not exceed the general range of charges being charged by the relevant service providers in the locality where the charge is incurred for similar treatment, services or supplies to individuals with similar conditions, e.g. of the same sex and similar age, for a similar disability, as reasonably determined by 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),

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

“Provisions” means the terms, conditions and exceptions contained in or endorsed in this Provisions, the Welcome Letter, the Application, the Schedule of Benefits and any other schedule attached to this Provisions and amendment(s) thereto signed by the authorised representative of Bupa.

“Registered Medical Practitioner” shall mean a medical practitioner of western medicine, who is duly qualified and is registered with the Medical Council of Hong Kong pursuant to the Medical Registration Ordinance (Cap. 161 of the Laws of Hong Kong) or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith); and legally authorised for rendering relevant Medical Service in Hong Kong or the relevant jurisdiction outside Hong Kong where the Medical Service is provided to the Insured Person, but in no circumstance shall include the following persons - the Member, the Subscriber, or an insurance intermediary, employer, employee, immediate family member or business partner of the Subscriber and/or the Member (unless approved in advance by the Company in writing). If the practitioner is not duly qualified and registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall exercise reasonable judgment to determine whether such practitioner shall nonetheless be considered qualified and registered.

“Schedule of Benefits” means the schedule as amended from time to time in which the Benefit items and the maximum amount that will be paid out in respect of the Benefit are set forth. This shall also include the Schedule of Benefits issued at the Coverage Effective Date and any other schedule of Benefits issued thereafter.

“Stroke” Any cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, cerebral embolism and cerebral thrombosis. Diagnosis must be supported by all of the following conditions:

- (a) Evidence of permanent neurological damage confirmed by a consultant neurologist at least four (4) weeks after the event; and
 - (b) Findings on magnetic resonance imaging, computerised tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke.
- The following conditions are excluded:
- (a) Transient Ischaemic Attacks;
 - (b) Vascular disease affecting the eye or optic nerve; and
 - (c) Ischaemic disorders of the vestibular system.

“Subscriber” means the person whose name appears as the Subscriber in the Welcome Letter, who may or may not enjoy the Benefits payable under this Coverage.

“Welcome Letter” means the letter issued by Bupa to the Member covered under this Coverage and such letter shall list out the name of the Member and the Coverage Effective Date and other particulars of this Coverage as amended from time to time.

2. Provisions

- (a) This Provisions constitutes the entire terms and conditions of the Coverage.
- (b) Any change to this Provisions including but not limited to addition, alteration, amendment and deletion of any terms and conditions of this Provisions, shall not be valid unless approved by Bupa in writing and signed by the authorised representative of Bupa.
- (c) No agent or broker is authorised to do any of the following things on behalf of Bupa:
 - i. remove or vary any of the terms and conditions of this Provisions or introduce any other terms and conditions, written or oral, into this Provisions;
 - ii. make any representation, agree any condition precedent or enter into any collateral contract with respect to this Provisions;
 - iii. accept any offer or counter-offer made by the Subscriber; and
 - iv. approve or reject any claim under this Provisions.
- (d) Bupa may alter the Benefits, terms and conditions of this Provisions and this Coverage from time to time or terminate the Coverage of the Subscriber or the Member or the product entirely, subject to prior written notice to the Subscriber.

3. Eligibility

- (a) On the date of first-time registration under the Coverage, the Member is not a permanent resident of the United States of America, Japan or the Commonwealth of Puerto Rico as defined under the Clause 6 of the General Conditions.
- (b) As a condition precedent to this Provisions taking effect, on the date of first-time registration under this Coverage:
 - i. in the event that the Subscriber is the Member, the Subscriber must be between age eighteen (18) and sixty-four (64) years old inclusive.
 - ii. in the event that the Subscriber is the parent or legal guardian of the Member, the Subscriber must be eighteen (18) years old or above and the Member must be between age fifteen (15) days and seventeen (17) years old inclusive.
- (c) The Subscriber or the Member shall hold a valid Hong Kong Identity Card. A Member under age eighteen (18) shall hold a valid Hong Kong birth certificate, if the Member does not have a Hong Kong Identity Card.
- (d) The Subscriber must hold a Hong Kong dollar current or savings bank account with any bank in Hong Kong.
- (e) The Member shall not register with more than one (1) Coverage.
- (f) Bupa reserves the right to decline any Application.

4. Entitlement to and Payment of the Benefits

- (a) Subject to the terms and conditions of this Provisions, the Member shall be entitled to the Benefits payable under this Provisions with effect from his Coverage Effective Date.
- (b) Benefits are payable in respect of Hospital Confinement which is:
 - i. Medically Necessary;
 - ii. given or personally controlled on a day to day basis by a Registered Medical Practitioner;
 - iii. undertaken at facilities approved by Bupa for the treatment procedures and consistent with Bupa’s guidelines for the best practice care and attention as issued from time to time; and
 - iv. given where all reasonable steps have been taken to minimise expenditure.
- (c) Clerical error in keeping the records shall not invalidate the Benefits of Members which are otherwise validly in force nor continue such Benefits which are otherwise validly terminated.
- (d) Subject to **Clause 3(e) of the General Conditions**, notwithstanding there is any other existing insurance policy covering the same loss or providing the same benefits, Bupa shall pay the Benefits to the Member pursuant to this Provisions in addition to any existing coverage.
- (e) All liabilities in respect of Benefits admitted by Bupa hereunder shall be paid to the Subscriber, or to any third party as directed by the Subscriber or in such other manner as may otherwise be agreed between the Subscriber and Bupa in any particular case, subject to the relevant terms and conditions of this Provisions. Payment of Benefits shall be deemed to have been made by Bupa to the Subscriber where Bupa pays the Subscriber through autopay, subject to the relevant terms and conditions of this Provisions. If the account to be credited is not in the name of the Subscriber, an authorisation letter from the Subscriber is required, but Bupa has the absolute right to reject the arrangement. Payment of Benefits by Bupa shall be a full discharge of the liability of Bupa in respect of which the payment is made under this Provisions.

5. Term and Termination of Benefits and the Coverage

- (a) The Coverage is for one (1) year only starting from the Coverage Effective Date and until the Coverage End Date.
- (b) The Coverage is subject to sixty (60) days of waiting period starting from the Coverage Effective Date. The Member shall be entitled to the benefit payment as specified in the Schedule of Benefit after the waiting period.
- (c) Without limiting the application of **Clause 10 of the General Conditions** and notwithstanding anything in this **Clause 5**, if the Subscriber or a Member fails to act in utmost good faith, Bupa shall have the right unilaterally and forthwith to terminate the Member’s benefits, to terminate this Coverage, or to revise the terms and conditions of this Provisions.
- (d) This Coverage shall automatically terminate on the earliest of the following dates:

- i. on the date of termination of the Coverage under **Clause 5(a) of the General Conditions;**
- ii. the date of termination of cover of the Member pursuant to **Clause 6 or 17 to 20 of the General Conditions;**
or
- iii. the day immediately following the death of the Member.

6. Residency

Bupa may terminate the cover of the relevant Member(s) with immediate effect or (where permitted to continue the cover of the relevant Member(s) until such date), if the law of the country in which the Member is located, or the Member's place of residence or nationality, including but not limited to the United States of America and Japan, or any other law which applies to Bupa or this Coverage, prohibits the provision of healthcare cover by Bupa to local nationals, residents or citizens. The Subscriber is required to immediately notify Bupa in writing if it comes to the Subscriber's notice that any of the Members change place of residency or nationality during the Coverage. Without limitation to the foregoing, a Member's cover shall not be continued if such Member becomes a permanent resident of the United States of America, Japan or the Commonwealth of Puerto Rico. 'Permanent resident' shall mean a person residing in a country who is a citizen of or who is permitted under applicable laws to live and work, on a permanent basis, in that country.

7. Claims Procedure

- (a) Any claim incurred by a Member under this Coverage must be made using such claim form as prescribed by Bupa. All necessary original documents must be furnished by or on behalf of the Member within ninety (90) days after discharge from Hospital to which the claim relates, otherwise Bupa may reject such claim at its absolute discretion without assigning any reasons.
- (b) All information, certificates, evidence, medical reports and other data or materials as reasonably required by Bupa shall be furnished at the expenses of the claimant.
- (c) Bupa reserves the right at its own expense to appoint an independent medical examiner to examine the Member, as appropriate, when and as often as it may reasonably require during the pendency of a claim under this Provisions.
- (d) Bupa shall not accept liability for any claim unless the required information referred to in **Clause 7(b) of the General Conditions** is received by Bupa within four (4) weeks from the issue date of any written request(s) from Bupa requesting such further information, unless otherwise agreed and approved by Bupa.

8. Currency

Benefits shall be payable in Hong Kong dollars.

9. General Exclusions

Unless this Provisions expressly provides to the contrary, Bupa shall not be liable to pay any Benefits incurred directly or indirectly in connection with and / or for, or in relation to any and all of the following:

- i. Treatment, medical service, medication or investigation which is not Medically Necessary.
- ii. 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.
- iii. 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 (1) 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.
- iv. Congenital Conditions, Developmental Conditions or Hereditary Conditions.
- v. Treatment that commenced during the Member's Coverage which in any way arises from, is attributable to, or is consequential upon Human Immunodeficiency Virus Infection.
- vi. Sexually Transmitted (Venereal) Diseases or their sequel.
- vii. 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, premature ejaculation, regardless of cause.
- viii. 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.
- ix. Alternative treatment including but not limited to Chinese medicines treatment, acupuncture, acupressure, Tui Na, hypnotism, rolfing, massage therapy, aromatherapy.
- x. 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.
- xi. Organ or tissue transplantation surgery of which the Member is a donor.
- xii. Hospital Confinement primarily for diagnostic scanning, X-ray examinations or physiotherapy treatment which can be delivered as outpatient treatment.

10. Material Disclosure

- (a) If the age or date of birth or other relevant facts relating to a Member shall be found to have been inadvertently misstated, and if such misstatement affects the terms and conditions of this Provisions, the true age and facts shall be used in determining whether Benefits are payable under the terms of this Provisions.

- (b) The truth of any statement or declaration made by a Member or the Subscriber and the due observance and fulfilment of the terms and conditions of this Provisions insofar as they relate to anything to be done or complied with by the Member or the Subscriber shall be a condition precedent to the liability of Bupa to pay any Benefit under this Provisions. The costs of obtaining any information reasonably required by Bupa for verification shall be borne by the Member or the Subscriber.
- (c) If any of the events listed below takes place, this Provisions shall be void at the sole and absolute discretion of Bupa and any Benefits obtained by the Subscriber or Member as a result of such events shall become immediately repayable to Bupa and Bupa reserves the right to recover from the Subscriber any cost related to the void Coverage:
 - i. if any fact relating to the Subscriber or the Member which may impact the risk assessment by Bupa is incorrectly stated in, or omitted from the Application or any statement or declaration made for or by the Subscriber or the Member in the Application; or
 - ii. if this Coverage is obtained through any misstatement, misrepresentation or suppression; or
 - iii. if any claim made under this Coverage is fraudulent or exaggerated.

11. Ownership and Assignment

This Coverage and the entitlement of Benefits cannot be assigned or transferred, whether in whole or in part, to any person without the written consent of Bupa.

12. Legal Proceedings

No action in law may be brought against Bupa either:

- (a) before the expiration of sixty (60) days after proof of claim has been submitted to Bupa in accordance with the requirements of this Provisions; or
- (b) after the expiration of one (1) year from the date on which proof of claim is required to be and has not been submitted to Bupa in accordance with the requirements of this Provisions.

13. Time Effective and Territorial Limit

- (a) 12:01AM Hong Kong time shall be deemed to be the effective time with respect to any times or dates referred to in this Provisions.
- (b) Subject to the terms and conditions of this Provisions, this Coverage shall provide worldwide coverage unless specified otherwise.

14. Governing Law and Jurisdiction

This Coverage shall be governed by and construed in accordance with the laws of Hong Kong. Subject to **Clause 15 of the General Conditions**, the parties submit to the exclusive jurisdiction of the Courts in Hong Kong.

15. Arbitration

Any disputes or differences arising out of or in connection with this Coverage and this Provisions shall be referred to and determined by arbitration at the Hong Kong International Arbitration Centre and in accordance with its Domestic Arbitration Rules.

16. No Third Parties Rights

Any person or entity who is not a party to this Coverage shall have no rights to enforce any terms of this Provisions.

17. Bribery and Corruption

- (a) The Subscriber represents and warrants that neither the Subscriber nor any person acting on the behalf of the Subscriber or any Member, in connection with the entry into or performance of any obligation by either Bupa or the Subscriber under this Coverage:
 - i. has offered, promised, given, authorised, solicited or accepted any undue financial or other advantage of any kind, nor will the Subscriber or they take any such action after entry into this Coverage;
 - ii. will engage in any activity, practice or conduct that would constitute an offence under any applicable laws relating to anti-bribery and anticorruption matters; and
 - iii. will do, or omit to do, any act or series of acts that will cause or lead Bupa to be in breach of any applicable laws relating to anti-bribery and anti-corruption matters.
- (b) The Subscriber will promptly report to Bupa any request or demand by any person, in connection with the entry into or performance of any obligation by either Bupa or the Subscriber under this Provisions, for any undue financial or other advantage of any kind or other act or acts that would, if such request or demand were met, be in breach of any applicable laws relating to anti-bribery and anti-corruption matters.

18. Sanctions

- (a) Bupa shall be deemed not to provide cover and Bupa shall not be liable to pay any claim or provide any benefit under this Provisions to the extent that the provision of such cover, payment of such claim or provision of such benefit would:
 - i. be in contravention of a United Nations resolution or the trade or economic sanctions, laws or regulations of any jurisdiction to which Bupa is subject (which may include without limitation those of the European Union, Hong Kong, Australia, the United Kingdom, and/or the United States of America).
 - ii. expose Bupa to the risk of being sanctioned by any relevant authority or competent body; and/or
 - iii. expose Bupa to the risk of being involved in conduct (either directly or indirectly) which any relevant authority or competent body would consider to be prohibited.
- (b) Where such resolution, sanctions, laws or regulations referred to in **Clause 18(a) of the General Conditions** are or become applicable to this Coverage, Bupa reserves all of its rights to take all and any such actions as may be deemed necessary in its absolute discretion, to ensure that Bupa continues to be compliant, including but not limited to terminating coverage. The Subscriber acknowledges that this may restrict or delay Bupa's obligations under this Coverage and Bupa may not be able to pay such claim in the event of a sanctions related concern.
- (c) The Subscriber shall upon its reasonable knowledge, inform Bupa promptly if there is any change to the identity, status and particulars of the Subscriber or any Member.

19. Fraud

- (a) Bupa reserves the right to refuse to pay the whole or any part of a claim, and to recover any payments Bupa has already made in respect of a claim, where the Subscriber or a Member:
- has made a fraudulent or exaggerated or falsely stated claim under this Coverage;
 - has sent fake or forged documents or other false evidence, or made a false statement, in support of a claim under this Provisions; and/or
 - has failed to provide Bupa with information that the Subscriber or the Member (as the case may be) knows would otherwise enable Bupa to refuse a claim under this Provisions.
- (b) In the event that Bupa detects fraudulent activity of a type described in **Clause 19(a) of the General Conditions** (including a fraudulent claim or fraudulent omission to provide relevant information) made by or concerning the Subscriber or a Member, Bupa reserves the right to suspend or terminate cover under this Coverage (as a whole or for that Member) from the date of occurrence of the relevant fraudulent activity and the Subscriber shall be notified accordingly. Bupa will not be required make any further payment of the whole or part of any claim to that Member or those Members.
- (c) The Subscriber shall take all reasonable steps to prevent fraud in connection with this Coverage and notify Bupa immediately if the Subscriber has reason to suspect that any fraud in connection with this Coverage has occurred, is occurring or is likely to occur.

20. Facilitation of Tax Evasion

- (a) The Subscriber represents and warrants that neither the Subscriber nor any of the Members, in connection with the entry into or performance of any obligation by either Bupa or the Subscriber under this Coverage engaged or will engage in any activity, practice or conduct which would constitute any tax evasion offence or tax evasion facilitation offence under any applicable laws.
- (b) The Subscriber will promptly report to Bupa, in connection with the entry into or performance of any obligation by either Bupa or the Subscriber under this Coverage, any request or demand by any person for any act or acts that would, if such request or demand were met, be in breach of any applicable laws against tax evasion or tax evasion facilitation.

Description of Benefits

Subject to the terms and conditions of this Provisions, the Benefits described below shall be payable for receiving Medically Necessary Hospital Confinement in respect of any Disability covered under this Provisions.

Daily Hospital Cash Benefit

This Benefit shall be payable if the Member is confined to a Hospital due to any Disability under the professional care of a Registered Medical Practitioner for at least 6 consecutive hours. This Benefit payable for such Hospital Confinement shall be subject to the applicable benefit limit and maximum number of days per Coverage as shown in the Schedule of Benefits. This Benefit is limited to Hospital Confinement in Hong Kong only.

Schedule of Benefit

Daily Hospital Cash Benefit	HK\$500 per day Maximum thirty (30) days during Coverage
Covered Hospitalisation	Hospital Confinement due to (1) Cancer, (2) Heart Attack and (3) Stroke only
Area of Cover	Hong Kong
Waiting Period	Sixty (60) days
Coverage Period	One (1) year

Remark: Hospital Confinement must be 6 consecutive hours or more in the same hospital whereby room and board charges are incurred.

In the event of any discrepancy in respect of the meaning between the Chinese version and English version in the Provision, the English version shall prevail.

本保障條文內中、英文之意思如有任何差別，概以英文為準。

— End of Provision —

— 保障條文完 —

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