

International Health and Hospital Plan Hong Kong

Bupa



International Health and Hospital Plan
Hong Kong

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Your plan is administered by **Bupa Global** on behalf of Bupa (Asia) Limited, your insurer.

You can contact your insurer by writing to:

Bupa (Asia) Limited
6/F, Tower 2, The Quayside,
77 Hoi Bun Road, Kwun Tong,
Kowloon,
Hong Kong

Remember we can offer a second medical opinion service

The solution to health problems isn't always black and white. That's why **we** offer you the opportunity to get another opinion from an independent world-class **specialist**.

Welcome

Within this **membership** guide, you'll find easy to understand information about your **insurance** plan.

This includes:

- o guidance on what to do when you need **treatment**
- o simple steps to understanding the claims process
- o a 'Table of Benefits' and '**Terms and Conditions**' which outline what is and isn't covered along with any **benefit limits** that might apply **our** Privacy Notice
- o a 'Glossary' to help understand the meaning of some of the terms used

This **membership** guide must be read alongside your **insurance certificate** and your **application** for cover, as together they set out the **terms and conditions** of your **insurance** and form your **insurance documents**. To make the most of your **insurance** plan, please read the 'Table of Benefits' and '**Terms and Conditions**' carefully to get a full understanding of your cover.

Please keep your **membership** guide in a safe place. If you need another copy, you can call us, or view and download it any time on <https://membersworld.bupaglobal.com>

Words in bold have particular meanings in this **membership** guide. Please check their definition in the Glossary before you read on. You will find the Glossary in the back of this **membership** guide.

Contact us

You can access details about your **insurance** plan any time of the day or night through MembersWorld. Alternatively you can call us anytime for advice, support & assistance by people who understand your situation.

Open 24 hours a day, 365 days a year

Healthline*

+852 2531 8503

You can ask **us** for help with:

- general medical information
- finding local medical facilities
- access to a second medical opinion
- travel information
- security information
- information on inoculation and visa requirements
- emergency message transmission
- interpreter and embassy referral

You can ask **us** to arrange medical evacuations and repatriations, if covered under your **insurance** plan, including:

- air ambulance transportation
- commercial flights, with or without medical escorts
- stretcher transportation
- transportation of mortal remains
- travel arrangements for relatives and escorts

We believe that every person and situation is different and focus on finding answers and solutions that work specifically for you. **Our** assistance team will handle your case from start to finish, so you always talk to someone who knows what is happening.

General enquiries

MembersWorld is the first place to go for information about:

- Cover details
- Pre-authorisation
- Claims
- **Membership** & payment queries

Web:
<https://membersworld.bupaglobal.com>

Alternatively:

Phone: +852 2531 8503
Email: service.hk@bupaglobal.com

Post: Bupa (Asia) Limited,
6/F, Tower 2, The Quayside,
77 Hoi Bun Road, Kwun Tong,
Kowloon, Hong Kong

Please note that **we** cannot guarantee the security of email as a method of communication. Some companies, employers and/or countries do monitor email traffic, so please bear this in mind when sending **us** confidential information.

Your calls may be recorded or monitored.

Easier to read information

Braille, large print or audio
We want to make sure that **customers** with special needs are not excluded in any way. **We** also offer a choice of Braille, large print or audio for **our** letters and literature. Please let **us** know which you would prefer.

Making a complaint

We're always pleased to hear about aspects of your plan that you have particularly appreciated, or that you have had problems with.

If something does go wrong, this **membership** guide outlines a simple procedure to ensure your concerns are dealt with as quickly and effectively as possible. Please see the 'Making a Complaint' section for more details.

If you have any comments or complaints, contact us:

Phone: +852 2531 8503
Email: service.hk@bupaglobal.com

Post:
Bupa (Asia) Limited,
6/F, Tower 2, The Quayside,
77 Hoi Bun Road, Kwun Tong,
Kowloon,
Hong Kong

Contact details changed?

It's very important that you let **us** know when you change your contact details (correspondence address, email or telephone). **We** need to keep in touch with you so **we** can provide you with important information regarding your **insurance** plan or your claims. Simply log onto MembersWorld or call, email or write to **us**.

* **We** obtain health, travel and security information from third parties. You should check this information as **we** do not verify it, and so cannot be held responsible for any errors or omissions, or any loss, damage, illness and/or injury that may occur as a result of this information.

Wellbeing Services

At Bupa Global we understand wellbeing means more than simply your physical health. Our wellbeing programmes support you and your family in all the moments that matter including your physical and mental health. You can start using these wellbeing programmes right away!

Your Wellbeing

Explore **Bupa Global's** ever-growing health and lifestyle webpages at www.bupaglobal.com/en/your-wellbeing

Find a wealth of inspiring articles, practical information and easy to follow tips to help you and your family live longer, healthier, happier lives.

Second Medical Opinion*

As a **Bupa Global customer**, you can access a second medical opinion from a team of world leading international **specialist** doctors.

This virtual service can give you added reassurance and confidence in your diagnosis or **treatment** recommendation to help you take the most appropriate steps with regards to your health.

An independent team of doctors will review your previous medical history, along with any proposed **treatment** and issue you with a detailed report including recommendations for the best approach towards optimal recovery.

To request a second medical opinion, complete an online referral form via the MembersWorld website, or contact the **Bupa Global** Customer Service team on **+852 2531 8503** or service.hk@bupaglobal.com

They are available to you from the very start of your policy at no additional cost. The use of the services listed on this page does not impact your policy premiums or erode benefits from your insurance plan. For more information on any of these services please contact Customer Services.

Global Virtual Care*

Our virtual consult app provides you and your dependants with on demand access to a network of highly qualified international doctors. The doctor can help you and your family to better understand your symptoms and how to get the best care available - wherever you are in the world.

Features include (subject to local regulations):

- o Video and telephone consultations
- o Doctor's notes
- o Selfcare
- o Referrals
- o Prescriptions

Access virtual consultations with a doctor 24/7 by signing-in to the MembersWorld app. If you haven't registered yet, go to the MembersWorld page to get started.

Download Global Virtual Care from either App Store or Google Play.



Virtual Care

Bupa Global retains the right to change the scope of these services.

Select services* noted on this page of the **membership** guide are provided by independent third party service provider(s); access to these services is procured by **Bupa Global** for your use. These services are subject to third party availability. **Bupa Global** assumes no liability and accepts no responsibility for information provided by the services detailed above.

Your website: MembersWorld

We want to put you in control of your health insurance.

That's why **we** give you access to MembersWorld, an exclusive and secure website where you can manage your health **insurance** in an easier and faster way.

We want to make your experience as simple and stress free as possible, so you can spend your time on the things that matter to you.

In just a few clicks, it's easy to:

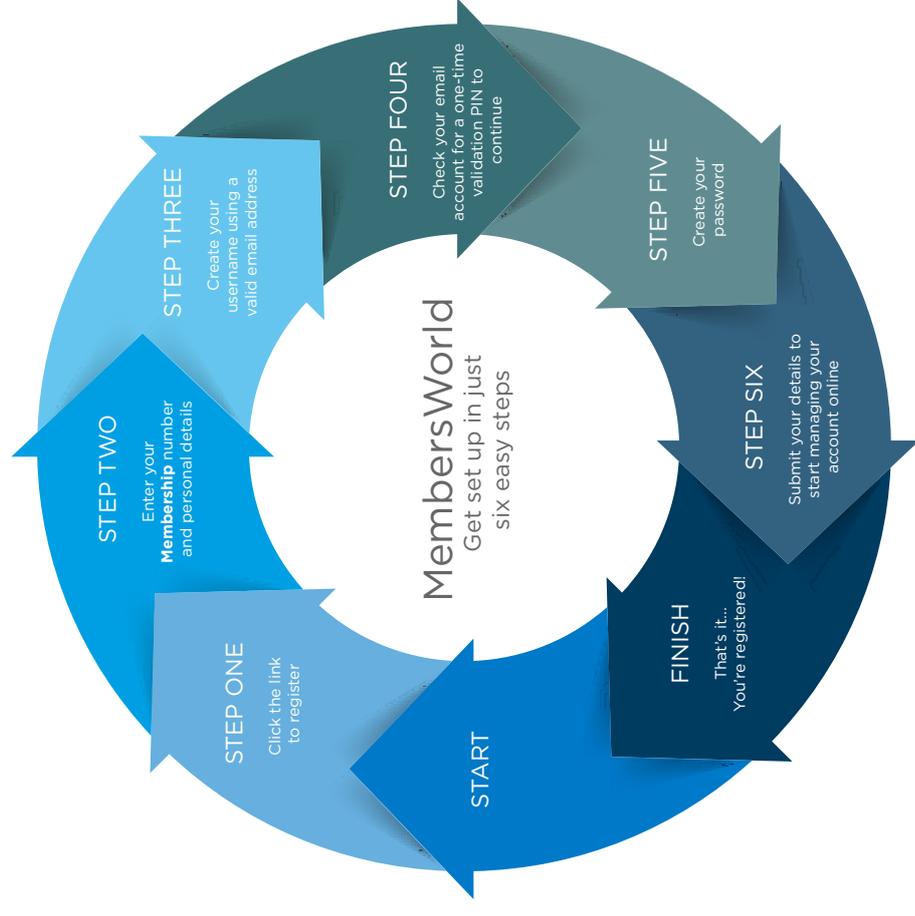
- check your benefits
- update your details and read **documents**
- pre-authorise in-patient and day-case **treatment**
- submit and track your claims*
- request a second medical opinion at no extra cost
- if you have purchased your **insurance** plan via a broker, you can allow them access to view your health **insurance** plan information (except claim related **documents**)
- specify a preferred address for claim payments – useful if you have multiple addresses or are travelling.

There are many more benefits online; log in to see for yourself.

* MembersWorld may not be able to track claims in the U.S. as a third party is used here.

Registering for MembersWorld is easy. All you need is your email address, your **membership** number and a few personal details.

Go to <https://membersworld.bupaglobal.com> to register.



Pre-authorisation

Please remember to pre-authorise your treatment

What is pre-authorisation?

- o An agreement between **us** and you that the **treatment** you are requesting is medically appropriate and eligible under the terms of your policy.
- o It isn't generally mandatory and doesn't guarantee payment but can speed up the claims process

Why it's important:

- o Pre-authorisation helps to facilitate more efficient claims processing as **we** are aware of the **treatment** in advance
- o Pre-authorisation helps to ensure you are covered for the **treatment** you are requesting before treatment takes place and avoids surprises at the claims stage

How do I request a pre-authorisation?

Contact Customer Services by:

- o Completing the form in MembersWorld
- o Calling +852 2531 8503

How long does it take?

Often, when requested by telephone, pre-authorisation approval can be given right away. MembersWorld

requests will usually receive a response within 24 hours.

Pre-authorisation can take longer if referral for **specialist** review is required.

If **we** pre-authorise your **treatment**, this means that **we** will pay up to the limits of your **insurance** plan, provided that all the following requirements are met:

- o the **treatment** is eligible **treatment** that is covered by your **insurance** plan,
- o you have an active policy at the time that **treatment** takes place,
- o your premium is paid up to date,
- o the **treatment** carried out matches the **treatment** authorised,
- o you have provided a full disclosure of the condition and **treatment** required,
- o you have enough benefit entitlement to cover the cost of the **treatment**,
- o your condition is not a **pre-existing condition**, (unless approved for cover at point of underwriting),
- o the **treatment** is medically necessary, and
- o the **treatment** takes place within 31 days after pre-authorisation is given.

This is a summary, please ensure you read the full details of your cover in the Table of Benefits, **Terms and Conditions** and your **insurance certificate**.



The claiming process

If you need assistance with a claim you can

- Go online at <https://membersworld.bupaglobal.com>
- Call us on +852 2531 8503
- Email service.hk@bupaglobal.com

Whether you choose direct payment or 'pay and claim' we provide a quick and easy claims process. We aim to arrange direct settlement wherever possible, but it has to be with the agreement of whoever is providing the treatment. In general, direct settlement can only be arranged for in-patient treatment or day-case treatment. Direct settlement is easier for us to arrange if you pre-authorise your **treatment** first, or if you use a participating hospital or healthcare facility.

How to make a claim

- The quickest way to submit your claim is to log on to your MembersWorld account and submit your claim electronically. You have the choice of submitting an on-line claim or uploading any completed claims form.
- Make sure **we've** got all the information as the biggest delay to paying a claim is normally incomplete, missing or illegible information.
- Make sure you have given your correct bank details. Payment by bank transfer is by far the quickest way to receive your payment.

Direct Settlement

Direct settlement is where the provider of your **treatment** claims directly from **us**, making things easier for you.

1

You should present your **membership card** when you receive **treatment**.

We send your **treatment provider** a pre-authorisation statement.

We will also send a copy to you on request. The **treatment provider** will ask you to sign the pre-authorisation statement when you arrive for **treatment** including the patient declaration.

3

If you have a co-insurance on a benefit or any remaining **deductible**, we will pay the provider in full and collect any co-insurance or remaining **deductible** from you using the payment details we hold for you unless your **treatment** took place in the US. For **treatment** in the US, we may either pay the provider in full and collect any share from you using the payment details we hold for you, or your **treatment** provider may request settlement of the balance after we have settled the claim with them. If we need to collect any payment from you we will send you a statement showing the amount that we will be collecting from you.

4

The treatment provider will then send your claim to **us**. We pay the **treatment** provider directly.

5

We will send your claims statement to you.

When **we** settle your claim, your benefits are paid in line with the limits shown in your 'Table of Benefits'.

It is important that you send all your claims to **us**, even if the value of the claim is less than the remaining **deductible**.

When you visit your **treatment** provider, you should take a claim form with you so that the medical practitioner can fill in the medical information section. A claim form can be found in your **insurance documents** pack, or found online at bupaglobal.com/membersworld

Once you have received **treatment** and made a payment to your **treatment** provider, you should complete all other sections of the claim form, include the original invoices and send the claim to **us**.

You can submit your claim online via **our** website, bupaglobal.com/membersworld.com/ or send it to **us**.

We pay you. If you have an annual **deductible** or a co-insurance applied to your claim **we** will pay you the cost of the claim minus the percentage of the co-insurance or the amount of the remaining annual **deductible**.

If you have an annual **deductible** or a co-insurance applied to your claim **we** will pay you the cost of the claim minus the percentage of the co-insurance or the amount of the remaining annual **deductible**.

Pay and Claim
The alternative is for you to pay and then claim back the costs from **us**.

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Choice of Deductible

Choose your deductible

The deductible is the contribution you make towards the cost of your treatment each policy year before receiving payment.

EUR: Nil / 350 / 1,050 / 4,000 / 8,000 / 16,000

GBP: Nil / 250 / 750 / 2,750 / 5,500 / 11,000

USD: Nil / 400 / 1,600 / 5,000 / 10,000 / 20,000

You can choose to take out your plan with or without a deductible, in any of the three currencies.

Taking out a deductible lowers your premium.

The deductible does not apply to Medical Evacuation and Repatriation and/or Dental and Optical modules.

Table of Benefits

Please note that the Table of Benefits is part of the **Terms and Conditions**. It is therefore necessary to read both the Table of Benefits and the **Terms and Conditions** (including Glossary) carefully.

Words written in bold in the Table of Benefits are “defined terms” which are specific terms relevant to your cover. Please check their meaning in the Glossary at the end of this **membership** guide.

All amounts are in EUR/GBP/USD.

The currency chosen for the **insurance** at point of **application** is the currency all your payments will be based on. This means that eg. when your contract currency is EUR all your payments will be based on the EUR **benefit limits** stated in the below Table of Benefits although you might have been treated in eg. UK or the U.S.

Hospital Plan

Payments under the Hospital Plan are effected according to the Table of Benefits below. If you have chosen a **deductible**, please note that the **benefit limits** for the benefits listed in the Table of Benefits will be reduced by any remaining **deductible**. Once your **deductible** has been reached, all covered expenses will be paid in line with your **benefit limits**. One joint **deductible** applies per person per policy year for Hospital Plan, Module 1 and Module 2 (if chosen).

For the Hospital Plan and any additional modules the payments will not in any event exceed the following amounts or the overall annual maximum per person per policy year of EUR 3,600,000 / GBP 3,000,000/ USD 4,400,000

Hospital Services — during Hospitalisation	Hospital plan
Private room (cf also Glossary: ‘Hospital accommodation’)	100%
Intensive care room	100%
Room and board for a parent or legal guardian accompanying a child dependant (cf also Glossary: ‘Hospital accommodation’)	100%
Surgery Initial reconstruction surgery , immediate or delayed, following an injury or illness (excluded corrective reconstruction surgery for enhancement of appearance and replacement of implant/ prosthesis)	100%
Medical treatment , laboratory tests, X-rays, scans	100%
Medicine for use during hospitalisation and relevant only for the insured condition being treated	100%
Prescribed out-patient medicine up to 7 days after discharge from hospital (medicine must be licensed for the condition which was treated while hospitalised), maximum per policy year	EUR 900 / GBP 600 / USD 1,000
Pacemaker	100%
Mental health treatment provided by recognised mental health providers	100%

Pre-examinations that are medically necessary in order to perform the **surgery** or **treatment** which is to take place during **hospitalisation** are covered up to 30 days prior to **hospitalisation**.

Check-ups that are medically necessary in order to verify that the **customer** is recovering successfully from the **surgery** or **treatment** received while hospitalised are covered up to 180 days after **hospitalisation**.

Physiotherapy following **surgery** is covered with up to 10 sessions.

Hospital Plan (continued)

Out-patient Treatment in a Hospital or Clinic	Hospital Plan
Surgery*	100%
Cancer treatment* Once cancer has been diagnosed this benefit includes fees that are related specifically to planning and carrying out active treatment for cancer . This includes tests, diagnostic imaging, consultations and prescribed medicines (when receiving anti-hormonal drug as sole treatment for cancer, only the anti-hormonal drug expenses are covered)	100%
Dialysis (including home dialysis), intravenous drug infusion which is only available as an infusion (must be pre-authorised by the Company)	100%
Endoscopic examinations	100%
<p>*Pre-examinations that are medically necessary in order to perform the treatment/surgery are covered up to 30 days prior to treatment/surgery. Check-ups that are medically necessary in order to verify that the customer is recovering successfully from the treatment/surgery are covered up to 180 days after treatment/surgery. Physiotherapy following treatment/surgery is covered with up to 10 sessions.</p>	
<p>Other out-patient treatment is reimbursed under Module 1 - Non-Hospitalisation Benefits</p>	
Childbirth* (subject to a 12 month waiting period)	Hospital Plan incl. Module 1 Non-Hospitalisation Benefits
Delivery and non-medically essential caesarean section delivery incl. pre- and postnatal treatment for mother and child. Maximum per delivery**	Covered 100% up to EUR 5,725 / GBP 3,925 / USD 7,150
Medically essential caesarean section, incl. pre- and postnatal treatment for mother and child. Maximum per delivery**	Covered 100% up to EUR 10,625 / GBP 7,325 / USD 13,200
**cf also art. 7.1.3	
Delivery and caesarean section following infertility treatment. Excluding pre- and postnatal treatment for mother and child. (cf also art. 12.2 P), maximum	Covered 100% up to EUR 5,725 / GBP 3,925 / USD 7,150
<p>*Deductible, if chosen, also applies to childbirth benefit. Only the amount of one full annual deductible will be applied to maternity claims for one pregnancy, even if the course of pregnancy spans two policy years.</p>	
Organ Transplant	
Organ transplant	100%
Per diagnosis and course of treatment per lifetime, to include all related costs up to the financial maximum	EUR 450,000 / GBP 315,000 / USD 500,000
<p>The insurance policy must be valid throughout the course of treatment. The procurement of the organ must be pre-authorised by the Company</p>	
Emergency Room Treatment	
Emergency room treatment in connection with an acute illness or accident	100%

Hospital Plan (continued)

<p>Local medical transport</p> <p>Ground transport to and from hospital when it is medically necessary that special medical services and/or medical equipment are provided</p>	<p>100%</p>
<p>In-patient Rehabilitation</p>	
<p>Medically prescribed in-patient rehabilitation at an authorised medical facility following hospitalisation for treatment covered by this insurance (must be pre-authorised by the Company)</p> <p>The rehabilitation has to include treatment in the form of therapy such as physical, occupational and/or speech therapy aimed at restoring as much function as possible.</p>	<p>100%</p>
<p>Maximum per day for maximum 90 days per illness</p>	<p>EUR 330 / GBP 220 / USD 355</p>
<p>Home Nursing</p>	
<p>For expenses incurred for medically prescribed assistance in your private home by a certified nurse (must be pre-authorised by the Company)</p>	<p>100%</p>
<p>Maximum per day for maximum 40 days per policy year</p>	<p>EUR 130 / GBP 84 / USD 135</p>
<p>Hospice and palliative care</p>	
<p>Hospice and palliative care, maximum per lifetime</p>	<p>EUR 30,500/ GBP 27,000/ USD 34,000</p>
<p>Hospital Cash Benefit (cf also Glossary)</p>	
<p>If room, board and treatment are received free of charge or at a minor admission/service fee at a public hospital, per night maximum</p> <p>Maximum 60 nights per policy year (must be pre-authorised by the Company)</p>	<p>EUR 90 / GBP 60 / USD 100</p>
<p>Emergency Dental Treatment</p>	
<p>Acute emergency dental treatment due to serious accident requiring hospitalisation</p> <p>In case of doubt, the decision will be left with the Company's dental consultant</p>	<p>100%</p>

Module 1

Non-Hospitalisation Benefits

Payments under this module are according to the Table of Benefits below. If you have chosen a **deductible**, please note that the **benefit limits** for the benefits listed in the Table of Benefits will be reduced by any remaining **deductible**. Once your **deductible** has been reached, all covered expenses will be paid in line with your **benefit limits**. One joint **deductible** applies per person per policy year for Hospital Plan, Module 1 and Module 2 (if chosen).

Payments will not in any event exceed the following amounts or the annual maximum limit of EUR 35,000/GBP 25,000/USD 35,000.

General Practitioners and Specialists*	
GP consultations, per consultation	EUR 220 / GBP 175 / USD 235
Chinese doctor consultation (if charged separately), per consultation	EUR 30 Maximum per policy year of EUR 300 GBP 22 Maximum per policy year of GBP 220 USD 30 Maximum per policy year of USD 300
Eye and ear specialists /other specialists , per consultation	EUR 220 / GBP 175 / USD 235
Psychiatrists, per consultation	EUR 220 / GBP 175 / USD 235
Psychologist and psychotherapist*	
Psychologist and psychotherapist , per consultation	EUR 220 / GBP 175 / USD 235
*A combined maximum of 15 consultations within a 30-day period for GP/ Specialists and Psychologist/Psychotherapist	
Therapists	
Dietetic guidance, speech therapy per consultation Maximum four consultations per policy year	EUR 50 / GBP 40 / USD 50
Physiotherapist, occupational therapist, per consultation	EUR 95 / GBP 70 / USD 95
Maximum per policy year	EUR 1050 / GBP 700 / USD 1,200
Chiropractor/osteopath (including Chinese bonesetter) all inclusive, per consultation	EUR 65 Maximum per policy year EUR 1,050 GBP 50 Maximum per policy year GBP 700 USD 65 Maximum per policy year USD 1,200
Maximum per policy year	EUR 1,050 / GBP 700 / USD 1,200

Module 1 Non-Hospitalisation Benefits (continued)

Full health screening, all inclusive, per year		
Full health screening, all inclusive, per year		EUR 900 / GBP 800 / USD 1,000
Examinations and other Medical Assistance		
Laboratory test, analysis Maximum per test		EUR 450 / GBP 305 / USD 500
X-ray		EUR 450 / GBP 305 / USD 500
ECG		EUR 450 / GBP 305 / USD 500
Scan, per examination		EUR 1,020 / GBP 780 / USD 1,200
Injection and vaccination, per injection/vaccination		EUR 85 / GBP 65 / USD 100
Acupuncture and homeopathic treatment , performed by complementary medicine practitioners when they are appropriately qualified and registered to practice in the country where treatment is received. This includes the cost of both the consultation and treatment , including any complementary medicine prescribed or administered as part of treatment . Should any complementary medicines or treatments be supplied or carried out on a separate date to a consultation, these costs will be considered as a separate visit		EUR 55 / GBP 35 / USD 60

Minor procedures or interventions

Minor procedures or interventions (eg removal of a wart) performed at the clinics of the General Practitioners or Specialists in connection with visits to such medical practitioners	100%
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Module 2 Medicine and Appliances

Payments under this module are according to the list below. If you have chosen a **deductible**, please note that the **benefit limits** for the benefits listed in the Table of Benefits will be reduced by any remaining **deductible**. Once your **deductible** has been reached, all covered expenses will be paid in line with your **benefit limits**. One joint **deductible** applies per person per policy year for Hospital Plan, Module 1 and Module 2 (if chosen).

Hearing Aids

Prescribed hearing aids, per appliance , maximum	Covered 50% up to EUR 300 / GBP 200 / USD 325
Maximum two appliances are reimbursed per policy year up to maximum	Covered 50% up to EUR 600 / GBP 400 / USD 650

Other Appliances

Slings and bandages	100%
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Module 2 Medicine and Appliances (continued)

Other Appliances	
Arch support	100%
Medical appliances	100%
Medicine	
Prescribed medicine and traditional Chinese medicine	100%
Traditional Chinese medicine administered by a traditional Chinese practitioner (with the exception of the treatment listed in art 12.2 r)	Maximum per policy year EUR 375/GBP 260/USD 450 for traditional Chinese medicine
Limited to recognised traditional Chinese practitioners registered to practice locally	
Medicine and other appliances are reimbursed up to an annual maximum of	EUR 3,000 / GBP 2,000 / USD 3,300

Module 3

Medical Evacuation and Repatriation

Medical Evacuation and Repatriation covers transportation to the nearest appropriate place of **treatment** if you have a serious illness or injury.

Medical Evacuation and Repatriation	
Transportation expenses by aeroplane or helicopter	100%
Accompanying person	100%
Return journey to residential address abroad/home country within three months after completion of treatment	100%
Statutory arrangements in case of death, such as embalming and zinc coffin Transportation of the urn/coffin	100%

Expenses are covered up to the overall annual maximum of your policy

In all circumstances, **we** must be notified before the transport takes place, either directly or through the attending physician

Medical Evacuation and Repatriation must be pre-authorised by the **Company**

Modules 4A and 4B Dental and Optical

Payments under these two modules are effected at 50-80%, but they will not in any event exceed the following amounts or the respective annual maximums of Module 4A: EUR 5,000/GBP 3,500/USD 5,000 and Module 4B: EUR 7,500/GBP 5,000/USD 7,500.

	Module 4A	Module 4B
Dental Treatment		
Examinations, maximum	Covered 80% up to EUR 30 / GBP 25 / USD 30	Covered 80% up to EUR 50 / GBP 40 / USD 50
Tooth cleaning, maximum	Covered 80% up to EUR 50 / GBP 30 / USD 50	Covered 80% up to EUR 70 / GBP 40 / USD 70
Fillings per tooth, maximum	Covered 80% up to EUR 80 / GBP 55 / USD 80	Covered 80% up to EUR 130 / GBP 80 / USD 130
Root treatment per tooth, maximum	Covered 80% up to EUR 380 / GBP 245 / USD 380	Covered 80% up to EUR 540 / GBP 370 / USD 540
Tooth extractions per tooth, maximum	Covered 80% up to EUR 75 / GBP 40 / USD 75	Covered 80% up to EUR 145 / GBP 90 / USD 145
Surgery , maximum	Covered 80% up to EUR 160 / GBP 110 / USD 180	Covered 80% up to EUR 465 / GBP 320 / USD 520
X-ray, maximum	Covered 80% up to EUR 60 / GBP 30 / USD 60	Covered 80% up to EUR 70 / GBP 50 / USD 70
Anaesthesia, maximum	Covered 80% up to EUR 30 / GBP 20 / USD 30	Covered 80% up to EUR 50 / GBP 40 / USD 50

	Module 4A	Module 4B
Special Dental Treatment		
Bridgework Crowns Dental implants Periodontitis Orthodontics (tooth adjustment) (subject to a 24 month waiting period) Dentures	Covered 50% Maximum per policy year for special dental treatment EUR 2,650 / GBP 2,000 / USD 2,650	Covered 50% Maximum per policy year for special dental treatment EUR 3,650 / GBP 2,750 / USD 3,650

	Module 4A	Module 4B
Glasses and Contact Lenses		
One pair of glasses (excl. frames) per policy year, maximum	Covered up to 80% up to EUR 160 / GBP 100 / USD 160	Covered up to 80% up to EUR 220 / GBP 150 / USD 220
Contact lenses, per policy year, maximum	Covered up to 80% up to EUR 100 / GBP 60 / USD 100	Covered up to 80% up to EUR 130 / GBP 80 / USD 130

Frames and sunglasses are not covered

	Module 4A	Module 4B
Eye check		
Eye check performed by optician/optometrist, maximum per policy year	EUR 240 / GBP 150 / USD 240	EUR 240 / GBP 150 / USD 240

Terms and Conditions

Words written in bold in the **Terms and Conditions** are "defined terms" which are specific terms relevant to your cover. Please check their meaning in the Glossary at the end of this **membership** guide.

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Glossary

Art. 1

Acceptance of the insurance

1.1: The **insurance** policy is insured and underwritten by Bupa (Asia) Limited., hereinafter called the **Company** and administered by the **Company** and **Bupa Global**. The **Company** shall decide whether the **insurance** can be accepted. In order for the **insurance** to be accepted and the **Company** to become the insurer, the **application** must be approved by the **Company** and the necessary premium paid to the **Company**.

1.2: In order for the **insurance** to be accepted by the **Company** on **standard terms**, the **applicant** must be of sound health at the time of acceptance and must not suffer nor have suffered from any recurring disease, illness, injury, bodily infirmity or physical disability (cf also glossary term 'pre-existing conditions'), and the **applicant** must not have attained 60 years of age at the time of acceptance.

If the conditions in Art. 1.2 are not met and the **applicant** has not attained 80 years of age at the time of acceptance, the **Company** may offer the **insurance** on **special terms**. If the **Company** decides to offer the **insurance** on **special terms**, the **policyholder** will receive an **insurance certificate** in which these terms are stated.

1.2.1: All underwriting and issuance of **insurance certificates** are made by the **Company**. The **Company** may choose to have data processed in or outside the EU.

1.3: In the event of a change in the **applicant's** state of health after the **application** has been signed and before the **Company's** approval thereof, the **applicant** shall be under the obligation to notify the **Company** of such change immediately.

1.4: The currency chosen for the **insurance** cannot be changed after the **Company's** acceptance of the **application**.

Art. 2

Original date of joining

2.1: The **insurance** shall be valid as of the date on which the **application** is approved by the **Company**. The **Company** may agree on another date with the **policyholder**.

Art. 3

Waiting periods in connection with new insurance contracts and extension of cover

3.1: When a new **insurance** contract is entered into, the right to payment under the new **insurance** contract shall only take effect four weeks after the **original date of joining** of the **insurance**. However, this does not apply when the **policyholder** can prove simultaneous transference

from an equivalent insurance with another international health insurance company.

3.1.1: In the event of **acute serious illness** and **serious injury**, the right to payment shall, however, take effect concurrently with the **original date of joining** of the **insurance**.

3.1.2: In addition, the **waiting periods** listed below shall apply for the **insurance** contract:

a) for expenses incurred in connection with pregnancy and childbirth and consequences thereof, the right to payment shall only take effect 12 months after the **original date of joining** of the **insurance**.

b) for expenses incurred for orthodontics the right to payment shall only take effect 24 months after the **original date of joining** of the **insurance**.

3.2: The **policyholder** may change his/her **insurance** cover to another type of cover (eg change of **deductible**, adding/ removing additional cover) as from a **policy anniversary** by giving one month's notice by email, letter or phone to the **Company** and subject to proof of insurability according to Art. 1.

3.3: The **Company** will process the extension of cover as a new **application** in accordance with Art. 1.

3.4: If extended cover is taken out under the **insurance** contract, the right to payment under such extension shall only become effective four weeks after the **original date of joining** of the extension. However, Art. 3.1.2 a) and b) shall still apply. During the **waiting period**, the previous cover shall apply.

3.4.1: In the event of **acute serious illness** and **serious injury**, the right to payment under the extended cover shall, however, take effect concurrently with the **original date of joining** of the extension.

Art. 4

Who is covered by the insurance?

4.1: The **insurance** shall cover the **customer(s)** named in the **insurance certificate**, including children registered therein.

4.2: Children under 10 years of age can be insured at no extra cost with identical coverage of the paying adult if the requirements for acceptance on **standard terms**, cf Art. 1.2, are met. A maximum of two children at no extra cost per paying adult, and a total maximum of four children at no extra cost per **insurance** apply.

4.2.1: Cover at no extra cost for children shall furthermore be subject to:

- o the child being registered with the **Company**, and
- o one of the **customers** having legal custody of the child, and
- o the child being registered at the same address as the **customer** having legal custody of the child.

4.3: An **application** must be submitted for each person the **policyholder** wishes to add to the **insurance**, including newborn children.

4.3.1: If the **insurance** of one of the parents has been valid for a minimum of 12 months, newborn children of the parent can be insured, irrespective of Art. 1.2, without submitting an **application**, cf however, Art. 12.2 f). A copy of the birth certificate must, however, be submitted within three months after the birth.

If the birth certificate is not submitted to the **Company** within three months after the birth, a Medical Questionnaire must be submitted for the child who has to undergo the standard underwriting procedure according to Art. 1.2. Registration of the child will take place from the date the Medical Questionnaire has been signed.

4.3.2: In case of adoption and for children born as a result of infertility treatment and/or born by a surrogate, the **customer** must submit a Medical Questionnaire for such children.

Art. 5

Where is cover provided?

5.1: The **insurance** shall provide worldwide cover unless otherwise stated in the **insurance certificate**.

Art. 6

What is covered by the insurance?

6.1: The **insurance** shall cover the medical expenses incurred by the **customer** in accordance with the cover chosen and the applicable Table of Benefits. The benefits for which expenses are covered and the **benefit limits** are stated in the Table of Benefits.

6.2: Payment shall be paid following **our** approval of the expenses as being covered by the **insurance** after the receipted and itemised invoices, provided with the **membership** number and a claim form, have been received by **us**. (cf also 'Quick Reference Guide').

6.3: Once the covered expenses have met the annual **deductible**, the amount payable will be paid. If your claim is for an amount higher than the value of your **deductible** or remaining **deductible**, **we** will pay for covered expenses after the **deductible** has been met in full. Once your **deductible** has been reached, all covered expenses will be paid in line with your **benefit limits**. The **deductible** shall apply per person per policy year.

6.3.1: In case of an accident where three or more **family members** insured with the **Company** are involved, only one **deductible**, the highest, is applied.

6.4: Medical practitioners performing **treatment** must have authorisation in the country of practice. Medical providers and facilities must also be authorised (Cf also art. 12.2 n).

6.5: In no event shall the amount of payment exceed the amount shown on the invoice. If the **customer** receives payment from the **Company** in excess of the amount to which he/she is entitled, the **customer** shall be under the obligation to repay the **Company** the excess amount immediately, otherwise the **Company** will set off the excess amount in any other account between the

customer and the **Company**.

6.6: Payments shall be limited to the usual, **reasonable and customary** charges in the area or country in which the **treatment** is provided.

6.7: Any discount which has been negotiated directly between the **Company** and providers will be specifically used by the **Company** for the overall benefit of the **customers** within the **insurance** product as a whole.

6.8: Any ex-gratia payments are at the **Company's** discretion. If the **Company** makes a payment to which the **customer** is not entitled under the **insurance**, this will still count toward the annual maximum cover per person per policy year.

6.8.1 The **Company** is not required to pay for any **treatment** or condition that is not covered by the **customer's insurance** cover, even if the **Company** has paid an earlier claim for similar or identical **treatments** or conditions, including where such earlier payment was made at the **Company's** error.

6.9: The **Company's** global health **insurance** products are non-U.S. **insurance** products and accordingly are not designed to meet the

requirements of the U.S. Patient Protection and Affordable Care Act (the Affordable Care Act). The **Company's insurance** products may not qualify as minimum essential coverage or meet the

requirements of the individual mandate for the purposes of the Affordable Care Act, and the **Company** is unable to provide tax reporting on behalf of those U.S. taxpayers and other persons who may be subject to it. The provisions of the Affordable Care Act are complex and whether or

not the **customer** is subject to its requirements will depend on a number of factors. The **customer** should consult an independent professional financial or tax advisor for guidance. For **customers** whose coverage is provided under a group **insurance**, the **customer** should speak to the group health **insurance** administrator for more information.

Art. 7

Hospital Plan

7.1: The Hospital Plan must be taken out before any other optional module(s) can be added. The following terms shall also apply:

7.1.1: The Hospital Plan shall cover the medical expenses incurred by the **customer's** **hospitalisation** in accordance with the **deductible** chosen and the applicable **benefit limits** as stated in the Table of Benefits. It is required that the **customer** is hospitalised in order to get payment under this plan.

7.1.2: The **Company** shall be notified immediately of any stays in hospital in accordance with Art. 13.3.

7.1.3: Maternity benefits are covered in accordance to the **benefit limits** listed in the Table of Benefits and include routine postnatal care for the newborn. Routine postnatal care includes **treatment** of physiological jaundice if not caused by an underlying disease and the newborn's hospital stay does not exceed the mother's hospital stay.

Art. 8 Module 1

Non-Hospitalisation Benefits

8.1: If the **insurance** has been extended to include Module 1, the following terms shall also apply:

8.1.1: Module 1 can only be taken out as a supplement to the Hospital Plan.

8.1.2: Module 1 shall cover the **customer's** expenses in accordance with the **deductible** chosen and the applicable **benefit limits** as stated in the Table of Benefits.

8.1.3: Any invoice for expenses incurred by **out-patient treatment** shall be reported by submitting the receipted and itemised invoices provided with the **membership** number and claim form to **us**. Physician's invoices must also include a diagnosis of the illness being treated.

Art. 9 Module 2

Medicine and Appliances

9.1: If the **insurance** has been extended to include Module 2, the following terms shall also apply:

9.1.1: Module 2 can only be taken out as a supplement to the Hospital Plan.

9.1.2: Module 2 shall cover the expenses in accordance with the **deductible** chosen and the applicable **benefit limits** as stated in the Table of Benefits.

9.1.3: Any invoice for expenses incurred by **out-patient** medicine and **appliances** shall be reported by submitting the receipted and itemised invoices provided with the **membership** number and claim form to **us**. Invoices for medicine should also be accompanied by a copy of the prescription.

Art. 10 Module 3

Medical Evacuation and Repatriation

10.1: If the **insurance** has been extended to include Module 3, the following terms shall also apply:

10.1.1: Module 3 can only be taken out as a supplement to the Hospital Plan.

10.1.2: Module 3 shall cover the reasonable expenses incurred for the **customer's** medical evacuation/**serious injury** or death in accordance with the applicable **benefit limits** as stated in the Table of Benefits.

10.1.3: Cover shall be provided subject to the attending physician and the **Company's** medical consultant agreeing on the necessity of transferring the **customer** and agreeing whether the **customer** should be transferred to his/her **country of residence**/home country or to the nearest appropriate place of **treatment**. In case of disagreement, the decision of the **Company's** medical consultant shall prevail.

The evacuation expenses for an eligible transportation are only covered if the transportation is arranged or pre-authorised by the **Company**.

- beyond the **Company's** control.
- Art. 11 Modules 4A and 4B Dental and Optical**
- 11.1: If the **insurance** has been extended to include Module 4, the following terms shall also apply:
- 11.1.1: Module 4 can only be taken out as a supplement to the Hospital Plan.
- 11.1.2: Module 4 shall cover the **customer's** expenses for dental **treatments** and glasses and lenses in accordance with the applicable **benefit limits** as stated in the Table of Benefits.
- 11.1.3: Any invoice for expenses incurred by dental **treatment** and glasses and lenses shall be reported by submitting the receipted and itemised invoices provided with the **membership** number and claim form to **us**.
- Art. 12 Exceptions to cover**
- 12.1: The **insurance** shall not cover expenses incurred for any disease, illness or injury known to the **policyholder** and/or the dependant at the time of **application**, unless agreed upon with the **Company**.
- 12.2: Furthermore, the **Company** shall not be liable for any expenses which concern, are due to or are incurred as a result of:
- non-medically essential or cosmetic **surgery** and **treatment**,
 - obesity **surgery** and **treatment** (including diet pills),
 - any harmful or hazardous use of alcohol, drugs and/or medicines: **treatment** for or arising directly or indirectly, from the deliberate, reckless (including where the **customer** has displayed a blatant disregard for his/her personal safety or acted in a manner inconsistent with medical advice), harmful and/or hazardous use of any substance including alcohol, drugs and/or medicines; and in any event, from the illegal use of any such substance,
- 10.14: The expenses for transportation covered under the **insurance**, but not arranged by the **Company**, shall only be compensated with an amount equivalent to the expenses the **Company** would have incurred, had the **Company** arranged the transportation.
- 10.15: The **insurance** shall cover reasonable and necessary transportation expenses for one person accompanying the **customer**.
- 10.16: Only one transportation is covered in connection with one course of an illness.
- 10.17: Module 3 shall only apply if the illness is covered under the **insurance**.
- 10.18: In the event that the **customer** is evacuated/repatriated for the purpose of receiving **treatment**, he/she and the accompanying person, if any, shall be reimbursed for the expenses for a return journey to the **customer's** place of residence/home country. The return journey shall be made within three months after **treatment** has been completed. Cover shall only be provided for travel expenses equivalent to the cost of an aeroplane ticket on economy class, as a maximum.
- 10.19: In the event that the **customer** has received **treatment** covered by the **insurance**, but now has reached the **terminal phase**, he/she and the accompanying person, if any, shall be reimbursed for the expenses of the return journey to the **customer's** place of residence.
- 10.110: In the event of death, expenses shall be reimbursed for home transportation of the deceased and for statutory arrangements such as embalming and a zinc coffin.
- The next of kin have the following options:
- cremation of the deceased and home transportation of the urn or
 - home transportation of the deceased.
- 10.111: The **Company** cannot be held liable for any delays or restrictions in connection with the transportation caused by weather conditions, mechanical problems, restrictions imposed by public authorities or by the pilot or any other condition
- m) nuclear reactions or radioactive fallout,
- n) **treatment** performed by an **unrecognised medical practitioner, provider or facility**,
- o) **treatment or surgery** to correct refractive errors in the eyesight (due to eg myopia, hyperopia/hypermétropia, astigmatism and presbyopia) such as laser **treatment**, refractive keratotomy and photorefractive keratectomy, clear lens extraction, or accommodative intraocular lenses,
- p) any **experimental or unproven treatment**, including diagnostic investigation, testing or **treatment** (including medicine) which is **experimental** due to lack of **acceptable current clinical evidence**,
- q) any **treatment** or medicine which is not proven to be effective based on **acceptable current clinical evidence**,
- r) any of the following traditional Chinese medicines: cordyceps; ganoderma; antler; cubilose; donkey-hide gelatin; hippocampus; ginseng; red ginseng; American Ginseng; Radix Ginseng Silvestris; antelope horn powder; placenta hominis; Agaricus blazei murilli; musk; and pearl powder, rhinoceros horn and substances from Asian Elephant, Sun Bear, and Tiger or other endangered species,
- s) in-patient **treatment** for more than 90 continuous days for permanent neurological damage or when the **customer** is in a **persistent vegetative state**. This article only applies to **insurances** with an **original date of joining** on or after 1 January 2017.
- t) Artificial Life Maintenance, including mechanical ventilation, when the patient is in a state of profound unconsciousness and/or with no sign of awareness or a functioning mind, where such **treatment** will not or is not expected to result in the **customer's** recovery or restore the **customer** to the **customer's** previous state of health. This means, eg cover is not provided when the **customer** is unable to feed and breathe independently and requires percutaneous endoscopic gastrostomy (PEG) or nasal feeding for a period of more than 90 continuous days. This article only applies to **insurances** with an **original**
- d) contraception, including sterilisation,
- e) induced abortion unless medically prescribed,
- f) any kind of infertility test and/or **treatment**, including hormone **treatment**, insemination or examinations and any procedures related hereto, including expenses for pregnancy, pre- and postnatal **treatments** of the mother and the newborn child/children. An **application** must therefore be submitted for children born as a result of infertility **treatment** and/or born by a surrogate mother. The **application** will undergo the standard underwriting procedure, according to Art. 1.
- g) sexual problems and gender issues: sexual problems, such as impotence, whatever the cause, or sex changes or gender re-assignments,
- h) hospital stay when it is used solely or primarily for any of the following purposes: receiving general nursing care or any other services which do not require the **customer** to be in a hospital and could be provided in a nursing home or other establishment that is not at hospital; receiving services which would not normally require trained medical professionals (eg help in walking and bathing) and pain management,
- i) **treatment** by naturopaths or homeopaths and naturopathic or homeopathic medications and other alternative methods of **treatment**, unless specified in the Table of Benefits,
- j) health certificates,
- k) **treatment** of diseases during military service,
- l) **treatment** for sickness or injuries directly or indirectly caused by the **customer** putting him/herself in danger by entering a **known area of conflict** as listed below:
- war, invasion, acts of a foreign enemy, hostilities (whether war has been declared or not), civil war, terrorist acts, rebellion, revolution, insurrection, civil commotion, military or usurped power, martial law, riots or the acts of any lawfully constituted authority, or army, naval or air services operations whether war has been declared or not,

date of joining on or after 1 January 2017.

- u) any genetic testing, unless medically necessary
- o as the result of the test will directly impact the **treatment** of an existing covered disease, or
- o for prenatal testing due to suspicion of fetal abnormality.

Art. 13

How to report a claim

13.1: Any claim for payment of expenses incurred for **treatment** by a physician or **specialist** as well as hospital **treatment** and medicine shall be reported by submitting receipted and itemised invoices provided with the **membership** number and claim form to **us**. (cf also 'Quick Reference Guide'). **We** scan submitted invoices upon receipt. Any retrieval of the submitted invoices is not possible.

The **Company** reserves the right at any time to require provision of original invoices from the **customer**. If an original invoice is not provided upon request the **Company** may deny payment of the expenses to which the invoice relates.

13.2: Any claim shall be reported to the **Company** immediately and no later than three months after the circumstances underlying the claim have become known to the **customer**.

13.3: The **Company** shall be notified immediately of any stays in hospital, and such notification must include the physician's diagnosis. All notifications should be made by telephone, fax or email; the **Company** shall defray all expenses incurred in this connection.

Art. 14

Cover by third parties

14.1: Where there is cover by another insurance policy or healthcare plan, this must be disclosed to the **Company** when claiming payment, and the cover under this **insurance** shall be secondary to any such other insurance policy or healthcare plan.

14.1.1: Upon receipt of an itemised statement from another insurer and a copy of the invoices the **Company** will apply the amount reimbursed by that other insurer to write down the existing **deductible** and/or co-insurance on the health

insurance plan(s) which the **customer** has with the **Company** if the reimbursed benefits would have been covered by the **Company**.

In order to have the **deductible** written down with the amount covered by the local insurer, it is a requirement that the **deductible** has not already been used in connection with earlier claims. **Bupa Global** does not correct previous payments in order to assess expenses related to a local insurer.

14.2: In these circumstances, the **Company** will coordinate payments with other companies and the **Company** will not be liable for more than its rateable proportion.

14.3: If the claim is covered in whole or in part by any scheme, programme or similar, funded by any Government, the **Company** shall not be liable for the amount covered.

14.4: The **policyholder** and any dependants undertake to co-operate with the **Company** and to notify the **Company** immediately of any claim or right of action against third parties.

14.5: Furthermore, the **policyholder** and any dependants shall keep the **Company** fully informed and shall take any reasonable step in making a claim upon another party and to safeguard the interests of the **Company**.

14.6: In any event, the **Company** shall have the full right of **subrogation**.

Art. 15

Payment of premium

15.1: Premiums are determined by the **Company** and shall be payable in advance. The **Company** adjusts the premiums once a year as from the **policy anniversary** on the basis of changes in the cover and/or the loss experience in the **insurance** class during the previous calendar year.

15.2: The premium is age-related and will therefore also be adjusted on the first **policy anniversary** after the **customer's** birthday.

15.3: The initial premium shall fall due on the **original date of joining**. The **policyholder** may choose between quarterly, semi-annual and annual payment.

15.4: Changes in the terms of payment can only be made at 30 days' notice by email, letter or phone prior to the **policy anniversary**.

15.5: The premium is due on the **due date** stated in the premium notice.

15.6: The **policyholder** shall be responsible for punctual payment of the premium to the **Company**. If the premium has not been received by the **Company** on the **due date**, the **Company's** liability shall cease.

15.7: The **policyholder's** attention is drawn to Art. 6.5 regarding payment of outstanding amounts.

15.8: Other charges, such as Insurance Premium Tax (IPT), or other taxes, levies or charges, depending on the laws of the **policyholder's country of residence** may apply. If they apply to the **policyholder's insurance** premium, they will be included within the total that has to be paid on the premium notice. The charges may apply each time when the premium payment is due, from the **original date of joining**, the anniversary of the **original date of joining** or the date of registration of a new **customer** on the policy. The **policyholder** must pay these charges to **us** when paying the premiums or when adding a new **customer** to the policy, unless otherwise required by law.

Art. 16

Information necessary to the Company

16.1: The **policyholder** and/or the dependant shall be under the obligation to notify the **Company** by email, letter or phone of any changes of name or address, change in residency, and changes in health insurance cover with another company, including a consolidated company. The **policyholder** is required to immediately notify the **Company** if any of the **customers** become a permanent resident of the U.S., as described under Article 17.7. The **Company** must also be notified in the event of death of the **policyholder** or a dependant. The **Company** shall not be liable for the consequences

if the **policyholder** and/or the dependant fails to notify the **Company** in such events.

16.2: The **policyholder** and/or the dependant shall also be under the obligation to provide the **Company** with all information reasonably required for the **Company's** handling of the **policyholder's** and/or the dependant's claims against the **Company**, including provision of original invoices upon request from the **Company**.

16.3: In addition, the **Company** shall be entitled to seek information about the **customer's** state of health and to contact any hospital, physician, etc. who is treating or has been treating the **customer** for physical or mental illnesses or disorders. Furthermore, the **Company** shall be entitled to obtain any medical records or other written reports and statements concerning the **customer's** state of health.

16.4: The **Company** fully complies with applicable data protection legislation (see also art. 21.1). Generally, **we** therefore cannot disclose any personal or sensitive information (eg. medical information) nor discuss cases with anyone not authorised by the **customer** in question. It is therefore recommended that the **customer** authorises any person he or she wants to share information with. A third party authorisation form will be provided by the **Company** on request.

Art. 17

Assignment, cancellation, termination and expiry

17.1: Without the prior written consent of the **Company**, no party shall be entitled to create a charge on or assign the rights under the **insurance**.

17.2: The **insurance** is automatically renewed on each **policy anniversary**.

17.2.1: The **insurance** may be terminated by the **policyholder** with effect from the end of a calendar month with one month's prior notice by email, letter or phone. The **insurance** shall be effective for 12 months as a minimum.

17.2.2: The **policyholder** can cancel the **insurance**, and that of any additional dependants covered under the **insurance**, within 28 days of receiving the first policy **documents**. Should the **policyholder** wish to cancel the **insurance** upon receipt of the first policy **documents**, the **policyholder** needs to do that in writing (by letter, fax or email) or by phone. The address and contact information can be found on the back page of this **membership** guide. If the **policyholder** or any additional dependants have not made any claims, the **Company** will refund any premium payment already paid.

17.3: Where upon taking out the **insurance** or subsequently, the **policyholder** and/or the dependant has fraudulently changed original **documents** or disclosed incorrect information or withheld facts which may be regarded as being of importance to the **Company**, the **insurance** contract shall be void and shall not be binding on the **Company**.

17.4: Where upon taking out the **insurance** or subsequently, the **policyholder** and/or the dependant has disclosed incorrect information, the **insurance** contract shall be void, and the **Company** shall not be liable if the **Company** would not have accepted the **insurance** if the correct information had been disclosed. If the **Company** would have accepted the **insurance** but on other terms, the **Company** shall be liable to the extent to which the **Company** would have undertaken the obligations in accordance with the agreed premium.

17.4.1: In the event that the **insurance** contract is considered void, according to Art. 17.3 or Art 17.4, the **Company** shall be entitled to a service charge which is set as a specified percentage of the premium paid.

17.5: Where upon taking out the **insurance**, the **policyholder** and/or the dependant neither knew nor should have known that the information disclosed by him/her was incorrect, the **Company** shall be liable as if such incorrect information had not been disclosed.

17.6: The **Company** can stop or suspend an **insurance** product at three months' notice prior to the **policy anniversary**, and offer the **customer** an equivalent **insurance** cover.

17.7: The **policyholder** is required to immediately notify the **Company** by email, letter or phone if any of the **customers** become a permanent resident of the U.S., failing which the **Company** may terminate the **insurance** with immediate effect or (where permitted to continue the **insurance** until such date) with effect from the **policy anniversary**. The **Company** may terminate the **insurance** with immediate effect or (where permitted to continue the **insurance** until such date) with effect from the **policy anniversary**, if the law of the country in which the **customer** is located, or the **customer's country of residence** or nationality, or any other law which applies to the **Company** or this **insurance**, prohibits the provision of healthcare cover by the **Company** to local nationals, residents or citizens.

Without limitation to the foregoing, the **insurance** shall not be renewed at the next **policy anniversary** if the **policyholder** becomes a permanent resident of the U.S., and, if a **customer** who is not the **policyholder** becomes a resident of the U.S., their cover under the **insurance** shall not be renewed at the next **policy anniversary**.

'Permanent resident' shall mean a person residing in the U.S. who is a citizen of or who is permitted under applicable laws to live and work, on a permanent basis, in the U.S., and 'U.S.' shall include the Commonwealth of Puerto Rico for this purpose.

This Art. 17.7 only applies to **insurances** with an **original date of joining** after 31 December 2015.

17.8: Sanction clause

The **Company** will not provide cover nor pay claims under this **insurance** policy if the **Company's** obligations (or the obligations of the **Company's** group companies and administrators) under the laws of any relevant jurisdiction, including UK, European Union, the United States of America, or international law, prevent the **Company** from doing so. The **Company** will normally tell the **policyholder** if this is the case unless this would be unlawful or would compromise the **Company's** reasonable security measures. This **insurance**

policy does not provide cover to the extent that such cover would expose the **Company** (or the **Company's** group companies and administrators) to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, UK or United States of America, or under other relevant international law. This Art. 17.8 only applies to **insurances** with an **original date of joining** on or after 1 January 2016.

17.9: The **Company's** liability in connection with the **insurance**, including liability for payment for medical expenses for ongoing **treatment**, after-effects or consequential damages in connection with an injury or illness incurred or treated during the **insurance** period, shall automatically cease upon expiry, cancellation or termination of the **insurance**. Accordingly, upon expiry, cancellation or termination of the **insurance**, a **customer's** right to claim payment shall cease. Claims for payment of medical expenses incurred during the **insurance** period must be filed within six months of the date of expiry, cancellation or termination of the **insurance** in order to be eligible for payment.

Art. 18 Complaints

18.1: How to file a complaint

We are always pleased to hear about any aspect of the **insurance** cover that the **customer** has particularly appreciated, or which may have caused the **customer** any problems.

If something does go wrong, we have a simple procedure to ensure that all concerns are dealt with as quickly and effectively as possible.

For any comments or complaints, the **Bupa Global** Customer Service can be contacted at the phone number +852 2531 8503 by email at service.hk@bupaglobal.com, or by writing to us at:

Bupa (Asia) Limited
6/F, Tower 2, The Quayside,
77 Hoi Bun Road, Kwun Tong, Kowloon,
Hong Kong

18.2: Taking it further

If we can't settle your complaint you may be able to refer your complaint to the Insurance Complaints Bureau whose address is at:

29/F, Sunshine Plaza
353 Lockhart Road
Wanchai
Hong Kong
www.icb.org.hk

Art. 19 Applicable law

19.1: The policy is governed by the laws of Hong Kong. Any dispute that cannot otherwise be resolved will be dealt with by courts in Hong Kong. If any dispute arises as to the interpretation of this **document**, then the English version of this **document** shall be deemed to be conclusive and taking precedence over any other language version of this **document**.

Art. 20 No Third Parties Rights

20.1: Any person or entity who is not the **policyholder** under this **insurance** shall have no rights under the Contracts (Rights of Third Parties) Ordinance (Chapter 623, Laws of Hong Kong) to enforce any terms of this **insurance**.

Art. 21 Confidentiality

21.1: The confidentiality of patient and **customer** information is of paramount concern to the companies in the Bupa Group. To this end, **Bupa Global** fully complies with applicable data protection legislation and medical confidentiality guidelines. Please see the **Bupa Global** Privacy Notice above the glossary section.

Privacy notice

Bupa (Asia) Limited (the "Company")

Personal Information Collection Statement ("Statement") relating to the Personal Data (Privacy) Ordinance (the "Ordinance")

In compliance with the Ordinance, the **Company** would like to inform you of the following:

1. From time to time, it is necessary for you, or other members covered under your policy (each a "Member"), to supply the **Company** with certain personal information (including where relevant, credit information and claims history) relating to you, or the Member, when you apply for **insurance** or financial products and services from the **Company**, or when you apply to make changes to your policy, or when you renew a policy.

2. Failure to supply personal information requested by the **Company** may result in the **Company** being unable to process your **Application** and/or provide products, services and other related services to you, or the Member.

3. During the course of your relationship with the **Company**, further personal information relating to you, or the Member, may also be collected in the ordinary course of **our** business, for example, when you lodge **insurance** claims with the **Company** in relation to yourself or the Member.

4. The **Company** may collect, use or disclose personal information relating to you, or the Member, for the following purposes:

- a) processing, assessing and determining any **Applications** for **insurance** products and services;
- b) offering and providing products and services to you, or the Member, and processing requests made by you, or the Member, from time to time, including but not limited to requests for addition, alteration, deletion, maintenance, management and operation of **insurance** benefits or insured Members;

following classes of transferees:

- a) the **Company's** group companies ("Group **Company**");
- b) any **insurance** adjusters, agents and brokers;
- c) any re-**insurance** companies authorised by the **Company**;

d) employers (for members of corporate policy only);

e) healthcare professionals and hospitals;

f) any agent, contractor or third party service providers who provide administrative,

telecommunications, computer, payment, data processing or storage, printing, research or other services to the **Company** in connection with the operation of business, (including without limitation

insurers; banks; lawyers; accountants; claims investigators; fraud prevention organisations; other

insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph); organisations that

consolidate claims and underwriting information for the **insurance** industry; the police and databases

or registers (and their operators) used by the **insurance** industry to analyse and check

information provided against existing information; debt collection agencies; data processing

companies; research agencies and professional advisors);

g) any actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the **Company's** rights or business; and

h) any person to whom the **Company** is under an obligation to make disclosure under the

requirements of any law, rules, regulations, codes of practice or guidelines binding on the **Company** including, without limitation, any applicable

regulators, governmental bodies, industry recognised bodies, credit reference agencies, the Courts, and where otherwise required by law.

6. Only with your consent or with your indication of no objection, the **Company** may use your personal information collected from time to time, including name, contact details, gender, health and family status, to provide you with marketing communications (including by email, SMS or instant messenger) relating to the following products and services:

a) **Insurance**, medical, healthcare, wellness, personal development, beauty, lifestyle, entertainment, financial, and related services and products;

b) rewards, benefits, discounts, member activities, loyalty or privileges programmes and related services and products; and

c) donations and contributions for charitable and/or non-profit making purposes.

The **Company** will not disclose personal information relating to you, to third parties for them to use for their own direct marketing purposes without your consent.

For the avoidance of doubt, whether or not you consent to receive marketing communications of the type described in this paragraph 6, the **Company** may still communicate with you regarding the administration, features and **renewal** of your **insurance** policy.

7. Under and in accordance with the terms of the Ordinance, you have the following rights:

a) to check whether the **Company** holds personal information relating to you or the Member and to access such personal information;

b) to require the **Company** to correct any personal information relating to you or the Member which is inaccurate;

c) to ascertain **our** policies and practices in relation to personal data and to be informed of the kind of personal data held by the **Company**, and

c) any purposes in connection with any claims made by or against or otherwise involving you, or the Member, in respect of any products and/or services provided by the **Company** including, without limitation, making, defending, analysing, investigating, detecting and preventing fraud (whether or not relating to the policy issued in respect of any **application** or claim) processing, assessing, determining, settling or responding to such claims;

d) performing any functions and activities related to the products and/or services provided by the **Company** including, without limitation, audit, reporting, market research, general servicing, maintenance of online and other services, identity verification, data matching, research and statistical analysis, and reinsurance arrangements;

e) provision and design of products and services of the **Company**;

f) exercising the **Company's** rights in connection with provision of **insurance** products and services to you, or the Member, from time to time, for example, to determine any amount of indebtedness from you, and collecting and recovering owing from you or any person who has provided any security or undertaking for your liabilities;

g) communication with you or the Member (or with you on behalf of the Member) in relation to any of the purposes set out in this Statement;

h) enabling an actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the **Company's** rights or business to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation; and

i) making disclosure to satisfy the requirements of any laws, rules and regulations, codes of practice, guidance notes or guidelines binding on the **Company**.

5. Personal information collected or held by the **Company** relating to you, or the Member, will be kept confidential but the **Company** may transfer such personal information inside or outside the Hong Kong Special Administrative Region, for the purposes specified in paragraph (4) and (6) to the

Glossary

This Glossary with definitions is part of the **Terms and Conditions**.

d) to request the **Company** to cease using your personal information for direct marketing purposes. Requests can be made in writing to the **Company's** Data Protection Officer at the following address:

Data Protection Officer
6/F, Tower 2, The Quayside,
77 Hoi Bun Road, Kwun Tong, Kowloon,
Hong Kong

8. In accordance with the terms of the Ordinance, the **Company** has the right to charge a reasonable fee for the processing of any personal information access or correction request.

9. For any enquiries about this Statement, please do not hesitate to contact **our** Customer Service Team at +852 2531 8503.

10. Nothing in this Statement shall limit the rights of **customers** under the Ordinance.

11. In case of discrepancies between the English and Chinese versions of this Statement, the English version shall prevail.

Defined term

Acceptable current clinical evidence: International medical and scientific evidence which include peer-reviewed scientific studies published in or accepted for publication by medical journals that meet internationally recognised requirements for scientific manuscripts. This does not include individual case reports, studies of a small number of people and clinical trials which are not registered.

Active treatment for cancer for cancer is chemotherapy, radiotherapy and immunotherapy.

Acute serious illness: An "**acute serious illness**" shall be determined to exist only after review and agreement by both the attending physician and the **Company's** medical consultant.

Appliances: Durable medical equipment that:

- can be used more than once
- is not disposable
- is used to serve a medical purpose
- is not used in the absence of a disease, illness or injury
- is fit for use in the home.

Applicant: A person named on the

Application Form and the Medical Questionnaire as an **applicant** for **insurance**.

Application: The **Application** Form and Medical Questionnaire.

Benefit limits: The maximum amount of money which will be paid by way of payment of medical expenses as further detailed in the Table of Benefits.

Bupa Global: Bupa (Asia) Limited (a limited liability company incorporated in Hong Kong, company number 103048, registered office at 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong) – the sole insurer of this **insurance** plan.

Defined term

Company, the (incl. **we/us/our**) Bupa (Asia) Limited

Country of residence: The country where the **customer** is living/spending most of his/her time. This should be the country in which the relevant authorities (such as tax authorities) will consider the **customer** to be resident for the duration of the **insurance**.

Customer: The **policyholder** and/or all other insured persons as listed in the valid **insurance certificate**.

Deductible: The total amount of money noted in the **insurance certificate** which each **customer** agrees to pay each policy year before being reimbursed by the **Company**.

Documents: Any written information related to the **insurance** including invoices, **insurance certificates** and the like.

Due date: Date on which a premium is due to be paid.

End date: The date indicated on the **insurance certificate** that the policy is renewed, marking the end of the **insurance** period but not the end of the **insurance** cover.

Defined term

Experimental or unproven treatment:

Clinical tests, **treatments**, equipment, medicines, devices or procedures that are considered to be unproven or investigational with regards to safety and efficacy.

This includes:

- any test, **treatment**, equipment, medicine, device or procedure that is not considered to be in standard clinical use but is (or should, in Bupa's reasonable clinical opinion, be) under investigation in clinical trials with respect to its safety and efficacy.
- any tests, **treatment**, equipment, medicine, products or procedures used for purposes other than defined under its licence, unless this has been pre-authorised by **Bupa Global** in line with its criteria for standard clinical use.

Standard clinical use includes:

- treatment** agreed to be "best" or "good practice" in national or international evidence-based (but not consensus-based) guidelines, such as those produced by NICE (National Institute for Health and Care Excellence) (excluding medicines approved through the UK Cancer Drugs Fund), Royal Colleges or equivalent national specialist bodies in the country of **treatment**;
- the conclusions from independent evidence-based health technology assessment or systematic review (e.g. Hayes, CADTH, The Cochrane Collaboration, the NCCN level 1 or Bupa's in-house Clinical Effectiveness team) indicate that the **treatment** is safe and effective;
- where the **treatment** has received full regulatory approval by the licensing authority (e.g. U.S. Food and Drug Agency (FDA), the European Medicines Agency (EMA), the Saudi Arabia Food and Drug Agency, etc.) in the

Defined term	Description
Terminal phase:	When the advent of death is highly probable and medical opinion has rejected active therapy in favour of the relief of symptoms and support of both patient and family. This decision must be confirmed by the Company's medical consultants.
Terms and Conditions:	The terms and conditions of the insurance purchased.
Treatment:	Surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure a condition, disease, illness or injury.
Unrecognised medical practitioner, provider or facility:	An unrecognised medical practitioner, provider or facility includes: <ul style="list-style-type: none"> ○ treatment provided by a medical practitioner, provider or facility who is not recognised by the relevant authorities in the country where the treatment takes place as having specialised knowledge, or expertise in, the treatment of the disease, illness or injury being treated. ○ treatment by any medical practitioner, provider or in any facility to whom we have sent a written notice that we no longer recognise them for the purposes of our plans. ○ treatment provided by the customer, any family members or anyone with the same residence as the customer, or an enterprise owned by one of the above mentioned persons
Waiting period:	An updated list of unrecognised medical providers can be downloaded as a pdf file here: www.bupaglobal.com/en/facilities/finder A period of time from the original date of joining where the insurance provides no cover unless as per specification in Art. 3.



國際醫療 及住院計劃 香港



國際醫療及住院計劃
香港

由 2022 年 11 月起生效，歐元 / 英鎊 / 美元

目錄

- 2 歡迎
- 3 聯絡我們
- 4 健康管理服務
- 5 MembersWorld
- 6 預先授權
- 7 索償流程
- 8 有關您的計劃的須知事項

歡迎

本會員指引將針對您的保險計劃，為您提供易於了解的資料。

包括：

- 您需要治療時的指引
- 了解索償程序的簡單步驟
- 「保障範圍表」及「條款及細則」清單，概述受保與不受保項目，及可能適用的任何保障限額
- 我們的私隱公告
- 協助您了解相關詞彙的「詞彙表」

本會員指引必須與您的保險證書及您的保險申請一併閱讀，因為其中包括保險條款及細則，並是您保險文件的一部份。為充分利用您的保險計劃，請詳閱「保障範圍表」及「條款及細則」等部份，以充份了解您的受保範圍。中、英文之意思如有任何差別，概以英文為準。

請將您的會員指引放在安全的地方。如果您需要額外副本，您可以致電我們，或者在網上查閱及下載：<https://membersworld.bupaglobal.com>。

本會員指引中的粗體字具有特殊含義。請先在詞彙表查閱定義後繼續閱讀。您可以在本會員指引末部找到詞彙表。

您的計劃由保柏環球代表您的承保方保柏(亞洲)有限公司管理。

您可以寄信至以下地址聯絡您的承保方：

保柏 (亞洲) 有限公司
香港九龍
觀塘海濱道 77 號
海濱匯
第 2 座 6 樓

請留意，我們可以提供第二醫療意見諮詢服務。

健康問題的解決方案並非黑白分明。因此，我們可安排您向世界級的獨立專科醫生尋求醫療意見。

聯絡我們

24 小時開放，全年無休

不論晝夜，您都可以隨時透過 MembersWorld 存取與您的保險計劃有關的詳細資料。此外，您亦可以隨時致電我們，向真正了解您情況的人尋求建議、支援與協助。

醫療熱線 *

+852 2531 8503

您可要求我們提供下列協助：

- 一般醫療資料
- 尋找當地醫療機構
- 取得第二醫療意見
- 交通資訊
- 安全資訊
- 預防接種及簽證資訊
- 緊急訊息發送
- 翻譯服務及駐外大使館轉介

您可要求我們安排醫療運送及運返（若包括在您的保險計劃內），包括：

- 救護直升機運送
- 商務航班，無論是否有醫療護送人員
- 擔架運送
- 遺體運送
- 親人及陪同人員交通安排

我們相信，每位客戶的情況各有不同，所以會全力尋求適合您的答案與解決方案。我們的支援團隊將全程負責處理您的個案，使您隨時可以得到了解您的狀況的人員協助。

一般查詢

MembersWorld 是查詢以下資料的第一站：

- 保障範圍詳細資料
- 預先授權
- 索償
- 會員及付款查詢

網站：

<https://membersworld.bupaglobal.com>

或：

電話：+852 2531 8503

電郵：service.hk@bupaglobal.com

郵寄：

香港九龍
觀塘海濱道 77 號
海濱匯第 2 座 6 樓

請注意，我們不能保證以電郵通訊的安全性。有些公司、僱主及/或國家會監察電郵往來，因此向我們發送機密資料時請緊記這點。

您的來電可能會被錄音。

方便閱讀資料

點字、大字印刷或錄音

為照顧有特殊需要的客戶，我們亦會為您提供點字、大字印刷或錄音等不同格式的信件及相關資料。請將您的需要和選擇告訴我們。

聯絡資料有變？

如果您更改了聯絡資料（通訊地址、電郵或電話），請務必通知我們。我們需要與您保持聯絡，以便為您提供與您的保險計劃或索償有關之重要資料。只須登入 MembersWorld，或者致電、發送電郵或致函給我們。

投訴

如計劃的任何部份值得您讚許，或給您造成任何問題，我們樂意接收與之相關的各個方面的意見。

如果出現任何問題，本會員指引概述簡單的處理程序，可確保您的問題能儘快而且有效地解決。請參閱「投訴」部份，以了解詳情。

如有任何意見或投訴，請聯絡我們：

電話：+852 2531 8503

電郵：service.hk@bupaglobal.com

郵寄：

保柏（亞洲）有限公司
香港九龍
觀塘海濱道 77 號
海濱匯
第 2 座 6 樓

* 我們獲得的醫療、交通及安全資訊均由第三方提供。我們未能確認，亦不就資料錯誤、遺漏或因此導致的損失、損害、疾病及/或損傷負責，建議您自行檢查資料內容是否正確。

健康管理服務

保柏環球深明健康遠非單純關乎生理狀況。我們的健康管理計劃，在生理與心理健康的大小重要時刻，均為您和您的家人提供支援。您可以立即享受這些健康管理計劃！

您的健康狀況

探索保柏環球不斷豐富內容的健康與生活方式網頁：

www.bupaglobal.com/en/your-wellbeing

尋找一系列啟發人心的文章、實用的資料和簡單易做的貼士；這些內容有助您和您的家人出更

第二醫療意見*

貴為保柏環球的尊貴客戶，您可以獲得來自世界頂尖國際專科醫生團隊的第二醫療意見。

這項虛擬服務能讓您對診斷或治療建議多加一重放心保障，讓您為自己的健康邁出最恰當的一步。

獨立醫生團隊將負責審視您以往的病歷和任何建議治療，並向您發出一份詳盡的報告，內容包括為達成理想康復效果的最佳方針建議。

如需尋求第二醫療意見，請在 MembersWorld 網站上填妥一份網上轉介表格，或聯絡保柏環球客戶服務團隊：+852 2531 8503 或 service.hk@bupaglobal.com

保柏環球保留權利更改這些服務的範圍。

此頁會員指引標誌的指定服務*，乃由獨立第三服務供應商提供；這些服務由保柏環球購買供您使用。這些服務視乎第三方的提供情況而定。保柏環球恕不對上述詳列之服務所提供的資料承擔任何責任

這些服務於保單初始加入日期起即可使用，無需額外收費。使用本頁列出的服務不會影響您的保費或損害您透過保險計劃享受到的保障。如需關於這些服務的詳細資料，請聯絡客戶服務團隊。

Global Virtual Care*

我們的虛擬諮詢應用程式為您和您的受供養人提供由世界各地優秀醫生組成的按需服務網絡。無論您身處何地，醫生都可以深入了解您和您的家人的症狀，並了解如何取得最佳護理。

其服務範圍包括（視乎當地條例而定）：

- 視像及電話診症
- 醫生備註
- 自行護理
- 推薦轉介
- 處方

登入 MembersWorld 應用程式，即可 24 小時全天候與醫生進行虛擬診症。若您尚未註冊，請前往 MembersWorld 頁面以開始。

從 App Store 或 Google Play 下載「Global Virtual Care」應用程式。



您的網站: MembersWorld

我們希望您能掌握管理您的醫療保險。

因此，我們為您提供 MembersWorld。在這個會員專屬的安全網站，您可以更簡單快捷地管理您的醫療保險。

我們希望您能體驗儘量簡單輕鬆，讓您可以將時間用於重要事宜。

只須點擊數下即可簡單：

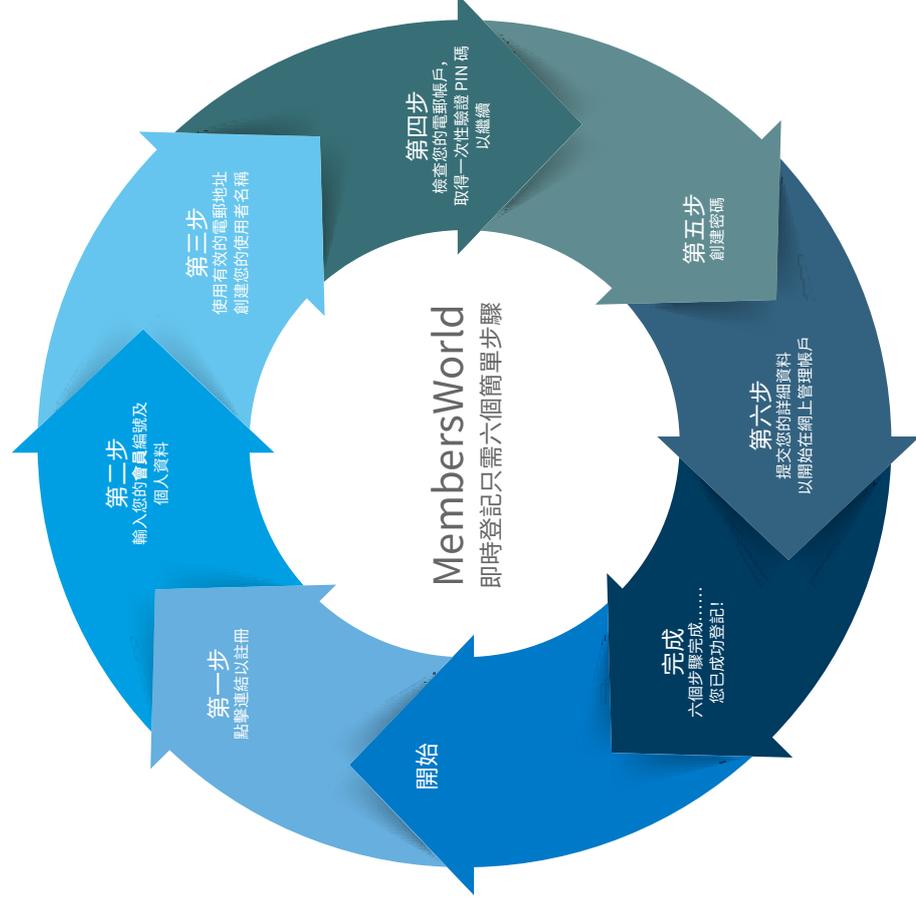
- 查閱您的保障範圍
- 更新您的資料及閱讀文件
- 預先授權住院及日間留院治療 *
- 提交及追蹤您的索償申請 *
- 要求免費獲取第二醫療意見
- 若您經由經紀人購買您的保險計劃，您可以允許他們存取以查看您的醫療保險資訊（索償相關文件除外）
- 指定一個地址接收賠償——如果您有多個地址或在旅遊即有幫助。

網上管理好處眾多，詳情敬請登記體驗。

* MembersWorld 採用第三方服務運作，因此未必能追蹤在美國申請的索償。

MembersWorld 的註冊方法很簡單。只需要您的電郵地址、會員編號和少許個人資料即可。

前往: <https://membersworld.bupaglobal.com> 註冊。



預先授權

請緊記預先授權您的治療

何謂預先授權？

- 即您和我們之間的協議，說明雙方同意您要求的治療在醫學上屬於適當且符合您的條款及細則的資格。
- 一般來說非強制要求，恕不保證支付賠償，但可加快索償流程。

為何這很重要：

- 預先授權有助提升索償處理效率，因為我們已事先知悉治療情況
- 預先授權有助於治療進行前確保您所要求的治療受您的保單保障，並避免索償階段出現意料之外的情況

如何要求預先授權？

聯絡客戶服務：

- 在 MembersWorld 上填妥表格
- 致電 +852 2531 8503

這需時多久？

通常來說，透過電話提出的預先授權申請可即時獲批。至於經由 MembersWorld 提出的申請，則一般會在 24 小時內收到回覆。

若要求轉介給專科醫生進行審核，預先授權可能需時更久。

如果我們預先授權您的治療，即表示只須符合以下所有條件，我們便會在您的保險計劃限額內賠償：

- 該治療在您的計劃保障範圍內並符合資格，
- 您接受該項治療時享有有效會籍，
- 您按時支付保費，
- 進行的治療與授權的治療相符，
- 您已全面披露情況及所需的治療，
- 您的保障權利足夠保障治療的費用，
- 您的情況並非已存在病症，（除非核保時獲核准賠償）
- 治療具醫療必要性，及
- 治療是在預先授權之後 31 天內發生。

以上僅為摘要說明，請務必閱讀保障的保障範圍表、條款及細則，以及保險證書的完整詳情。

索償流程

若您需要索償協助，您可以

- 敬請瀏覽：<https://membersworld.bupaglobal.com>
- 致電 +852 2531 8503
- 電郵至 service.hk@bupaglobal.com

無論您選擇直接付款或「先繳付後索償」，我們都將提供快速簡單的索償程序。我們將儘量直接支付，惟必須獲提供治療一方同意。一般而言，僅能安排直接支付住院治療或日間留院治療費用。如果您的治療已取得預先授權，或您使用參與計劃的醫院或保健設施，會更方便我們安排直接支付。

如何索償

- 提交索償最快的方法，莫過於登入您的 MembersWorld 帳戶並透過電子方式提交賠償申請。您可選擇網上提交賠償申請或上傳任何已填妥的賠償申請表。
- 請確保妥善提交所需資料，因為導致延誤支付索償的最大原因，通常是由於資料不全、缺漏或不合資格。
- 請務必提供正確的銀行資料。透過銀行轉賬賠付是您收取款項的最快捷方式。

直接賠償

直接賠償指您的治療提供人員直接向我們索償，這對您而言十分方便。

先繳付後索償

這項選擇是由您先行支付然後向我們索償。

1

接受治療時應該出示您的會員卡。

我們會向您的治療提供人員發送預先授權聲明。

我們亦會因應您的要求向您發送副本。

當您到達接受治療時，該治療提供人員會要求您簽署預先授權聲明（包括患者聲明）。

2

如果您的保障有自付額或剩餘墊底費，我們將向治療提供人員全額支付，並使用我們為您保留的付款詳情向您收取任何自付額或剩餘墊底費，除非您的治療在美國進行。對於在美國的治療，我們可以全額支付治療提供人員，並使用我們為您保留的付款詳情扣取您的墊底費或自付額，或者您的治療提供人員可以在我們與其結算索償後請求結算餘額。如果我們需要向您收取任何款項，則會向您發送一份聲明，說明我們將向您收取的金額。

3

其後，治療提供人員會將您的索償申請發送給我們。

我們會直接支付該治療提供人員。

4

我們將您的索償聲明發送給您。

處理您的索償事宜時，我們會根據「保障範圍表」上顯示的限額來支付索償金額。

即使索償金額低於剩餘的墊底費，您亦應該將您的所有索償申請寄給我們。

5

當您向您的治療提供人員求診時，您應該帶同索償申請表，讓醫療從業人員填寫醫療資料一欄。

索償申請表可以在您的保險申請表套裝或 bupaglobal.com/membersworld 找到。

您接受治療並且支付您的治療提供人員後，您必須填寫索償申請表的所有欄目，然後連同發票正本一併寄給我們。

您可以透過我們的網站 bupaglobal.com/membersworld 在網上遞交索償申請表，或者將之郵寄給我們。

我們賠償給您。
如果您有年度墊底費或自付額適用於您的索償申請，我們會支付您將費用減去自付額百分比或年度墊底費餘額後得出的金額。

目錄

- 8 墊底費選擇
- 9 保障範圍表
- 17 條款及細則
- 22 私隱公告
- 23 詞彙表

墊底費選擇

選擇您的墊底費

墊底費是指在您收到賠償金前，您在每個保單年度須自行承擔的年度醫療費用金額。

歐元：無 / 350 / 1,050 / 4,000 / 8,000 / 16,000

英鎊：無 / 250 / 750 / 2,750 / 5,500 / 11,000

美元：無 / 400 / 1,600 / 5,000 / 10,000 / 20,000

您可以選擇用以上三種其中一種貨幣來決定是否附加墊底費。

選擇墊底費會降低您的保費。

墊底費不適用於醫療運送保障及 / 或牙科和眼科保障計劃。

保障範圍表

保障範圍表是條款及細則的一部份。請務必仔細閱讀保障範圍表（包括詞彙表）和條款及細則。

保障範圍表中的粗體字詞為「定義術語」，請在本會員指引結尾處的詞彙表中查看它們的含義。

所有金額均以歐元 / 英鎊 / 美元計算。

申請時為保險選擇的貨幣是所有您的保障範圍所根據的貨幣。換言之，假設您的合約貨幣為歐元，即使您可能身處其他地方（例如英國或美國），您的所有保障範圍均會根據保障範圍表中所列的歐元保障限額予以賠付。

住院計劃

住院計劃下的賠償金額將按照以下保障範圍表處理。如果您選擇了**墊底費**，保障範圍表中所列各項保障的**保障限額**將先減去任何剩餘**墊底費**。**墊底費**被完全減去後，所有在保障範圍內的費用都將按照**保障限額**支付。對於住院醫療計劃、自選計劃 1 及自選計劃 2 的**客戶**，每人每個保單年度設有一份聯合**墊底費**（如有選擇）。

在任何情況下，住院計劃和任何附加計劃的賠償金額都不得超過以下金額或每個保單年度每個**客戶**的年度最高保障總額：3,600,000 歐元 / 3,000,000 英鎊 / 4,400,000 美元。

	住院計劃
住院服務 — 住院期間	
私家病房（參見詞彙表：「住院費」）	100%
深切治療部	100%
陪同受供養子女的父母或合法監護人之食宿 （參見詞彙表：「住院費」）	100%
手術	100%
損傷或疾病後立即或延遲進行的首次重建 手術 （提升外觀及更換植入物 / 人造器官的矯形重建 手術 除外）	100%
治療、化驗、X 光、掃描	100%
住院期間及受保情況相關治療期間使用的藥物	100%
出院後處方門診藥物（藥物必須針對住院時治療情況發放），每個保單年度最多至 7 天	最多 900 歐元 / 600 英鎊 / 1,000 美元
心臟起搏器	100%
由經認證的心理及精神科治療提供人員提供的心理及精神科治療	100%

住院期間做手術或接受治療前有醫療必要的預先檢查，在住院前 30 天內享有保障。

為確保**客戶**住院期間從**手術**或**治療**中順利康復，有醫療必要的體檢在**住院**後 180 天內享有保障。

手術後最多享有 10 次物理治療之保障。

住院計劃 (續)

在醫院或診所接受的門診治療	住院計劃
手術*	100%
癌症治療* 自診斷出癌症時起，此保障包括與規劃及執行癌症積極治療有關的費用。這包括檢驗、診斷掃描、診斷和處方藥（使用抗激素藥物作為癌症的唯一治療手段時，保障範圍僅涵蓋抗激素藥物費用）	100%
腎臟透析（包括家居透析）、僅可作為輸液用途的靜脈藥物注射（須經過本公司預先授權）	100%
內窺鏡檢查	100%

* 治療 / 手術前有醫療必要的預先檢查，在治療 / 手術前 30 天內享有保障。為確保客戶從治療 / 手術中順利康復，有醫療必要的體檢在客戶於治療 / 手術後 180 天內享有保障。治療 / 手術後最多享有 10 次物理治療之保障。

其他門診治療可通過自選計劃 1 - 非住院保障進行賠償

分娩（等候期為 12 個月）	住院計劃	住院計劃包含自選計劃 1 非住院保障
分娩和非醫療必要的剖腹生產，包括對產婦和嬰兒的產前及產後治療。每次分娩最高限額**	100% 保障，保額最高 5,725 歐元 / 3,925 英鎊 / 7,150 美元	100% 保障，保額最高 9,675 歐元 / 6,650 英鎊 / 12,100 美元
醫療必要的剖腹生產，包括對產婦和嬰兒的產前及產後治療。每次分娩最高限額**	100% 保障，保額最高 10,625 歐元 / 7,325 英鎊 / 13,200 美元	100% 保障，保額最高 12,650 歐元 / 8,575 英鎊 / 15,400 美元
** 參見第 7.1.3 條		
不孕治療後的分娩和剖腹生產。不包括產婦和嬰兒的產前及產後治療。（參見第 12.2 f 條，最高限額）	100% 保障，保額最高 5,725 歐元 / 3,925 英鎊 / 7,150 美元	100% 保障，保額最高 7,150 歐元 / 4,850 英鎊 / 8,800 美元

* 墊底費（如有選擇）亦適用於分娩保障。即使懷孕跨越兩個保單年度，只有一份全額年度墊底費會適用於一次懷孕的產科索償。

器官移植	住院計劃	住院計劃包含自選計劃 1 非住院保障
器官移植	100%	100%
根據該次診斷及療程，包括所有相關費用之終生上限 保單在整個治療過程中必須為有效 器官移植須經過本公司預先授權	450,000 歐元 / 315,000 英鎊 / 500,000 美元	

住院計劃 (續)

急症室治療		
有關急性疾病或意外的急症室治療		100%
本地醫療運送		
提供了具醫療必要性的特殊醫療服務及 / 或醫療設備時，往返醫院的地面運送服務		100%
住院復康		
接受本保險保障的住院治療後，在獲授權的醫療機構接受具醫療必要性的住院復康治療 (須經過本公司的預先授權)		100%
康復護理項包括為儘量恢復完整功能，以物理、職業及 / 或言語治療形式實施的治療。		
每個病程最多 90 天的每日最高限額		330 歐元 / 220 英鎊 / 355 美元
居家護理		
合資格護士在您家中提供具醫療必要性的居家援助的相關費用 (須經過本公司的預先授權)		100%
每個保單年度最多 40 天的每日最高限額		130 歐元 / 84 英鎊 / 135 美元
善終服務與緩和治療		
善終服務與緩和治療終生上限		30,500 歐元 / 27,000 英鎊 / 34,000 美元
住院現金保障 (參見詞彙表)		
如果食宿和治療均免費提供，或者僅按公立醫院的最低門診費 / 服務費收取，每晚最高限額		
每個保單年度最多 60 晚 (須經過本公司的預先授權)		90 歐元 / 60 英鎊 / 100 美元

住院計劃 (續)

<p>急診牙科治療</p> <p>因發生重大事故，需住院接受急診牙科治療</p> <p>如有任何疑問，則以本公司的牙科顧問的決定為準</p>	<p>100%</p>
<p>自選計劃 1 非住院保障</p> <p>此自選計劃下的賠償金額將按照以下保障範圍表處理。如果您選擇了墊底費，保障範圍表中所列各項保障的保障限額將先減去任何剩餘墊底費。墊底費被完全減去後，所有在保障範圍內的費用都將按照保障限額支付。對於住院醫療計劃、自選計劃 1 及自選計劃 2 的客戶，每人每個保單年度設有一份聯合墊底費（如有選擇）。</p> <p>在任何情況下，賠償金額都不得超過以下金額或年度最高限額：35,000 歐元 / 25,000 英鎊 / 35,000 美元。</p>	
<p>普通醫生和專科醫生 *</p>	
<p>普通科醫生 (以每次診症計)</p>	<p>220 歐元 / 175 英鎊 / 235 美元</p>
<p>中醫診症 (若獨立收費，以每次診症計)</p>	<p>30 歐元 保單年度保額最高 300 歐元 22 英鎊 保單年度保額最高 220 英鎊 30 美元 保單年度保額最高 300 美元</p>
<p>眼科和耳科專科醫生 / 其他專科醫生 (以每次診症計)</p>	<p>220 歐元 / 175 英鎊 / 235 美元</p>
<p>精神科醫生 - 以每次診症計</p>	<p>220 歐元 / 175 英鎊 / 235 美元</p>
<p>心理醫生及心理治療師 *</p>	
<p>心理醫生及心理治療師 (以每次診症計)</p>	<p>220 歐元 / 175 英鎊 / 235 美元</p>
<p>* 在 30 日內，普通科醫生 / 專科醫生及心理醫生 / 心理治療師合共最多 15 次診症，相關費用均予以賠償</p>	
<p>治療師</p>	
<p>飲食指導、言語治療 (以每次診症計) 每個保單年度最多四次診症</p>	<p>50 歐元 / 40 英鎊 / 50 美元</p>
<p>物理治療師、職業治療師 (以每次診症計)</p>	<p>95 歐元 / 70 英鎊 / 95 美元</p>
<p>每個保單年度最高限額</p>	<p>1,050 歐元 / 700 英鎊 / 1,200 美元</p>

自選計劃 1 非住院保障 (續)

治療師	
骨科治療 / 整骨治療 (包括中醫跌打, 以每次診症全包計)	65 歐元 保單年度保額最高 1,050 歐元 50 英鎊 保單年度保額最高 700 英鎊 65 美元 保單年度保額最高 1,200 美元
每個保單年度最高限額	1,050 歐元 / 700 英鎊 / 1,200 美元
全面健康檢查 (以每個保單年度計)	
全面健康檢查 (以每個保單年度計)	900 歐元 / 800 英鎊 / 1,000 美元
檢查和其他醫療支援	
化驗、分析 每次化驗最高限額	450 歐元 / 305 英鎊 / 500 美元
X 光	450 歐元 / 305 英鎊 / 500 美元
ECG	450 歐元 / 305 英鎊 / 500 美元
掃描 (以每次檢查計)	1,020 歐元 / 780 英鎊 / 1,200 美元
注射和疫苗接種 (以每次注射 / 疫苗接種計)	85 歐元 / 65 英鎊 / 100 美元
由符合資格並在接受治療的地方註冊執業之輔助藥物醫師提供的針灸和順勢療法治療。費用包括診症和治療, 涵蓋在治療中處方或施用的任何輔助藥物。若輔助藥物或治療並非在診症的同一天提供或進行, 這些費用將視為不同的診次	55 歐元 / 35 英鎊 / 60 美元
小型手術或治療	
向普通醫生或專科醫生求診並在其診所內進行的小型手術或治療 (如除肉瘤手術)	100%

自選計劃 2

醫藥和設備保障

此計劃下的賠償事宜將按照下表處理。如果您選擇了墊底費，保障範圍中所列各項保障的**保障限額**將先減去任何剩餘**墊底費**。**墊底費**被完全減去後，所有在保障範圍內的費用都將按照**保障限額**支付。對於住院醫療計劃、自選計劃 1 及自選計劃 2 的**客戶**，每人每個保單年度設有一份聯合**墊底費**（如有選擇）。

助聽器	
處方助聽器，每部 設備 ，最高限額	50% 保障，保額最高 300 歐元 / 200 英鎊 / 325 美元
每個保單年度最多兩部 設備 為限，最高限額	50% 保障，保額最高 600 歐元 / 400 英鎊 / 650 美元
其他設備	
吊索及繃帶	100%
足弓支撐器	100%
醫療設備	100%
藥物	
處方藥和中藥	100%
由中醫處方的中藥（第 12.2 r 條所載的 治療 除外） 僅限於在當地完成執業註冊的認可中醫	中藥每保單年度保額最高 375 歐元 / 260 英鎊 / 450 美元
藥物和其他設備 均予以賠償，可達每年最高限額	3,000 歐元 / 2,000 英鎊 / 3,300 美元

自選計劃 3

醫療運送及運返保障

如果您患有嚴重疾病或受到**重傷**，醫療運送及運返計劃對您送往最近的合適**治療地點**的交通費用提供保障。

醫療運送保障	
飛機或直升機的運送費用	100%
隨行人士	100%
完成 治療 後三個月內返回原居地或海外的居住地址	100%
身故後的法定安排，如屍體防腐和鑄製棺材 骨灰龕 / 棺材運送	100%

保障費用高達保單年度**保障限額**

無論任何情況下，運送前請務必直接或通過主診醫生通知我們

醫療運送和送返須經本公司的預先授權

自選計劃 4A 及 4B 牙科和眼科保障

這兩個計劃下的保障範圍為 50-80%，但均不得超過以下金額或計劃各自的年度最高限額，計劃 4A 為：5,000 歐元 / 3,500 英鎊 / 5,000 美元，及計劃 4B 為：7,500 歐元 / 5,000 英鎊 / 7,500 美元。

牙科治療	自選計劃 4A	自選計劃 4B
檢查 (最高限額)	80% 保障，保額最高 30 歐元 / 25 英鎊 / 30 美元	80% 保障，保額最高 50 歐元 / 40 英鎊 / 50 美元
洗牙 (最高限額)	80% 保障，保額最高 50 歐元 / 30 英鎊 / 50 美元	80% 保障，保額最高 70 歐元 / 40 英鎊 / 70 美元
補牙 (每顆牙最高限額)	80% 保障，保額最高 80 歐元 / 55 英鎊 / 80 美元	80% 保障，保額最高 130 歐元 / 80 英鎊 / 130 美元
牙根治療 (每顆牙最高限額)	80% 保障，保額最高 380 歐元 / 245 英鎊 / 380 美元	80% 保障，保額最高 540 歐元 / 370 英鎊 / 540 美元
拔牙 (每顆牙最高限額)	80% 保障，保額最高 75 歐元 / 40 英鎊 / 75 美元	80% 保障，保額最高 145 歐元 / 90 英鎊 / 145 美元
手術 (最高限額)	80% 保障，保額最高 160 歐元 / 110 英鎊 / 180 美元	80% 保障，保額最高 465 歐元 / 320 英鎊 / 520 美元
X 光 (最高限額)	80% 保障，保額最高 60 歐元 / 30 英鎊 / 60 美元	80% 保障，保額最高 70 歐元 / 50 英鎊 / 70 美元
麻醉 (最高限額)	80% 保障，保額最高 30 歐元 / 20 英鎊 / 30 美元	80% 保障，保額最高 50 歐元 / 40 英鎊 / 50 美元
特殊牙科治療	自選計劃 4A	自選計劃 4B
齒橋	特殊牙科治療每個保單年度最高 50% 保障，保額最高 2,650 歐元 / 2,000 英鎊 / 2,650 美元	特殊牙科治療每個保單年度最高 50% 保障，保額最高 3,650 歐元 / 2,750 英鎊 / 3,650 美元
牙冠		
植牙		
牙周炎		
牙齒矯正 (牙齒矯正) (等候期為 24 個月)		
假牙		
一般眼鏡與隱形眼鏡	自選計劃 4A	自選計劃 4B
一副眼鏡 (不包括鏡架) 每個保單年度 (最高限額)	80% 保障，保額最高 160 歐元 / 100 英鎊 / 160 美元	80% 保障，保額最高 220 歐元 / 150 英鎊 / 220 美元
隱形眼鏡 (每個保單年度最高限額)	80% 保障，保額最高 100 歐元 / 60 英鎊 / 100 美元	80% 保障，保額最高 130 歐元 / 80 英鎊 / 130 美元
鏡架和太陽鏡不予保障		
眼科檢查	自選計劃 4A	自選計劃 4B
由驗光師 / 視光師主理的眼科檢查 每個保單年度最高限額	240 歐元 / 150 英鎊 / 240 美元	240 歐元 / 150 英鎊 / 240 美元

條款及細則

條款及細則中的斜體字詞為「定義術語」，是與您的保障相關的特定術語。請在本會員指引結尾處的詞彙表中查看它們的含義。

索引

- 第 1 章 接受投保
- 第 2 章 初始加入日期
- 第 3 章 新保險合約和擴大保障範圍的等候期
- 第 4 章 保險會為甚麼人提供保障？
- 第 5 章 保障覆蓋哪些地區？
- 第 6 章 保險提供甚麼保障？
- 第 7 章 住院計劃
- 第 8 章 自選計劃 1 – 非住院保障
- 第 9 章 自選計劃 2 – 醫藥和設備保障
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- 第 12 章 不受保項目
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- 第 14 章 第三方保障
- 第 15 章 支付保費
- 第 16 章 本公司所需資訊
- 第 17 章 轉讓、取消、終止和期滿
- 第 18 章 投訴
- 第 19 章 適用的法律
- 第 20 章 沒有第三方權力
- 第 21 章 保密

詞彙表

第 1 章 接受投保

1.1: 保單由保柏（亞洲）有限公司 (Bupa (Asia) Limited, 下稱**本公司**) 投保及核保，並由**本公司**及保柏環球管理。**本公司**應決定是否同意接受投保。為使**本公司**接受所投保險並且讓**本公司**作為承保方，投保申請須經**本公司**批准並向**本公司**支付必要的保費。

1.2: 為讓**本公司**根據標準條款接受投保，申請人在其接受投保時須擁有健康的身體狀況，不得患有或已患有任何復發性疾病、病症、損傷、體虛多病或肢體殘疾（參見詞彙表：『**已存在病症**』），而申請人在接受投保時必須在 60 歲以下。

若不符合第 1.2 條中的條款，而申請人在接受投保時在 80 歲以下，**本公司**會根據特殊條款為其提供保險。如果**本公司**決定根據特殊條款提供保險，保單持有人將收到一份保險證書，其中將列出這些條款。

1.2.1: 保險證書的所有核保和簽發事宜均由**本公司**處理。**本公司**可以選擇在歐盟或歐盟以外地區處理相關資料。

1.3: 如果申請人的健康狀況在簽署申請後且在**本公司**批准前有任何變化，申請人有義務在出現此類變化時立即通知**本公司**。

1.4: **本公司**接受申請後，無法更改為保險所選擇的結算貨幣。

第 2 章

初始加入日期

2.1: 保險將自**本公司**批准申請那天起生效。初始加入日期將列於保險證書內。**本公司**可與保單持有人就另一日期達成協定。

第 3 章

新保險合約和擴大保障範圍的等候期

3.1: 簽訂新保險合約後，僅自**保險初始加入日期**起四週後，新保險合約中的賠償權利才會生效。然而，如果保單持有人能夠證明他同時從另一間全球健康保險公司的等值保險轉保，則本條款不適用。

3.1.1: 如果出現**急性重病和重傷**，則賠償權利應自**保險初始加入日期**當天起同時生效。

3.1.2: 此外，下列等候期應適用於保險合約：

a) 與懷孕和分娩以及因此產生的任何後果相關的費用，則僅自**保險初始加入日期**起 12 個月後，賠償權利才會生效。

b) 若產生與畸齒矯正相關的費用，僅自**保險初始加入日期**起 24 個月後，賠償權利才可生效。

3.2: 保單持有人可自**保單週年**起將其**保險保障類型**變更為另一種保障類型（如**墊底費**更改及**新增 / 移除額外保障**），條件是他 / 她須提前一個月透過電郵、信件或電話向**本公司**提出通知，並根據第 1 條出示可保性證明。

3.3: **本公司**會根據第 1 條將擴大保障範圍視作**新申請處理**。

3.4: 如擴大**保險合約**的保障範圍，僅自擴大保障範圍的**初始加入日期**起四週後，該新增保障項目的賠償權利才會生效。但是，第 3.1.2 a) 和 b) 條仍適用。在等候期間，之前的保障仍然適用。

3.4.1: 如果出現**急性重病和重傷**，擴大保障範圍的賠償權利應在擴大保障範圍的**初始加入日期**當天同時生效。

第 4 章

保險會為甚麼人提供保障？

4.1: 保險會對列於**保險證書**中的所有**客戶**提供保障，包括在**保險證書**中登記的子女。

4.2: 如果符合**標準條款**（參見第 1.2 條）中接受投保的要求，那麼未滿 10 歲的子女均可免費參保，保障範圍與付費的成人相同。每位付費的成人最多僅限兩名子女免費受保，每份保單最多有四名子女可免費受保。

4.2.1: 子女免費參保須進一步受限於：

- 子女須在**本公司**登記，及
- 其中一位客戶擁有子女的法定監護權，及
- 子女的登記地址與擁有子女法定監護權的客戶的登記地址相同。

4.3: 必須為**保單持有人**希望添加**入保險**中的每一個人提交**申請**，包括**新生嬰兒**。

4.3.1: 如父母其中一人的**保險**已至少生效 12 個月，他 / 她的**新生嬰兒**即可受保，不受第 1.2 條所限，亦無須提交**申請**（參見第 12.2 f 條）。但是，出生證明副本必須在**新生嬰兒**出生後三個月內提交。

如果**新生嬰兒**出生後三個月內仍未將出生證明提交給**本公司**，則根據第 1.2 條，須為通過標準核保的子女提交一份醫療問卷。自簽署醫療問卷那天起，為子女登記的程序將會開始。

4.3.2: 如果子女為領養子女或在**不孕治療**後出生及 / 或由代母生產，**客戶**須為該等子女提交一份醫療問卷。

第 5 章 保障覆蓋哪些地區？

5.1: 此保險提供全球保障，除非**保險證書**上另附說明。

第 6 章 保險提供甚麼保障？

6.1: 根據所選擇的保障範圍以及適用的保障範圍表，該保險對客戶支出的醫療費用提供賠償。受保障之醫療費用和保障限額均列於保障範圍表中。

6.2: **本公司**在收到隨**會員編號**所提交的**發票**（須列明分項費用）後，將對在**保險保障範圍**內的各項費用進行審批，隨後支付賠償。（參見「快速參考指南」）

6.3: 當受保障費用金額達到年度**墊底費**之上限時，**本公司**將支付其後的應付金額。若您的索償金額高於您的**墊底費**或剩餘**墊底費**，我們將於達到**墊底費**全額後支付受保障費用。**墊底費**被完全減去後，所有受保障費用都將按照**保障限額**支付。**墊底費**適用於在每個保單年度的每個人。

6.3.1: 如果發生事故，其中有三個或三個以上在**本公司**投保的**家庭成員**受傷，則僅最高金額的**墊底費**適用。

6.4: 進行治療的醫療從業人員必須得到其執業國家的認可。醫療服務提供人員和醫療機構必須同樣得到執業國家的認可。（參見第 12.2 n 條）。

6.5: 賠償金額在任何情況下都不超過**發票**上顯示的金額。如果**客戶**從**本公司**收到的賠償金額高於他/她有權獲得的金額，那麼**客戶**便需要立即向**本公司**退還多出的金額。否則**本公司**會將多出的金額在**客戶**和**本公司**之間的任何其他帳戶中抵銷。

6.6: 賠償僅限於提供治療的地區或國家依常規所收取的**一般合理費用**。

6.7: 由**本公司**和醫療服務提供人員直接協定的任何折扣將被**本公司**專門用於所有**保險產品**中**客戶**的全部保障。

6.8: **本公司**有權決定會否支付任何恩恤金。如果**本公司**向**客戶**支付於**保險保障範圍**以外的金額，該金額仍會計入每個人在每個保單年度的最高年度保障金額中。

6.8.1: 我們無須賠償任何不受**客戶****保險保障**的治療或情況，即使我們曾對早前一項類似或相同的治療或情況的賠償申請作賠償，包括我們早前因出錯而作出的賠償。

6.9: **本公司**的全球醫療保險產品均非美國保險產品，因此並非因應《美國患者保護與可負擔醫療法案》（又稱《可負擔醫療法案》）的要求而設計。**本公司**的保險產品可能無法達到最低基本保障標準，或者不符合《可負擔醫療法案》中個人強制**保險**規定的要求，而且**本公司**無法代表該等美國納稅人及其他可能受該法案約束的人士提供納稅報告。《可負擔醫療法案》條文繁複，**客戶**是否符合其要求，取決於諸多因素。**客戶**應諮詢獨立財務專業人士或稅務顧問尋求建議。**團體保險客戶**的**客戶**應諮詢**團體醫療保險**管理人以了解詳情。

第 7 章 住院計劃

7.1: 住院計劃必須在新增任何其他自選計劃前辦妥。下列條款將同樣適用：

7.1.1: 住院計劃應根據所選擇的**墊底費**和**保障範圍表**中所列的**適用保障限額**，對**客戶**在住院期間支出的各項費用提供保障。**客戶**必須入院接受治療，方可取得該計劃的賠償。

7.1.2: 根據第 13.3 條，**本公司**必須立即收到住院通知。

7.1.3: 產科保障應根據保障範圍表中所列的**保障限額**予以賠付，並包含**新生嬰兒**出生後的常規護理。出生後的常規護理包括治療生理性黃疸病，條件是該病症並非由原發疾病所引起。另外，**新生嬰兒**的住院日數不得超過產婦的住院日數。

第 8 章 自選計劃 1 非住院保障

8.1: 如果**保險**包含自選計劃 1，下列條款將適用：

8.1.1: 自選計劃 1 僅可作為住院計劃的附加保障進行投保。

8.1.2: 自選計劃 1 應根據所選擇的**墊底費**和**保障範圍表**中所列的**適用保障限額**，對**客戶**的各項費用提供保障。

8.1.3: 因**門診治療**而產生的費用的所有**發票**都應通過提交**附會員編號**的所有分項收訖**發票**來向**本公司**上報。醫生**發票**還須包含**經治療**之疾病的診斷結果。

第 9 章 自選計劃 2 醫藥和設備保障

9.1: 如果**保險**包含自選計劃 2，下列條款將適用：

9.1.1: 自選計劃 2 僅可作為住院計劃的附加保障進行投保。

9.1.2: 自選計劃 2 應根據所選擇的**墊底費**和**保障範圍表**中所列的**適用保障限額**，對各項費用提供保障。

9.1.3: **門診藥物**和**使用設備**的費用的所有**發票**（須列明分項費用）均應隨**會員編號**提交至**本公司**。**醫藥發票**亦應同時附上處方副本。

第 10 章 自選計劃 3 醫療運送及運返保障

10.1: 如果**保險**包含自選計劃 3，下列條款將適用：

10.1.1: 自選計劃 3 僅可作為住院計劃的附加保障進行投保。

10.1.2: 自選計劃 3 應根據保障範圍表中所列之**適用保障限額**，對**客戶**出現**急性重病**、**重傷**或死亡時接受的醫療運送 / 運返服務所支付的各項合理費用提供保障。

10.1.3: 如果主診醫生和**本公司**的醫學顧問一致認為有必要向**客戶**提供接送服務，而**客戶**應被送至其**居住國** / 原居地或最近的合適治療地點，那麼便會對該接送服務予以保障。若未達成共識，則以**本公司**醫療顧問的決定為準。

合資格享有保障的接送費用的條件是該接送服務須由**本公司**安排並預先授權。

10.1.4: 在保險保障範圍內但非由本公司安排的接收費，本公司將按若由本公司安排接服務時所需的金額支付。

10.1.5: 保險將會為客戶的一位同行人員的合理且必要的接收費提供保障。

10.1.6: 保障僅提供針對一個病程的一次接服務。

10.1.7: 僅當保險對疾病提供保障時，自選計劃 3 才適用。

10.1.8: 如果客戶因要接受治療而被運送 / 運返，那麼應對他 / 她和同行人員 (如有) 在返回客戶居住地 / 原居地時所支出的費用予以賠償。返程應在治療結束後三個月內完成。僅應對相當於經濟運輸票價格 (最高限額) 的交通費用予以保障。

10.1.9: 如果客戶接受了保險保障範圍內的治療服務，但是病情已到期，應對他 / 她和同行人員 (如有) 在返回客戶居住地時所支出的費用賠償。

10.1.10: 若客戶身故，則應對將死者運送回家以及相關法定安排 (如屍體防腐和葬制棺材) 的費用予以賠償。

死者的親屬有以下選擇：

a) 將死者火化並將骨灰運送回家，或

b) 將死者直接運送回家。

10.1.11: 對於因天氣條件、機械故障、政府當局或駕駛員施加的任何限制或本公司無法控制的任何其他情況而導致的任何運送延遲或限制，本公司將不會承擔任何責任。

第 11 章 自選計劃 4A 及 4B

牙科和眼科保障

11.1: 如果保險包含自選計劃 4，下列條款將適用：

11.1.1: 自選計劃 4 僅可作為住院計劃的附加保障進行投保。

11.1.2: 自選計劃 4 應根據保障範圍中所列的適用的保障限額，對客戶在接受牙科治療和配一般眼鏡與隱形眼鏡時所支出的各項費用提供保障。

11.1.3: 牙科治療和配一般眼鏡與隱形眼鏡的費用的所有發票 (須列明分項費用) 均應隨會員編號提交至本公司。

第 12 章

不受保項目

12.1: 除非與本公司達成共識，否則保險不會對保單持有人和 / 或受供養人在申請時已知的任何疾病、病症或損傷支出的任何費用提供保障。

12.2: 此外，如果所涉及的費用是由於以下情況所支出或引起的，本公司將不會對任何此等費用負責：

a) 不具醫療必要性的手術或整形手術及治療；

b) 減肥手術和治療 (包括減肥藥) ；

c) 任何酒精、毒品及 / 或藥物之傷害性或有害使用：針對蓄意、魯莽 (包括客戶明顯不顧自身安危或以不符合醫療建議的方式行事) 、有害及 / 或危險地使用任何物質，包括酒精、毒品及 / 或藥物，或因上述原因而直接或間接引致的治療；以及在任何情況下非法使用任何此類物質；

d) 避孕，包括絕育；

e) 人工流產，除非是醫療必要的；

f) 任何形式的不孕檢查和 / 或治療，包括激素治療、授精或與此相關的檢查和任何手術，包括產婦和新生兒的懷孕、產前和產後治療的費用。如果新生兒是在不孕治療後出生的，及 / 或由代母生產的，那麼必須為其提交申請。申請須根據第 1 條接受標準的核保程序；

g) 性及性別問題：性問題 (如陽痿，不管是什麼原因造成) 、變性手術或性別重置手術；

h) 專門或主要用於以下目的之住院；獲得一般護理或任何其他服務。此類服務無須客戶住院，且可由看護中心或其他非醫院機構提供；獲得通常無需經過訓練的專業醫護人員提供的服務 (例如在行走及洗澡時提供幫助) ，以及疼痛管理；

i) 由自然療法或順勢療法醫師提供的治療，以及使用自然療法或順勢療法藥物和其他替代療法的治療，除非在保障範圍表中另有規定；

j) 健康證明；

k) 在服役期間治療疾病；

l) 治療因客戶進入如下所示的已知衝突場面而陷自身於險境而直接或間接引起的疾病或損傷：

戰爭、侵略、外敵入侵、交戰 (無論是否已宣戰) 、內戰、恐怖活動、叛亂、革命、暴動、內亂、軍事奪權、軍事管制、暴動或任何合法組成的權力機構的行動，或陸軍、海軍或空軍行動 (無論是否已宣戰) 。

m) 核反應或放射性塵降物；

n) 未經認證的執業醫師、醫療服務提供人員或醫療機構提供的治療；

o) 矯正視力不正 (例如，由於近視、遠視、散光和老花導致) 的手術治療，如鐳射治療、屈光角膜切除術和光性屈光性角膜切削術、透明晶狀體摘除或可調節人工晶狀體植入術；

p) 任何實驗性或未經證實的治療，包括因缺乏現時可接受的臨床證據而具實驗性質的診斷調查、檢驗或治療 (包括藥物) ；

q) 未經現時可接受的臨床證據證明其有效性的任何療法或藥物；

r) 以下任何一種中藥：冬蟲夏草；靈芝；鹿茸；燕窩；阿膠；海馬；人參；紅參；花旗參；野山參；羚羊角；紫河車；巴西媽松茸；麝香；及珍珠末、犀牛角及來自亞洲象、馬來熊、老虎或其他瀕危物種的物質。

s) 客戶因永久性神經損傷或處於持續性植物狀態時接受的連續 90 日以上的住院治療。本條文僅適用於初始加入日期在 2017 年 1 月 1 日或以後的保險。

t) 當患者處於深度無意識狀態及 / 或沒有知覺或意識清醒的跡象時所接受的包括呼吸機在內的人工生命維持，且此類治療不會或預計不會導致客戶康復或恢復以往的健康狀態。這代表當客戶無法獨立進食及獨立呼吸，並且需要經皮內窺鏡造口術 (PEG) 或鼻胃管餵食連續 90 日以上時，將不受保障。本條文僅適用於初始加入日期在 2017 年 1 月 1 日或以後的保險。

u) 任何基因檢測由下列原因並出於醫療必要的除外。

- 因檢測結果將會直接影響到現有受保障疾病的治療。
- 因懷疑胎兒異常而進行的產前檢查。

第 13 章

如何索償

13.1: 針對在醫生或專科醫生進行治療及住院治療和服藥期間支出的各項費用而申請的任何索償，均需要隨會員編號將發票（須列明分項費用）提交至**本公司**。（參見「快速參考指南」）**本公司**會在收到提交的發票後對其進行掃描。您無法取回任何已提交的發票。

本公司隨時有權要求客戶提供發票正本。如果客戶未能就**本公司**要求提供發票正本，則**本公司**可拒絕賠償與發票相關的費用。

13.2: 應將所有索償申請立即提交至**本公司**，最遲不得超過**客戶**獲知索償情況後三個月。

13.3: 所有住院情況應立即通知**本公司**，並且須在通知中附上醫生的診斷結果。所有通知必須以電話、傳真或電郵發出。**本公司**將支付與此相關的所有費用。

第 14 章

第三方保障

14.1: **客戶**若同時受到其他保單或醫療計劃的保障，須在索償時將此情況告知**本公司**，而該保險中的保障應作為任何此類其他保單或醫療計劃的次要保障。

14.1.1: 如果**本公司**應承擔保障賠償，收到其他保險公司的逐項聲明和賠償發票副本後，**本公司**將採用該保險公司報銷的金額，扣除**客戶**於**本公司**醫療計劃現有的墊底費及 / 或自付額。

要將墊底費連同當地保險公司承保的金額一併寫下來，墊底費必須未曾用於與較早時候之任何索償相關的用途。保柏環球不會修改之前的保障範圍，以評估與當地保險公司相關的費用。

14.2: 在此類情況下，**本公司**將與其他公司針對所支付的費用協調，**本公司**將不會對超出其應納稅部份的金額承擔任何責任。

14.3: 如果索償由政府資助的任何方案、計劃或類似計劃提供全額或部份保障，則**本公司**不會對保障金額承擔任何責任。

14.4: **保單持有人**和任何受供養人同意配合**本公司**，並且應將其向第三方提出任何賠償申請或起訴的情況立即通知**本公司**。

14.5: 此外，**保單持有人**和任何受供養人應與**本公司**保持聯繫，並且應採取合理措施向另一方提出賠償並保障**本公司**利益。

14.6: **本公司**在任何情況下都充分享有代理追償權。

第 15 章

支付保費

15.1: 保費由**本公司**決定，並應提前支付。**本公司**每年會根據保障範圍的變更及 / 或上一年保險級別的賠付比率，在**保單週年**調整保費。

15.2: 保費與年齡相關，因此還會在**客戶**生日之後的首個**保單週年**當天調整。

15.3: 首期保費在**保單初始加入日期**當天到期。**保單持有人**可選擇每季度、每半年或每年支付一次保費。

15.4: **保單**支付條款如有任何變更，須在**保單週年**前 30 天透過電郵、信件或電話提出通知。

15.5: 保費在保費通知註明的到期日屆滿。

15.6: **保單持有人**有責任準時向**本公司**支付保費。如果**本公司**在到期日沒有收到保費，則**本公司**的一切責任將會終止。

15.7: **保單持有人**應注意第 6.5 條中與支付欠款有關的規定。

15.8: 其他費用，如保稅費 (PT)，或其他稅費、徵收費或費用，均取決於**保單持有人**居住國適用的法律。如果上述費用適用於**保單持有人的**保險保費，則這些費用將歸入保費通知書上的應付總額。上述費用於每次保費付款到期時，從**初始加入日期**、**初始加入日期**週年日或**保險證書**上登記新**客戶**之日期起均適用。除非法律另有規定，否則**保單持有人**必須在支付保費時或在**保險證書**上登記新**客戶**時向**我們**支付上述費用。

第 16 章

本公司所需資訊

16.1: **保單持有人**及 / 或受供養人應有義務透過電郵、信件或電話將以下任何變更通知**本公司**: 姓名、地址、居住國及其他公司（包括附屬公司）的醫療保險保障範圍。如果任何一位**客戶**成為美國的永久居民，**保單持有人**必須按照第 17.7 條立刻通知**本公司**。此外，如果**保單持有人**或受供養人身故，必須將此情況通知**本公司**。如果**保單持有人**及 / 或受供養人未能將此情況通知**本公司**，則**本公司**不會對該情況造成的後果承擔任何責任。

16.2: **保單持有人**及 / 或受供養人有義務向**本公司**提供向**本公司**提出的索償申請所需的所有合理資訊，包括**本公司**要求提供的發票正本。

16.3: 此外，**本公司**有權獲得與**客戶**健康狀況有關的資訊，並聯繫正在或已對**客戶**的身體或精神疾病或障礙提供治療的醫院、醫生等。而且，**本公司**有權獲得與**客戶**健康狀況有關的所有病例或其他書面報告和聲明。

16.4: **本公司**全面恪守適用之資料保護法例（請參閱第 21.1 條）。一般而言，我們不得透露任何個人或敏感資料（例如醫療資料），亦不得與未經**客戶**授權的任何人討論個案。有見及此，謹此建議**客戶**向其欲與之分享資料的任何人予以授權。**本公司**將根據要求提供第三方授權表。

第 17 章

轉讓、取消、終止和期滿

17.1: 事先未經**本公司**的書面同意，各方無權根據**保險**創建收費專案或分配任何權利。

17.2: **保險**將在每個**保單週年**日自動續保。

17.2.1: **保單持有人**可提前一個月透過電郵、信件或電話提出終止**保險**，並於當月結束時生效。**保險**的有效期間至少為 12 個月。

17.2.2: **保單持有人**以及**保險**保障範圍內的任何其他受供養人均可在收到首批**保單文件**後 28 日內取消**保險**。如果**保單持有人**希望在收到首批**保單文件**後取消**保險**，**保單持有人**則需要以書面形式（透過書信、傳真或電郵）或透過電話提出申請。本會員指引背頁列有地址和聯繫資料。如果**保單持有人**或任何其他受供養人未提出任何賠償申請，**本公司**將會退還已支付的任何保費。

17.3: 在辦理**保險**時或完成辦理後，**保單持有人**及/或受供養人用欺騙手段修改原始**文件**，或者提供不正確的資訊或不提供**本公司**認為是重要的事實，則**保險**合約將視為無效合約，且不對**本公司**具有任何約束力。

17.4: 如在辦理**保險**時或完成投保後，**保單持有人**及/或受供養人提供錯誤的資訊，**保險**合約則視為無效。但如果提供正確的資訊，**本公司**則應接受投保及承擔任何責任。如果**本公司**根據其他條款接受投保，**本公司**則應根據議定的保費對其承擔的任何義務及承擔責任。

17.4.1: 若根據第 17.3 或 17.4 條，**保險**合約被視為無效合約，那麼**本公司**有權收取服務費，並將按照所支付保費的規定比例收取服務費。

17.5: 辦理**保險**時，**保單持有人**及/或受供養人並不知道也不應知道他/她所提供的資訊是錯誤的。如果提供此類錯誤資訊，**本公司**應對此承擔責任。

17.6: **本公司**可在**保單週年**日前三個月發出通知，以停止或暫停**保險**產品，並向**客戶**提供等值**保險**保障。

17.7: 如果任何一名**客戶**成為美國永久居民，**保單持有人**必須立刻透過電郵、信件或電話通知**本公司**。如不遵守，**本公司**可能會即時終止**保險**，或於**保單滿一週年**時終止（假如獲許**保單**持續有效至該日期）。如果**客戶**的所在國、居住國、原居地或任何適用於**本公司**或本**保險**的法例禁止**本公司**向本地居民、本國國民或公民提供醫療保障，**本公司**可能會即時終止**保險**，或於**保單滿一週年**時終止（假如獲許**保單**持續有效至該日期）。

在不受前文限制下，如果**保單持有人**成為美國永久居民，**保險**不得在下個**保單週年**續保，及如果並非**保單持有人**的**客戶**成為美國居民，其在**保險**下的保障不得在下個**保單週年**續保。「永久居民」是指居於美國的美國公民，或根據適用法律獲准在美國永久生活及工作的的人士。為此目的，「美國」包括波多黎各共和國。

第 17.7 此條僅適用於**初始加入日期**為 2015 年 12 月 31 日後的**保險**。

17.8: 制裁條文

若**本公司**（或保柏集團公司及管理者）基於任何相關管轄區的法律，包括英國、歐盟、美國或國際法下的義務，對於**本公司**有相關的禁止規定，**本公司**將不會提供本**保單**下的保障或支付賠償。通常**本公司**會將此情況告知**保單持有人**，但以該告知並非不法或不會危及**本公司**合理安全措施為限。若某項保障可能造成**本公司**（或保柏集團公司及管理者）遭到基於聯合

國決議、貿易或經濟制裁、或歐盟、英國或美國之法律或法規或其他相關國際法實施任何制裁、禁止或限制，本**保單**將不會提供該項保障。第 17.8 條僅適用於**初始加入日期**在 2016 年 1 月 1 日或以後的**保險**。

17.9: **本公司**與**保險**相關的責任，包括適用於醫療費用（用於支付持續治療、副作用或與在**保險**期間出現治療損傷或疾病有關的間接損害）的賠償責任，應在**保險**到期、取消或終止時自動停止。

因此，在**保險**到期、取消或終止時，**客戶**的理賠權利亦應停止。針對在**保險**期間支付的醫療費用而申請的索償，須在期滿、取消或終止日期前六個月內提出，以符合賠償資格。

第 18 章 投訴

18.1: 如何提出投訴

如**保障**的任何部份受到**客戶**喜愛，或給**客戶**造成任何問題，我們樂意接收與之相關的各個方面的回饋意見。

如果出現任何問題，我們將通過簡單的處理程式來確保所有問題都能盡快而且有效地解決。

如有任何建議或投訴，請通過以下方式聯繫保柏環球客戶服務部：電話號碼 +852 2531 8503，電郵 service.hk@bupaglobal.com，或發函至：

保柏（亞洲）有限公司
香港九龍
觀塘海濱道 77 號
海濱匯第 2 座 6 樓

18.2: 採取進一步措施

如果我們未能解決問題，請將投訴提交至保險索償投訴局。地址：

香港
灣仔
三湘大廈 29 樓
駱克道 353 號
www.icb.org.hk

第 19 章 適用的法律

19.1: **保單**受香港法律約束。如果未能通過其他方式解決任何糾紛，則需提交香港法庭處理。如果針對本文件的解釋內容發生任何糾紛，則本文件的英文版本將被視為具有最終效力，而其效力高於本文件的任何其他語言版本。

第 20 章 沒有第三方權力

20.1: 並非本**保險**保單持有人的任何人士或單位無權根據《合約（第三方權利）條例》（香港法例第 623 章）強制執行本**保險**的任何條款。

第 21 章 保密

21.1: 對患者和顧客資料保密是保柏集團公司最高關心的事情。為此，保柏環球全面恪守適用之資料保護法例及醫療保密準則。請參閱詞彙表上方的保柏環球《私隱公告》。

私隱公告

保柏（亞洲）有限公司（「本公司」）

有關個人資料（私隱）條例（「條例」）之個人資料收集聲明（「本聲明」）

遵照條例，本公司特意通知閣下以下事項：

1. 在閣下或受保於閣下保單的其他會員（每位「會員」）向本公司申請保險或金融產品及服務，或當閣下更改保單或續保時，必須不時向本公司提供閣下或會員的個人資料（包括信用資料和以往申索紀錄，如適用）。
2. 如閣下未能提供本公司所要求的個人資料，本公司可能無法處理閣下之申請及 / 或向閣下或會員提供保險產品、服務或其他相關服務。
3. 本公司亦可能會在日常業務運作的過程中向閣下或會員收集更多個人資料，例如當閣下為本人或代會員向本公司提出保險索償時。
4. 本公司可能會收集、使用或披露閣下或會員的個人資料作下列用途：
 - a) 處理、評估、決定任何保險產品及服務之申請；
 - b) 為閣下或會員提供保險產品及服務及處理閣下或會員不時提出的要求，包括但不限於要求增加、更改、刪除、維持及管理保障項目或受保會員；

c) 任何有關閣下或會員對本公司所提供之保險產品及服務提出之索償，包括但不限於賠償、辯護、分析、調查、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）、處理、評估、決定、解決或回應該等索償；

d) 執行與本公司所提供的保險產品及 / 或服務相關的功能及活動，包括但不限於審計、報告、市場調查、一般服務和維持網上及其他服務核實身份資料配對、研究及統計分析及再保險之安排；

e) 提供及設計本公司的產品及服務；

f) 行使本公司向閣下或會員提供保險和服務時有關的權利，例如釐定閣下拖欠的任何款項的金額，及向閣下或任何已為閣下的債務提供任何擔保或承諾的人士，追收和收回拖欠的任何款項；

g) 就任何本聲明中所述的用途與閣下或會員（或與代表會員的閣下）聯絡；

h) 允許本公司全部或部份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

i) 為遵守任何法例之要求，或根據監管或其他機關所發出對本公司具有約束力或要求其遵守的規則、規例、實務守則、須知或指引，而作出披露。

5. 有關閣下或會員被本公司收集或持有的個人資料將會保密，但本公司可能會向以下不論在香港特別行政區境內或境外之資料承讓人轉移該等個人資料作第(4)及第(6)段列出的用途：

a) 本公司的集團公司（「集團公司」）；

b) 任何由本公司授權的保險理算人、代理及經紀；

c) 任何由本公司授權的再保險公司；

d) 僱主（只適用於團體保單之會員）；

e) 醫護專業人員及醫院；

f) 任何代理人、承包商、或向本公司提供行政、電訊、電腦、付款、資料處理或儲存、印刷、研究或其他向本公司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、理財顧問、律師、會計師、理賠調查員、防欺詐組織、其他保險公司（無論是直接地，或是通過過防欺詐組織或本段中指名的其他人士）、為保險業界整合申索及承保資料之組織、警察、供保險業界用作分析及核對所提供的資料與既有資料的資料庫及登記冊（及其運營者）、收數公司、資料處理公司、研究服務機構及專業顧問）；

g) 本公司的任何全部或部份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；及

h) 為遵守任何法例之要求，或根據監管或其他機關所發出對本公司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，法律規定本公司必須向其披露的人士或機構。

6. 本公司只會在得到閣下同意或表示不反對的情況下，使用閣下的個人資料如姓名、聯絡方法、性別、健康及家庭狀況，向閣下提供有關以下產品和服務的市場推廣資訊（包括以電郵、手機短訊或即時通訊）：

a) 保險、醫療、康健、健康、個人發展、美容、生活消閒、娛樂、財務及其相關的服務及產品；

b) 獎賞、權益、折扣、會員活動、會員忠誠或優惠計劃及其相關的服務及產品；及

c) 為慈善及 / 或非牟利用途的捐款及捐贈。

本公司將不會在沒有閣下的同意及許可下將閣下之個人資料向第三方透露，用作他們的市場推廣用途。

為避免有疑慮，不論閣下是否同意接收以上第六點所述的市場推廣資訊類別，本公司仍然可能就閣下保單相關的行政、保障及續保事宜與閣下聯絡。

7. 根據有關條例中的條款，閣下有權：

a) 查核本公司是否持有閣下或會員的個人資料及查閱該等個人資料；

b) 要求本公司改正任何有關閣下或會員的不準確的個人資料；

c) 查明本公司對於資料的政策及處理方法和獲告知本公司持有的個人資料種類；及

d) 要求本公司停止將閣下的個人資料作直接市場推廣用途。

有關要求請致函**本公司**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
保柏（亞洲）有限公司
保障資料主任

8. 根據有關條例之條款，**本公司**有權就任何處理個人資料查閱或更改的要求收取合理費用。

9. 如閣下對本聲明有任何查詢，請隨時致電**本公司**的客戶服務專線 +852 2531 8503。

10. 本聲明不會限制**客戶**在條列下所享有之權利。

11. 中英文本如有歧義，概以英文為準。

詞彙表

此份包含定義的詞匯表是條款及細則的一部份。

定義術語	說明
Acceptable current clinical evidence: 現時可接受的臨床證據：	國際醫學和科學證據，包括已在醫學期刊刊出或接受發表、經同行審查的科學研究，這些醫學期刊均符合出版科技論文的國際公認要求。這不包括個案報告、少數人參與的研究以及未經註冊的臨床試驗。
Active treatment for cancer 癌症積極治療：	癌症積極治療乃指化學治療、放射治療和免疫治療。
Acute serious illness: 急性重病：	僅經過主治醫生和 本公司 醫療顧問的檢查及協商達成共識後，才可確認為「急性重病」。
Appliances: 設備：	具有以下特性的耐用醫療設備： <ul style="list-style-type: none">○ 可重複使用多次○ 非一次性設備○ 用作醫療用途○ 在沒有疾病、病症或損傷的情況下不可使用○ 適合在家中使用。
Applicant: 申請人：	作為保險申請者在申請表和醫療問卷中填寫姓名的人。
Application: 申請：	申請表和醫療問卷。
Benefit limits: 保障限額：	用於支付醫療費用款項的最高金額，詳情請參見保障範圍表。
Bupa Global: 保柏環球：	保柏（亞洲）有限公司（於香港成立的有限責任公司，公司編號為 103048，註冊地址為香港九龍觀塘海濱道 77 號海濱匯第 2 座 6 樓）——本保險計劃的唯一承保人。
Company, the (incl. we/us/our): 本公司（包括我們/我們的）：	保柏（亞洲）有限公司 (Bupa (Asia) Limited)

定義術語	說明
Country of residence: 居住國：	客戶 居住 / 大部份時間所在的國家。該國家應該是 客戶 在保險生效期間被其有關政府機構（如稅務機關）認定為居民的國家。
Customer: 客戶：	有效保險證書中所列的 保單持有人 及 / 或所有其他受供養人
Deductible: 墊底費：	每個 客戶 在保險證書中同意於每個保單年度向 本公司 作出賠償申請前自行負擔的總金額。
Documents: 文件：	與保險相關的任何書面資訊，包括發票、保險證書等等。
Due date: 到期日：	繳交保費最後限期。
End date: 結束日期：	保險證書上所標明保單續保的日期，指保險期的結束，而非保險保障的結束。

定義術語	說明
Experimental or unproven treatment: 實驗性或未經證實的治療：	安全性和有效性方面未經證實或未經研究的臨床測試、治療、設備、藥物、裝置或程序。 包括： <ul style="list-style-type: none">○ 任何被認為不屬於標準臨床用途但（或以）保柏的合理臨床觀點認為應該）正在對其安全性和有效性進行臨床試驗的測試、治療、設備、藥物、裝置或程序。○ 超過使用許可所載用途的測試、治療、設備、藥物、產品或程序，除非保柏環球已根據其標準臨床使用標準預先授權。

標準醫療用途包括：

- 國家或國際上基於證據（而非共識）的指南中，治療被認為是「最佳」或「良好實踐」，例如由 NICE（國家健康與護理卓越研究所）（不包括通過英國癌症藥物基金會批准的藥物）、皇家醫學院或治療國家的同等國家專業機構所製作的指南；
- 基於證據的獨立健康科技評估或系統評估（例如 Hayes, CADTH, Cochrane Collaboration, NCCN 1 級或保柏內部臨床療效團隊）得出的結論表明該治療安全有效；
- 客戶所要求的治療已在治療所在地獲得許可機構（例如美國食品藥品管理局、歐洲藥品管理局、沙特阿拉伯食品藥品局等）的全面監管批准，並已獲得針對所要求的病症和患者人群的正式許可（請注意：全面的監管批准將要求向當地許可機構提交數據，以顯示在已發表的第 3 階段臨床試驗中充分證明了其安全性和有效性）；及 / 或
- 要求治療所在的國家 / 地區的當地法律或法規規定必須提供的測試、治療、設備、藥物、裝置或程序。

定義術語	說明
	<p>案例研究、案例報告、觀察性研究、評論、廣告、信件、會議摘要以及未經同行審查的已發表或未發表的研究，均不被視為適合證明測試、治療、設備、藥物、裝置或程序應作標準臨床使用。</p> <p>如果測試、治療、設備、藥物、裝置或程序獲許可機構批准，但以保柏的合理臨床意見認為其未證明安全性和有效性，則應以標準臨床使用標準為準。</p>
Family members: 家庭成員:	有家庭關係的人(在血源上、法律上或其他方面跟您有關係)。本公司可依要求提供本定義所涵蓋親人範圍的完整清單。
Hospital accommodation: 住院費:	金額不超過配備獨立洗手間的醫院標準單人房之病房費用。客戶的標準飲食費用也在保障範圍內。根據住院天數，針對客戶住院時接受的程序及任何陪同親屬(如受保險計畫保障)而支付的適當醫療費用。
Hospital cash benefit: 住院現金保障:	對於合格的免費住院治療，或者按公立醫院最低門診費/服務費收費的治療，本保障赔付後即不再享受其他保障。
	如需對此保障申請索償，客戶須讓醫院簽署並蓋章一封聲明客戶已免費或按最低門診費/服務費接受治療的信函。
Hospitalisation: 住院:	作為住院病人在醫院或診所接受手術或治療，並且出於醫療需要，需佔用病床過夜。
Insurance certificate: 保險證書:	顯示所購保險類型、墊底費及任何特殊條款的保單詳情。
Insurance: 保險:	保險條款和保險證書代表了與本公司簽訂的保險合約，並規定了保險條款的範圍、應付保費、墊底費和賠付金額。
Known area of conflict: 已知衝突地區:	已知衝突地區是指客戶居住國的外交部歸類為紅色級別(或同等級別)，並警告其公民不要前往的國家或國家的部分地區。如有爭議，應以英國政府網站的建議為準。

定義術語	說明
Membership: 會員:	您向保柏環球購買的保險。
Mental health treatment: 心理治療:	精神狀態治療，包括飲食失調。
Original date of joining: 初始加入日期:	保險生效的日期，除非條款及細則另有聲明。
Out-patient: 門診:	醫院、門診診所或相關醫療機構提供的治療，無需佔用床位留宿。
Persistent vegetative state: 持續性植物狀態	<ul style="list-style-type: none"> 處於深度昏迷狀態，無感知或心智功能徵兆(縱使可自主睜眼及呼吸)； 對喚其名字、觸摸等刺激並無反應。 <p>此類狀態必須持續至少4週，且在嘗試減緩此類狀態的所有合理方法後，仍無改善徵兆。</p>
Policy anniversary: 保單週年:	保單持有人投保成功週年日。
Policyholder: 保單持有人:	被確定為申請表上的保單持有人之人士。
Pre-existing condition: 已存在病症:	病史，包括醫療問卷中所列或您的申請表中所聲明的疾病和病症，這可能會對本公司決定是否承保或施加特殊條款產生影響。
Psychologist and psychotherapist: 心理醫生及心理治療師:	具備合法資格及獲批准在接受治療的國家或地區執業的人士。
Reasonable and Customary: 一般合理:	在特定地區接受由質素及經驗相若的治療提供人員所提供的某項治療、程序或服務應付的「通常」或「已接受標準」金額。該費用水平可能受某地區的有關政府機構或官方醫療組織發表的指引規管，或由我們根據該區尋常及最普遍的收費釐定。
Recognised mental health providers: 經認證的心理及精神科治療提供人員:	精神科醫生、心理醫生及心理治療師。

定義術語	說明
Renewal: 續保:	在每個保單週年對保險進行自動續保。
Serious injury: 重傷:	僅經過主診醫生和本公司醫學顧問的檢查及協商達成共識後，才可確診為「重傷」。
Special terms: 特殊條款:	適用於本公司保險證書中詳細列明的標準條款內的約束、限制或條件。
Specialist: 專科醫生:	<p>外科醫生、麻醉科醫生或內科醫生，其：</p> <ul style="list-style-type: none"> 曾修讀經認可醫學院，具備合法資格進行醫療執業或手術，及 獲接受治療的國家的有關當局認可為具備有關專業的專門資格，或專長於治療特定疾病、病患或損傷。 <p>「經認可醫學院」是指名列由世界衛生組織不定期出版之《世界醫學院名錄》的醫學院。</p>
Standard terms: 標準條款:	本公司的標準保險條款，不附特殊約束、限制或條件。
Start date: 開始日期:	保險證書上所標示保險期開始的日期。
Subrogation: 代理追償權:	承保方實施向第三方追償的權利，客戶可通過該補救措施向第三方追償，如果第三方已將承保方所支付的費用償還給客戶，那麼承保方有權要求客戶對其進行補償。
Surgery: 手術:	涉及將器械或設備插入體內的醫療程序。不適用於小型外科手術(如除肉瘤手術)。
Terminal phase: 末期:	此時死亡的可能性極高，並且醫生拒絕再提供用於減輕症狀的積極治療以及對患者和家人的支持。該決定須由本公司醫學顧問進行確認。
Terms and Conditions: 條款及細則:	所購保險的條款及細則。
Treatment: 治療:	用於診斷、緩解或治療症狀、疾病、病症或損傷的手術或醫療服務(包括診斷檢驗)。

定義術語	說明
Unrecognised practitioner, provider or facility: 未經認證的執業醫師、醫療服務提供人員或醫療機構:	<p>未經認證的執業醫師、醫療服務提供人員或醫療機構包括：</p> <ul style="list-style-type: none"> 具有正在治療中的疾病、病症或損傷的專業知識或專門技術，但未經治療所在國相關當局認可之醫療從業人員、醫療服務提供人員或醫療機構提供的治療。 我們已發出書面通知，聲明不再就我們的計劃對其提供認可的醫療從業人員、醫療服務提供人員或醫療機構提供的治療。 客戶自己、任何家庭成員或住址與客戶相同的任何人士，或上述人士持有之企業所提供的治療。 <p>如需未經認證的醫療服務提供人員的最新名單，可於此處下載 pdf 檔案：www.bupaglobal.com/en/facilities/finder</p>
Waiting period: 等候期:	從初始加入日期起，保險不提供任何保障的一段時間，除非按照第3條的規定執行。

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如果您對保單、付款方式或保障範圍等有任何問題，

請致電保柏環球客戶服務部。

辦公時間為星期一至五上午 7 時至下午 7 時（香港時間）

週末及公眾假期上午 7 時至下午 4 時（香港時間）

電話：+852 2531 8503

電郵：service.hk@bupaglobal.com

致電保柏環球支援熱線

獲取 24 小時緊急及醫療支援服務

電話：+852 2531 8573

電郵：emergency.hk@bupaglobal.com

來電會被錄音以用作訓練及確保服務品質，並可能在法律上需要時作出披露。

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