

保障金額表 Schedule of Benefits

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主要保障 Core Benefits

請選擇以下其中一項 Please choose one of the options below:

- A. 住院及手術保障 Hospital and Surgical Benefit
- B. 門診手術保障 Out-patient Procedure Benefit
- C. 門診保障 Clinical Benefit
- A. 住院及手術保障 Hospital and Surgical Benefit + C. 門診保障 Clinical Benefit
- B. 門診手術保障 Out-patient Procedure Benefit + C. 門診保障 Clinical Benefit

翱翔級別的計劃選項只適用於5名或以上僱員的企業。2至4名僱員的企業請選擇啟航級別的計劃選項。

The Flyer tier plan options are applicable to companies with 5 or more employees. For companies with 2 to 4 employees, please choose from the Starter tier plan options.

		每位會員最高賠償額 (港幣) Maximum Limit per Member (HK\$)	
		計劃 Plan A5 大房 ^① Ward ^②	
		卓新網絡保障 ^④ QualityNet Benefit ^④ (只適用於香港 HK coverage only)	非卓新網絡保障 Non-QualityNet Benefit (適用於世界各地 Worldwide coverage)
A 住院及手術保障^① Hospital and Surgical Benefit^①			
卓新網絡醫院 ^③ QualityNet Hospitals ^③		嘉諾撒醫院 Canossa Hospital 香港中文大學醫院 CUHK Medical Centre 港怡醫院 Gleneagles Hong Kong Hospital 香港浸信會醫院 HK Baptist Hospital 明德國際醫院 Matilda International Hospital 聖保祿醫院 St. Paul's Hospital 聖德肋撒醫院 St. Teresa's Hospital 仁安醫院 Union Hospital	不適用 N/A
賠償率 Reimbursement percentage	基本選項 Basic option	100%	80%
	升級選項 Upgrade option	100%	100%
1 住房及膳食費 (每合約年度計每病症最多120日) Room and Board (Maximum 120 days per Disability per Contract Year)		每日 500 each day	
2 住院雜費 (每合約年度計) Miscellaneous Hospital Services (Per Contract Year)		6,000	
3 深切治療 (住房及膳食費之補足) (每合約年度每病症計) Intensive Care (Supplement to Room and Board) (Per Disability per Contract Year)		5,000	
4 私家看護費 Private Nursing		不適用 N/A	
5 外科醫生費及巡房費 (只適用於外科手術) (每合約年度每病症計) Surgeon and Attendance Fees (For surgical case only) (Per Disability per Contract Year)			
◦ 複雜 Complex		26,000	
◦ 大型 Major		13,000	
◦ 中型 Intermediate		6,500	
◦ 小型 Minor		3,250	
6 麻醉科醫生費 (每合約年度每病症計) Anaesthetist's Fees (Per Disability per Contract Year)			
◦ 複雜 Complex		7,800	
◦ 大型 Major		3,900	
◦ 中型 Intermediate		1,950	
◦ 小型 Minor		975	
7 手術室費用 (每合約年度每病症計) Operating Theatre Fees (Per Disability per Contract Year)			
◦ 複雜 Complex		7,800	
◦ 大型 Major		3,900	
◦ 中型 Intermediate		1,950	
◦ 小型 Minor		975	
8 住院醫生巡房費 (只適用於非手術治療) (每合約年度計每病症最多120日) In-patient Physician's Fees (For non-surgical case only) (Maximum 120 days per Disability per Contract Year)		每日 500 each day	
9 住院專科醫生費 (每合約年度計) In-patient Specialist's Fees (Per Contract Year)		3,000	
◦ 須獲主診註冊西醫以書面轉介 ^⑤ (病理學家、放射學家及物理治療師在住院期間所提供之服務除外)			
◦ Subject to written referral ^⑤ from the attending Registered Medical Practitioner (except for services performed by pathologist, radiologist or Physiotherapist during Hospital Confinement)			
日間手術保障^② Day Case Procedure Benefits^②			
◦ A10 至 A11 項將支付 (i) 由註冊西醫於診所或醫院日症房進行診所手術或日症或 (ii) 無需過夜的住院的費用。「卓新網絡保障」只支付已獲取初步保障審核的費用。附加醫療保障 (如有) 並不適用。			
◦ 單獨賠償在沒有獲取初步保障審核的情況下, 於需要過夜的住院期間進行以下程序而引致的合資格費用, 以「非卓新網絡保障」之每位會員最高賠償額及賠償率為限, 附加醫療保障 (如有) 並不適用。如需要過夜的住院已獲取初步保障審核, 合資格費用將在「卓新網絡保障」(如入住卓新網絡醫院) 或「非卓新網絡保障」(如入住其他醫院) 下 A1 - A9 項及附加醫療保障 (如適用) 下賠償。			
◦ Items A10 - A11 cover expenses incurred for (i) Clinical Operations or Day Case at a clinic or day-case unit of a Hospital performed by a Registered Medical Practitioner or (ii) Hospital Confinement without an overnight stay. Expenses are payable under QualityNet Benefit only when pre-authorization has been obtained. Supplementary Major Medical Benefit (if any) will not be applicable.			
◦ Exclusively payable for eligible expenses incurred by the procedures below performed during overnight Hospital Confinement without pre-authorization obtained up to the Maximum Limit per Member of Non-QualityNet Benefit only, subject to the reimbursement percentage. Supplementary Major Medical Benefit (if any) will not be applicable. If pre-authorization is obtained for Hospital Confinement with an overnight stay, eligible expenses shall be payable under benefit items A1 - A9 of QualityNet Benefit for Confinement at QualityNet Hospitals or Non-QualityNet Benefit for Confinement at other hospitals, and Supplementary Major Medical Benefit (if applicable).			
10 日間內窺鏡程序 (每合約年度每病症計) Day Case Endoscopy Procedure (Per Disability per Contract Year)		5,200	
11 日間病毒性疣及皮損程序 ^⑥ (每合約年度計) Day Case Viral Warts and Skin Lesions Procedure ^⑥ (Per Contract Year)		5,200	

		每位會員最高賠償額 (港幣) Maximum Limit per Member (HK\$)	
A 住院及手術保障 ^① Hospital and Surgical Benefit ^①		計劃 Plan A5 大房 ^② Ward ^②	
		卓新網絡保障 ^③ QualityNet Benefit ^③ (只適用於香港 HK coverage only)	非卓新網絡保障 Non-QualityNet Benefit (適用於世界各地 Worldwide coverage)
12 入院前及出院後之門診護理 (每合約年度計) Pre-admission and Post-hospitalisation Out-patient Care (Per Contract Year)	<ul style="list-style-type: none"> 包括一次引致住院、診所手術或日症的門診及所有在出院、診所手術或日症後 6 星期內的跟進療程門診護理 賠償包括診症、醫療必需的西藥、診斷測試及物理治療的費用 Including one out-patient visit resulting in a Hospital Confinement, Clinical Operation or Day Case and all related follow-up visits on an out-patient basis within six weeks after discharge from Hospital, Clinical Operation or Day Case Payable for consultation fee, Medically Necessary Western Medication, diagnostic tests and physiotherapy 	1,500	
13 精神科治療 (每合約年度計) (只適用於香港) Psychiatric Treatment (Per Contract Year) (Applicable to Hong Kong only)		不適用 N/A	3,000
14 癌症及嚴重傳染病 ^④ (每合約年度每病症計) Cancer and Serious Infectious Disease ^④ (Per Disability per Contract Year)	<ul style="list-style-type: none"> 如會員確診或因癌症或嚴重傳染病接受治療，住院及手術保障項目 A1-A9 及 A12-A13 的最高賠償額將會提升至所列的最高百分比。 為免存疑，本保障金額表上所列的適用最高日數及賠償率將於所有情況下均維持不變。 If the Member is diagnosed with or receives treatment due to Cancer or a Serious Infectious Disease, the Maximum Limits of items A1-A9 and A12-A13 under Hospital and Surgical Benefit shall be increased up to the maximum percentage as specified. For the avoidance of doubt, the applicable maximum number of days and reimbursement percentage as shown in this Schedule of Benefits shall remain unchanged under all circumstances. 	項目 A1-A9 及 A12-A13 的最高賠償額之 120% 120% of the Maximum Limits of items A1-A9 and A12-A13	
15 第二索償現金津貼 (每合約年度計最多 120 日) Second Claims Incentive (Maximum 120 days per Contract Year)	<ul style="list-style-type: none"> 如根據住院及手術保障可獲得住院賠償，而該賠償已由其他保險公司支付 (保柏或保柏集團內的任何公司除外)，此保障將就會員住院當天被醫院收取實際住房及膳食費的情況下，按每日住院支付賠償。 If any reimbursement is payable in respect of a Hospital Confinement under Hospital and Surgical Benefit and such reimbursement has been paid by an insurance company (other than Bupa or any company within the Bupa group of companies), this Benefit shall be paid on a per day basis provided that actual room and board fees are charged by the Hospital on the costs of accommodation and meals to the Member for such day of Hospital Confinement. 	每日 250 each day	
16 門診手術額外現金 Out-patient Surgery Cash Allowance	<ul style="list-style-type: none"> 在無獲得任何住房及膳食費賠償的情況下，此保障將在外科醫生費及巡房費之上支付以下任何由註冊西醫在診所或醫院日症房進行的合資格手術：關節鏡檢查、支氣管鏡檢查、結腸鏡檢查、陰道鏡檢查、膀胱鏡檢查、上消化道內視鏡檢查、痔瘡動脈結紮術 / 痔瘡橡皮圈結紮法、子宮鏡檢查、子宮頸電環切除術、痔瘡環狀切除手術 Payable in addition to Surgeon and Attendance Fees for any of the following eligible surgeries performed at a clinic or day-case unit of a Hospital by a Registered Medical Practitioner, provided that no Room and Board Benefit is payable: Arthroscopy, Bronchoscopy, Colonoscopy, Colposcopy, Cystoscopy, Esophagogastroduodenoscopy, Haemorrhoid Artery Ligation (HAL)/Rubber Band Ligation (RBL), Hysterectomy, Loop Electrosurgical Excision Procedure (LEEP), Stapled Haemorrhoidectomy 	每日 250 each day	
		每位會員最高賠償額 (港幣) Maximum Limit per Member (HK\$)	
B 門診手術保障 Out-patient Procedure Benefit		計劃 Plan B1	
		卓新網絡保障 ^③ QualityNet Benefit ^③ (只適用於香港 HK coverage only)	
卓新網絡服務供應商的數目 No. of QualityNet Service Providers		約 Around 70	
<p>如會員於卓新網絡服務供應商診所或日症中心由卓新網絡註冊西醫進行受保外科手術，此保障將賠償以下 B1 - B5 項的合資格費用，以每年最高賠償額為限。受保外科手術涵蓋的專科包括皮膚科、腸胃科、耳鼻喉科及眼科。</p> <p>This Benefit is payable for eligible expenses of the following items B1 - B5 incurred for the following covered surgical procedures performed at a QualityNet Service Provider's clinic or day case centre by a QualityNet Registered Medical Practitioner, subject to the applicable Overall Annual Limit. The covered surgical procedures include the specialties of dermatology, gastroenterology, otorhinolaryngology and ophthalmology.</p> <p>受保外科手術^⑤ Covered surgical procedures^⑤:</p> <ul style="list-style-type: none"> 內窺鏡 (例如胃鏡及腸鏡) Endoscopy e.g. gastroscopy and colonoscopy 皮膚科手術 Dermatological procedures 耳鼻喉科手術 Ear, nose and throat procedures 眼科手術 Eye procedures 痔瘡注射或結紮 Haemorrhoid injection or ligation 切割及引流 Incision and drainage 小型切除、去除異物 / 皮下組織 Minor excision, removal of foreign/substaneous object 縫合、傷口修復及護理、敷料 Suturing, wound repair and care, office dressings 			
每年最高賠償額 Overall Annual Limit	基本選項 Basic option	100,000	
	升級選項 Upgrade option	200,000	
1 外科醫生費及巡房費 (只適用於外科手術) Surgeon and Attendance Fees (For surgical case only)	全數支付合資格的醫療費用 (以每年最高賠償額為限) Full cover for eligible medical expenses (Subject to the Overall Annual Limit)		
2 麻醉科醫生費 Anaesthetist's Fees			
3 手術室費用 Operating Theatre Fees			
4 日症雜項服務 Miscellaneous Day Case Services			
5 術前門診護理 Pre-surgical Procedure Out-patient Care			
<ul style="list-style-type: none"> 包括一次引致診所手術或日症的門診 賠償包括於診所手術或日症當日之診症、醫療必需的西藥及診斷測試的費用 Including one out-patient visit resulting in a Clinical Operation or Day Case Payable for consultation fee, Medically Necessary Western Medication and diagnostic tests on the same day of Clinical Operation or Day Case 			

每位會員最高賠償額 (港幣) Maximum Limit per Member (HK\$)

C 門診保障 Clinical Benefit	每位會員最高賠償額 (港幣) Maximum Limit per Member (HK\$)			
	計劃 Plan C4	計劃 Plan C5	計劃 Plan C6	
	卓新網絡保障® QualityNet Benefit®			
卓新服務供應商的數目 No. of QualityNet Service Providers	約 Around 600	約 Around 500	約 Around 400	
此保障全數支付以下合資格的醫療費用 (如有自付費除外), 以每合約年度診治總次數及個別保障項目的分項次數為限。 This Benefit fully covers the eligible medical expenses shown below subject to co-payment (if any), maximum number of visits in aggregate and sub-limits on the number of visits for each benefit item per Contract Year.				
自付費 (每次診治計) Co-payment (Per visit)	基本選項 Basic option	項目 Item C1: \$30 項目 Items C2 - C3, C7 - C8: \$50	項目 Item C1: \$30 項目 Items C2 - C3: \$50	項目 Item C1: \$30 項目 Items C7 - C8: \$50
	升級選項 Upgrade option	\$0	\$0	\$0
診治總次數 (每合約年度計) Maximum number of visits in aggregate (Per Contract Year) ◦ 診治總次數亦受下列個別保障項目的分項次數所限, 每一項目以每日最多一次為限 ◦ The maximum number of visits in aggregate is also subject to the sub-limits below on the number of visits for each benefit item and a maximum of one visit per item per day	基本選項 Basic option	項目 Items C1 - C3, C7 - C11: 共30次 30 visits in total	項目 Items C1 - C3, C9 - C11: 共30次 30 visits in total	項目 Items C1, C7 - C8: 共30次 30 visits in total
	升級選項 Upgrade option	不限次數 No visit limit	不限次數 No visit limit	不限次數 No visit limit
1 普通科醫生 General Practitioner ◦ 診症 (包括診症費及於普通科醫生診所處方及取得的最多5日之基本醫療必需西藥®) ◦ Consultation (Including consultation fee and up to 5 days of basic Medically Necessary Western Medication® prescribed and obtained at the General Practitioner's clinic)		每合約年度30次 30 visits per Contract Year	每合約年度30次 30 visits per Contract Year	每合約年度30次 30 visits per Contract Year
2 專科醫生 Specialist ◦ 診症 (包括診症費及於專科醫生診所處方及取得的最多5日之基本醫療必需西藥®。該診症須獲註冊西醫書面轉介®, 皮膚科、家庭醫學科、婦科、眼科、骨科、耳鼻喉科、小兒外科、兒科及精神科除外) ◦ Consultation (Including consultation fee and up to 5 days of basic Medically Necessary Western Medication® prescribed and obtained at the Specialist's clinic. Subject to written referral® from a Registered Medical Practitioner, except for dermatology, family medicine, gynaecology, ophthalmology, orthopaedics, otolaryngology, paediatric surgery, paediatrics and psychiatry)		每合約年度30次 30 visits per Contract Year	每合約年度10次 10 visits per Contract Year	不適用 N/A
3 物理治療師 Physiotherapist ◦ 只限診症費及須獲註冊西醫書面轉介® ◦ Treatment fee only and subject to written referral® from a Registered Medical Practitioner		每合約年度30次 30 visits per Contract Year	每合約年度10次 10 visits per Contract Year	
4 脊醫 Chiropractor				
5 診斷影像及化驗 Diagnostic Imaging and Laboratory Tests		不適用 N/A		
6 醫生處方西藥 Prescribed Western Medication				
7 中醫師 Chinese Herbalist ◦ 診症 (包括診症費及當日由註冊中醫在診所處方並由合法來源取得之基本醫療必需中藥®費用) ◦ 此保障將支付由註冊中醫進行的天灸治療 ◦ Consultation (Including consultation fee and basic Medically Necessary Chinese Medicines® prescribed at a Registered Chinese Medicine Practitioner's clinic and obtained at a legitimate source on the same day of consultation) ◦ Payable for tianjiu performed by a Registered Chinese Medicine Practitioner		每合約年度共30次 30 visits in total per Contract Year	不適用 N/A	每合約年度共10次 10 visits in total per Contract Year
8 跌打醫師 Chinese Bonesetter ◦ 診症 (包括診症費及當日由註冊中醫在診所處方並由合法來源取得之基本醫療必需中藥®費用) ◦ Consultation (Including consultation fee and basic Medically Necessary Chinese Medicines® prescribed at a Registered Chinese Medicine Practitioner's clinic and obtained at a legitimate source on the same day of consultation)				
9 精神科相關治療® Psychiatric-related Treatments®		每合約年度共5次 5 visits in total per Contract Year	每合約年度共5次 5 visits in total per Contract Year	不適用 N/A
10 臨床心理輔導 Psychological Counselling ◦ 須獲精神科醫生書面轉介® ◦ Subject to written referral® from a Psychiatrist				
11 保健服務 Wellness Service 每名會員可於指定中心享用以下服務: ◦ 牙科服務 (洗牙) Each Member is entitled to the following service at a designated centre: ◦ Dental service (scaling and polishing)		每合約年度1次 1 visit per Contract Year	每合約年度1次 1 visit per Contract Year	

自選保障 Optional Benefits

	Maximum Limit per Member (HK\$) 每位會員最高賠償額 (港幣)	
D 附加醫療保障 (自選保障) (只適用於5名或以上僱員的企業) Supplementary Major Medical Benefit (Optional) (Only applicable to companies with 5 or more employees)	計劃 Plan D5 大房 [®] Ward [®] (只適用於選擇了附有升級選項的住院及手術保障計劃 A5 Only applicable if choosing Hospital and Surgical Benefit Plan A5 with upgrade option)	
賠償率 Reimbursement percentage	80%	
<ul style="list-style-type: none"> 此保障支付任何超出按住院及手術保障下A1 – A9項 (不論超出最高賠償額或最多日數) 可獲賠償之在港住院、日症及診所手術的合資格費用 (經由註冊西醫證明, 因在香港以外發生緊急事故導致在外地住院或進行手術則除外), 以本保障之最高賠償額為限。 此保障並不會就入住總統套房/ 貴賓房/ 豪華房的住院費用而作出賠償。 如會員住院時並非根據原有之計劃住房, 保障額將因應升級住房而作出調整: <ul style="list-style-type: none"> - 大房至半私家房: 50% - 大房至私家房: 25% 然而, 有關調整值及以上住房級別限制不適用於在緊急情況接受治療的情況下因床位短缺而須入住較高住房級別, 或因隔離原因而須入住指定住房級別的情況。 This Benefit is payable for any eligible expenses incurred during Hospital Confinement, Day Case and Clinical Operation in Hong Kong (unless the hospitalisation or surgery overseas is directly resulting from medical Emergency outside Hong Kong as certified by a Registered Medical Practitioner) in excess of the benefits payable under items A1 – A9 of Hospital and Surgical Benefit (either exceeding the maximum limit or maximum number of days), which is subject to the Maximum Limit of this benefit. This Benefit shall not be payable for Hospital Confinement in class of suite/VIP/deluxe room of a Hospital. Adjustment factors for room upgrade will be applied if a Member is hospitalised not in accordance with plan level: <ul style="list-style-type: none"> - From Ward to Semi-private Room: 50% - From Ward to Private Room: 25% However, the adjustment factors and room class restrictions above are not applicable to Confinement in a higher room level due to room shortage for Emergency treatment or isolation that requires a specific room level. 	50,000 (每合約年度每病症計) (Per Disability per Contract Year)	
E 特別住院現金保障 (自選保障) (只適用於5名或以上僱員的企業) Special Hospital Cash Benefit (Optional) (Only applicable to companies with 5 or more employees)	計劃 Plan E1	計劃 Plan E2
1 意外住院現金[®] (每合約年度最多120日)[®] Accidental Hospital Cash[®] (Maximum 120 days per Contract Year)[®] <ul style="list-style-type: none"> 由因意外住院第一天開始支付 Payable from the first day of Hospital Confinement due to an Accident 	每日1,000 each day	每日500 each day
2 癌症及嚴重傳染病住院現金[®] (每合約年度最多120日)[®] Cancer and Serious Infectious Disease Hospital Cash[®] (Maximum 120 days per Contract Year)[®] <ul style="list-style-type: none"> 由因癌症或嚴重傳染病住院第一天開始支付 (就嚴重傳染病的情況, 會員須於同一次入院期間連續入住深切治療病房至少10日) Payable from the first day of Hospital Confinement due to Cancer or Serious Infectious Disease (in the event of Serious Infectious Disease, the Member must be confined in the Intensive Care Unit for at least 10 consecutive days in one Hospital admission) 	每日2,000 each day	每日1,000 each day
F 產科保障 (自選保障) (只適用於5名或以上僱員的企業) Maternity Benefit (Optional) (Only applicable to companies with 5 or more employees)	計劃 Plan F1	計劃 Plan F2
賠償率 Reimbursement percentage	100%	100%
順產 (每次懷孕計) Normal Delivery (Per pregnancy)	40,000	25,000
剖腹生產 (每次懷孕計) Caesarean Section (Per pregnancy)	60,000	32,000
流產 (每次懷孕計) Miscarriage (Per pregnancy)	20,000	11,000
<ul style="list-style-type: none"> 產科保障將支付因受孕引致以下項目之醫療費用, 包括住院、註冊西醫診症及醫生處方西藥、診斷化驗、產前檢查及產後檢查, 以及初生嬰兒護理費用。 此保障不包括任何初生嬰兒在住院期間之醫療費用, 或任何因懷孕而引致或相關的精神科、心理、情緒或行為問題之治療。 受保人必須於本保障生效日之後受孕方可獲得賠償, 首9個月等候期內不會獲得賠償。倘若因為終止懷孕或早產 (妊娠20至37週之間的分娩), 此產科保障將不會應用9個月等候期而作賠償, 惟會員必須於此產科保障生效日後受孕。為免存疑, 若會員於妊娠37週後但於9個月等候期內分娩, 將不獲此產科保障賠償。 所有因懷孕或產科相關的醫療費用僅在本產科保障獲得賠償, 並不會於住院及手術保障/門診手術保障或其他自選保障下獲得賠償 (與產科相關的精神科狀況並受住院及手術保障及/或門診保障有關項目覆蓋則除外)。 The Maternity Benefit shall cover medical expenses incurred for the following during pregnancy, including Hospital Confinement, Consultation of a Registered Medical Practitioner and Prescribed Western Medication, diagnostic tests, prenatal check-up and postnatal check-up, as well as nursery care of newborn baby. This Benefit does not cover any medical expenses incurred by the newborn baby during Hospital Confinement or any treatments for psychiatric, psychological, mental or behavioural conditions arising from or in connection with maternity conditions. This Benefit is payable provided that the conception occurs after the commencement date of this benefit and no benefit shall be payable during the waiting period of first 9 months. In the event of premature termination of pregnancy or premature birth (delivery that occurs between 20 and 37 weeks of gestation), this Benefit shall be payable without the application of the 9 months' waiting period provided that the conception of such pregnancy occurs after the commencement date of this Maternity Benefit. For the avoidance of doubt, if delivery is occurred after 37 weeks of gestation but within the 9 months' waiting period, this Maternity Benefit shall not be payable. All pregnancy or maternity related medical expenses shall be exclusively payable under this Maternity Benefit and no benefit shall be payable under the Hospital and Surgical Benefit/Out-patient Procedure Benefit or other optional benefits (except for those maternity related psychiatric conditions covered under relevant Hospital and Surgical Benefit and/or Clinical Benefit items). 		

		每位會員最高賠償額 (港幣) Maximum Limit per Member (HK\$)	
G 牙科保障 (自選保障) (每合約年度計) Dental Benefit (Optional) (Per Contract Year)		計劃 Plan G1	
		網絡牙科中心保障 Network Dental Centre benefit	非網絡牙科中心保障 Non-Network Dental Centre benefit
網絡牙科中心數目 No. of network dental centres	16	不適用 N/A	
適用範圍 Eligibility	只適用於在網絡牙科中心 [®] 診症時間以內由註冊牙醫 (所有適用項目) 或註冊牙齒衛生員 (只適用於項目 G1) 進行的合資格牙科服務 Only applicable to covered dental service items performed by a Registered Dentist (for all applicable items) or Registered Dental Hygienist (for item G1 only) at Network Dental Centres [®] within consultation hours	適用於在網絡牙科中心以外由註冊牙醫 (所有適用項目) 或註冊牙齒衛生員 (只適用於項目 G1) 進行的牙科服務, 或於網絡牙科中心保障以外的項目。所有合資格費用將以列下的最高賠償額為限。請先直接向牙科服務供應商支付費用, 然後再向保柏申請索償。 Applicable to dental services from a Registered Dentist (for all applicable items) or Registered Dental Hygienist (for item G1 only) which are not performed at Network Dental Centres or covered under Network Dental Centre benefit. All eligible dental expenses will be subject to the maximum limits below. Please settle the expenses with the dental providers directly and submit your claim to Bupa.	
賠償率 Reimbursement percentage	不適用 N/A	100%	
1 洗牙 Scaling and polishing	每合約年度共一次 One visit in total per Contract Year	2,600 (洗牙限於每合約年度共一次) (Scaling and polishing is subject to one visit in total per Contract Year)	
2 定期口腔檢查 Routine oral examination			
3 口腔 X 光及藥物 Intra-oral X-rays and medications	全數賠償 [®] Full cover [®]		
4 補牙及脫牙 Fillings and extractions	全數賠償 [®] Full cover [®] (只適用於蛀牙或患嚴重牙周病之牙齒之大牙 (銀粉) 或門牙 (瓷粉) 補牙。脫除智慧齒、複雜脫牙、口腔手術脫除牙腳、需移走牙骨或牙齒、任何口腔手術或因矯正牙齒而脫牙將不包括在保障內) (Applicable to fillings and extractions due to tooth decay or gum disease only, including amalgam (silver) fillings for premolar and molar teeth and white (composite) fillings for front teeth. Extraction of wisdom teeth, complicated extractions, extractions requiring bone removal, surgical extractions or extractions for orthodontic reasons are excluded)		
5 膿瘡排放 Drainage of abscesses	全數賠償 [®] Full cover [®] (只適用於緊急牙科狀況下的膿瘡切割及排放) (Includes incision and drainage of abscesses for dental emergency cases only)		
6 齒尖或齒邊修復 Pins for cusp restoration	不適用 N/A		
7 活動假牙、牙冠及牙橋 (只適用於因意外而導致) Dentures, crowns and bridges (only in case of an Accident)	不適用 N/A		
8 牙周病治療 Periodontal (gum) treatment	全數賠償 [®] Full cover [®] (只限由普通科註冊牙醫進行之輕微至中度的牙周病治療, 包括清洗牙周袋內的牙菌膜及牙根刮治等牙科治療) (Includes treatment of mild to moderate Periodontal (gum) disease, which involves curettage and root planing with medication as required, and is limited to treatment by a general Registered Dentist)		
9 牙痛急症處理 Emergency consultation and treatment	全數賠償 [®] Full cover [®] (只適用於緊急牙痛舒緩 (包括敷料及藥物)) (Includes emergency pain relief of toothache (including dressing and medication) only)		

免費服務 Free Service

H 免費保柏國際援助計劃 (每合約年度計)
Free Bupa Worldwide Assistance Programme (Per Contract Year)

提供海外及國內住院按金墊支服務, 全數支付緊急醫療運送費用及送返香港後高達港幣 12 萬元的額外住院保障, 並設有 24 小時熱線提供旅遊、醫療或法律資訊及支援。Provides admission deposit in the event of hospitalisation overseas and in Mainland China, unlimited cover for emergency medical evacuation and repatriation, and an extra hospital benefit of HK\$120,000 after repatriation to Hong Kong. A 24-hour hotline for travel, medical or legal information and assistance is also available.

保柏僱健康中小企醫療保障計劃 (啟航級別)

Bupa Empower SME Health Insurance Scheme (Starter Tier)



附註 Notes

① 有關住院及手術保障

- 同一項目的合資格費用不可獲「住院及手術保障」表中多於一個保障項目的賠償。
- 合資格之診所手術或日症，將於「住院及手術保障」下賠償。診所手術及日症指註冊西醫於診所或醫院日症房進行之醫療必需手術而無必要留院，但該等手術須獲保柏分類為診所手術或日症手術。於「住院及手術保障」下的保障項目中所列之最多日數乃指於卓新網絡醫院及非卓新網絡醫院合併計算之總住院日數。
- 於卓新網絡保障下享有的免找數服務，你的保柏卓新網絡醫療卡或會受限於指定的住院信用額。請登入保柏的手機應用程式或網站查閱你的信用額。

② 入住港怡醫院接受治療前，請瀏覽 www.bupa.com.hk/pdf/ghk.pdf 或致電保柏查詢有關住房類別及在保柏保障計劃下相應之住房等級。

③ 此為於印刷日時最新之卓新網絡醫院名單，此名單可能會不時更改。你可於入院前致電保柏查詢最新名單。

④ 會員可在轉介信發出日起計6個月內，就相同或相關病症使用該轉介信。若須診治全新或不相關的病症，則須提交新的轉介信。

⑤ 關於癌症及嚴重傳染病保障

此保障將於以下情況下作出賠償：

- 會員確診癌症並入住醫院最少連續6小時，以接受該癌症的醫療必需的治療及診斷；或
- 會員患上任何嚴重傳染病，並在同一次入院時入住醫院的深切治療病房最少連續10日，以接受該嚴重傳染病的醫療必需的治療及診斷。
- 癌症指惡性腫瘤。其特徵為惡性細胞漸進地、不受控制地生長，侵入及破壞正常及周邊組織。癌症必需由組織病理學報告證實腫瘤呈陽性。其亦包括白血病、淋巴瘤或肉瘤。以下各項除外：
 - a. 原位癌、宮頸病變、CIN-1、CIN-2、CIN-3 顯示惡化的或在組織學上被描述為癌前病變的腫瘤；
 - b. 除惡性黑色素瘤以外的所有皮膚癌；
 - c. 在組織學上被描述為 TNM T1(a) 或 T1(b) 分級或其他等效或更輕分級的前列腺癌；
 - d. 輕於 RAI III 期的慢性淋巴瘤白血病；
 - e. 在組織學上被描述為 TNM T1NOMO 分期或更輕分期的甲狀腺癌。
- 嚴重傳染病包括嚴重急性呼吸系統綜合症 (SARS) (SARS Cov-1)、登革熱、日本腦炎、克雅氏病 (包括人類牛痘變異型克雅氏病)、軍團病、阿米巴痢疾、霍亂、瘧疾、麻疹、破傷風、炭疽、麻風病、狂犬病 (人類)、白喉、急性脊髓炎、黃熱病、瘧疾、猩紅熱、2019 冠狀病毒病 (COVID-19) (SARS Cov-2) 及世界衛生組織 (WHO) 於日後發佈的任何國際關注的突發公共衛生事件 (PHEIC)。

⑥ 關於「住院及手術保障」下的卓新網絡保障

要在入住保柏卓新網絡醫院時享有100%賠償，你必須依循以下的規定：

- 入院前必須向保柏卓新網絡醫院出示「保柏卓新網絡醫療卡」，並以此卡繳付醫療費用；
- 住院治療必須由註冊西醫轉介，並由卓新網絡註冊西醫於你入住的卓新網絡醫院進行，你必須入住此保障金額表上所示的指定住房級別或較低之病房；
- 在以下的情況，必須獲得保柏初步保障審核確認：
 - 住院；
 - 診所手術或日症 (按保柏供應商指引之要求)；
 - 診斷影像或化驗 (按保柏供應商指引之要求)；或
 - 由卓新網絡註冊西醫轉介之專科治療，而保柏卓新網絡未能提供該專科。

如沒有依循以上規定，合資格的醫療費用將會根據「非卓新網絡保障」作出賠償。

請登入保柏的手機應用程式或網站查閱適用於住院及手術保障的完整卓新網絡服務供應商名單，此名單可能會不時更改。

⑦ 有關日間手術保障

- 如於卓新網絡服務供應商進行及「以卓新網絡保障」支付內窺鏡和病毒性疣及皮膚損程序之前必須經由卓新網絡醫生申請初步保障審核 (按保柏供應商指引之要求)。
- 如由你所選的醫生及服務供應商在 (i) 診所或醫院日症房或 (ii) 無需過夜的住院進行程序，所產生的符合資格的費用，將根據「非網絡保障」之每位會員最高賠償額為限。會員則無需申請初步保障審核。
- 如程序於需要過夜的住院進行，以下情況不需要申請初步保障審核：
 - 任何於香港以外的地方所進行的治療；
 - 於香港政府公立醫院大房住院及進行住院手術；或
 - 如你先向其他保險公司索償，再向保柏申請第二索償。
- 有關受日間手術保障內窺鏡和病毒性疣及皮膚損程序的完整列表，請登入保柏的手機應用程式或網站查閱。此列表可能會不時更改。

⑧ 如會員於同一日同時接受多過一次的病毒性疣及皮膚損治療，將被算作為一次手術。保柏保留權利要求會員提供醫療報告以供檢閱。

⑨ 關於「門診手術保障」下的卓新網絡保障

- 要享受保外科手術的合資格費用享有全數賠償 (以每年最高賠償額為限)，你必須依循以下的規定：
 - 在保柏卓新網絡服務供應商診所或日症中心接受治療前必須出示「保柏卓新網絡醫療卡」，並以此卡繳付醫療費用；
 - 門診手術必須由卓新網絡註冊西醫提供，並於卓新網絡診所或日症中心進行；
 - 診所手術或日症、診斷影像及化驗必須按保柏供應商指引之要求得到保柏初步保障審核。
- 如沒有依循以上規定，醫療費用將被視作不符合索償資格。
- 請登入保柏的手機應用程式或網站查閱適用於門診手術保障的完整卓新網絡服務供應商名單，此名單可能會不時更改。

⑩ 要查閱門診手術保障下完整的受保外科手術列表，請登入保柏的手機應用程式或網站查閱，此名單可能會不時更改。

⑪ 關於「門診保障」下的卓新網絡保障

- 門診保障下的普通科醫生及中醫師亦涵蓋由指定的視像診症服務供應商的普通科醫生及中醫師醫療診症服務的診症費。此保障涵蓋指定的視像診症服務供應商的藥物運送費用 (包括普通科醫生及中醫師)。指定的視像診症服務供應商名單可於保柏的網站查閱，此名單可能會不時更改及更新。
- 要在卓新網絡保障下享有全數賠償的合資格門診治療，你必須依循以下的規定：
 - 在卓新網絡服務供應商接受治療前必須出示「保柏卓新網絡醫療卡」，並以此卡繳付醫療費用；
 - 門診治療必須由卓新網絡服務供應商於其診所進行 (除非屬專科治療，而保柏卓新網絡未能提供該專科，並已取得初步保障審核)；
 - 專科醫生診症 (皮膚科、家庭醫學科、婦科、眼科、骨科、耳鼻喉科、小兒外科、兒科及精神科除外) 及物理治療必須經由註冊西醫書面轉介；
 - 由卓新網絡註冊西醫轉介之專科治療，而保柏卓新網絡未能提供該專科，則必須得到保柏初步保障審核。
- 如沒有依循以上規定，醫療費用將被視作不符合索償資格。
- 請登入保柏的手機應用程式或網站查閱適用於門診保障的完整卓新網絡服務供應商名單，此名單可能會不時更改。

⑫ 「基本醫療必需西藥」及「基本醫療必需中藥」指由指定服務供應商的註冊西醫或註冊中醫於診症時在其基本藥物或基本中藥名單中所處方之醫療必需的西藥或中藥。指定服務供應商有權按個別情況下處方本計劃不承保的慢性、長期、特定或昂貴藥物並收取額外藥物費用。

⑬ 此保障適用於精神、心理、情緒或行為症狀、認知障礙症 (包括阿茲海默氏症) 及帕金遜病的門診診治 (因濫用藥物及酗酒而引致或相關的症狀或疾病除外)。若此保障下的費用亦同時受保於門診保障下的其他項目，有關費用只可獲此項目9的賠償，而不會獲得其他項目之賠償。

⑭ 關於意外住院現金保障

- 意外住院現金保障將於以下情況下予以支付：
 - 在同一醫院住院最少連續6小時，且住房及膳食費保障應予以支付；及
 - 意外事故發生與該事故所致意料之外住院之間，並未相隔超過48小時。

⑮ 關於癌症及嚴重傳染病住院現金保障

- 癌症及嚴重傳染病住院現金保障將於以下情況下予以支付：
 - 因確診癌症而住院最少連續6小時，以接受醫療必需的癌症診斷及治療，且住房及膳食費保障應予以支付；或
 - 因感染任何嚴重傳染病而在同一次入院於醫院深切治療病房住院至少連續10日，以接受對該嚴重傳染病的醫療必需的診斷及治療，且深切治療費保障應予以支付。

⑯ 每合約年度的最高賠償日數以「意外住院現金保障」及「癌症及嚴重傳染病住院現金保障」合併計算。

⑰ 網絡牙科中心指由保柏委任的牙科中心網絡以提供保障金額表上「網絡牙科中心保障」所列的牙科服務項目。網絡牙科中心地點包括金鐘、銅鑼灣、鰂魚涌、尖沙咀、將軍澳、沙田、青衣、東涌等。請登入保柏的手機應用程式或網站查閱最新的牙科中心地址。此名單會不時更改。有關診症時間請向個別網絡牙科中心查詢。

⑱ 要享有全數賠償的網絡牙科中心保障：

- 會員必須於指定網絡牙科中心出示保柏醫療卡及香港身份證以作核實及紀錄便可使用免找數服務。如會員直接向網絡牙科中心繳付費用，合資格的索償將根據非網絡牙科中心保障作出賠償，並以最高賠償額為限。
- 每合約年度，網絡牙科中心保障下項目3-5及8-9不設診治次數上限。

附註 Notes

- ① About Hospital and Surgical Benefit
 - Eligible expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table for Hospital and Surgical Benefit.
 - Clinical Operation or Day Case, if eligible, will be paid under Hospital and Surgical Benefit. Clinical Operation and Day Case mean Medically Necessary surgical procedures which may be carried out at a clinic or day-case unit of a Hospital by a Registered Medical Practitioner where a stay in Hospital is not required, provided that the surgical procedure is classified as such by Bupa. The maximum number of days specified under the benefit items of Hospital and Surgical Benefit apply to the aggregate sum of Hospital stays under QualityNet Hospitals and Non-QualityNet Hospitals.
 - To enjoy cashless service at QualityNet Benefit, a Hospitalisation Credit Limit may be assigned to your Bupa QualityNet (BQN) card. Please log in to Bupa's mobile app or website to check your credit limit.
- ② For in-patient treatments at Gleneagles Hong Kong Hospital, please visit www.bupa.com.hk/pdf/gkh.pdf or call Bupa to get details of the room types and how they are classified under Bupa's cover prior to your hospital stay.
- ③ The list of QualityNet Hospitals is current at the date of printing and it is subject to change from time to time. For the current list, please call Bupa before hospital admission.
- ④ A referral letter is valid for the same or related medical condition for six months from the issue date. Another referral letter is required for treatment of a new or unrelated medical condition.
- ⑤ About Cancer and Serious Infectious Disease Benefit

This benefit is payable provided that:

 - The Member is diagnosed with Cancer and confined in a Hospital for at least 6 consecutive hours for the purpose of receiving Medically Necessary treatment and diagnosis of such Cancer; or
 - The Member has contracted any of the Serious Infectious Diseases and is confined in the Intensive Care Unit of a Hospital for at least 10 consecutive days in one Hospital admission, for the purpose of receiving Medically Necessary treatment and diagnosis of such Serious Infectious Disease.
 - Cancer means the presence of a malignant tumour that is characterised by progressive, uncontrolled growth of malignant cells and invasion and destruction of normal and surrounding tissue. Cancer must be positively diagnosed with histopathological confirmation. This also includes leukaemia, lymphoma or sarcoma. The following are excluded:
 - a. Tumours showing the malignant changes of carcinoma-in-situ, cervical dysplasia, CIN-1, CIN-2, CIN-3 or which are histologically described as pre-malignant;
 - b. All skin cancers other than malignant Melanomas;
 - c. Prostate cancers which are histologically described as TNM Classification T1(a) or T1(b) or are of another equivalent or lesser classification;
 - d. Chronic Lymphocytic Leukaemia less than RAI Stage III;
 - e. Thyroid cancers which are histologically described as TNM classification TINOMO or a lesser classification.
 - Serious Infectious Diseases include Severe Acute Respiratory Syndrome (SARS) (SARS Cov-1), Dengue Fever, Japanese Encephalitis, Creutzfeldt-Jakob Disease (Including Variant Creutzfeldt-Jakob Disease, human form of Mad Cow Disease), Legionnaires' Disease, Amoebic Dysentery, Cholera, Malaria, Measles, Tetanus, Anthrax, Leprosy, Rabies (Human), Diphtheria, Acute Poliomyelitis, Yellow Fever, Plague, Scarlet Fever, Coronavirus Disease 2019 (COVID-19) (SARS Cov-2) and any future Public Health Emergency of International Concern (PHEIC) according to the World Health Organization (WHO).
- ⑥ About QualityNet Benefit under Hospital and Surgical Benefit
 - To enjoy 100% reimbursement for confinement at the Bupa QualityNet Hospitals, you must fulfil the below requirements:
 - Bupa QualityNet (BQN) Card must be presented to the Bupa QualityNet Hospital before confinement and used for payment of medical expenses;
 - Hospital treatment must be referred by a Registered Medical Practitioner and performed by a QualityNet Registered Medical Practitioner, and carried out at a QualityNet Hospital where you are confined according to the restricted room level or below as specified in this Schedule of Benefits;
 - Pre-authorisation must be obtained from Bupa for:
 - Hospital Confinement;
 - Clinical Operation or Day Case (as required by Bupa's provider guidelines);
 - Diagnostic imaging or laboratory tests (as required by Bupa's provider guidelines); or
 - Any treatment by a Specialist referred by a QualityNet Registered Medical Practitioner if the relevant specialty is not available in Bupa QualityNet.
 - If the above requirements are not followed, eligible medical expenses will be reimbursed under Non-QualityNet Benefit.
 - For the full list of Bupa QualityNet Service Providers eligible for Hospital and Surgical Benefit, please log in to Bupa's mobile app or website. This list is subject to change from time to time.
- ⑦ About Day Case Procedure Benefits
 - For procedures performed at a QualityNet Service Provider and to be paid under QualityNet Benefit, pre-authorisation must be obtained through the QualityNet doctor from Bupa prior to endoscopy and viral warts and skin lesions procedures (as required by Bupa's provider guidelines).
 - For procedures performed by your choice of doctor and service provider for (i) Clinical Operations or Day Case at a clinic or day-case unit of a Hospital or (ii) Hospital Confinement without an overnight stay, the eligible expenses incurred will be payable up to the Maximum Limit per Member of Non-QualityNet Benefit without pre-authorisation required.
 - For procedures performed in Hospital Confinement with an overnight stay, no pre-authorisation is required in any of the following situations:
 - Any treatment performed outside Hong Kong;
 - Hospital Confinement and surgical procedures performed at ward level in the public sector of government Hospitals; or
 - If you file a claim for your procedure with another insurer first and submit a second claim to Bupa.
 - For the full list of endoscopy and viral warts and skin lesions procedures covered under Day Case Procedure Benefits, please log in to Bupa's mobile app or website. This list is subject to change from time to time.
- ⑧ If a Member receives more than one viral warts and skin lesions treatments at the same time on the same day, it will be counted as one operation. Bupa reserves the right to ask for a medical report for review.
- ⑨ About QualityNet Benefit under Out-patient Procedure Benefit
 - To enjoy full cover for eligible medical expenses incurred from covered surgical procedures up to the Overall Annual Limit, you must fulfil the below requirements:
 - Bupa QualityNet (BQN) Card must be presented to the Bupa QualityNet Service Provider's clinics or day case centres before treatment and used for payment of medical expenses;
 - Surgical procedure must be performed by a QualityNet Registered Medical Practitioner and carried out at a QualityNet clinic or day case centre;
 - Pre-authorisation must be obtained from Bupa as required by Bupa's provider guidelines for Clinical Operation, Day Case, diagnostic imaging and laboratory tests.
 - If the above requirements are not followed, medical expenses will be considered as ineligible for reimbursement.
 - For the list of Bupa QualityNet Service Providers eligible for Out-patient Procedure Benefit, please log in to Bupa's mobile app or website. This list is subject to change from time to time.
- ⑩ For the full list of surgical procedures covered under Out-patient Procedure Benefit, please log in to Bupa's mobile app or website. This list is subject to change from time to time.
- ⑪ About QualityNet Benefit under Clinical Benefit
 - General practitioner and Chinese herbalist under Clinical Benefit also cover consultation fee charged by the general practitioners and Chinese herbalists of designated video consultation service providers. This benefit shall also cover the medication delivery charge incurred by the designated video consultation service providers (general practitioner and Chinese herbalist only). The list of designated video consultation service providers can be found on Bupa's website. The list may be updated and amended by Bupa from time to time.
 - To enjoy full cover for eligible clinical treatments under QualityNet Benefit, you must fulfil the below requirements:
 - BQN Card must be presented to the Bupa QualityNet Service Providers before treatment and used for payment of medical expenses;
 - Clinical treatment must be performed by a QualityNet Service Provider and carried out at their clinics (except for treatment by a Specialist where the relevant specialty is not available in Bupa QualityNet and pre-authorisation has been obtained);
 - Specialist consultation (except for dermatology, family medicine, gynaecology, ophthalmology, orthopaedics, otolaryngology, paediatric surgery, paediatrics and psychiatry) and physiotherapy must be referred in writing by a Registered Medical Practitioner;
 - Pre-authorisation must be obtained from Bupa for any treatment by a Specialist referred by a QualityNet Registered Medical Practitioner if the relevant specialty is not available in Bupa QualityNet.
 - If the above requirements are not followed, medical expenses will be considered as ineligible for reimbursement.
 - For the full list of Bupa QualityNet Service Providers eligible under Clinical Benefit, please log in to Bupa's mobile app or website. This list is subject to change from time to time.
- ⑫ "Basic Medically Necessary Western Medication" and "basic Medically Necessary Chinese Medicines" are Medically Necessary Western Medication or Chinese Medicines prescribed by Registered Medical Practitioner or Registered Chinese Medicine Practitioner of the Designated Service Providers which falls into the list of basic medication or list of Chinese medicines maintained by such Designated Service Providers at the time of the visit. The Designated Service Providers shall have the right to charge extra fee for the medication that is not covered by this insurance plan if, in the opinion of the Designated Service Providers, the prescription of such medication is chronic, long-term, specific or expensive.
- ⑬ This benefit is applicable to treatment for psychiatric, psychological, mental or behavioural conditions, senile dementia (including Alzheimer's disease) and Parkinson's disease (except for conditions caused by or related to drug abuse and alcoholism). If the expenses under this benefit are also covered under other benefit items in this Clinical Benefit, the expenses for such items shall be exclusively paid under this item 9 and no benefit shall be payable under other benefit items.
- ⑭ About Accidental Hospital Cash Benefit

Accidental Hospital Cash Benefit is payable provided that:

 - Hospital Confinement lasts for 6 consecutive hours or more in the same hospital and Room and Board Benefit is payable; and
 - The occurrence of an Accident and the unplanned Hospital Confinement resulting from such Accident are not separated by more than 48 hours.
- ⑮ About Cancer and Serious Infectious Disease Hospital Cash Benefit

Cancer and Serious Infectious Disease Hospital Cash Benefit is payable provided that:

 - Hospital Confinement for at least 6 consecutive hours as a result of being diagnosed with Cancer, for the purpose of receiving Medically Necessary treatment and diagnosis of such Cancer, and Room and Board Benefit is payable; or
 - Confinement in the Intensive Care Unit of a Hospital lasts for at least 10 consecutive days in one Hospital admission as a result of contracting any of the Serious Infectious Diseases, for the purpose of receiving Medically Necessary treatment and diagnosis of such Serious Infectious Disease, and Intensive Care Benefit is payable.
- ⑯ The maximum number of days covered per Contract Year is the aggregate sum of the Accidental Hospital Cash Benefit and Cancer and Serious Infectious Disease Hospital Cash Benefit.
- ⑰ Network Dental Centre refers to the network of dental service providers appointed by Bupa to provide dental services items listed under "Network Dental Centre benefit" in the Schedule of Benefits. Locations of the Network Dental Centres include Admiralty, Causeway Bay, Quarry Bay, Tsim Sha Tsui, Tseung Kwan O, Sha Tin, Tsing Yi, Tung Chung, etc. Please log in to Bupa's mobile app or website to view the latest location list. This list is subject to change from time to time. Please contact the Network Dental Centres to understand their consultation hours.
- ⑱ To enjoy full cover under Network Dental Centre benefit:
 - Members must use cashless service at designated Network Dental Centres by presenting their Bupa medical card and Hong Kong Identity Card for verification and record. If the payment is made by the Members to the Network Dental Centres directly, eligible claims will be paid under Non-Network Dental Centre benefit and subject to the maximum limits thereunder.
 - There is no limit on the number of visits for Network Dental Centre benefit items 3-5 and 8-9 per Contract Year.

保柏僱健康中小企醫療保障計劃 (啟航級別) Bupa Empower SME Health Insurance Scheme (Starter Tier)



保費表 Subscription Rate Table

2026年1月1日版本 1 January 2026 Edition

以港幣計算 All figures in HK\$

主要保障 Core Benefits	每人每年保費 (港幣) Annual Subscription per Person (HK\$)							升級選項之附加保費率 Subscription loading for upgrade option		
	僱員 ^① /配偶 ^② 的平均已屆年齡 ^③ Average attained age ^③ of employee ^① /spouse ^②					子女 ^④ 之已屆年齡 Attained age of children ^④				
	16-30	31-40	41-50	51-64	65-69 (只供續保 For renewal only)	15日 days - 17歲 years				
A 住院及手術保障 Hospital and Surgical Benefit								100% 賠償率 100% reimbursement		
計劃 Plan A5	大房 Ward	678	1,506	2,177	2,496	3,845	1,133	+5%		
B 門診手術保障 Out-patient Procedure Benefit								每年最高賠償額 HK\$200,000 HK\$200,000 Overall Annual Limit		
計劃 Plan B1		492	741	1,029	1,621	2,497	736	+20%		
C 門診保障 Clinical Benefit								HK\$0 自付費 HK\$0 Co-payment	不限診治總次數 No visit limit in aggregate	
計劃 Plan C4		1,701	2,181	2,514	2,570	3,262	2,961	+18%	+10%	
計劃 Plan C5		1,156	1,483	1,708	1,747	2,217	2,013	+14%	+5%	
計劃 Plan C6		1,272	1,630	1,880	1,922	2,439	2,214	+20%	+10%	
自選保障 Optional Benefits										
D 附加醫療保障^④ Supplementary Major Medical Benefit^④										
計劃 Plan D5		554	964	1,490	2,363	3,283	466			
E 特別住院現金保障^④ Special Hospital Cash Benefit^④										
計劃 Plan E1								130		
計劃 Plan E2								65		
F 產科保障^⑤ Maternity Benefit^⑤										
計劃 Plan F1								18,442		
計劃 Plan F2								10,787		
G 牙科保障^④ Dental Benefit^④										
計劃 Plan G1								1,045		

保費計算方法 Calculation of Subscriptions

享相同保障組合的僱員及配偶 (如適用) 之保費將按他們的平均年齡計算。另外, 如在主要保障下選擇「升級選項」, 須應用「升級選項之附加保費率」計算實際保費。

例子: 如5名享住院及手術保障計劃A5(附升級選項)的僱員之平均年齡為38歲, 他們的保費將按31至40歲組別的保費計算: HK\$1,506 x 105% x 5 = HK\$7,906.5

The subscriptions for employees and spouses (if applicable) with the same benefit combinations will be based on their average age. In addition, if you choose the "upgrade option" under core benefits, you'll need to apply the "Subscription loading for upgrade option" to calculate the actual subscriptions.

Example: If the average age of the 5 employees under Hospital and Surgical Benefit Plan A5 with upgrade option is 38, their subscriptions will be based on the 31-40 age group. HK\$1,506 x 105% x 5 = HK\$7,906.5

附註 Notes

① 所有資格相同的僱員必須參加同一保障組合。

② 如在任何保障組合內選擇家屬保障, 所有合資格的家屬必須跟相關僱員參加同一保障組合。

③ 僱員/配偶的平均已屆年齡 = 同一保障組合下所有受保成人的已屆年齡之總和 ÷ 此保障組合下的所有受保成人人數。

④ 如在任何保障組合內選擇「附加醫療保障」、「特別住院現金保障」及/或「牙科保障」, 在同一保障組合內的所有會員必須投保。

⑤ 如在任何保障組合內選擇「產科保障」, 在同一保障組合內的所有女性會員(僱員及配偶)必須投保。

① All employees with the same eligibility must be enrolled in the same benefit combination.

② If dependant cover is selected in any plan, all eligible dependants must join the same benefit combination as that of the relevant employee.

③ Average attained age of employees/spouses = the sum of all insured adults' attained age in the same benefit combination ÷ no. of insured adults in this benefit combination.

④ If Supplementary Major Medical Benefit, Special Hospital Cash Benefit and/or Dental Benefit is selected in any benefit combination, all members covered by that benefit combination must be enrolled.

⑤ If Maternity Benefit is selected in any benefit combination, all female members (employees and spouses) covered by that benefit combination must be enrolled.

保費並非保證, 保柏有可能每年作出調整。Subscription rates are not guaranteed and Bupa may adjust them on an annual basis.

有關保費徵費

由2018年1月1日起, 保險業監管局按保費徵收徵費, 徵費額是以每份合約的保費的某個百分比計算。保費表上的保費尚未包括應繳徵費, 應繳徵費將按適用的徵費率計算。有關徵費率詳情, 請瀏覽 www.bupa.com.hk/levy。

About Levy payment

Starting from 1 January 2018, insurance subscription payment is subject to the Insurance Authority's levy. The amount of levy charged will be based on a percentage of the total amount of subscription under an insurance contract. Payable levy is not included in the subscription rates shown in the Table of Subscriptions and is subject to the applicable levy rate. For general information on the applicable levy rates, please visit www.bupa.com.hk/levy.

中、英文之意思如有任何差別, 概以英文為準。所有條款及細則以合約為準。請參考合約查閱保障金額表內大楷詞語之定義。

In the event of any discrepancy in respect of the meaning between the Chinese version and the English version, the English version shall prevail. All terms and conditions are subject to the Contract. Please refer to the Contract for definitions of the capitalised terms in the Schedule of Benefits.

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