

保障摘要 Summary of Benefits

2026 年 4 月 1 日 版本 1 April 2026 Edition

保柏非凡自願醫保計劃 (智選、倍智選) 提供以下選擇 (括號內數字為自願醫保認可產品編號) :

Bupa Hero VHIS Plan (Advance, Advance Pro) offers the options below (VHIS certification numbers in brackets):

智選 Advance

- \$0 自付費 Deductible (F00040-01-000-05)
- \$12,000 自付費 Deductible (F00040-02-000-05)
- \$40,000 自付費 Deductible (F00040-03-000-05)
- \$80,000 自付費 Deductible (F00040-04-000-05)

倍智選 Advance Pro

- \$0 自付費 Deductible (F00040-09-000-03)
- \$12,000 自付費 Deductible (F00040-10-000-03)
- \$40,000 自付費 Deductible (F00040-11-000-03)
- \$80,000 自付費 Deductible (F00040-12-000-03)

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

| 計劃選項 Plan option | 智選 Advance | 倍智選 Advance Pro |
|---|---|---|
| 保障地域範圍 Area of cover | 亞洲、澳洲及新西蘭 ^① Asia, Australia and New Zealand ^① | 全球但不包括美國 ^② Worldwide excluding the United States ^② |
| 指定病房級別^③ Restricted ward class ^③ | 香港、澳門、台灣及中國大陸 For Hong Kong, Macau, Taiwan and mainland China | 香港、澳門、台灣及中國大陸 For Hong Kong, Macau, Taiwan and mainland China |
| | 半私家房 Semi-private Room | 半私家房 Semi-private Room |
| | 其他亞洲、澳洲及新西蘭地區 For other areas in Asia, Australia and New Zealand | 全球其他地方但不包括美國 For other areas worldwide excluding the United States |
| | 標準私家房 Standard Private Room | 標準私家房 Standard Private Room |
| 1) 基本保障及 2) 額外保障下所有保障項目之自付費 Deductible for all benefit items under 1) Basic Benefits and 2) Enhanced Benefits | 每保單年度港元 \$0 / \$12,000 / \$40,000 / \$80,000 per Policy Year | |
| 癌症^{④⑤}之全額賠償 - 豁免自付費 First-dollar coverage - Deductible waived for Cancer ^{④⑤} | 若受保人 - ◦ 患上癌症 ^{④⑤} ; 及 ◦ 在主診註冊醫生的書面建議下直接因癌症 ^{④⑤} 接受任何醫療服務, 而其按 1) 基本保障下保障項目 (a) - (l) 及 / 或 2) 額外保障下保障項目 (a) - (k) 有應付的賠償, 則餘下的自付費餘額 (如有) 將於確診後就該醫療服務被減少至零元 (\$0)。 The remaining balance of Deductible (if any) after diagnosis shall be reduced to zero dollars (\$0) for the Medical Services if the Insured Person - ◦ suffers from Cancer ^{④⑤} ; and ◦ upon the written recommendation of the attending Registered Medical Practitioner, receives any Medical Services as a direct result of the Cancer ^{④⑤} for which benefits are payable under benefit items (a) to (l) of 1) Basic Benefits and/or (a) to (k) of 2) Enhanced Benefits. | |

| 1) 基本保障 Basic Benefits | | 智選 Advance | 倍智選 Advance Pro |
|--|---|--|--|
| 保障項目 ^④ Benefit items ^④ | | 賠償限額 (港元) Benefit limit (in HKD) | |
| a | 病房及膳食 Room and board | 全數賠償 ^⑤ Full cover ^⑤ | |
| b | 雜項開支 Miscellaneous charges | 全數賠償 ^⑤ Full cover ^⑤ (受2) 額外保障下保障項目(i)「人工裝置」的賠償限額所規限) (Subject to benefit limit of benefit item (i) Prosthetic Device under 2) Enhanced Benefits) | |
| c | 主診醫生巡房費 Attending doctor's visit fee | 全數賠償 ^⑤ Full cover ^⑤ | |
| d | 專科醫生費 ^⑤ Specialist's fee ^⑤ | | |
| e | 深切治療 Intensive care | | |
| f | 外科醫生費 (不限手術類別) Surgeon's fee (regardless of the surgical category) | | |
| g | 麻醉科醫生費 (不限手術類別) Anaesthetist's fee (regardless of the surgical category) | | |
| h | 手術室費 (不限手術類別) Operating theatre charges (regardless of the surgical category) | | |
| i | 訂明診斷成像檢測 ^{⑤⑥} Prescribed Diagnostic Imaging Tests ^{⑤⑥} | | |
| j | 訂明非手術癌症治療 ^⑦ Prescribed Non-surgical Cancer Treatments ^⑦ | 全數賠償 ^⑤ 以下列明的診症 ^⑧ : <ul style="list-style-type: none"> 住院/日間手術前超過90日所進行的一次門診或急症診症; 住院/日間手術前90日內所進行的所有門診或急症診症;及 出院/日間手術後365日內的所有跟進門診 Full cover ^⑤ for the following specified visits ^⑧ : <ul style="list-style-type: none"> 1 prior outpatient visit or Emergency consultation per Confinement/Day Case Procedure taking place more than 90 days before admission or Day Case Procedure; All prior outpatient visits or Emergency consultations per Confinement/Day Case Procedure taking place within 90 days before admission or Day Case Procedure; and All follow-up outpatient visits per Confinement/Day Case Procedure (within 365 days after discharge from Hospital or completion of Day Case Procedure) | |
| k | 入院前或出院後 / 日間手術前後的門診護理 ^⑧ Pre- and post-Confinement / Day Case Procedure outpatient care ^⑧ | | |
| l | 精神科治療 Psychiatric treatments | 全數賠償 ^⑤ Full cover ^⑤ | |
| 2) 額外保障 Enhanced Benefits | | 智選 Advance | 倍智選 Advance Pro |
| 保障項目 ^④ Benefit items ^④ | | 賠償限額 (港元) Benefit limit (in HKD) | |
| a | 私家看護費 ^⑨ Private nursing ^⑨ | 全數賠償 ^⑤ (每保單年度最多90日) Full cover ^⑤ (Maximum 90 days per Policy Year) | |
| b | 陪床費 Companion bed | 全數賠償 ^⑤ Full cover ^⑤ | |
| c | 急症意外門診保障 Emergency outpatient treatment for Accidents | | |
| d | 日症病人洗腎 ^⑩ Day Patient kidney dialysis ^⑩ | 每保單年度 \$150,000 per Policy Year | |
| e | 懷孕併發症 Complications of pregnancy <ul style="list-style-type: none"> 本保障只會賠償在保單生效日後首12個月之後受孕並因而引起的相關併發症 This benefit shall only be payable for complications resulting from a conception occurring after the first 12 months from the Policy Effective Date | | |
| f | 康復治療 Rehabilitation | 每日 \$2,000 per day (每保單年度每傷病最多90日) (必須取得保柏之預先批准) (Maximum 90 days per Disability per Policy Year) (Subject to pre-approval by Bupa) | 每日 \$2,300 per day |
| g | 善終服務及緩和治療 ^⑪ Hospice and palliative care ^⑪ | 每保單年度 \$100,000 per Policy Year | 每保單年度 \$110,000 per Policy Year |
| h | 住院或指定治療後由註冊中醫師提供之診症或針灸 Consultation or acupuncture by a Registered Chinese Medicine Practitioner after Confinement or specific treatments | 每次 \$650 per visit (每保單年度最多20次) (Maximum 20 visits per Policy Year) | 每次 \$700 per visit |
| i | 人工裝置 ^⑫ Prosthetic Device ^⑫ | 每保單年度每項裝置 \$100,000 per item per Policy Year | 每保單年度每項裝置 \$110,000 per item per Policy Year |
| j | 因中風而提升家居設備 ^⑬ Home facility enhancement due to Stroke ^⑬ | 每保單年度 \$50,000 per Policy Year | 每保單年度 \$60,000 per Policy Year (須於中風出院後緊接其後的180日內完成) (Completed within 180 days after discharge from Hospital due to Stroke) |
| k | 非住院睡眠窒息症測試 ^⑭ Non-Confinement sleep apnea test ^⑭ | 全數賠償 ^⑤ 非住院睡眠窒息症測試及以下列明的診症 ^⑮ : <ul style="list-style-type: none"> 非住院睡眠窒息症測試前超過90日所進行的一次門診; 非住院睡眠窒息症測試前90日內所進行的所有門診;及 非住院睡眠窒息症測試後365日內的所有跟進門診 Full cover ^⑤ for non-Confinement sleep apnea test and the following specified visits ^⑮ : <ul style="list-style-type: none"> 1 prior outpatient visit per non-Confinement sleep apnea test taking place more than 90 days before such sleep apnea test; All prior outpatient visits per non-Confinement sleep apnea test taking place within 90 days before such sleep apnea test; and All follow-up outpatient visits per non-Confinement sleep apnea test (within 365 days after completion of such sleep apnea test) | |

保柏非凡自願醫保計劃 (智選、倍智選) Bupa Hero VHIS Plan (Advance, Advance Pro)



| 3) 其他保障 Other Benefits | 智選 Advance | 倍智選 Advance Pro |
|---|--|---|
| 保障項目 Benefit item | 賠償限額 (港元) Benefit limit (in HKD) | |
| a 第二索償現金津貼® Second Claims Incentive® | 每日 \$1,260 each day | |
| 4) 其他限額 Other Limits | 智選 Advance | 倍智選 Advance Pro |
| 進行器官移植手術並按 1) 基本保障下保障項目 (a) - (i) 及 (k)、以及 2) 額外保障下保障項目 (a)、(b)、(f)、(g)、(h) 及 (i) 的總保障限額® Aggregate benefit limit for benefit items (a) - (i) and (k) under 1) Basic Benefits and (a), (b), (f), (g), (h) and (i) under 2) Enhanced Benefits for organ transplant surgery® | 亞洲、澳洲及新西蘭®(香港除外) Any area in Asia, Australia and New Zealand® excluding Hong Kong | 任何地方但不包括美國®及香港 Any area excluding the United States® and Hong Kong |
| | 每保單年度 \$1,000,000 per Policy Year | 每保單年度 \$1,200,000 per Policy Year |
| | (必須取得保柏之預先批准) (Subject to pre-approval by Bupa) | |
| | 香港 Hong Kong | 香港 Hong Kong |
| | 受每年保障限額所規限 Subject to Annual Benefit Limit | |
| 1) 基本保障及 2) 額外保障下所有保障項目的每年保障限額 Annual Benefit Limit for all items under 1) Basic Benefits and 2) Enhanced Benefits | 每保單年度 \$25,000,000 per Policy Year | 每保單年度 \$30,000,000 per Policy Year |
| 1) 基本保障、2) 額外保障及 3) 其他保障下所有保障項目的終身保障限額 Lifetime Benefit Limit for all items under 1) Basic Benefits, 2) Enhanced Benefits and 3) Other Benefits | 無 Nil | |

註解 Notes

- 「亞洲、澳洲及新西蘭」指阿富汗、澳洲、孟加拉、不丹、文萊、柬埔寨、中國大陸、香港、印度、印尼、日本、哈薩克、吉爾吉斯、老撾、澳門、馬來西亞、馬爾代夫、蒙古、緬甸、尼泊爾、新西蘭、北韓、巴基斯坦、菲律賓、新加坡、南韓、斯里蘭卡、台灣、塔吉克、泰國、東帝汶、土庫曼、烏茲別克及越南。於亞洲、澳洲及新西蘭以外招致的醫療費用，其 1) 基本保障下之保障項目將根據自願醫保標準計劃條款及保障的相應賠償限額賠償及 2) 額外保障下的保障將不獲賠償。詳情請參閱補充文件五。
- 於美國以外所招致的醫療費用，其 1) 基本保障下之保障項目將根據自願醫保標準計劃條款及保障的相應賠償限額賠償及 2) 額外保障下的保障將不獲賠償。詳情請參閱補充文件五。
- 詳情請參閱補充文件六。癌症的定義受不保條件限制。
- 除非另有註明，同一項目的合資格費用或受保障之費用不可獲 1) 基本保障下 (a) - (l) 項及 2) 額外保障下 (a) - (k) 項多於一個保障項目的賠償。
- 保柏有權要求有關書面建議的證明，例如轉介信或由主診醫生或註冊醫生在索償申請表內提供的陳述。
- 檢測只包括電腦斷層掃描 ("CT" 掃描)、磁力共振掃描 ("MRI" 掃描)、正電子放射斷層掃描 ("PET" 掃描)、PET-CT 組合及 PET-MRI 組合。
- 治療只包括放射性治療、化療、標靶治療、免疫治療及荷爾蒙治療。
- 全數賠償是指不設分項賠償限額。
- 就住院 / 日間手術 / 非住院睡眠窒息症測試前的門診或急症診症 (如適用) 所招致之合資格費用索償，須於 (a) 受保人出院當日或 (b) 進行日間手術 / 非住院睡眠窒息症測試當日 (視情況而定) 起 90 天內提交予本公司。
- 詳情請參閱補充文件五。
- 你必須於特定地域入住指定病房級別或以下的病房。若你住院時自願地入住指定病房級別以上的病房，所有合資格賠償將根據保單條款作出調整。詳情請參閱補充文件五。
- 如因住院而招致任何條款及保障所涵蓋的合資格費用，而該合資格費用已獲得其他保險公司全數或部分支付，本保障將就該次住院的每一日支付賠償。本保障不受保障地域範圍及自付費所規限，並且不會計入每年保障限額。
- "Asia, Australia and New Zealand" means Afghanistan, Australia, Bangladesh, Bhutan, Brunei, Cambodia, mainland China, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, North Korea, Pakistan, the Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan and Vietnam. For medical expenses incurred outside Asia, Australia and New Zealand, the benefits payable for the benefit items under 1) Basic Benefits will be subject to the corresponding benefit limits under the VHIS Standard Plan Terms and Benefits and no benefits shall be payable under 2) Enhanced Benefits. Please refer to Supplement 5 for details.
- For medical expenses incurred in the United States, the benefits payable for the benefit items under 1) Basic Benefits will be subject to the corresponding benefit limits under the VHIS Standard Plan Terms and Benefits and no benefits shall be payable under 2) Enhanced Benefits. Please refer to Supplement 5 for details.
- Please refer to Supplement 6 for details. The definition of Cancer is subject to excluded conditions.
- Unless otherwise specified, Eligible Expenses or covered expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table for items (a) - (l) of 1) Basic Benefits and items (a) - (k) of 2) Enhanced Benefits.
- Bupa shall have the right to ask for proof of recommendation e.g. written referral or testifying statement on the claim form by the attending doctor or Registered Medical Practitioner.
- Tests covered here only include computed tomography ("CT" scan), magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan), PET-CT combined and PET-MRI combined.
- Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
- Full cover shall mean no itemised benefit sublimit.
- Claims for the Eligible Expenses incurred on prior outpatient visits or Emergency consultations (if applicable) shall be submitted to the Company within 90 days after (a) the date on which the Insured Person is discharged from the Hospital or (b) the date on which the Day Case Procedure/non-Confinement sleep apnea test is performed, as the case may be.
- Please refer to Supplement 5 for details.
- You must be Confined at the restricted ward class or lower in the specified geographical area. If you are voluntarily Confined in a room at a higher level, benefits payable in respect of all eligible claims shall be adjusted based on the terms of your Policy. Please refer to Supplement 5 for details.
- If any Eligible Expenses incurred for a Confinement are covered under the Terms and Benefits where such Eligible Expenses have been fully or partly paid by Other Insurance Company, this benefit shall be payable for each day of such Confinement. This benefit is not subject to area of cover and Deductible, and shall not be counted towards the Annual Benefit Limit.

詳情請瀏覽 www.bupa.com.hk/bupaheropolicy 參閱保單及保障資料。

Please refer to the Policy and Benefit Information at www.bupa.com.hk/bupaheropolicy for details.

以下為保柏非凡自願醫保計劃 (智選、倍智選) 的免費保障及服務，並非認可產品的一部分。

The following free benefits and services under Bupa Hero VHIS Plan (Advance, Advance Pro) are not part of the Certified Plan.

B 免費保障及服務 Free Benefits and Services

1) 「保柏非凡卡」及免找數服務 Bupa Hero Card and cashless service

- 投保本計劃後，你將獲發「保柏非凡卡」(須符合有關資格)。憑卡於指定的香港私家醫院住院、或於保柏非凡特選服務供應商接受日間手術、訂明非手術癌症治療或訂明診斷成像檢測可享免找數、免索償服務。
- 請於住院或接受治療/手術前最少兩個工作天向保柏提交初步保障審核表格(有關初步保障審核之步驟，請參閱會員指引)，並於登記時出示保柏非凡卡及/或初步保障審核文件。
- 保柏會直接向醫院或服務供應商支付你的合資格醫療費用，以初步審核確認/付款保證信之信用額為限。而超過信用額的醫療費用，保單持有人須自行繳付，然後向保柏提出索償。
- 請參閱保柏網站(www.bupa.com.hk/hero) 查閱最新的指定香港私家醫院名單。此名單可能會不時更改。
- 請登入保柏的手機應用程式或網站查閱最新的保柏非凡特選服務供應商名單。此名單可能會不時更改。
- 如在海外接受治療，你只須預先致電保柏，便可於所選保障地域範圍的醫院享用此服務。
- 免找數服務並不適用於 1) 基本保障下列的項目(k)入院前或出院後/日間手術前後的門診護理及項目(l) 精神科治療，以及 2) 額外保障下列的項目(c) - (j)。醫療卡並不適用於本港私家醫院的門診部。請先支付醫療費用，然後再向保柏申請索償。
- 如有任何差額和自付費，保單持有人須向保柏退還有關費用，詳情請參閱保單。
- You'll receive a Bupa Hero Card (BH card) after enrolling in this plan subject to the eligibility requirements of Bupa. You can use your BH card to enjoy cashless service without submitting any claims for Confinement at designated private Hospitals in Hong Kong, or Day Case Procedure, Prescribed Non-surgical Cancer Treatment or Prescribed Diagnostic Imaging Test received at Bupa Hero Appointed Service Providers.
- Please submit a pre-authorisation form to Bupa at least 2 working days before Confinement and treatment/procedures (please refer to the Membership Guide for the pre-authorisation procedure), and present your BH card and/or pre-authorisation document at registration.
- Bupa will settle your eligible medical expenses with the Hospital or service provider directly, subject to the approved credit limit as stated in the pre-authorisation confirmation/guarantee of payment letter. For medical expenses exceeding the credit limit, the Policy Holder will need to pay first and then submit a claim to Bupa for reimbursement.
- Please refer to Bupa's website (www.bupa.com.hk/hero) for the latest list of designated private Hospitals in Hong Kong. This list is subject to change from time to time.
- Please log in to Bupa's mobile app or website to view the latest list of Bupa Hero Appointed Service Providers. This list is subject to change from time to time.
- For overseas hospitalisation, you can enjoy this service in your chosen area of cover by calling Bupa to make the necessary arrangements.
- Cashless service is not applicable to item (k) pre- and post-Confinement/Day Case Procedure outpatient care and item (l) psychiatric treatments listed under 1) Basic Benefits and items (c) - (j) listed under 2) Enhanced Benefits. Medical card is not applicable to the outpatient department of a local private hospital. Please settle your payment first and submit a claim to Bupa.
- You may need to reimburse Bupa for the amount of selected Deductible and Shortfall, if any. Please refer to the Policy for more details.

2) 健康支援服務 Health Coaching Services

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

24小時健康專線

提供每天24小時支援服務，為你解答健康問題並提供指引，根據病徵或病況建議合適的做法

醫療中心選擇

可根據你的指定情況或需要為你提供診所及醫院名單以供參考

健康顧問

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

第二醫療意見

如在診斷和治療上遇到各種疑慮，我們可安排醫療專家為你提供專業的意見，讓你掌握病情從而決定治療方法

慢性疾病管理計劃

提供控制慢性疾病如糖尿病、高血壓的建議，包括生活習慣建議及跟進病情等服務

The Health Coaching Services give you access to personal healthcare support delivered by a team of doctors, qualified nurses and health management professionals including:

24-hour Healthline

24/7 guidance on health-related queries, suggesting a suitable course of action based on your symptoms and condition

Healthcare Centre Choices

Provide a list of clinics and hospitals based on your specific condition or needs for your reference

Care Manager

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

Second Medical Opinion

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

Chronic Conditions Programme

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

請瀏覽保柏網站 www.bupa.com.hk/health-coaching-services 查閱健康支援服務的條款及細則。

Please refer to Bupa's website at www.bupa.com.hk/health-coaching-services for the terms and conditions of the Health Coaching Services.

- 「健康支援服務」建議的服務之有關費用由受保人自付，除非該費用在保單下屬受保項目。
- 醫生會於辦公時間內支援護士解答問題。辦公時間為星期一至五，上午9時至下午6時(香港時間)，公眾假期除外。
- 「健康支援服務」由保柏與保柏委任的服務供應商提供。
- Any fees for the services suggested by Health Coaching Services will be paid by the Insured Person unless otherwise covered under the Policy.
- Doctors will be available during scheduled office hours to support the nurses in answering enquiries. Office hours: Mon - Fri, from 9am to 6pm (Hong Kong time), except public holidays.
- Health Coaching Services are provided by Bupa and providers appointed by Bupa.

3) 24小時情緒解碼熱線 24-hour Mental Health Service Hotline

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

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

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

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

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

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

提供海外及中國住院按金墊支服務，全數支付緊急醫療運送費用及送返香港後高達港元 12 萬的額外住院保障，並設有 24 小時熱線提供旅遊、醫療或法律資訊及支援。Provides admission deposit in the event of hospitalisation overseas and in China, unlimited cover for emergency medical evacuation and repatriation, and an extra hospital benefit of HK\$120,000 after repatriation to Hong Kong. A 24-hour hotline for travel, medical or legal information and assistance is also available.

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

保柏非凡自願醫保計劃 (智選、倍智選) Bupa Hero VHIS Plan (Advance, Advance Pro)



以下為保柏非凡自願醫保計劃 (智選、倍智選) 的自選保障，並非認可產品的一部分並且不適用於申請稅項扣減及家庭折扣。
The optional benefits of the Bupa Hero VHIS Plan (Advance, Advance Pro) shown below are not part of the Certified Plan, and are not eligible for claiming tax deduction and family discount.

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

賠償限額 (港元) Benefit limit (in HKD)

| 1) 門診保障 (自選保障) Clinical Benefit (Optional Benefit) | 智選 Advance | | 倍智選 Advance Pro | |
|--|---|---|---|---|
| | 網絡保障 ^④ Network Benefit ^④ | 非網絡保障 Non-Network Benefit | 網絡保障 ^④ Network Benefit ^④ | 非網絡保障 Non-Network Benefit |
| 保障地域範圍 Area of cover | 亞洲、澳洲及新西蘭 ^⑤ Asia, Australia and New Zealand ^⑤ | | 全球但不包括美國 Worldwide excluding the United States | |
| 每年最高賠償額 Overall Annual Limit | \$100,000 | | \$150,000 | |
| 保柏非凡特選服務供應商數目 ^⑥ No. of Bupa Hero Appointed Service Providers ^⑥ | 約 Around 2,200 | 不適用 N/A | 約 Around 2,200 | 不適用 N/A |
| a 普通科醫生 ^⑦ General practitioner ^⑦ | 全數賠償 (包括診症費及最多5日之 基本醫療所需西藥費用) Full cover (Includes consultation fee and up to 5 days of basic Medically Necessary Western Medication) | 賠償80% (只限診症費) 80% reimbursement (Consultation fee only) | 全數賠償 (包括診症費及最多5日之 基本醫療所需西藥費用) Full cover (Includes consultation fee and up to 5 days of basic Medically Necessary Western Medication) | 賠償80% (只限診症費) 80% reimbursement (Consultation fee only) |
| b 專科醫生 ^⑧ Specialist ^⑧ ◦ 須獲註冊醫生書面轉介，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 ◦ Subject to written referral from a Registered Medical Practitioner, except for dermatology, family medicine, gynaecology, ophthalmology, orthopaedics, otolaryngology, paediatric surgery, paediatrics and psychiatry | | | 不適用 N/A | |
| c 家中應診 Home consultation | 不適用 N/A | 不適用 N/A | 不適用 N/A | 不適用 N/A |
| d 物理治療師 ^⑨ Physiotherapist ^⑨ ◦ 須獲註冊醫生書面轉介 ◦ Subject to written referral from a Registered Medical Practitioner | 全數賠償 (只限診症費) Full cover (Treatment fee only) | 賠償80% (只限診症費) 80% reimbursement (Treatment fee only) | 全數賠償 (只限診症費) Full cover (Treatment fee only) | 賠償80% (只限診症費) 80% reimbursement (Treatment fee only) |
| e 脊醫 ^⑩ Chiropractor ^⑩ ◦ 須獲註冊醫生書面轉介 ◦ Subject to written referral from a Registered Medical Practitioner | 全數賠償 (只限診症費) Full cover (Treatment fee only) | 賠償80% (只限診症費) 80% reimbursement (Treatment fee only) | 全數賠償 (只限診症費) Full cover (Treatment fee only) | 賠償80% (只限診症費) 80% reimbursement (Treatment fee only) |
| f 中醫師 ^⑪ Chinese herbalist ^⑪ | 全數賠償 (包括診症費及最多兩劑之 基本醫療所需中藥費用) Full cover (Includes consultation fee and up to 2 doses of basic Medically Necessary Chinese Medicines) | 賠償80%，上限為 每次診治 \$500 (包括診症費、基本醫療 所需中藥費用、針灸治 療及推拿；亦支付由註冊 中醫師處方並由合法來源 (不論是否於該註冊中醫師 的門診診所) 取得之基本 醫療所需中藥費用) 80% reimbursement up to \$500 per visit (Includes consultation fee, basic Medically Necessary Chinese Medicines, acupuncture and tui na; also payable for basic Medically Necessary Chinese Medicines prescribed by a Registered Chinese Medicine Practitioner and obtained at a legitimate source (at or outside the treating Registered Chinese Medicine Practitioner's clinic)) | 全數賠償 (包括診症費及最多兩劑之 基本醫療所需中藥費用) Full cover (Includes consultation fee and up to 2 doses of basic Medically Necessary Chinese Medicines) | 賠償80%，上限為 每次診治 \$600 (包括診症費、基本醫療 所需中藥費用、針灸治 療及推拿；亦支付由註冊 中醫師處方並由合法來源 (不論是否於該註冊中醫師 的門診診所) 取得之基本 醫療所需中藥費用) 80% reimbursement up to \$600 per visit (Includes consultation fee, basic Medically Necessary Chinese Medicines, acupuncture and tui na; also payable for basic Medically Necessary Chinese Medicines prescribed by a Registered Chinese Medicine Practitioner and obtained at a legitimate source (at or outside the treating Registered Chinese Medicine Practitioner's clinic)) |
| g 跌打醫師 Chinese bonesetter | | 全數賠償 (包括診症費及最多兩劑之 基本醫療所需中藥費用) Full cover (Includes consultation fee and up to 2 doses of basic Medically Necessary Chinese Medicines) | 賠償80%，上限為 每次診治 \$500 (包括診症費、基本醫療 所需中藥費用、針灸治 療及推拿；亦支付由註冊 中醫師處方並由合法來源 (不論是否於該註冊中醫師 的門診診所) 取得之基本 醫療所需中藥費用) 80% reimbursement up to \$500 per visit (Includes consultation fee, basic Medically Necessary Chinese Medicines, acupuncture and tui na; also payable for basic Medically Necessary Chinese Medicines prescribed by a Registered Chinese Medicine Practitioner and obtained at a legitimate source (at or outside the treating Registered Chinese Medicine Practitioner's clinic)) | 全數賠償 (包括診症費及最多兩劑之 基本醫療所需中藥費用) Full cover (Includes consultation fee and up to 2 doses of basic Medically Necessary Chinese Medicines) |

賠償限額 (港元) Benefit limit (in HKD)

| 1) 門診保障 (自選保障) Clinical Benefit (Optional Benefit) | 智選 Advance | | 倍智選 Advance Pro | |
|---|--|---|--|---|
| h 精神科相關治療[®] Psychiatric-related treatments[®] | 全數賠償 (只包括由精神科醫生訂明的診症費、醫療所需西藥、診斷成像及化驗) Full cover (Includes consultation fee, Medically Necessary Western Medication, diagnostic imaging and laboratory tests prescribed by a Psychiatrist only) | 賠償 80%，上限為每次診治 \$1,000 (包括診症費、醫療所需西藥、中藥、針灸治療、診斷成像及化驗) 80% reimbursement up to \$1,000 per visit (Includes consultation fee, Medically Necessary Western Medication, Chinese Medicines, acupuncture, diagnostic imaging and laboratory tests) | 全數賠償 (只包括由精神科醫生訂明的診症費、醫療所需西藥、診斷成像及化驗) Full cover (Includes consultation fee, Medically Necessary Western Medication, diagnostic imaging and laboratory tests prescribed by a Psychiatrist only) | 賠償 80%，上限為每次診治 \$1,200 (包括診症費、醫療所需西藥、中藥、針灸治療、診斷成像及化驗) 80% reimbursement up to \$1,200 per visit (Includes consultation fee, Medically Necessary Western Medication, Chinese Medicines, acupuncture, diagnostic imaging and laboratory tests) |
| i 臨床心理輔導[®] Psychological counselling[®] <ul style="list-style-type: none"> 須獲精神科醫生書面轉介 Subject to written referral from a Psychiatrist | 全數賠償 Full cover | 賠償 80%，上限為每次診治 \$1,000 80% reimbursement up to \$1,000 per visit | 全數賠償 Full cover | 賠償 80%，上限為每次診治 \$1,200 80% reimbursement up to \$1,200 per visit |
| j 診斷成像及化驗[®] Diagnostic imaging and laboratory tests[®] <ul style="list-style-type: none"> 須獲註冊醫生 (適用於所有診斷影像及化驗) 或註冊中醫師/脊醫[®] (只適用於 X 光及化驗) 書面轉介 Subject to written referral from a Registered Medical Practitioner for all diagnostic imaging and laboratory tests, or from a Registered Chinese Medicine Practitioner or Chiropractor[®] for X-ray only and laboratory tests | 全數賠償 Full cover | 賠償 80%，上限為每保單年度 \$10,000 80% reimbursement up to \$10,000 per Policy Year | 全數賠償 Full cover | 賠償 80%，上限為每保單年度 \$12,000 80% reimbursement up to \$12,000 per Policy Year |
| k 處方西藥 Prescribed Western Medication | 每保單年度 \$8,000 per Policy Year | | 每保單年度 \$10,000 per Policy Year | |
| (經由註冊醫生處方並由合法來源取得之醫療所需西藥費用) (Medically Necessary Western Medication prescribed by a Registered Medical Practitioner and obtained at a legitimate source) | | | | |

以「網絡保障」及「非網絡保障」合計，每保單年度以上項目 (a) - (i) 之診治次數上限合共為 40 次，其中項目 (f) - (g) 及項目 (h) - (i) 之診治次數上限合共為每保單年度各 20 次。每一項目以每日最多一次為限。

Maximum number of visits for both Network Benefit and Non-Network Benefit in aggregate per Policy Year for items (a) - (i) above is 40 in total, with a sub-limit of 20 visits per Policy Year for items (f) - (g) and items (h) - (i) respectively. Subject to a maximum of one visit per item per day.

| 2) 牙科保障 (自選保障) Dental Benefit (Optional Benefit) | 智選 Advance | | 倍智選 Advance Pro | |
|--|--|--|---|--|
| 保障地域範圍 Area of cover | 亞洲、澳洲及新西蘭 [®] Asia, Australia and New Zealand [®] | | 全球但不包括美國 Worldwide excluding the United States | |
| <ul style="list-style-type: none"> 洗牙 Scaling and polishing 定期口腔檢查 Routine oral examination 口腔 X 光及藥物 Intraoral X-ray and medications 補牙及脫牙 Fillings and extractions 膿瘡排放 Drainage of abscesses 齒尖或齒邊修復 Pins for cusp restoration 牙髓治療 (杜牙根) Root canal treatment 牙周手術 Periodontal surgery 緊急意外治療 (包括 X 光、緊急牙痛舒緩、臨時補牙、藥物、膿瘡切割及排放) Accident emergency treatment (including X-ray, temporary pain relief, temporary fillings, medication, incision and drainage of abscess) 活動假牙、牙冠及牙橋 (只適用於因意外而必須安裝) Dentures, crowns and bridges (Only if necessitated by an Accident) | 每保單年度 \$5,000 per Policy Year | | 每保單年度 \$6,500 per Policy Year | |

賠償限額 (港元) Benefit limit (in HKD)

| 3) 產科保障 (自選保障) Maternity Benefit (Optional Benefit) (只適用於年齡介乎 18 至 49 歲之女性受保人 Only applicable to female Insured Persons from Age 18 to 49) | 智選 Advance | 倍智選 Advance Pro |
|---|--|---|
| 保障地域範圍 Area of cover | 亞洲、澳洲及新西蘭® Asia, Australia and New Zealand® | 全球但不包括美國 Worldwide excluding the United States |
| a 順產 Normal delivery | 每次懷孕 \$28,000 per pregnancy | 每次懷孕 \$30,000 per pregnancy |
| b 剖腹生產 Caesarean section | 每次懷孕 \$42,000 per pregnancy | 每次懷孕 \$46,000 per pregnancy |
| c 流產 Miscarriage | 每次懷孕 \$14,000 per pregnancy | 每次懷孕 \$18,000 per pregnancy |

- 產科保障將支付因懷孕引致之醫療費用，包括醫院住院、註冊醫生診症及處方的西藥、診斷化驗、產前檢查及產後檢查，以及住院期間新生嬰兒護理費用。
- 此保障不包括新生嬰兒在醫院住院期間之任何醫療費用，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，惟受保人必須於此產科保障生效日後受孕。為免存疑，若受保人於妊娠 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，並不會於認可產品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認可產品及 / 或門診保障有關項目覆蓋則除外)。
- The Maternity Benefit shall cover medical expenses incurred 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 a newborn baby during Confinement.
- 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 the 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 Certified Plan or other optional benefits (except for those maternity related psychiatric conditions covered under the Certified Plan and/or relevant Clinical Benefit items).

註解 Notes

- ④ 「亞洲、澳洲及新西蘭」指阿富汗、澳洲、孟加拉、不丹、文萊、柬埔寨、中國大陸、香港、印度、印尼、日本、哈薩克、吉爾吉斯、老撾、澳門、馬來西亞、馬爾代夫、蒙古、緬甸、尼泊爾、新西蘭、北韓、巴基斯坦、菲律賓、新加坡、南韓、斯里蘭卡、台灣、塔吉克、泰國、東帝汶、土庫曼、烏茲別克及越南。
- ⑤ 有關「門診保障」之「網絡保障」
 - (i) 已投保門診保障的受保人可使用「保柏非凡卡」於網絡保障下享用全數賠償服務，惟必須依循以下的所有規定：
 - 你的門診治療必須由保柏非凡特選服務供應商提供及於其診所內進行；
 - 於進行任何網絡保障下的診斷成像或化驗前，必須按保柏供應商指引之要求獲得保柏的初步保障審核；及
 - 請在求診登記時出示你的保柏非凡卡，並以此卡繳付醫療費用。
 - (ii) 如沒有依循以上第 (i) 節網絡保障的所有規定，你的合資格醫療費用將於「非網絡保障」下作出賠償。你須先直接向供應商繳付醫療費用，然後向保柏申請索償。
- ⑥ 有關保柏非凡特選服務供應商
 - 請登入保柏的手機應用程式或網站查閱最新的保柏非凡特選服務供應商名單。此名單會不時更改。
- ⑦ 有關普通科醫生、專科醫生及中醫師保障
 - 門診保障下的普通科醫生、專科醫生及中醫師亦涵蓋視像診症服務供應商由普通科醫生、專科醫生及中醫師進行的醫療診症服務的診症費。此保障亦涵蓋由指定視像診症服務供應商的藥物運送費用 (只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本公司的網站查閱，此名單可能會不時更改及更新。
- ⑧ 網絡保障下的普通科醫生將延伸至涵蓋在指定香港萬寧藥房進行的藥劑師的諮詢及治療 (不是以預防為目的) 以下輕微疾病最多 7 天的基本藥物：
 - 「輕微疾病」僅包括感冒和 / 或流感、過敏、疼痛、胃腸道疾病和輕微皮膚問題 (足癬、濕疹治療、輕微燒傷和過敏)。每次藥劑師諮詢僅涵蓋一種病徵和症狀。
 - 請注意，在指定萬寧藥房購買的藥物只適合 5 歲或以上的患者。
 - 受保人必須出示有效的保柏非凡卡及身分證文件，方可享有免找數服務及全數賠償。諮詢後受保人可要求取得藥劑師通知單以作參考。
 - 有關萬寧藥房及其地點的完整列表，登入本公司的手機應用程式或網站後，於「搜尋網絡醫生」內的服務類型中點選「藥房」，此列表可能會不時更改，恕不另行通知。
 - 在萬寧藥房的每次諮詢將被視為使用網絡保障下的普通科醫生一次，以自選保障表內普通科醫生的每日最多診治次數為限，且不會根據任何其他保障作賠償支付，例如處方西藥 (如有)。
 - 請瀏覽 <https://www.bupa.com.hk/pdf/bupa-pharmacare-generic.pdf> 查閱使用保柏藥劑服務的步驟。
- ⑨ 於轉介信發出日起計六個月內，可就相同或相關病症使用該轉介信。若須診治全新或不相關的病症，則須提交新的轉介信。
- ⑩ 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 (h) 的賠償，而不會獲得其他項目之賠償。
- ⑪ 部分診斷影像中心或不接受由註冊中醫師及 / 或脊醫轉介的某些 X 光及化驗。如有疑問，請直接聯絡有關中心。

註解 Notes

- ③ "Asia, Australia and New Zealand" means Afghanistan, Australia, Bangladesh, Bhutan, Brunei, Cambodia, mainland China, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, North Korea, Pakistan, the Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan and Vietnam.
- ④ About Network Benefit under Clinical Benefit
- (i) The Insured Person enrolled in Clinical Benefit may use the BH card to enjoy full cover under Network Benefit if all of the following requirements are fulfilled:
- o Your clinical treatment must be performed by a Bupa Hero Appointed Service Provider and carried out at their clinic(s);
 - o Pre-authorisation must be obtained from Bupa before any diagnostic imaging or laboratory tests under Network Benefit as required by Bupa's provider guidelines; and
 - o Please present your BH card upon registration for treatment and use it to pay the medical expenses.
- (ii) If the Network Benefit requirements in (i) above are not fully satisfied, your claims, if eligible, will be reimbursed under Non-Network Benefit. You are required to pay the medical expenses to the provider directly and then submit a claim to Bupa.
- ⑤ About Bupa Hero Appointed Service Providers
Please log in to Bupa's mobile app or website to view the latest list of Bupa Hero Appointed Service Providers. This list is subject to change from time to time.
- ⑥ About general practitioner, specialist, Chinese herbalist benefits
- o General practitioner, Specialist and Chinese herbalist under Clinical Benefit also covers the consultation fee charged by the general practitioners, Specialists and Chinese herbalists of video consultation service providers. This benefit shall also cover the medication delivery charge incurred by the designated video consultation service provider (general practitioner and Chinese herbalist only). The list of designated video consultation service providers can be found on the Company's website. The list may be updated and amended by the Company from time to time.
- ⑦ The general practitioner under the Network Benefit will be extended to cover the consultation by pharmacist and up to 7 days' basic medication for curing (not for the purpose of prevention) the following Minor Illnesses at designated Mannings pharmacies in Hong Kong:
- o "Minor Illness" includes cold and/or flu, allergy, pain and aches, gastrointestinal conditions, and minor skin issue (Athlete's foot, Eczema treatment, minor burns and allergies) only. Only one sign and symptom will be covered for each pharmacist consultation.
 - o Please note that the medication obtained at the designated Mannings pharmacies is only suitable for patients who are 5 years old or above.
 - o To enjoy cashless services and full cover, Insured Person must present a valid BH card and identity document for verification. Following the consultation a pharmacist's note will be issued upon request, please keep it for own reference.
 - o For the complete list of Mannings pharmacies and their locations, please log in to the Company's mobile app or website and select "Pharmacies" under "Service Type" in network doctors finder. This list is subject to change from time to time without prior notice.
 - o Each consultation at a Mannings pharmacy will be counted as one visit under general practitioner of Network Benefit and subject to the maximum number of visit per day under the general practitioner mentioned in the Benefit Schedule of Optional Benefits. It is also not payable under any other benefit such as prescribed Western Medication (if any).
 - o Please refer to <https://www.bupa.com.hk/pdf/bupa-pharmacare-generic.pdf> for the steps of using Bupa PharmaCare service.
- ⑧ 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.
- ⑨ 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 (h) and no benefit shall be payable under other benefit items.
- ⑩ Some diagnostic centres may not accept referrals from a Registered Chinese Medicine Practitioner and/or Chiropractor for certain X-ray and laboratory tests. If you have any queries, please contact the centres directly.

所有條款及保障以保單為準。All terms and benefits are subject to the Policy.