



**Bupa HealthNet**  
保柏網絡

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**Group Health  
Insurance Scheme  
Handbook**  
團體醫療計劃手冊

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# Welcome

Welcome to the Group Health Insurance Scheme (“the Scheme”) provided by your employer! The Scheme is administered and underwritten by Bupa (Asia) Limited (“Bupa”) and provides you with 24-hour worldwide coverage. From now on, you have access to expert health insurance services provided by Bupa.

In this booklet, we have put together the key information you need to help you make the most of your cover, including a step-by-step guide to making a claim. We encourage you to keep this booklet somewhere that is easy to reach. It will come in handy if you need to make a claim.

As a health insurance specialist in Hong Kong, Bupa is part of the Bupa group established in the UK in 1947. The Bupa group is now a leading international healthcare organisation serving millions of customers around the world through diversified healthcare services from health insurance to hospitals, care homes and health assessments. As Bupa does not have any shareholders, its profits are invested to provide more and better healthcare to customers and communities. In Hong Kong, the Bupa group also provides primary healthcare services through another member, Quality Healthcare which is a leading provider of private outpatient services with an extensive network of medical centres.

To ensure you understand your benefit entitlements, you are encouraged to read the relevant sections of this booklet in relation to your entitled benefits thoroughly in conjunction with the following:

- Schedule of Benefits
- Bupa Worldwide Assistance Programme Leaflet (if applicable)

Should you have any questions regarding the Scheme or your membership, please do not hesitate to contact Bupa’s Customer Care Helpdesk at (852) 2517 5388.

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## Note:

The information in this booklet is for member’s reference only. In the event of any conflict in the interpretation between the English version and the Chinese version, the English version shall prevail. Should there be any discrepancy between this booklet and the provisions of the Group Health Insurance Contract, we shall follow the latter for final interpretation.

## Useful contacts

As our valued member, you can enjoy our professional services anytime. You can contact us or manage your membership in various ways:

<b>Get in touch for questions, claims, suggestions and compliments</b>	<p><b>24-hour Customer Care helpdesk:</b> (852) 2517 5388</p> <div data-bbox="590 488 1481 862"><p><b>Office hours</b> <b>9:00 am – 7:00 pm, Monday to Friday, (except public holidays)</b></p><ul style="list-style-type: none"><li>• We are pleased to answer all your enquiries.</li></ul><p><b>Outside office hours</b> We are happy to answer the following enquiries:</p><ul style="list-style-type: none"><li>• information of HealthNet Service Providers</li><li>• information of benefit entitlement</li><li>• claims and other policy administration procedures</li><li>• claim forms</li></ul></div> <p><b>E-mail:</b> customercare@bupa.com.hk</p> <p><b>Fax:</b> (852) 3973 6970</p>
<b>Download forms</b>	<p><b>Visit:</b> www.bupa.com.hk &gt; Customer care &gt; Download forms</p> <p>You can also ask our Customer Care helpdesk to send you any form by fax.</p>
<b>Write to us or visit us</b>	<p><b>Address:</b> 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong.</p>

## Web and mobile services

Making your life easier is part of our mission. As your healthcare partner, we have created a range of support services to help you stay in control of your health insurance at a time that is convenient to you.

### Online and mobile services

myBupa is your go-to place to easily manage your cover. You can:

- Check your membership details
- Submit claims online (if applicable) # and provide information to resolve pending claims
- Access your eMedical Card or use Hospital eAdmission to send your member information to your selected hospital upon admission (if applicable) #
- View membership documents
- Check your claims status and any outstanding shortfall
- View claims statements and shortfall invoices (if applicable)
- View clinical benefit usage
- Download claim forms and other frequently used forms
- Download your List of HealthNet Service Providers and Medpass Network Hospital List (if applicable)
- Search and get information for HealthNet Service Providers and night clinics

Register myBupa at [mybupa.bupa.com.hk](http://mybupa.bupa.com.hk). It's free.

To start using myBupa, simply follow the 6 steps for registration:

1. Go to myBupa website or mobile app and click "Register now";
2. Enter your membership number, HKID/passport number and date of birth, then click "Submit";
3. Enter your mobile number and email address, then click "Send Verification Code" to get the code sent to your email;
4. Enter the verification code;
5. Create your own login ID and password;
6. Click "Submit" to complete the first-time registration.

You can also download the myBupa free mobile app:



### Claims notification services

You will receive a e-notification once your claims are processed, followed by a claims statement sent to your office as usual (or by email if your company has opted for our e-Statement service).

To enjoy this service, you can simply sign up by calling our Customer Care helpdesk at 2517 5388.

# Whether you can use the hospital e-claims service and eMedical Card on myBupa is subject to the arrangement of your group health insurance scheme.

# Membership

## Starting your membership

### Eligibility

All full-time permanent employees aged below 65 years are eligible to join the Scheme.

Your dependants may also be eligible to join if dependant cover is provided under the Scheme.

Dependants include:

- your lawful spouse aged below 65 years; and
- your lawful unmarried child(ren) aged from 15 days to 17 years (or aged from 18 years to 22 years if they are full-time students with valid proof upon request).

### Effective date of membership

You will be enrolled into the Scheme on the date as set by your employer. In case you are sick and not actively at work on such date, your membership will commence on the day you return to work.

Membership for your existing dependants, if applicable, will begin on your membership commencement date. In case your dependants are hospitalised on such date, their membership will commence on the day following their discharge from hospital.

## Membership

### Starting your membership

#### Your Bupa HealthNet Card

Points to note upon receipt of BHN Card	<ul style="list-style-type: none"><li>• After enrolment in the Scheme, you and your dependants, if applicable, will each receive a <b>Bupa HealthNet Card (“BHN Card”)</b>.<ul style="list-style-type: none"><li>○ Your name and Bupa membership number are imprinted on the front of the BHN Card.</li><li>○ You and your dependants should check the accuracy of the names and sign on the back of the BHN Card.</li></ul></li></ul>
Use of BHN Card	<ul style="list-style-type: none"><li>• The BHN Card can be used to settle payment for the following services if specified in the Schedule of Benefits:<ul style="list-style-type: none"><li>○ in-patient treatments at the private hospitals in Hong Kong as listed in the List of HealthNet Service Providers;</li><li>○ clinical consultations and laboratory tests carried out by HealthNet Service Providers in Hong Kong and Macau as listed in the List of HealthNet Service Providers (payable under HealthNet Benefit);</li><li>○ consultations or treatments at the outpatient department of the private hospitals in Hong Kong as listed in the List of HealthNet Service Providers (payable under Non-HealthNet Benefit); and</li><li>○ video consultation services with eligible BHN card if you have HealthNet Clinical Benefit. Consult our designated HealthNet General Practitioners and Chinese Herbalists through a video call comfortably and safely at home. Only eligible medical expenses are covered and all medication delivery charges shall not be payable. Visit <a href="http://www.bupa.com.hk/vc">www.bupa.com.hk/vc</a> for details.</li></ul></li></ul>
What should I do if I lose my BHN Card?	<ul style="list-style-type: none"><li>• You should inform your employer within 24 hours in case of loss or theft of your BHN Card and submit a completed “<b>Declaration of Membership Card Loss</b>” to your employer. If you do not report such loss, you may be held liable for any costs arising from any unauthorised use of the BHN Card.</li><li>• The first card replacement is free of charge. An administration fee of HK\$100 per card will be charged for subsequent replacements in the same contract year.</li></ul>



## Membership

### Managing your membership

#### Enrolment of new dependants

##### How do I enrol new dependants? (if applicable)

Newly married spouse	<ul style="list-style-type: none"><li>• Please notify your employer within 31 days of your marriage.</li><li>• Your spouse's membership will begin on the registered date of marriage.</li></ul>
Newborn child	<ul style="list-style-type: none"><li>• Please notify your employer within 45 days of your child's birth and submit a photocopy of the birth certificate for verification.</li><li>• Your child's membership will begin on the 15th day from the date of birth.</li></ul>

**Note:**

If you inform your employer after the above-mentioned notification period, your new dependant's membership commencement date may be postponed to a date as determined by Bupa.

## Membership

### Ending your membership

#### Termination of membership

Event	The membership for you and/or your dependant (if applicable) will automatically end on:
Leaving service	The date of leaving service
You or your spouse reaches the age of 65	The Scheme's Contract Anniversary Date immediately following the attainment of 65 years old
Children grow up	The Scheme's Contract Anniversary Date immediately following the attainment of: <ul style="list-style-type: none"><li>• 18 years old if the child is not a full-time student; or</li><li>• 23 years old</li></ul>
Divorce *	The date your divorce takes effect
Dependant passes away *	The day after the death of your dependant

\* If either of these events occurs, you need to notify your employer within 31 days to end the membership of your dependant(s).

**Note:**

Please return the BHN Card(s) to your employer no later than the effective date of termination.

## Membership

### Topping up your coverage

Bupa offers the Scheme members the opportunity to join our designated individual health insurance scheme at each member's own cost at different life stages (e.g., upon renewal of your group scheme, before or after changing jobs, before retirement) to boost your cover.

You and your dependants, if applicable, can enrol in Bupa's designated individual health insurance scheme at the same room level under Hospital and Surgical Benefit as your entitled room level under your current group Scheme at different life stages. Bupa guarantees that your application will be accepted without underwriting regardless of your health conditions<sup>1</sup>. Moreover, medical conditions eligible under your group membership will be covered for life<sup>2</sup> under the designated individual health insurance scheme.

You can enrol in Bupa's designated individual health insurance scheme during any one of the following periods<sup>3</sup>:

1. Within 60 days of joining a Bupa group scheme;
2. Within 60 days after the Contract Anniversary Date of a Bupa group scheme;
3. Within 30 days before or after termination of a Bupa group scheme membership; or
4. Within 30 days after marriage or child's birth.

If you are interested in topping up your coverage, please contact Bupa's Customer Care helpdesk.

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<sup>1</sup> Please refer to the "Eligibility" section of the designated individual health insurance scheme brochure for details.

<sup>2</sup> All pre-existing conditions which are payable under your Bupa group scheme shall be covered under the designated individual health insurance scheme if you have been continuously insured under a Bupa group scheme and/or the designated individual health insurance scheme for a total of at least 12 consecutive months, with the exception of those specified under the General Exclusions of the designated individual health insurance scheme contract. Bupa guarantees that your cover under the designated individual health insurance scheme 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. You can refer to the designated individual health insurance scheme contract for further details.

<sup>3</sup> If the number of employees joining your company's Bupa group scheme is between 2 – 9, you can only enrol in the designated individual health insurance scheme within 30 days before or after termination of your Bupa group scheme membership when your employment ends (except when you retire).

## Claim procedures

### General information

No matter you choose HealthNet or Non-HealthNet medical service providers, please read this section carefully. Details of the claim procedures for the following medical benefits are included in later sections.

- Hospital and Surgical Benefit
- Supplementary Major Medical Benefit (“SMM Benefit”) (if applicable)
- Clinical Benefit (if applicable)
- Maternity Benefit (if applicable)
- Dental Benefit (if applicable)

You should read the claim procedures for your entitled benefits as shown in the Schedule of Benefits.

### Useful tips for claims

*No matter you use BHN Card or not, please note:*

#### 1 Tips on referral letter for Clinical Benefit:

To be entitled to the following benefits (if applicable) .....	You need to get a <i>Referral Letter</i> from:
Specialist *	General Practitioner
Physiotherapist / Chiropractor / all Diagnostic Imaging & Laboratory Tests	General Practitioner / Specialist
Prescribed Western Medication	General Practitioner / Specialist (issue “Prescription”)
X-ray only and Laboratory Tests	Registered Chinese Medicine Practitioner / Chiropractor
Psychological Counselling	The attending Psychiatrist

\* *Referral is not required for Dermatology, Family Medicine, Gynaecology, Ophthalmology, Orthopaedics, Otolaryngology, Paediatric Surgery, Paediatrics and Psychiatry within HealthNet.*

***Referral letter or prescription, if applicable, is valid for the same or related medical condition for 6 months from the issue date. Treatment for a new or unrelated medical condition will require a new referral letter or prescription.***

*If you do not use BHN Card, please note:*

#### 2 Tips on claiming for reimbursement of medical expenses:

- You need to submit medical claims to Bupa within **90 days** from the date of treatment or discharge from hospital; otherwise, they may be declined for settlement.
- Bupa will reimburse you the eligible amount by crediting your bank account in Hong Kong dollars within 5 – 7 working days upon receipt of all necessary documents.
- Claim Forms can be downloaded from Bupa’s website at [www.bupa.com.hk](http://www.bupa.com.hk).

## Claim procedures

### General information

*If you use BHN Card, please note:*

#### 3 Tips on pre-authorisation for HealthNet Benefit:

HealthNet Registered Medical Practitioner will help you seek pre-authorisation from Bupa for the following services, if applicable:

1. diagnostic imaging or laboratory tests (as required by Bupa's provider guidelines)
2. treatment by a Non-HealthNet Specialist (only if referred by a HealthNet General Practitioner when the necessary specialty is not available within Bupa HealthNet)

**Note:**

1. If pre-authorisation is required for emergency situations after Bupa's office hours, subsequent authorisation can be done on the next working day after treatment.
2. If you do not obtain pre-authorisation or pre-authorisation is not approved, all eligible medical expenses will be paid under Non-HealthNet Benefit, if any.

#### Pre-authorisation procedures

1

HealthNet Registered Medical Practitioner fills in the **Pre-authorisation Form** and faxes it to Bupa.

2

Bupa sends the pre-authorisation confirmation to HealthNet Registered Medical Practitioner.

3

You need to check and sign the pre-authorisation confirmation and keep the Member's copy.

#### 4 Tips on shortfall incurred from using BHN Card:

In case the expenses incurred via using the BHN Card exceed the benefit limits or the expenses are not covered under the Scheme, Bupa will issue a Shortfall Invoice to you and you have to settle the shortfall amount to Bupa **within 14 days after receipt of the Shortfall Invoice**.

# Claim procedures

## General information

### *Day Procedure Benefit:*

#### **1 Coverage for endoscopy and viral warts and skin lesions procedures**

##### **For day case or clinical procedures in Hong Kong**

Pre-authorisation is required for endoscopy and viral warts and skin lesions procedures. Your eligible expenses will be reimbursed differently depending on what type of provider you choose:

- For procedures performed by HealthNet doctors at HealthNet Service Providers, you can enjoy full cover and cashless service for eligible expenses. Please visit a HealthNet Service Provider to enjoy cashless service with your BHN Card, after receiving pre-authorisation from Bupa.
- For procedures at Non-HealthNet providers, your eligible expenses will be covered up to the maximum limit per member of Non-HealthNet Benefit under Day Case Endoscopy Procedure Benefit and Day Case Viral Warts and Skin Lesions Procedure Benefit. You should apply for pre-authorisation beforehand and settle your expenses with the service providers directly. Then file a claim for reimbursement.

Please note that Supplementary Major Medical Benefit doesn't apply to day case endoscopy or viral warts and skin lesions procedures.

If you don't get pre-authorisation from Bupa for day case or clinical operations, you won't be entitled to any benefits and your medical expenses will not be paid.

##### **For procedures performed during hospital confinement in Hong Kong**

Endoscopy and viral warts and skin lesions procedures performed during hospital confinement with an overnight stay will be reimbursed differently depending on what type of provider you choose and whether pre-authorisation was obtained:

- With pre-authorisation from Bupa
  - At HealthNet Hospitals with a HealthNet doctor: Your eligible expenses will be payable under other benefit items of HealthNet Benefit and Supplementary Major Medical Benefit, subject to the overall annual limit.
  - At your choice of doctor and hospital: Your eligible expenses will be covered under other benefit items of Non-HealthNet Benefit and Supplementary Major Medical Benefit, subject to the maximum limit per member and overall annual limit.
- If you don't get pre-authorisation
  - At your choice of doctor and hospital: Your claim (if eligible) will be paid up to the maximum limit per member under Day Case Procedure Benefits only and overall annual limit. Supplementary Major Medical Benefit will not be applicable.

# Claim procedures

## General information

### Pre-authorisation procedures

If you choose a Non-HealthNet provider, you should follow these steps to get pre-authorisation before your endoscopy or viral warts and skin lesions procedure:

1. Simply download the Pre-authorisation Form from our website or myBupa, or call our Customer Care helpdesk to obtain it.
2. Complete Part 1 of the form and ask your doctor to complete Part 2. Discuss with your doctor and choose your private hospital or day-case centre.
3. Send the form to us by email, fax or post.
4. If your pre-authorisation is approved\*, we'll inform you by phone/email or send you the Pre-authorisation Confirmation/Guarantee of Payment Letter upon request.

For endoscopy and viral warts and skin lesions procedures performed outside Hong Kong, your eligible expenses will be covered under other benefit items of Non-HealthNet Benefit and Supplementary Major Medical Benefit in lieu of Day Case Procedure Benefits.

For the full list of endoscopy and viral warts and skin lesions procedures covered under Day Case Procedure Benefits, please refer to the Documents section of Bupa's customer service portal myBupa. This list is subject to change from time to time.

\* It should take around 2 business days to complete the pre-authorisation once all necessary information is received with a signed application form.

The process above is only applicable to members with Day Case Procedure Benefits and the following medical card types:

### Clinical, Clinical – Not for X-ray and Lab, Hospital & Clinical medical card types

Bupa HealthNet		Bupa HealthNet		Bupa HealthNet	
<b>CLINICAL</b>		<b>CLINICAL – NOT FOR X-RAY &amp; LAB</b>		<b>HOSPITAL &amp; CLINICAL</b>	
Optional benefit	Co-payment	Optional benefit	Co-payment	Optional benefit	Co-payment
Identifier		Identifier		Identifier	
Membership no. & name	Valid since (dd/mm/yy)	Membership no. & name	Valid since (dd/mm/yy)	Membership no. & name	Valid since (dd/mm/yy)

# Claim procedures

## Claiming Hospital and Surgical Benefit, SMM Benefit and Maternity Benefit

	Using BHN Card (Applicable to member whose BHN Card is embossed with "HOSPITAL & CLINICAL")	Not Using BHN Card
At the hospital	<ul style="list-style-type: none"> <li>• Present BHN Card for registration.</li> <li>• Sign the voucher.</li> <li>• Complete Part I of Bupa Hospital Claim Form.</li> <li>• The hospital administrator will arrange for completion of Part II of the Claim Form by the attending Registered Medical Practitioner.</li> </ul>	<ul style="list-style-type: none"> <li>• Complete Part I of Bupa Hospital Claim Form.</li> <li>• Ask your attending Registered Medical Practitioner to complete Part II of Bupa Hospital Claim Form for you.</li> </ul>
Upon discharge	<ul style="list-style-type: none"> <li>• Settle payment by BHN Card.</li> </ul>	<ul style="list-style-type: none"> <li>• Settle the medical bill by yourself first and obtain original receipt.</li> <li>• Obtain medical report or Discharge Summary, if any.</li> </ul>
After discharge	<ul style="list-style-type: none"> <li>• Bupa will settle the expenses directly with the hospital.</li> <li>• Bupa will notify you to settle shortfall, if any.</li> </ul>	<ul style="list-style-type: none"> <li>• <b><u>Within 90 days after the date of discharge</u></b>, submit to Bupa:               <ul style="list-style-type: none"> <li>○ completed Bupa Hospital Claim Form</li> <li>○ original hospital receipt</li> <li>○ medical report (if applicable)</li> <li>○ Discharge Summary / Sick Leave Certificate (if applicable)</li> </ul> </li> <li>• You can also submit your claims online by uploading the images of the above documents to myBupa within 90 days after the date of treatment.               <ul style="list-style-type: none"> <li>○ Please keep the original receipt for 6 months from the date of claim submission. Bupa may request you to provide the original receipt for auditing purpose.</li> <li>○ In case you fail to provide the original receipt, your claim submission via myBupa eClaims Service may be affected.</li> </ul> </li> <li>• Bupa will reimburse you the eligible amount within 5 – 7 working days.</li> </ul>



## Claim procedures

### Claiming Hospital and Surgical Benefit, SMM Benefit and Maternity Benefit

#### Other useful tips:

- To claim for reimbursement of the expenses for hospital confinement on account of pregnancy under Maternity Benefit, please follow the above claim procedures. Member whose BHN Card is embossed with "HOSPITAL & CLINICAL" and "MA" can use the BHN Card to settle pregnancy-related medical expenses incurred at the private hospitals in Hong Kong as listed in the List of HealthNet Service Providers. For claims relating to prenatal or postnatal consultations and check-ups, please refer to the claim procedures for Clinical Benefit.
- All original receipts must include:
  - hospitalisation period
  - patient's full name
  - name and address of the hospital and attending Registered Medical Practitioner
  - diagnosis
  - charges nature and breakdown
  - official stamp and/or signature of the attending Registered Medical Practitioner and hospital
- If you are admitted in a Hospital Authority's hospital, you do not need to ask the attending Registered Medical Practitioner to complete Part II of the Claim Form provided that the diagnosis and treatment details are provided on the receipts, medical report, Discharge Summary or Sick Leave Certificate.

## Claim procedures

### Claiming Clinical Benefit and Maternity Benefit (Using BHN Card)

#### Consult HealthNet Service Providers

- Visit the HealthNet Service Providers as listed in the List of HealthNet Service Providers.
  - You need to consult a General Practitioner or Specialist to obtain a referral letter before consulting the following HealthNet Service Providers:
    - Specialists (except for Dermatology, Family Medicine, Gynaecology, Ophthalmology, Orthopaedics, Otolaryngology, Paediatric Surgery, Paediatrics and Psychiatry)
    - Physiotherapists
    - Diagnostic Centres (Bupa also accepts referral letter from a Registered Chinese Medicine Practitioner or Chiropractor for X-ray only and laboratory tests)
  - HealthNet Registered Medical Practitioners will help you seek pre-authorisation from Bupa for the following services:
    - diagnostic imaging or laboratory tests (as required by Bupa's provider guidelines)
    - treatment by a Non-HealthNet Specialist (when the necessary specialty is unavailable within HealthNet)
- (See **"Tips on pre-authorisation for HealthNet Benefit"** on P. 10 for details)

#### Present BHN Card for registration

- Present the following prior to treatment:
  - BHN Card
  - referral letter (if applicable)
  - pre-authorisation confirmation (if applicable)
- Sign the voucher.

#### Receive treatment

- HealthNet Registered Medical Practitioners may prescribe you extra, long-term or expensive medication if required and such expenses will be paid under Prescribed Western Medication Benefit of HealthNet Benefit, if applicable.

#### Claim settlement

- Bupa will settle the expenses directly with the HealthNet Service Providers.
- Bupa will notify you to settle shortfall, if any.

#### Other useful tips:

- Member whose BHN Card is embossed with "MA" can use the BHN Card to settle pregnancy-related medical expenses incurred at the HealthNet Service Providers.

## Claim procedures

### Claiming Clinical Benefit, Maternity Benefit and Dental Benefit (Not using BHN Card)

#### Consult any medical service providers or Registered Dentists of your choice

- Visit any Registered Medical Practitioners, Physiotherapists, Chiropractors, Registered Chinese Medicine Practitioners, Diagnostic Centres, Psychological Counselling or Registered Dentists.
- You need to consult a General Practitioner or Specialist or the attending Psychiatrist to obtain a referral letter before consulting the following medical service providers:
  - Specialists
  - Physiotherapists
  - Chiropractors
  - Diagnostic Centres (Bupa also accepts referral letter from a Registered Chinese Medicine Practitioner or Chiropractor for X-ray only and laboratory tests)
  - Psychological Counselling (must be referred by the attending Psychiatrist)

#### Receive treatment and settle the medical bill by yourself first

- Remember to obtain original receipt, referral letter and prescription, if any.

#### Submit the claim to Bupa

- **Within 90 days after the date of treatment**, submit to Bupa:
  - completed Bupa Clinical Claim Form
  - original receipt
  - referral letter (if applicable) – original or copy
  - prescription (if applicable) – original or copy
- You can also submit your claims online by uploading the images of the above documents to myBupa within 90 days after the date of treatment.
  - Please keep the original receipt for 6 months from the date of claim submission. Bupa may request you to provide the original receipt for auditing purpose.
  - In case you fail to provide the original receipt, your claim submission via myBupa eClaims Service may be affected.

#### Claim settlement

- Bupa will reimburse you the eligible amount within 5 – 7 working days.

## Claim procedures

### Claiming Clinical Benefit, Maternity Benefit and Dental Benefit (Not using BHN Card)

#### Other useful tips:

- To claim for reimbursement of the expenses for consultations with an Obstetrician and prenatal or postnatal check-ups on account of pregnancy under Maternity Benefit, please follow the above claim procedures.
- All original receipts must include:
  - consultation date
  - patient's full name
  - medical service provider's name and address
  - diagnosis
  - charges nature and breakdown
  - official stamp and/or signature of medical service providers
- To claim for reimbursement under Chinese Herbalist Benefit or Chinese Bonesetter Benefit, the original receipt together with the original prescription must be submitted.
- Prescription and medication receipts must include:

Obtain medication from:	Clinic	Pharmacy	
Required claim documents:	Original medication receipt	Prescription	Original medication receipt
Documents issued by:	Clinic	Clinic	Pharmacy
Issue date	✓	✓	✓
Patient's name	✓	✓	✓
Service provider's name and address	✓	✓	✓
Diagnosis	✓	✓	
Description of medicines	✓	✓	✓
Charges nature and breakdown	✓		✓
Official stamp and/or signature of service provider	✓	✓	✓

## Claim procedures

### Claiming Network Dental Benefit (Consultation at Network Dental Centre) (Using BHN Card)

#### Consult at Network Dental Centre\*

- Visit a Network Dental Centre\* of your choice.

#### Present BHN Card for registration

- Present the following prior to treatment:
  - BHN Card
  - Hong Kong Identity Card
- Sign the voucher.

#### Receive treatment

- Proceed to the consultation and receive treatment.

#### Claim settlement

- Bupa will assess the claim submitted by the Network Dental Centre\* and settle the payment directly if direct billing arrangement is available.
- Bupa will notify you to settle shortfall, if any.

\* Please make your appointment by calling the Network Dental Centre. Network Dental Centre refers to the network of dental service providers appointed by Bupa to provide dental services listed under “Network Dental Benefit” in the Schedule of Benefits. Locations of the Network Dental Centres include Admiralty, Causeway Bay, Quarry Bay, Tsim Sha Tsui, Tseung Kwan O, Sha Tin, Tsing Yi, Tung Chung, etc. This list shall be updated from time to time, please log in to myBupa to view the latest location list. Please contact the Network Dental Centres to understand their consultation hours.

## General exclusions

The Scheme shall not cover any treatment or expenses incurred directly or indirectly relating to:

1. Pre-existing conditions – means illness or injury that commenced or presented sign(s) and symptom(s), prior to the member's coverage commencement date.
2. Treatment, medical service, medication or investigation which is not Medically Necessary.
3. Any illness or bodily injury for which compensation is payable under any laws or regulations or any other insurance policy or any other sources except to the extent that such charges are not reimbursed by any such compensation, insurance policy or sources.
4. 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.
5. 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), Hair Mineral Analysis (HMA), health supplements or body weight control (unless approved by Bupa).
6. Any charges in respect of preventive measures including but not limited to routine blood tests, general check-ups, vaccination or inoculations, hearing tests, eye refraction including routine eye tests or any cost of fitting of spectacles or lens (unless it is payable under the relevant Benefits).
7. Congenital Conditions, Developmental Conditions or Hereditary Conditions.
8. Treatment that commenced during the first five (5) years from the Coverage Commencement Date of this Scheme and which in any way arises from, is attributable to, or is consequential upon Human Immunodeficiency Virus Infection.
9. Sexually Transmitted (Venereal) Diseases or their sequel.
10. Treatment relating to pregnancy, including diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage (unless it is payable under Maternity Benefit); birth control, sterilisation or sex reassignment of either sex; infertility including in-vitro fertilisation or any other artificial method of inducing pregnancy; or sexual dysfunction including but not limited to impotence, erectile dysfunction and pre-mature ejaculation, regardless of cause.
11. Misuse or overdose of drugs or being under the influence of alcohol, self-inflicted injuries or attempted suicide.
12. Treatment relating to any illness or bodily injury resulting from participation in criminal activities.
13. Alternative treatment including but not limited to Chinese Medicines treatment, acupuncture, acupressure, tui na, hypnotism, rolfing, massage therapy and aromatherapy (unless it is payable under Chinese Herbalist Benefit, Chinese Bonesetter Benefit or Psychiatric-related Treatments Benefit, if applicable).

## General exclusions

14. Senile Dementia (including Alzheimer's disease) and Parkinson's disease.
15. Any charges for the procurement or use of special braces and appliances, including but not limited to spectacles, hearing aids and other equipments such as wheel chairs and crutches.
16. Any treatment or investigation related to dental or gum conditions unless it is covered under Dental Benefit or Emergency treatment arising from Accidents or the extraction of impacted wisdom teeth during Hospital Confinement. Follow-up treatment from such Hospital Confinement shall not be covered unless it is payable under Dental Benefit.
17. Treatment arising from 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.
18. Non-medical services, including but not limited to guest meals, radio, telephone, photocopy, taxes (except the Value-Added Tax or Goods and Services Tax for medical services), medical report charges and the like.
19. Expenses incurred for experimental or unproven medical technology or procedure not in accordance with the standards of good and prudent medical practice. For the purposes of interpreting "standards of good and prudent medical practice", Bupa shall consider (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.
20. Engaging or taking part in naval, military or airforce or any operation with any armed force; or any form of professional sports.

## Glossary of terms

Capitalised words are either proper nouns or words with specific meaning as defined in the Contract of Group Health Insurance Scheme. Some important definitions are set out below.

“Accident”	means an external, sudden, violent and unexpected event of visible nature which shall, independently of any other cause, be the sole cause of bodily injury.
“Chiropractor”	means a person (other than the Member himself, his relatives, families and business partners unless approved by Bupa) legally qualified in Hong Kong or any other place where medical expenses are incurred to render chiropractic service through manipulation of joints and having qualifications at least equivalent to those of a chiropractor registered pursuant to the Chiropractors Registration Ordinance of Hong Kong.
“Clinical Operation”	means a surgical procedure which may effectively be undertaken at a clinic by a Registered Medical Practitioner where a stay in Hospital is not Medically Necessary provided that the surgical procedure falls under Bupa’s Schedule of Surgical Operations and is classified as Clinical Operation therein.
“Congenital Conditions”	means medical abnormalities existing at the time of birth, regardless of whether they are known or unknown to the Member or Subscriber. They 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.
“Day Case”	means a surgical procedure, Non-surgical Cancer Treatment and kidney dialysis (if applicable under this contract) which may effectively be undertaken at a clinic or day case unit of a Hospital by a Registered Medical Practitioner where an overnight stay in Hospital is not Medically Necessary, provided that the surgical procedure falls under Bupa’s Schedule of Surgical Operations and is classified as Day Case therein.
“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), 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.



## Glossary of terms

“Disability”	means an injury or sickness, and shall include all disabilities arising from the same cause including any and all complications therefrom, except that after ninety (90) days following the latest discharge from Hospital or the last consultation during which no treatment is received. Any subsequent disability from the same cause shall be considered as a separate disability.
“General Practitioner”	means a Registered Medical Practitioner who is registered in the General Register of the Medical Council of Hong Kong or equivalent.
“Hereditary Conditions”	means medical conditions genetically transmitted from parent to offspring.
“Hospital”	<p>means any establishment licensed as a hospital by proper authority to provide medical services of the sick, injured or those who require medical treatment, which has government approved facilities for diagnosis, major surgery and twenty-four (24) hour nursing service and has a Registered Medical Practitioner in regular attendance.</p> <p>“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 an establishment for rehabilitation of alcoholics or drug addicts, or any similar purpose.</p>
“Hospital Confinement”	means confinement in a Hospital 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 Contract, the Member must stay in the Hospital for the entire period of confinement and room and board charges must be incurred.
“Medically Necessary”	<p>means the necessity to have a treatment, medical service or medication which is:</p> <ul style="list-style-type: none"><li>(a) consistent with the diagnosis and customary medical treatment for the condition at a Normal and Customary charge;</li><li>(b) in accordance with standards of good and prudent medical practice;</li><li>(c) necessary for such a diagnosis or treatment;</li><li>(d) not furnished primarily for the convenience of the Member, Registered Medical Practitioner, Registered Chinese Medicine Practitioner, Chiropractor, Physiotherapist, Qualified Nurse, Anaesthetist, Registered Dentist, Registered Dental Hygienist or any other medical service providers;</li><li>(e) furnished at the most appropriate level which can be safely and effectively provided to the Member; and</li><li>(f) with respect to Hospital Confinement, not furnished primarily</li></ul>

## Glossary of terms

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 Contract, 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 an Employee and his Dependents who are covered under the Contract.

“Network Dental Centre”

means the network of dental service providers appointed by Bupa to provide the covered dental services items as specified under the Schedule of Benefits. The particulars of these dental service providers are published by Bupa in either print or digital format and shall be amended from time to time.

“Non-surgical Cancer Treatment”

means cancer treatment for chemotherapy, radiotherapy, targeted therapy, immunotherapy and hormonal therapy.

## Glossary of terms

“Normal and Customary”	<p>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.</p> <p>In determining whether a charge is Normal and Customary, Bupa shall make reference to the followings (if applicable),</p> <ul style="list-style-type: none"><li>(a) treatment or service fee statistics and surveys in the insurance or medical industry;</li><li>(b) internal or industry claim statistics;</li><li>(c) gazette published by the Hong Kong government; and/or</li><li>(d) other pertinent source of reference in the locality where the treatments, services or supplies are provided.</li></ul>
“Operating Theatre”	<p>means any facility designated for and equipped to perform surgical operations or procedures, and have satisfied at least equivalent to the requirements stipulated in the Code of Practice for Day Procedure Centres or the Code of Practice for Hospitals issued by the Director of Health in Hong Kong, or any other applicable code of practice or regulation pursuant to the Private Healthcare Facilities Ordinance (Chapter 633, Laws of Hong Kong).</p>
“Overall Annual Limit”	<p>means the aggregate sum of Benefits as shown in the Schedule of Benefits that a Member is entitled to receive during the Contract Year under “Description of Benefits – Hospital and Surgical Benefit”.</p>
“Physiotherapist”	<p>means a person (other than the Member himself, his relatives, families and business partners unless approved by Bupa) legally qualified in Hong Kong or any other place where medical expenses are incurred to render assessment and treatment service on physical disabilities by means of remedial exercises, manual therapy and mechanical, thermal or electrical energy and having qualifications at least equivalent to those of a physiotherapist registered pursuant to the Supplementary Medical Professions Ordinance of Hong Kong.</p>

## Glossary of terms

“Registered Chinese Medicine Practitioner”	means a Chinese medicine practitioner (other than the Member himself, his relatives, families and business partners unless approved by Bupa), legally authorised in Hong Kong or any other place where medical expenses are incurred to apply medicine treatment in Chinese traditional approach, and having qualifications at least equivalent to those of a Chinese medicine practitioner registered pursuant to the Chinese Medicine Ordinance of Hong Kong.
“Registered Dentist”	means any person (other than the Member himself, his relatives, family or business partners unless approved by Bupa) who is legally authorised in Hong Kong or any other place where medical expenses are incurred to render dental services and has qualifications at least equivalent to those of a dentist registered pursuant to the Dentist Registration Ordinance (Chapter 156, Laws of Hong Kong).
“Registered Medical Practitioner”	means any person (other than the Member himself, his relatives, family or business partners unless approved by Bupa) who is legally authorised in Hong Kong or any other place where medical expenses are incurred to render western medical and surgical services and has qualifications at least equivalent to those of a medical practitioner registered pursuant to the Medical Registration Ordinance (Chapter 161, Laws of Hong Kong).
“Special Services”	means treatment of dialysis, Non-surgical Cancer Treatment or treatment involving radioactive isotope.
“Specialist”	means a Registered Medical Practitioner approved as such by Bupa or a Registered Medical Practitioner who is registered under the Specialist Register of the Medical Council of Hong Kong or equivalent registration in the place where medical expenses are incurred and qualified to practise specialist care according to the qualified specialty.

## Your personal data

1. Keeping your personal data confidential is very important to us. From time to time, it may be necessary for Bupa to collect personal information relating to you or your dependant including without limitation your or your dependant's name, identity card number (and copy of identity card), or passport number (and copy of passport), contact information, health and medical information and financial information ('Personal Information') in connection with the provision of health insurance services or the processing of health insurance claims (including where relevant, credit information and claims history). Failure to supply such Personal Information will result in Bupa being unable to process/provide insurance products/ services and other related services to you.
2. Any Personal Information collected or held by Bupa, whether contained in the application form or obtained in any claim processing procedure or otherwise from time to time may be used by Bupa only for the purposes of:
  - (a) processing the application and providing subsequent services;
  - (b) processing any claims analysis and/or medical or other insurance-related checks;
  - (c) provision and design of insurance products and services of Bupa;
  - (d) detecting and preventing fraud (whether or not relating to the policy issued in respect of any application or claim);
  - (e) data matching, statistics and research reasonably incidental to or related to the insurance products and/or services provided by Bupa;
  - (f) communication with you or your dependants in relation to any of the purposes set out in Part 2 of this section;
  - (g) enabling an actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of Bupa's rights or business to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation; and
  - (h) making disclosure to satisfy any applicable legal or regulatory requirements.
3. Such Personal Information may be transferred for the purposes as specified in paragraph 2 of this section to any of the following classes of transferees (within or outside Hong Kong): any company within the Bupa group of companies, any insurance intermediaries, any reinsurance companies authorised by Bupa, healthcare professionals and hospitals, your employer, any agents, contractors or third party service providers who provide administrative, telecommunications, computer, payment, data processing or storage, printing, research or other services to Bupa in connection with the operation of Bupa's business (including without limitation insurers, banks, lawyers, accountants, claims investigators, debt collection agencies, data processing companies, fraud prevention agencies, organisations that consolidate claims and underwriting information for the insurance industry, research agencies and professional advisors), any actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of Bupa's rights or business; any person to whom Bupa is under an obligation to make disclosure under the requirements of any law, rules, regulations, codes of practice or guidelines binding on Bupa including, without limitation, any applicable regulators, governmental bodies, industry recognised bodies, credit reference agencies, the Courts, and where otherwise required by law.
4. You shall have the right to access and request correction of your Personal Information held by us. You can contact the Data Protection Officer of Bupa (Asia) Limited at 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong. If you have any questions, please contact our Customer Care helpdesk at (852) 2517 5388.

# 歡迎

歡迎參加由您的僱主提供的團體醫療計劃（以下簡稱「計劃」）！本計劃由保柏（亞洲）有限公司（以下簡稱「保柏」）管理及承保，提供 **24** 小時全球保障。由現在起，您可享受有由保柏為您提供的專業醫療保障服務。

此計劃手冊詳述有關此計劃的主要資訊及索償步驟，以助您了解如何盡享您的保障。請妥善保存此手冊，以便在有需要時可隨時參閱。

保柏是本港的醫療保險專家，為保柏集團成員之一，集團在 **1947** 年於英國成立，至今已成為領導市場的國際醫療保健機構，在全球多個國家為客戶提供服務。保柏集團提供多元化的醫療保健服務，包括醫療保險、醫院、安老服務及健康評估。由於保柏集團不實行股東制，因此可將盈利投放於提升客戶及社會的醫療服務之上。在香港，保柏集團透過另一成員卓健醫療，為市民提供醫療保健服務。卓健醫療為香港領先的私營門診服務商，有龐大的醫療中心網絡。

為確保您了解所享有的保障，懇請細心閱讀此指引的相關部分及以下隨附文件：

- 保障金額表
- 保柏國際援助計劃單張（如適用）

如您對本計劃或會籍有任何疑問，歡迎隨時致電保柏客戶服務專線**(852) 2517 5388**。

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## 附註：

本手冊的資料僅供計劃成員參考。若中、英文版本的詮釋有任何差別，概以英文版本為準。若本手冊內容與團體醫療保險合約的條文有任何歧異，概以後者為準。

## 有用聯絡資料

貴為我們尊貴的客戶，您將會體驗到我們殷勤的服務。您可透過以下不同方式，聯絡我們或管理您的會籍。

有關查詢、索償、意見及讚賞	<p><b>24 小時客戶服務專線：</b> (852) 2517 5388</p> <div data-bbox="590 488 1481 862"><p><b>辦公時間</b> 星期一至星期五（公眾假期除外）上午 9 時至下午 7 時</p><ul style="list-style-type: none"><li>• 我們樂意解答您的所有查詢。</li></ul><p><b>辦公時間以外</b> 我們為您解答以下查詢：</p><ul style="list-style-type: none"><li>• 網絡服務供應商資料</li><li>• 保障範圍</li><li>• 申請賠償程序及其他保單行政程序</li><li>• 賠償申請表</li></ul></div> <p><b>電郵：</b> <a href="mailto:customercare@bupa.com.hk">customercare@bupa.com.hk</a> <b>傳真：</b> (852) 3973 6970</p>
下載表格	<p><b>登入：</b> <a href="http://www.bupa.com.hk">www.bupa.com.hk</a> &gt; 客戶服務 &gt; 下載表格</p> <p>您亦可致電我們的客戶服務專線以傳真方式索取表格。</p>
致函我們或親臨本公司	<p><b>地址：</b> 香港九龍觀塘海濱道 77 號海濱匯第 2 座 6 樓</p>



## 網上及手機服務

作為您的醫療保健夥伴，我們希望透過以下一系列的服務，讓您隨時輕易地享用您的醫療保障。

### 網上及手機應用程式服務

myBupa 讓您輕易地使用此保障計劃的服務，您可：

- 查閱會籍資料
- 網上遞交索償（如適用）<sup>#</sup>及補充索償資料
- 使用電子醫療卡，或使用電子入院登記以於入院時將您的會員資料傳送至所選醫院（如適用）<sup>#</sup>
- 瀏覽會籍文件
- 查閱賠償進度及所欠差額
- 查閱賠償單及差額通知書（如適用）
- 查閱門診保障使用量
- 下載賠償申請表及其他常用表格
- 下載「網絡服務供應商目錄」及「任中橫網絡醫院名單」（如適用）
- 搜尋及即時獲得網絡醫療服務供應商及夜間診所的資料

請即瀏覽保柏網頁 [mybupa.bupa.com.hk](http://mybupa.bupa.com.hk)，免費登記使用 myBupa。

首次使用 myBupa 前，只需依照以下 6 個簡單步驟，便可完成登記手續：

1. 登入 myBupa 網頁或手機應用程式，然後按「立即登記」；
2. 輸入您的會員編號、香港身份證/護照號碼及出生日期，然後按「提交」；
3. 輸入您的手提電話號碼及電郵地址後，按「發送驗證編號」，驗證編號便會發送至您的電郵；
4. 輸入驗證編號；
5. 建立您的登入名稱及密碼；
6. 按「提交」，便完成首次登記手續。

myBupa 亦提供免費手機應用程式。



### 賠償短訊通知服務

在您的賠償辦妥後，我們將會發出電子通知。之後，您會如常從公司收取賠償單（如您的公司已登記使用我們的電子結算表服務，您便會收到電郵通知）。

您可致電保柏客戶服務專線 2517 5388 登記短訊通知服務。

<sup>#</sup> 您是否可透過 myBupa 遞交住院索償及使用電子醫療卡，將以您的團體醫療保障計劃之安排為準。



## 會籍 開始成為計劃成員

### 參加資格

所有 65 歲以下的全職僱員均可參加本計劃。

如本計劃提供家屬保障，則您的家屬亦可參加本計劃。家屬包括：

- 您的合法配偶，年齡須為 65 歲以下；及
- 您的合法未婚子女，年齡須介乎出生後 15 日至 17 歲（或 18 歲至 22 歲若能在保柏要求時出示有效證明之全職學生）。

### 成員資格生效日期

您將根據您的僱主所訂立的日期開始成為計劃成員。若您因病未能於當日上班，您的成員資格將順延至您康復後首個上班日起開始生效。

您現有的家屬（如適用）也會於您的成員資格生效日起成為計劃成員。若您的家屬於您的成員資格生效當日正在住院，其成員資格將順延至出院翌日起開始生效。

## 會籍 開始成為計劃成員

### 您的保柏網絡醫療卡

收到「保柏網絡醫療卡」時需注意的事項	<ul style="list-style-type: none"><li>當您成為計劃成員後，您及您的家屬（如適用）將個別獲發一張「保柏網絡醫療卡」。<ul style="list-style-type: none"><li>「保柏網絡醫療卡」正面印有您的姓名和會員編號。</li><li>您及您的家屬必須核對卡上姓名，並在背面簽署。</li></ul></li></ul>
「保柏網絡醫療卡」的用途	<ul style="list-style-type: none"><li>您可按照「保障金額表」所述，使用「保柏網絡醫療卡」為以下服務結賬：<ul style="list-style-type: none"><li>由「網絡服務供應商目錄」所列的本港私家醫院提供的住院治療；</li><li>由「網絡服務供應商目錄」所列的本港及澳門網絡醫療服務機構提供的門診服務及化驗服務（於網絡保障作出賠償）；</li><li>由「網絡服務供應商目錄」所列的本港私家醫院之門診部提供的門診或治療服務（於非網絡保障作出賠償）；及</li><li>您可憑合資格醫療卡享用視像診症服務，安坐家中讓我們指定的網絡普通科醫生及中醫師為您進行視像診症。只有合資格的醫療費用方可獲得保障，任何藥物運費均不獲賠償。詳情請瀏覽 <a href="http://www.bupa.com.hk/vc">www.bupa.com.hk/vc</a>。</li></ul></li></ul>
若遺失「保柏網絡醫療卡」，應如何處理？	<ul style="list-style-type: none"><li>如發現「保柏網絡醫療卡」遭盜竊或遺失，您須在 24 小時內向您的僱主報失，並把填妥的「遺失網絡醫療卡聲明表」交回僱主。否則，您將須負責一切因不當使用此卡所引致的費用。</li><li>首張補發的「保柏網絡醫療卡」費用全免，但如於同一合約年度內須再次補發失卡，則每張卡收取港幣 100 元的手續費。</li></ul>

## 申請新家屬參加計劃

### 我應如何加入新家屬？（如適用）

新婚配偶	<ul style="list-style-type: none"><li>• 您須於婚後 <b>31</b> 日內通知您的僱主。</li><li>• 您配偶的成員資格將於註冊結婚日生效。</li></ul>
新生子女	<ul style="list-style-type: none"><li>• 您須於子女出生後 <b>45</b> 日內通知您的僱主，並提交出生證明書副本以作核實。</li><li>• 您子女的成員資格將於出生後 <b>15</b> 日生效。</li></ul>

#### 注意：

如您未能於上述時限內通知您的僱主，您新家屬的醫療保障計劃生效日期或會相應延遲，而有關日期將由保柏決定。

## 會籍 退出計劃

### 終止會籍

事由	您及／或您家屬（如適用）的成員資格將於以下日子自動終止：
離職	離職當日
您或您的配偶年屆 65 歲	屆滿 65 歲後的計劃合約週年日
子女長大	屆滿以下年歲的計劃合約週年日： <ul style="list-style-type: none"><li>• 年屆 18 歲而不再是全日制學生；或</li><li>• 年屆 23 歲。</li></ul>
離婚 *	離婚生效當日
家屬離世 *	家屬離世翌日

\* 若您家屬因這些原因而令其成員資格終止，您須於 31 日內通知您的僱主。

#### 注意：

請於退出計劃生效日前，把「保柏網絡醫療卡」交回您的僱主。

## 會籍 增值您的保障

保柏為計劃成員提供參加指定個人醫療保障計劃的機會，在團體醫保上更添一重保障。成員可於人生不同階段（如團體醫保續保時、離職前後／退休前）加入有關計劃，所有有關費用由成員自行支付。

您及您的家屬（如適用）可加入保柏指定的個人醫療保障計劃，享有與現有醫體計劃相同住房級別的「住院及手術保障」。不論健康狀況如何，均無須核保及保證接受申請<sup>1</sup>，而且所有於團體計劃中受保的疾病均可在保柏指定的個人醫療保障計劃內獲終生保障<sup>2</sup>。

您可於以下任何一段時間投保<sup>3</sup>：

1. 加入保柏團體醫保計劃的 60 天內；
2. 保柏團體醫保計劃的合約週年日後 60 天內；
3. 保柏團體醫保計劃終止前或後 30 天內；或
4. 在結婚或子女出生後 30 天內。

若您有興趣增值您的保障，請聯絡保柏客戶服務專線。

<sup>1</sup> 詳情請參閱指定的個人醫療保障計劃產品冊子的「投保資格」部分。

<sup>2</sup> 只要您受保於保柏團體醫保及／或指定的個人醫療保障計劃合共最少連續 12 個月，所有在您的保柏團體計劃下可獲賠償的已存在病症將於指定的個人醫療保障計劃下受到保障，除非該病症於指定的個人醫療保障計劃合約內列明為不受保障項目。保柏保證您在指定的個人醫療保障計劃下的保障可獲每年續保至終生，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。您可參閱指定的個人醫療保障計劃合約以了解詳情。

<sup>3</sup> 若您所屬的企業參加保柏團體醫保計劃的人數為 2－9 人，您只可於離職時（退休除外），在您的保柏團體醫保計劃終止前或後 30 天內投保指定的個人醫療保障計劃。

## 申請賠償程序

### 一般資料

不論您選用網絡或非網絡醫療服務機構，請細心閱讀此部份。隨後將詳列申請賠償下列醫療保障項目的程序。

- 住院及手術保障
- 附加醫療保障（如適用）
- 門診保障（如適用）
- 產科保障（如適用）
- 牙科保障（如適用）

您應按照「保障金額表」，細閱您可享有的保障項目之申請賠償程序。

### 實用索償提示

無論您是否使用「保柏網絡醫療卡」，請注意：

#### 1 有關門診保障之轉介信的提示：

為享有以下保障（如適用）.....	您必須取得下列醫生發出的轉介信：
專科醫生 *	普通科醫生
物理治療師／脊醫／所有診斷影像及化驗	普通科醫生／專科醫生
醫生處方西藥	普通科醫生／專科醫生 （發出西藥處方）
只適用於 X 光及化驗	註冊中醫／脊醫
臨床心理輔導	主診精神科醫生
* 如前往網絡的皮膚科、家庭醫學科、婦科、眼科、骨科、耳鼻喉科、小兒外科、兒科及精神科時，無須提交任何轉介信。	
成員可在轉介信或西藥處方（如適用）發出日起計 <b>6 個月內</b> ，就相同或相關病症使用該轉介信或西藥處方。若診治全新或不相關的病症，則須提交新的轉介信或西藥處方。	

如果您不使用「保柏網絡醫療卡」，請注意：

#### 2 有關申請賠償醫療費用的提示：

- 您須於診治或出院後 **90 日內** 向保柏申請賠償醫療費用，逾期申請將不受理。
- 保柏將於收到所有有關文件後的 **5 – 7 個工作天內** 透過自動轉賬以港元支付您的合資格費用。
- 賠償申請表可於保柏網頁([www.bupa.com.hk](http://www.bupa.com.hk))下載。

## 申請賠償程序

### 一般資料

如果您使用「保柏網絡醫療卡」，請注意：

#### 3 有關網絡保障之初步保障審核程序的提示：

網絡註冊西醫將協助您就以下項目（如適用）向保柏提出初步保障審核的申請：

1. 診斷性 X 光檢驗或化驗（按保柏供應商指引之要求）
2. 非網絡專科醫生的治療（必須由網絡普通科醫生轉介，並只限於保柏網絡未能提供有關專科服務）

附註：

1. 若您於保柏的辦公時間以外遇上需要初步保障審核的緊急情況，您可先接受治療，然後於下一個工作天補辦初步保障審核手續。
2. 若您沒有申辦初步保障審核或未能獲得初步保障審核，則所有合資格的醫療費用將按非網絡保障（如有）作出賠償。

#### 初步保障審核程序

1

網絡醫生填寫**初步保障審核表**，並把表格傳真至保柏。

2

保柏向網絡醫生發出初步保障審核確認書。

3

您必須查核並簽署初步保障審核確認書，並保留成員副本。

#### 4 有關使用「保柏網絡醫療卡」而引致差額的提示：

若以「保柏網絡醫療卡」支付的費用超過本計劃的保障限額或並非屬於保障範圍內，保柏將向您發出差額通知書，而您須於**收到差額通知書後 14 日內**向保柏繳付有關差額費用。

# 申請賠償程序

## 一般資料

### 日間手術保障:

#### 1 有關內窺鏡和病毒性疣及皮損程序的保障

##### 如屬於香港進行的日症或診所手術

內窺鏡和病毒性疣及皮損程序必須獲取初步保障審核。您的合資格費用將根據您所選擇的供應商類別而有不同的賠償方式：

- 如於網絡服務供應商由網絡醫生進行有關程序，您的合資格費用可獲全數賠償及享免找數服務。請在獲得保柏的初步保障審核後，於網絡服務供應商使用「保柏網絡醫療卡」以享用免找數服務。
- 如於非網絡供應商進行有關程序，您的合資格費用將於「日間內窺鏡程序保障」和「日間病毒性疣及皮損程序保障」下賠償，並以非網絡保障之每位會員最高賠償額為限。您須預先申請初步保障審核，並直接向服務供應商繳付您的費用，然後提交索償申請。

請注意，「附加醫療保障」並不適用於日間內窺鏡或病毒性疣及皮損程序。

如您未有就日症或診所手術取得保柏的初步保障審核，您將不會獲得任何保障及醫療費用賠償。

##### 如屬於香港進行的住院程序

就需要過夜的住院期間進行的內窺鏡和病毒性疣及皮損程序，將根據您所選擇的醫療服務供應商類別及有否獲取初步保障審核而有不同的賠償方式：

- 如已獲取保柏的初步保障審核
  - 於網絡醫院由網絡醫生進行：您的合資格費用將於網絡保障的其他項目及「附加醫療保障」下賠償，以每年最高賠償額為限。
  - 由您所選的醫生及醫院進行：您的合資格費用將於非網絡保障的其他項目及「附加醫療保障」下賠償，並以每位會員最高賠償額及每年最高賠償額為限。
- 如您沒有獲取初步保障審核
  - 由您所選的醫生及醫院進行：您的索償（如合資格）只可於「日間手術保障」下賠償，並以每位會員最高賠償額及每年最高賠償額為限，「附加醫療保障」將不適用。

##### 索取初步保障審核的步驟

如您選擇非網絡供應商，您必須在進行內窺鏡或病毒性疣及皮損程序前，依循以下步驟獲取初步保障審核：

1. 於保柏網站或 myBupa 下載「初步保障審核表格」，或致電我們的客戶服務專線索取。
2. 請自行填妥第一部分，及請您的主診醫生填妥第二部分，請與您的主診醫生商量選擇入住的私家醫院或日症中心。
3. 請將已填妥的表格電郵、傳真或郵寄給我們。



## 申請賠償程序

### 一般資料

4. 如果您的初步保障審核成功獲得批核\*，我們會以電郵或電話形式通知您，或按您的要求向您寄出「初步保障審核確認/付款保證信」。

如於香港以外的地方進行內窺鏡和病毒性疣及皮損程序，您的合資格費用將於非網絡保障的其他項目及「附加醫療保障」下賠償，以取代「日間手術保障」。

有關受「日間手術保障」所保障之內窺鏡和病毒性疣及皮損程序的完整列表，請於保柏客戶服務網站 **myBupa** 上的會籍文件頁面查閱。此列表可能會不時更改。

\*當保柏收妥所有所需資料及已簽署的申請表後，約兩個工作天即可完成初步保障審核。

以上步驟只適用於持有日間手術保障及以下醫療卡類別的會員：

#### **Clinical、Clinical – Not for X-ray and Lab、Hospital & Clinical** 醫療卡類別

Bupa HealthNet	
<b>CLINICAL</b>	
Optional benefit	Co-payment
Identifier	
Membership no. & name	Valid since (dd/mm/yy)

Bupa HealthNet	
<b>CLINICAL – NOT FOR X-RAY &amp; LAB</b>	
Optional benefit	Co-payment
Identifier	
Membership no. & name	Valid since (dd/mm/yy)

Bupa HealthNet	
<b>HOSPITAL &amp; CLINICAL</b>	
Optional benefit	Co-payment
Identifier	
Membership no. & name	Valid since (dd/mm/yy)

## 申請賠償程序

### 申請住院及手術保障、附加醫療保障及產科保障賠償

	使用「保柏網絡醫療卡」 (適用於持印有“HOSPITAL & CLINICAL” 的「保柏網絡醫療卡」之成員)	不使用「保柏網絡醫療卡」
住院期間	<ul style="list-style-type: none"><li>出示「保柏網絡醫療卡」辦理登記手續</li><li>於已壓印的收據簽署</li><li>填妥「保柏住院賠償申請表」第一部分</li><li>醫院管理人員將安排主診註冊西醫填寫賠償申請表的第二部分</li></ul>	<ul style="list-style-type: none"><li>填妥「保柏住院賠償申請表」第一部分</li><li>請您的主診註冊西醫填妥「保柏住院賠償申請表」第二部分</li></ul>
出院時	<ul style="list-style-type: none"><li>以「保柏網絡醫療卡」結賬</li></ul>	<ul style="list-style-type: none"><li>自行支付醫療賬單及保留收據正本</li><li>保留醫療報告或出院證明紙(如有)</li></ul>
出院後	<ul style="list-style-type: none"><li>保柏會向醫院支付費用</li><li>保柏會通知您繳付差額費用(如有)</li></ul>	<ul style="list-style-type: none"><li><b>在出院後 90 日內</b>向保柏呈交：<ul style="list-style-type: none"><li>填妥的「保柏住院賠償申請表」</li><li>醫院收據正本</li><li>醫療報告(如適用)</li><li>出院證明紙／病假紙(如適用)</li></ul></li><li>您亦可在診治後 90 日內透過 myBupa 把以上文件的圖像上載，於網上遞交賠償申請。<ul style="list-style-type: none"><li>在遞交賠償申請後的 6 個月內，請保留收據正本。保柏或會要求您提供收據正本，以作審核。</li><li>若您未能提供收據正本，您的 myBupa 網上遞交賠償申請服務可能會受影響。</li></ul></li><li>保柏將於 5 – 7 個工作天內支付您的合資格費用</li></ul>

### 其他實用提示：

- 請依照以上索償程序就懷孕而住院的醫療費用申請產科保障賠償。持印有“HOSPITAL & CLINICAL”及“MA”的「保柏網絡醫療卡」之成員可於「網絡服務供應商目錄」所列的本港私家醫院，使用此卡支付有關懷孕的醫療費用。至於產前檢查、產後檢查及診斷化驗之賠償申請，請參閱門診保障的索償程序。
- 所有收據正本必須列載以下資料：
  - 住院治療日期
  - 病人姓名
  - 醫院及主診醫生的名稱及地址
  - 病症
  - 收費類別及項目
  - 主診醫生／醫院正式蓋印及／或簽署
- 如您入住醫管局轄下的醫院，而有關收據、醫療報告、出院證明紙或病假紙已提供病症及診治詳情，則無須要求醫生填寫賠償申請表的第二部分。

## 申請賠償程序

### 申請門診保障及產科保障賠償（使用「保柏網絡醫療卡」）

#### 前往網絡醫療服務機構求診

- 往「網絡服務供應商目錄」所列的網絡醫療服務機構求診
- 您須先往普通科醫生或專科醫生求診，取得有關轉介信後，方可往下列的網絡醫療服務機構求診：
  - 專科醫生（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）
  - 物理治療師
  - 化驗中心（保柏亦接受由註冊中醫或脊醫發出用於 X 光及化驗的轉介信）
- 網絡註冊西醫將協助您就以下項目向保柏提出初步保障審核的申請：
  - 診斷性 X 光檢驗或化驗（按保柏供應商指引之要求）
  - 非網絡專科醫生的治療（只限於保柏網絡未能提供的專科服務）（詳情請參閱第 36 頁的「有關網絡保障之初步保障審核程序的提示」）

#### 出示「保柏網絡醫療卡」辦理登記手續

- 於診治前出示下列文件：
  - 「保柏網絡醫療卡」
  - 轉介信（如適用）
  - 初步保障審核確認書（如適用）
- 於已壓印的診症收據簽署

#### 接受診治

- 在有需要時，網絡註冊西醫或會向您處方額外、長期服用或昂貴的藥物，有關費用將按網絡保障的醫生處方西藥保障（如適用）作出賠償。

#### 支付賠償

- 保柏會向網絡醫療服務機構支付費用
- 保柏會通知您繳付差額費用（如有）

#### 其他實用提示：

- 持印有“MA”的「保柏網絡醫療卡」之成員可於網絡醫療服務機構，使用此卡支付有關懷孕的醫療費用。

## 申請賠償程序

申請門診保障、產科保障及牙科保障賠償（不使用「保柏網絡醫療卡」）

### 前往任何自選的醫療服務機構或註冊牙醫求診

- 往任何註冊西醫、物理治療師、脊醫、註冊中醫、化驗中心、臨床心理輔導或註冊牙醫求診
- 您須先往普通科醫生或專科醫生或主診精神科醫生求診，取得有關轉介信後，方可往下列的醫療服務機構求診：
  - 專科醫生
  - 物理治療師
  - 脊醫
  - 化驗中心（保柏亦接受由註冊中醫或脊醫發出用於 X 光及化驗的轉介信）
  - 臨床心理輔導（必須由主診精神科醫生轉介）

### 接受診治及先行支付醫療賬單

- 謹記保留收據正本、轉介信及西藥處方（如有）

### 向保柏遞交賠償申請

- **在診治後 90 日內**向保柏呈交：
  - 填妥的「保柏門診賠償申請表」
  - 收據正本
  - 轉介信（如適用）— 正本或副本
  - 西藥處方（如適用）— 正本或副本
- 您亦可在診治後 90 日內透過 myBupa 把以上文件的圖像上載，於網上遞交賠償申請。
  - 在遞交賠償申請後的 6 個月內，請保留收據正本。保柏或會要求您提供收據正本，以作審核。
  - 若您未能提供收據正本，您的 myBupa 網上遞交賠償申請服務可能會受影響。

### 支付賠償

- 保柏將於 5 – 7 個工作天內支付您的合資格費用

## 申請賠償程序

申請門診保障、產科保障及牙科保障賠償（不使用「保柏網絡醫療卡」）

### 其他實用提示：

- 如因懷孕而需要往婦產科醫生求診及進行產前或產後檢查，請依照以上索償程序就有關醫療費用申請產科保障賠償。
- 所有收據正本必須列載以下資料：
  - 診治日期
  - 病人姓名
  - 醫療服務機構的名稱及地址
  - 病症
  - 收費類別及項目
  - 醫療服務機構的正式蓋印及／或簽署
- 如申請中醫師保障或跌打醫師保障賠償，收據正本必須連同處方正本一併遞交。
- 西藥處方及西藥收據正本必須列載以下資料：

取藥地點：	診所	藥房	
所需索償文件：	西藥收據正本	西藥處方	西藥收據正本
簽發文件的機構：	診所	診所	藥房
簽發日期	✓	✓	✓
病人姓名	✓	✓	✓
醫療服務機構的名稱及地址	✓	✓	✓
病症	✓	✓	
藥物名稱	✓	✓	✓
收費類別及項目	✓		✓
醫療服務機構的正式蓋印及／或簽署	✓	✓	✓

## 申請賠償程序

### 申請網絡牙科保障賠償（於網絡牙科中心診治） （使用「保柏網絡醫療卡」）

#### 前往網絡牙科中心\*求診

- 往網絡牙科中心\*求診

#### 出示「保柏網絡醫療卡」辦理登記手續

- 於診治前出示下列文件：
  - 「保柏網絡醫療卡」
  - 香港身份證
- 於已壓印的診症收據簽署

#### 接受診治

- 接受診治。

#### 支付賠償

- 保柏會審批網絡牙科中心\*提交之索償，如免繳費服務適用，會直接向牙科中心支付費用。
- 保柏會通知您繳付差額費用（如有）

\* 請先致電網絡牙科中心預約。網絡牙科中心指由保柏委任的牙科中心網絡以提供保障金額表上「網絡牙科保障」所列的牙科服務項目。網絡牙科中心地點包括金鐘、銅鑼灣、鰂魚涌、尖沙咀、將軍澳、沙田、青衣、東涌等。此名單會不時更新，請登入myBupa查閱最新的牙科中心地址。有關診症時間請向個別網絡牙科中心查詢。

## 不受保障項目

本計劃將不會保障因下列各項直接或間接引致之治療／費用：

1. 已存在病症－成員在保障生效日前已存在或出現徵狀的疾病或損傷。
2. 不是醫療必需的治療、醫療服務、藥物或檢驗。
3. 任何在法例下或其他保險計劃內或從其他途徑可獲賠償之治療疾病或損傷費用，除非此等費用未能在該等補償、保險計劃或途徑獲得賠償。
4. 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。
5. 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）、毛髮礦物質含量分析、健康補品或體重控制（經保柏批准則除外）的費用。
6. 預防性措施，包括但不限於常規驗血、例行檢驗、預防注射或接種疫苗、聽覺測驗、因視力不正常而引致之治療，包括常規視力測驗或所需之眼鏡或鏡片費用（屬有關保障範圍則除外）。
7. 先天性疾病、發育異常或遺傳性疾病。
8. 由本計劃的保障開始日起首 5 年內，因感染人體免疫力缺損病毒所引致的治療。
9. 性病及其後遺症。
10. 與懷孕有關的治療，包括診斷性產科檢查、生育、墮胎或小產（屬產科保障範圍則除外）；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、不舉及早泄（不論任何原因導致）。
11. 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而直接或間接引致的治療。
12. 任何因參與犯罪活動而引致之疾病或損傷。
13. 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（屬中醫師保障、跌打醫師保障或精神科相關治療保障（如適用）範圍則除外）。
14. 老年性痴呆（包括亞爾茲海默氏病）及帕金森氏病。
15. 購買或使用輔助器具，包括但不限於眼鏡、助聽器及其他設備例如輪椅、拐杖的費用。
16. 任何與牙齒或牙肉疾病有關的治療或檢查，屬牙科保障或因意外引致緊急入院治療或住院脫除阻生智慧齒則除外。但不包括該住院後之跟進治療（屬牙科保障範圍則除外）。
17. 因戰爭、入侵、外敵行動、開戰（不論是否已宣戰）、內戰、叛亂、革命、起義或軍人奪權、恐怖活動等引致的治療。
18. 非醫療性服務，包括但不限於客人膳食、收音機、電話、影印、稅項（就醫療服務所徵收的增值稅或商品及服務稅除外）、醫療報告等費用。

## 不受保障項目

19. 因不符合「良好及謹慎的醫療標準」的實驗性或未經證實醫療成效的醫療技術或治療程序而招致的費用。就「良好及謹慎的醫療標準」之詮釋，保柏將會考慮以(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。
20. 從事或參與海軍、陸軍或空軍任務或任何武裝部隊之行動；或從事或參與任何類形之專業運動。



## 特別詞彙釋義

某些詞彙於團體醫療保障計劃的合約內有特定的意思，以下為一些重要詞彙的定義。

意外	指外在、突發、強烈及不可預料而可見的事件，此事件是導致身體受傷的唯一原因且與其他事件無關。
脊醫	指於香港或引致醫療費用的任何其他地方擁有最少等同香港《脊醫註冊條例》下的脊醫資格，並從事藉矯正關節以提供脊骨療法的具法定資格人士（會員本身、其親屬、家人及業務伙伴則除外，除非經保柏批准）。
診所手術	指註冊西醫於診所進行之醫療必需手術而無必要留院，同時該手術須列於外科手術表為診所手術。
先天性疾病	指自出生已存在之醫學異常，不論會員或投保人知道與否。這包括（但不排除在醫學上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）。
日症	指註冊西醫於診所或醫院日症房可有效地進行之手術、非手術癌症治療及洗腎（如適用於此合約）而留院過夜乃非醫療必需，但該手術須列於外科手術表為日症手術。
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	指損傷或疾病，包括所有由同一原因而起的病症及所有由此而起的併發症，除非此傷病與最近一次出院或最近一次診症已相隔90日以上而期間並沒有進行治療。任何隨後由同一原因而起的病症視為獨立的病症。
普通科醫生	指在香港醫務委員會以普通科登記或具其他同等資歷的註冊西醫。
遺傳性疾病	指通過基因由父母遺傳給子女的疾病。
醫院	指任何對患病、受傷、或需要藥物治療人士提供醫療照顧的機構，該機構必須有政府批核的醫療設備，包括能進行檢驗、大手術及提供 24 小時看護服務，並有一位註冊西醫駐診。療養院、護理中心、老人院、濫用藥物或酗酒復康中心（包括位於醫院中的同類型部門）均不計算在內。
住院	指由註冊西醫轉介接受以西方醫療及外科手術服務的醫療必需之住院。根據合約所訂，會員必須在整個入院時段都住在醫院內，而醫院有向會員收取住房及膳食費用。

## 特別詞彙釋義

### 醫療必需

指醫療上必需的治療、醫療服務或藥物：

- (a) 以正常及慣常費用對診斷作出相應及慣常之治療；
- (b) 符合良好及謹慎的醫療標準；
- (c) 就有關診斷或治療所需的；
- (d) 非純為會員、有關註冊西醫、註冊中醫、脊醫、物理治療師、合資格護士、麻醉科醫生、註冊牙醫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。

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：

- (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

指在本合約下受保障之僱員及其家屬。

### 網絡牙科中心

指由保柏委任的牙科中心網絡以向會員提供保障金額表所列的牙科服務項目，並由保柏支付會員的合資格醫療費。此牙科服務供應商資料目錄由保柏以印刷版或電子版提供並不時進行修訂。

### 非手術癌症治療

指治療癌症的化療、放射性治療、標靶治療、免疫治療及荷爾蒙治療。

### 正常及慣常

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 -

- (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。

## 特別詞彙釋義

手術室	指任何指定並配備進行外科手術或程序的設施，及至少符合香港衛生署署長發出的《日間醫療中心實務守則》或《醫院實務守則》或根據香港法例第 633 章《私營醫療機構條例》規定的任何其他適用的實務守則或規例的要求。
每年最高賠償額	指於保障金額表內「保障述要—住院及手術保障」所載全部保障項目下會員可享有的每合約年度最高賠償總額。
物理治療師	指於香港或引致醫療費用的任何其他地方擁有最少等同香港《輔助醫療業條例》下的註冊物理治療師資格，並從事以運動、人手治療及以機械能，熱能或電能就身體殘疾予以評估及醫治的具法定資格人士（會員本身、其親屬、家人及業務伙伴則除外，除非經保柏批准）。
註冊中醫	指於香港或引致醫療費用的任何其他地方擁有最少等同香港《中醫藥條例》下的註冊中醫資格並從事中藥治療的法定認可中醫或任何人士（會員本身、其親屬、家人及業務夥伴則除外，除非經保柏批准）。
註冊牙醫	指於香港或引致醫療費用的任何其他地方擁有最少等同香港《牙醫註冊條例》（香港法例第 156 章）下的註冊牙醫資格並從事牙科服務的法定認可牙醫或任何人士（會員本身、其親屬、家人及業務夥伴則除外，除非經保柏批准）。
註冊西醫	指普通科醫生、專科醫生或任何人於香港或治療當地擁有最少等同香港醫務委員會法定的西醫資格並提供西方醫療及外科手術服務的人士（會員、其親屬、家人及業務夥伴則除外，除非經保柏批准）。
特別服務	指血液透析、非手術癌症治療或放射同位素的治療。
專科醫生	指保柏承認為專科醫生之註冊西醫或在香港醫務委員會以專科登記的註冊西醫或具其他同等資歷的人士並從事專科治療。

## 您的個人資料

1. 我們非常重視您的個人資料的保密。保柏須不時收集您或您家屬的個人資料以提供醫療保險服務或辦理閣下提出之醫療保險索償之用，包括但不限於您或您家屬的姓名、身份證號碼（身份證影印本）、護照號碼（護照影印本）、聯絡資料、健康及醫療信息和財務信息（以下簡稱「個人資料」）（包括信用資料和以往申索紀錄，如適用）。如您未能提供這些個人資料，保柏可能無法為您處理或提供保險產品／服務或其他相關服務。
2. 所有申請表格中包含的、或透過任何索償程序或其他途徑，保柏不時收集或持有的個人資料，保柏將僅作以下用途：
  - (i) 處理申請及提供售後服務；
  - (ii) 處理任何索償分析及／或與醫療或其他保險有關的查核；
  - (iii) 提供及設計保柏的產品及服務；
  - (iv) 偵測及防止欺詐行為（無論是否與就此申請而簽發之保單及相關的任何申請或索償）；
  - (v) 與由保柏提供之保險產品及／或服務有關之資料核對、統計及研究；
  - (vi) 就任何於第二部分中所述的用途與閣下或您的家屬聯絡；
  - (vii) 允許保柏全部或部分的權益或業務的實際或建議承讓人、受讓人、參與人或次參與人，就涉及的轉讓、出讓、參與或次參與的交易進行評估；及
  - (viii) 為遵守適用的法律或監管要求而作出披露。
3. 個人資料將會轉讓至以下任何受讓人（包括香港以內及以外）以作於本部分第二段所述之用途：任何屬於保柏集團的公司；任何保險代理人；任何由保柏授權的再保險公司；醫護專業人員及醫院；您的僱主；任何代理人、承包商、或向保柏提供行政、電訊、電腦、付款、資料處理或儲存、印刷、研究或其他就保柏業務的營運向保柏提供服務的第三方服務供應商（包括但不限於保險公司、銀行、律師、會計師、理賠調查員、收數公司、資料處理公司、防止欺詐組織、為保險業界整合申索及承保資料之組織、研究服務機構及專業顧問）；保柏的任何全部或部分的權益或業務的實際或建議承讓人、受讓人、參與人或次參與人；為遵守任何法例之要求，或根據監管或其他機關所發出對保柏具有約束力或要求其遵守的規則、規例、實務守則或指引，而作出披露，包括但不限於適用監管機構、政府機構、相關行業認可機構、信貸資料服務機構或法院，及在其他情況下，法律規定保柏必向其披露的人士或機構。
4. 您有權要求查閱及更正我們持有的個人資料。您可聯絡保柏（亞洲）有限公司的保障資料主任，地址如下：香港九龍觀塘海濱道 77 號海濱匯第 2 座 6 樓。如有任何查詢，請隨時致電我們的客戶服務專線 (852) 2517 5388。

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