

環球優越自願醫保計劃 (至臻)
Global Prestige VHIS Plan (Signature)



保障摘要 Summary of Benefits

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環球優越自願醫保計劃 (至臻) 提供以下選擇 (括號內數字為自願醫保認可產品編號) :
Global Prestige VHIS Plan (Signature) offers the options below (VHIS certification numbers in brackets):

- \$0 自付費 \$0 Deductible (F00035-05-000-01)
- \$12,000 自付費 \$12,000 Deductible (F00035-06-000-01)
- \$40,000 自付費 \$40,000 Deductible (F00035-07-000-01)
- \$80,000 自付費 \$80,000 Deductible (F00035-08-000-01)

A 認可產品之保障摘要 Summary of Benefits for the Certified Plan

保障地域範圍 Area of cover		全球 ^{①②③} Worldwide ^{①②③}
保障病房級別 Covered ward class		標準私家房 [®] Standard Private Room [®]
保障限額 Benefit limits	如進行器官移植手術，其 1) 基本保障下保障項目 (a) – (i) 及 (k)，以及 2) 額外保障下保障項目 (a)、(b)、(f)、(g)、(h) 及 (i) 的總保障限額 ^② Aggregate benefit limit for benefit items (a) – (i) and (k) under 1) Basic Benefits and (a), (b), (f), (g), (h) and (i) under 2) Enhanced Benefits for organ transplant surgery ^②	於香港以外 Outside Hong Kong 每保單年度 \$2,400,000 per Policy Year (必須取得本公司之預先批准) (Subject to pre-approval by the Company)
		香港 Hong Kong 受每年保障限額所規限 Subject to Annual Benefit Limit
	1) 基本保障及 2) 額外保障下所有保障項目的每年保障限額 Annual Benefit Limit for all items under 1) Basic Benefits and 2) Enhanced Benefits	每保單年度 \$40,000,000 per Policy Year
	1) 基本保障及 2) 額外保障下所有保障項目的終身保障限額 Lifetime Benefit Limit for all items under 1) Basic Benefits and 2) Enhanced Benefits	無 Nil
	1) 基本保障及 2) 額外保障下所有保障項目之自付費 Deductible for all benefit items under 1) Basic Benefits and 2) Enhanced Benefits	每保單年度 \$0 / \$12,000 / \$40,000 / \$80,000 per Policy Year
癌症 ^{④⑤} 之全額賠償 – 豁免自付費 First-dollar coverage – Deductible waived for Cancer ^{④⑤}		若受保人 – • 患上癌症 ^{④⑤} ；及 • 在主診註冊醫生的書面建議下直接因癌症 ^{④⑤} 接受任何醫療服務，則就該醫療服務所需付的自付費餘額 (如有) 將被減至零元 (\$0)。 If the Insured Person – • suffers from Cancer ^{④⑤} ; and • upon the written recommendation of the attending Registered Medical Practitioner, receives any Medical Services as a direct result of the Cancer ^{④⑤} , the remaining balance of Deductible (if any) shall be reduced to zero dollars (\$0) for such Medical Services.

1) 基本保障 Basic Benefits

保障項目 ^⑥ Benefit items ^⑥	賠償限額 (港元) Benefit limit (in HKD)
a 病房及膳食 Room and board	全數賠償 ^⑨ Full cover ^⑨
b 雜項開支 Miscellaneous charges	全數賠償 ^⑨ Full cover ^⑨ (受2) 額外保障下保障項目(i)「人工裝置」的賠償限額所規限 Subject to benefit limit of benefit item (i) Prosthetic Device under 2) Enhanced Benefits)
c 主診醫生巡房費 Attending doctor's visit fee	全數賠償 ^⑨ Full cover ^⑨
d 專科醫生費 ^⑨ Specialist's fee ^⑨	
e 深切治療 Intensive care	
f 外科醫生費 (不限手術類別) Surgeon's fee (regardless of the surgical category)	
g 麻醉科醫生費 (不限手術類別) Anaesthetist's fee (regardless of the surgical category)	
h 手術室費 (不限手術類別) Operating theatre charges (regardless of the surgical category)	
i 訂明診斷成像檢測 ^{⑦⑦} Prescribed Diagnostic Imaging Tests ^{⑦⑦}	
j 訂明非手術癌症治療 ^⑧ Prescribed Non-surgical Cancer Treatments ^⑧	
k 入院前或出院後 / 日間手術前後的門診護理 ^⑧ Pre- and post-Confinement / Day Case Procedure outpatient care ^⑧	全數賠償 ^⑨ 以下列明的診症 ^⑩ : <ul style="list-style-type: none"> ◦ 住院 / 日間手術前超過90日所進行的一次門診或急症診症; ◦ 住院 / 日間手術前90日內所進行的所有門診或急症診症; 及 ◦ 出院 / 日間手術後365日內的所有跟進門診 Full cover ^⑨ for the following specified visits ^⑩ : <ul style="list-style-type: none"> ◦ 1 prior outpatient visit or Emergency consultation per Confinement/Day Case Procedure taking place more than 90 days before admission or Day Case Procedure; ◦ All prior outpatient visits or Emergency consultations per Confinement/Day Case Procedure taking place within 90 days before admission or Day Case Procedure; and ◦ All follow-up outpatient visits per Confinement/Day Case Procedure (within 365 days after discharge from Hospital or completion of Day Case Procedure)
l 精神科治療 Psychiatric treatments	全數賠償 ^⑨ Full cover ^⑨

2) 額外保障 Enhanced Benefits

保障項目 ^⑥ Benefit items ^⑥	賠償限額 (港元) Benefit limit (in HKD)
a 私家看護費 ^⑨ Private nursing ^⑨	全數賠償 ^⑨ Full cover ^⑨ (每保單年度最多90日 Maximum 90 days per Policy Year)
b 陪床費 Companion bed	全數賠償 ^⑨ Full cover ^⑨
c 急症意外門診保障 Emergency outpatient treatment for Accidents	
d 日症病人洗腎 ^⑨ Day Patient kidney dialysis ^⑨	每保單年度 \$300,000 per Policy Year
e 懷孕併發症 Complications of pregnancy	
f 康復治療 Rehabilitation	每日 \$4,000 per day (每保單年度每傷病最多90日 Maximum 90 days per Disability per Policy Year) (必須取得本公司之預先批准 Subject to pre-approval of the Company)
g 善終服務及緩和治療 ^⑨ Hospice and palliative care ^⑨	每保單年度 \$160,000 per Policy Year
h 住院或指定治療後由註冊中醫師提供之診症或針灸 Consultation or acupuncture by a Registered Chinese Medicine Practitioner after Confinement or specific treatments	每次 \$880 per visit (每保單年度最多20次 Maximum 20 visits per Policy Year)
i 人工裝置 ^⑨ Prosthetic Device ^⑨	每保單年度每項裝置 \$160,000 per item per Policy Year
j 因中風而提升家居設備 ^⑨ Home facility enhancement due to Stroke ^⑨	每保單年度 \$120,000 per Policy Year (須於中風出院後緊接其後的180日內完成) (Completed within 180 days after discharge from Hospital due to Stroke)
k 非住院睡眠窒息症測試 ^⑨ Non-Confinement sleep apnea test ^⑨	全數賠償 ^⑨ 非住院睡眠窒息症測試及以下列明的診症 ^⑩ : <ul style="list-style-type: none"> ◦ 非住院睡眠窒息症測試前超過90日所進行的一次門診; ◦ 非住院睡眠窒息症測試前90日內所進行的所有門診; 及 ◦ 非住院睡眠窒息症測試後 365 日內的所有跟進門診 Full cover ^⑨ for non-Confinement sleep apnea test and the following specified visits ^⑩ : <ul style="list-style-type: none"> ◦ 1 prior outpatient visit per non-Confinement sleep apnea test taking place more than 90 days before such sleep apnea test; ◦ All prior outpatient visits per non-Confinement sleep apnea test taking place within 90 days before such sleep apnea test; and ◦ All follow-up outpatient visits per non-Confinement sleep apnea test (within 365 days after completion of such sleep apnea test)

3) 身體檢查保障 Medical Check-up Benefits

由第二個保單年度開始，受保人可於每個保單年度選擇以下保障項目(i) 或 (ii) -

- (i) 於香港其中一間指定之體檢中心出示本公司發出的換領信，以接受免費身體檢查服務一次 (不適用於年齡18歲以下之受保人)；或
(ii) 申請索償一次或多於於保單年度內接受身體檢查服務之費用，最高賠償限額為每保單年度 \$4,800。

Starting from the second Policy Year, the Insured Person can enjoy either option (i) or (ii) below per Policy Year -

- (i) Redeem one free medical check-up service at one of the designated health screening centres in Hong Kong by presenting the redemption letter issued by the Company (not applicable to Insured Persons below Age 18); or
(ii) Reimburse the fees charged for one or more medical check-up service(s) conducted within the Policy Year up to a maximum benefit limit of \$4,800 per Policy Year.

註解 Notes

- ① 身體檢查保障下的免費身體檢查服務只適用於本公司於香港指定之體檢中心。詳情請參閱補充文件二。
- ② 就香港以外進行的器官移植手術
- (i) 如取得本公司之預先批准：1) 基本保障下保障項目 (a) – (i) 及 (k)，以及 2) 額外保障下保障項目 (a)、(b)、(f)、(g)、(h) 及 (i) 將按上表中的相應賠償限額賠償；
- (ii) 如沒有取得本公司之預先批准：1) 基本保障下保障項目 (a) – (i) 及 (k) 將按標準計劃條款及保障的相應賠償限額賠償及 2) 額外保障下的保障將不獲賠償；及
- (iii) 詳情請參閱補充文件一。
- ③ 若受保人於美國接受任何非急症治療，並於該治療之前的連續十二 (12) 個月內在美國逗留之時間 (不論一次或多次逗留) 累積達一百八十三 (183) 日或以上 (包括到達及離境日子)，於條款及保障第六部分第 3(a) 至 (l) 節及補充文件一第 2 節 (a)、(b)、(c) 至 (k) 節就非急症治療所招致的合資格費用及／或其他費用，須在計算應付的總保障金額時減少至百分之五十 (50%)。詳情請參閱補充文件五。
- ④ 詳情請參閱補充文件六及癌症的定義受不保條件限制。
- ⑤ 本公司有權要求有關書面建議的證明，例如轉介信或由主診醫生或註冊醫生在索償申請表內提供的陳述。
- ⑥ 除非另有註明，同一項目的合資格費用或受保障之費用不可獲 1) 基本保障下 (a) – (l) 項及 2) 額外保障下 (a) – (i) 項多於一個保障項目的賠償。
- ⑦ 檢測只包括電腦斷層掃描 (“CT” 掃描)、磁力共振掃描 (“MRI” 掃描)、正電子放射斷層掃描 (“PET” 掃描)、PET-CT 組合及 PET-MRI 組合。
- ⑧ 治療只包括放射性治療、化療、標靶治療、免疫治療及荷爾蒙治療。
- ⑨ 全數賠償是指不設分項賠償限額。
- ⑩ 就住院／日間手術／非住院睡眠窒息症測試前的門診或急症診症 (如適用) 所招致之合資格費用索償，須於 (a) 受保人出院當日或 (b) 進行日間手術／非住院睡眠窒息症測試當日 (視情況而定) 起 90 天內提交予本公司。
- ⑪ 你必須入住標準私家房級別或以下的病房。若你住院時自願地入住標準私家房級別以上的病房，所有合資格賠償將乘以調整值作出調整。有關調整值計算方法，請參閱補充文件五。
- ⑫ The free medical check-up service under medical check-up benefit is available at the Company's designated health screening centres in Hong Kong only. Please refer to Supplement 2 for details.
- ⑬ For organ transplant surgery performed outside Hong Kong –
- (i) with the pre-approval of the Company: Benefits payable for benefit items (a) – (i) and (k) of 1) Basic Benefits and (a), (b), (f), (g), (h) and (i) of 2) Enhanced Benefits will be subject to their corresponding benefit limits in the table above;
- (ii) without the pre-approval of the Company: Benefits payable for benefit items (a) – (i) and (k) of 1) Basic Benefits will be subject to the corresponding benefit limits under the Standard Plan Terms and Benefits and no benefits shall be payable under 2) Enhanced Benefits; and
- (iii) Please refer to Supplement 1 for details.
- ⑭ If the Insured Person has stayed in the United States, for a period or periods of aggregating one hundred and eighty-three (183) days or more (including the date of arrival and departure) within the twelve (12) consecutive months immediately prior to receiving non-Emergency Treatment, any Eligible Expenses and/or other expenses incurred for such non-Emergency Treatment payable under Sections 3(a) to (l) of Part 6 of the Terms and Benefits and Sections 2(a), (b), (c) – (k) of Supplement 1 shall be reduced to fifty percent (50%) in the calculation of the total benefit amount payable. Please refer to Supplement 5 for details.
- ⑮ Please refer to Supplement 6 for details and the definition of Cancer is subject to excluded conditions.
- ⑯ The Company shall have the right to ask for proof of recommendation e.g. written referral or testifying statement on the claim form by the attending doctor or Registered Medical Practitioner.
- ⑰ Unless otherwise specified, Eligible Expenses or covered expenses incurred in respect of the same item shall not be recoverable under more than one item in the table for items (a) – (l) of 1) Basic Benefits and items (a) – (k) of 2) Enhanced Benefits.
- ⑱ Tests covered here only include computed tomography (“CT” scan), magnetic resonance imaging (“MRI” scan), positron emission tomography (“PET” scan), PET-CT combined and PET-MRI combined.
- ⑲ Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
- ⑳ Full cover shall mean no itemised benefit sublimit.
- ㉑ Claims for the Eligible Expenses incurred on prior outpatient visits or Emergency consultations (if applicable) shall be submitted to the Company within 90 days after (a) the date on which the Insured Person is discharged from the Hospital or (b) the date on which the Day Case Procedure/non-Confinement sleep apnea test is performed, as the case may be.
- ㉒ You must be Confined at the Standard Private Room level or lower. If you are voluntarily Confined in a room at a higher level, benefits payable in respect of all eligible claims shall be multiplied by an adjustment factor. Please refer to Supplement 5 for the calculation of the adjustment factor.

詳情請瀏覽 <https://www.bupa.com.hk/tc/medical-insurance/global-prestige/> 參閱保單及保障資料。

Please refer to the Policy and Benefit Information at <https://www.bupa.com.hk/en/medical-insurance/global-prestige/> for details.

以下為環球優越自願醫保計劃的免費保障及服務，並非認可產品的一部分。

The following are the free benefits and services under Global Prestige VHIS Plan and they are not part of the Certified Plan.

B 免費保障及服務 Free Benefits and Services

1) 「保柏尊貴實卡」及住院免找數 Bupa Gold Card and cashless hospitalisation

投保本計劃後，你將獲發「保柏尊貴實卡」，憑卡可享有住院免找數、免索償服務。

- 若你須入住香港的指定私家醫院，本公司會直接向醫院支付你的合資格醫療費用，每次住院以信用額港元 100 萬為限。而超過信用額的醫療費用，保單持有人須自行向醫院繳付有關費用，然後向本公司提出索償。你可瀏覽 <https://www.bupa.com.hk/tc/medical-insurance/global-prestige/>，查看指定的香港私家醫院名單，此名單可能會不時更改。
- 如在海外接受治療，你只須預先致電保柏，便可享受此服務。
- 免找數服務並不適用於認可產品之保障摘要上 1) 基本保障下列出的項目 (k) 入院前或出院後／日間手術前後的門診護理及項目 (l) 精神科治療，以及 2) 額外保障下列出的項目 (c)、(e) – (j)。請先支付醫療費用，然後再向本公司申請索償。
- 如有任何差額和自付費，保單持有人須向本公司退還有關費用，詳情請參閱保單。

You'll receive a Bupa Gold Card after enrolling in this plan. You can enjoy cashless hospitalisation without submitting any claims.

- If you are admitted to a designated private Hospital in Hong Kong, the Company will pay your eligible medical expenses to the Hospital directly up to the credit limit of HK\$1 million per confinement. For those medical expenses exceeding the credit limit, the Policy Holder is required to pay the expenses to the Hospital and then submit a claim to the Company for reimbursement. For the list of designated private Hospitals in Hong Kong, please visit <https://www.bupa.com.hk/en/medical-insurance/global-prestige/>. This list is subject to change from time to time.
- For overseas hospitalisation, you can enjoy this service by calling Bupa to make the necessary arrangements.
- Cashless service is not applicable to item (k) pre- and post-Confinement/Day Case Procedure outpatient care and item (l) psychiatric treatments listed under 1) Basic Benefits and items (c), (e) – (j) listed under 2) Enhanced Benefits in the Summary of Benefits for the Certified Plan. Please settle your payment first and submit a claim to the Company.
- You may need to reimburse the Company for the amount of selected Deductible and Shortfall, if any. Please refer to the Policy for more details.

2) 專屬健康大使服務 HealthPro Concierge Service

「專屬健康大使服務」由醫生、合資格護士和健康管理團隊組成，為你提供個人健康管理支援服務，包括：

24小時健康專線

提供每天24小時支援服務，為你解答健康問題，包括怎樣照顧患病小孩或長者，以至助你了解病徵、診斷及治療方案等。保柏的專業團隊亦可為你提供嬰幼兒照顧、樂齡、減壓及養生等保健資訊。

醫療中心選擇及預約診症

可根據你的指定情況或需要為你提供診所及醫院名單以供參考，更可為你預約選定的診症及治療服務。

健康顧問

若入住本港私家醫院，保柏的健康顧問會全程協助，讓你了解你的治療詳情和醫療開支預算，替你處理有關入院、出院後跟進治療及索償等事宜。

第二醫療意見

如在診斷和治療上遇到各種疑慮，由醫療專業人士組成之團隊可為你提供專業的意見。

慢性疾病管理計劃

提供控制慢性疾病如糖尿病、高血壓的建議，包括生活習慣建議及跟進病情等服務。

非緊急環球健康支援

無論你身在海外時遇上健康問題需要支援，或計劃於海外接受治療，均可為你尋找合適醫生、預約及協助安排翻譯服務。

中國內地居民服務

提供每天24小時免費國語熱線，為你預約在香港接受的醫療服務及安排往返交通。

The HealthPro Concierge Service gives you access to personal healthcare support delivered by a team of doctors, qualified nurses and health management professionals including:

24-hour Healthline

24/7 guidance on health-related queries, from how to care for a sick child or elderly relative to discussing your symptoms, diagnosis and treatment options. Bupa's professionals can also provide preventive health information at any time, including tips on caring for babies and young children, aging, stress relief and wellness.

Healthcare Centre Choices and Appointment Making

Provide a list of clinics and hospitals based on your specific condition or needs for your reference, as well as set up appointments for your selected consultations and treatments.

Care Manager

A personal Care Manager will follow you throughout your hospital stay in a local private Hospital to help you understand your treatment plan and obtain cost estimates, as well as facilitate admission, follow-up treatments after discharge and claims.

Second Medical Opinion

Clarify any doubts about your diagnosis and proposed treatment by obtaining medical advice from a panel of medical specialists.

Chronic Conditions Programme

Lifestyle coaching and follow-up services to help you manage chronic conditions such as diabetes and hypertension.

Non-emergency Global Healthcare Support

Locate suitable doctors, arrange medical appointments and support language translation either when you are in need overseas, or plan to travel for treatment.

Mainland China Residents Service

24/7 toll-free hotline in Mandarin offering help with booking medical appointments for healthcare services in Hong Kong and arranging travel logistics.

- 「專屬健康大使服務」建議的服務之有關費用由受保人自付，除非該費用在保單下屬合資格的賠償。
- 醫生會於辦公時間內支援護士解答問題。辦公時間為星期一至五，上午9時至下午6時（香港時間），公眾假期除外。
- 請瀏覽 www.bupa.com.hk/PDF/healthpro-concierge-service.pdf 查閱專屬健康大使服務的條款及細則。
- Any fees for the services suggested by HealthPro Concierge Service will be paid by the Insured Person unless otherwise covered by benefits under the Policy.
- Doctors will be available during scheduled office hours to support the nurses in answering enquiries. Office hours: Mon – Fri, from 9am to 6pm (Hong Kong time), except public holidays.
- Please refer to www.bupa.com.hk/PDF/healthpro-concierge-service.pdf for the terms and conditions of the HealthPro Concierge Service.

3) 免費保柏國際援助計劃 Free Bupa Worldwide Assistance Programme

提供海外及中國住院按金墊支服務，全數支付緊急醫療運送費用及送返香港後高達港元12萬的額外住院保障，並設有24小時熱線提供旅遊、醫療或法律資訊及支援。

Provides admission deposit in the event of hospitalisation overseas and in China, unlimited cover for emergency medical evacuation and repatriation, and an extra hospital benefit of HK\$120,000 after repatriation to Hong Kong. A 24-hour hotline for travel, medical or legal information and assistance is also available.

- 免費保柏國際援助計劃並不屬自願醫保認可產品的一部分。若你不希望獲得此免費保障，請以書面通知保柏。
- 這項服務是保柏聘用之服務供應商（「服務供應商」）負責提供並受條款及細則約束。服務供應商為獨立的承辦商，並非保柏的代理。保柏不須就受保人因服務供應商或其代理提供之服務或建議或該等服務之供應而直接或間接蒙受或招致之任何損失、損害、費用、起訴、訴訟或法律程序，向保單持有人或受保人承擔任何責任。
- The Free Bupa Worldwide Assistance Programme is not part of the VHIS Certified Plan. Please inform Bupa in writing if you don't want to receive this free benefit.
- These services are provided by the Service Provider(s) engaged by Bupa and terms and conditions apply. The Service Provider is a third party service provider, which is an independent contractor and is not an agent of Bupa. Bupa shall not be liable to the Policy Holder or Insured Person in any respect of any loss, damage, expense, suit, action or proceeding suffered or incurred by the Insured Person, whether directly or indirectly, arising from or in connection with the services provided or advice given by the Service Provider(s) or its agent, or the availability of such services.

4) 24小時情緒解碼熱線 24-hour Mental Health Service Hotline

此服務由保柏特選的服務供應商及其經驗豐富的合資格輔導人員及臨床心理學家團隊提供。你可隨時致電熱線以獲得輔導人員的免費情緒支援及個人化輔導服務。如有需要，輔導人員更可為你安排接受臨床心理學家的面談輔導服務（每保單年度四次）。請放心，你所提供的資料均會保密。

請瀏覽保柏網站 www.bupa.com.hk/pdf/mentalhotline.pdf 查閱24小時情緒解碼熱線的條款及細則。

This service is provided by Bupa's selected service providers and their team of qualified and experienced counsellors and clinical psychologists. Through the hotline, counsellors offer free emotional support and personalised advice. They can also arrange face-to-face counselling services with a clinical psychologist if needed (four times per Policy Year). Rest assured that all information provided will be kept in strict confidence.

Please refer to Bupa's website at www.bupa.com.hk/pdf/mentalhotline.pdf for the terms and conditions of the 24-hour Mental Health Service Hotline.

- 24小時情緒解碼熱線適用於18歲或以上的受保人，18歲以下的受保人需於保單持有人或監護人陪同下使用此服務。
- The 24-hour Mental Health Service Hotline is applicable to insured persons aged 18 or above. Insured persons aged below 18 must be accompanied by the policy holder or guardian to use this service.

以下為環球優越自願醫保計劃的自選保障，並非認可產品的一部分並且不適用於申請稅項扣減。
The optional benefits of the Global Prestige VHIS Plan shown below are not part of the Certified Plan and are not eligible for claiming tax deduction.

C 自選保障之保障摘要 Summary of Benefits for Optional Benefits

1) 門診保障 [®] Clinical Benefit [®]	賠償限額 (港元) Benefit limit (in HKD)
保障地區 Area of cover	全球 Worldwide
每年最高賠償額 Overall Annual Limit	\$300,000
a 普通科醫生 General practitioner	全數賠償 Full cover (只限診症費／診療費) (Consultation fee/Treatment fee only)
b 專科醫生 Specialist	
c 家中應診 Home consultation	
d 物理治療師 [®] Physiotherapist [®] <ul style="list-style-type: none">須獲註冊醫生書面轉介Subject to written referral from a Registered Medical Practitioner	
e 脊醫 [®] Chiropractor [®] <ul style="list-style-type: none">須獲註冊醫生書面轉介Subject to written referral from a Registered Medical Practitioner	
f 中醫師 Chinese herbalist	每次診治 \$600 per visit (包括診症費、基本中藥費用、針灸治療及推拿；亦支付由註冊中醫師處方並由合法來源 (不論是否於該註冊中醫師的門診診所) 取得之基本醫療所需中藥費用) (including consultation fee, basic Chinese Medicines, acupuncture and tui na; also payable for basic Medically Necessary Chinese Medicines prescribed by a Registered Chinese Medicine Practitioner and obtained at a legitimate source (at or outside the treating Registered Chinese Medicine Practitioner's clinic))
g 跌打醫師 Chinese bonesetter	
h 精神科相關治療 [®] Psychiatric-related treatments [®]	每保單年度 \$36,000 per Policy Year (包括診症費、醫療所需西藥費用、基本中藥費用、針灸治療、診斷成像及化驗) (including consultation fee, Medically Necessary Western Medication, basic Chinese Medicines, acupuncture, diagnostic imaging and laboratory tests)
i 臨床心理輔導 [®] Psychological counselling [®] <ul style="list-style-type: none">須獲精神科醫生書面轉介Subject to written referral from a Psychiatrist	每保單年度 \$33,000 per Policy Year
j 整骨治療師 Osteopath	每次診治 \$1,200 per visit (只包括診治肌肉、骨骼和關節的費用) (Includes treatment fee for muscles, bones and joints only)
k 足病治療師 [®] Podiatrist [®] <ul style="list-style-type: none">須獲註冊醫生書面轉介Subject to written referral from a Registered Medical Practitioner	每次診治 \$1,200 per visit (包括診症費、醫療所需外塗藥物、矯形機械服務及治療等醫療費用) (Includes consultation fee and charges for Medically Necessary topical medicament, orthomechanical services and procedures)
l 診斷成像及化驗 [®] Diagnostic imaging and laboratory tests [®] <ul style="list-style-type: none">須獲註冊醫生 (適用於所有診斷成像及化驗) 或註冊中醫師／脊醫[®] (只適用於 X 光及化驗) 書面轉介Subject to written referral from a Registered Medical Practitioner for all diagnostic imaging and laboratory tests, or from a Registered Chinese Medicine Practitioner or Chiropractor[®] for X-ray only and laboratory tests	全數賠償 Full cover
m 處方西藥 Prescribed Western Medication	每保單年度 \$50,000 per Policy Year (經由註冊醫生處方並由合法來源取得之醫療所需西藥費用) (Medically Necessary Western Medication prescribed by a Registered Medical Practitioner and obtained at a legitimate source)
n 接種疫苗 Vaccination	每保單年度 \$9,500 per Policy Year (包括乙型肝炎、卡介苗、小兒麻痺、白喉、百日咳、破傷風混合、麻風、流行性乙型腦炎、腦膜炎、甲型肝炎、麻疹、流行感冒及其他由香港政府或世界衛生組織不時推薦的疫苗接種) (covers vaccinations for Hepatitis B, Bacillus Calmette-Guerin (BCG), polio (poliomyelitis), diphtheria-pertussis-tetanus, Leprosy, Japanese encephalitis, Meningitis, Hepatitis A, Measles, Influenza and other vaccinations recommended by the Hong Kong Government or World Health Organisation from time to time)

每保單年度內有關上文 1a – 1k 項之診治次數上限合共為 60 次，其中項目 1f – 1g 及項目 1j - 1k 之診治次數上限合共為每保單年度各 20 次。每一項目以每日最多一次為限。
Maximum number of visits per Policy Year for items 1a - 1k above in aggregate is 60 in total, with a sub-limit of 20 visits per Policy Year for items 1f - 1g and items 1j - 1k respectively. Subject to a maximum of one visit per item per day.

2) 牙科及視力保障 Dental and Optical Benefit

賠償限額 (港元)
Benefit limit (in HKD)

牙科保障 Dental Benefit

- 洗牙 Scaling and polishing
- 定期口腔檢查 Routine oral examination
- 口腔 X 光及藥物 Intraoral X-ray and medications
- 補牙及脫牙 Fillings and extractions
- 膿瘡排放 Drainage of abscesses
- 齒尖或齒邊修復 Pins for cusp restoration
- 牙髓治療 (杜牙根) Root canal treatment
- 牙周手術 Periodontal surgery
- 緊急意外治療 (包括 X 光、緊急牙痛舒緩、臨時補牙、藥物、膿瘡切割及排放)
Accident emergency treatment (including X-ray, temporary pain relief, temporary fillings, medication, incision and drainage of abscess)
- 活動假牙、牙冠及牙橋 (只適用於因意外而導致) Dentures, crowns and bridges (Only if necessitated by an Accident)

每保單年度 \$9,000
per Policy Year

你必須連續受保於此保障 6 個月或以上，方可獲得以下項目之賠償。

The following items are payable provided that you have been continuously covered under this Benefit for 6 months or more.

- 牙冠及牙橋 Crowns and bridges
- 根尖切除術 Apicoectomy
- 鑲牙 Gold inlay
- 部分或全軟組織阻生 Partial and complete soft-tissue impaction
- 牙骨阻生 Bony impaction
- 牙齒矯正 Orthodontic treatment
- 全視牙照 Panoramic film
- 牙膠 Night-guard or mouth-guard

每保單年度 \$15,000
per Policy Year

視力保障 Optical Benefit

- 此保障將支付由註冊醫生或註冊視光師進行之診症費、眼科檢查或檢驗，以及矯正視力的隱形眼鏡或一副眼鏡。
This benefit shall cover the expenses incurred for consultation, eye check or examinations performed by a Registered Medical Practitioner or Registered Optometrist, as well as contact lenses or one pair of glasses for optical correction.
- 醫療所需的眼科檢查或檢驗之合資格費用只可於門診保障或視力保障兩者其中之一下賠償。
Eligible expenses for Medically Necessary eye check-up or examinations can be covered under Clinical Benefit or Optical Benefit but not both.

每保單年度 \$3,000
per Policy Year

註解 Notes

⑩ 關於門診保障

- 使用「保柏尊貴寶卡」於保柏尊貴寶特選服務供應商接受獲保障的門診治療可享受找數服務。你可在本公司的網站查閱最新的特選服務供應商名單。此名單可能會不時更改。
- 門診保障下的普通科醫生、專科醫生及中醫師亦涵蓋由視像診症服務供應商的普通科醫生、專科醫生及中醫師的醫療診症服務的診症費。此保障亦涵蓋指定的視像診症服務供應商的藥物運送費用 (包括普通科醫生)。指定的視像診症服務供應商名單可於本公司的網站查閱，本公司會不時更改及更新此名單。

⑪ 於轉介信發出日起計 6 個月內，可就相同或相關病症使用該轉介信。若須診治全新或不相關的病症，則須提交新的轉介信。

- ⑫ 此保障適用於精神、心理、情緒或行為症狀、認知障礙症 (包括阿茲海默氏症) 及帕金森病的門診診治 (因濫用藥物及酗酒而引致或相關的症狀或疾病除外)。若此保障下的費用亦同時受保於門診保障下的其他項目，有關費用只可獲此項目下的賠償，而不會獲得其他項目之賠償。

⑬ 部分診斷影像中心或不接受由註冊中醫及/或脊醫轉介的某些 X 光及化驗。如有疑問，請直接聯絡有關中心。

⑭ About Clinical Benefit

- The Bupa Gold Card can also be used to enjoy cashless service for covered clinical expenses incurred at Bupa Gold Appointed Services Providers. Please visit the Company's website to view the latest list of providers. This list is subject to change from time to time.
- General practitioner, specialist and Chinese herbalist under Clinical Benefit also cover consultation fee charged by the general practitioners, specialists and Chinese herbalists of video consultation service providers. This benefit shall also cover the medication delivery charge incurred by designated video consultation service providers (general practitioner only). The list of designated video consultation service providers can be found at the Company's website. The list may be updated and amended by the Company from time to time.

⑮ A referral letter is valid for the same or related medical condition for 6 months from the issue date. Another referral letter is required for treatment of a new or unrelated medical condition.

⑯ This benefit is applicable to treatment for psychiatric, psychological, mental or behavioural conditions, senile dementia (including Alzheimer's disease) and Parkinson's disease (except for conditions caused by or related to drug abuse and alcoholism). If the expenses under this benefit are also covered under other benefit items in this Clinical Benefit, the expenses for such items shall be exclusively paid under this item and no benefit shall be payable under other benefit items.

⑰ Some diagnostic centres may not accept referrals from a Registered Chinese Medicine Practitioner and/or Chiropractor for certain X-ray and laboratory tests. If you have any queries, please contact the centres directly.

有關詳情及本保障摘要內大楷詞語之定義，請參閱保單。

Please refer to the Policy for details and definitions of the capitalised terms in this Summary of Benefits.