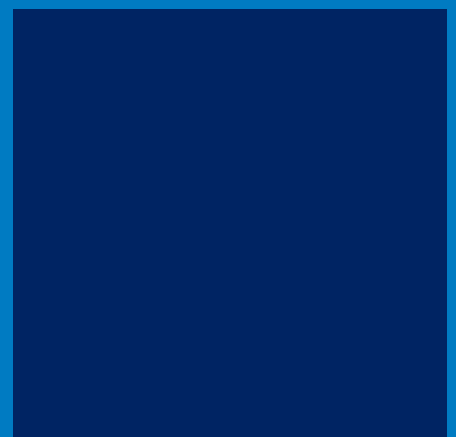
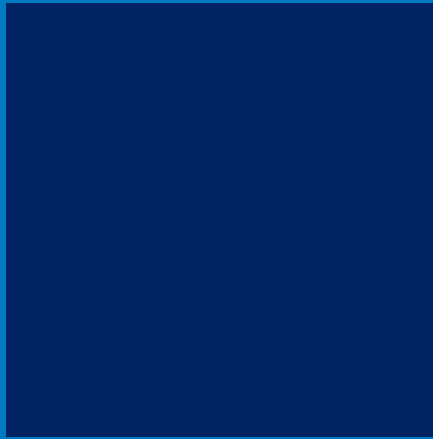


Bupa Hero VHIS Plan

Bupa Hero VHIS Plan – taking care of you at different stages of your life





We understand an elite person like you demands extraordinary health insurance that goes above and beyond. The **Bupa Hero VHIS Plan** provides **full cover¹ for eligible expenses from HK\$5 million to HK\$40 million per year.** You can choose from plans covering Asia, Australia and New Zealand^{2,3} or worldwide excluding the United States³. With this plan, you can be assured of receiving high-quality medical treatment without any worries. Additionally, **with no lifetime benefit limit**, your coverage will be restored each year no matter how much you claim.

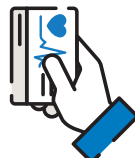
Featuring the **family discount⁴ and four deductible options** under each plan level, this plan allows you to better prepare for your health at different stages of your life. You can also **lower or remove your deductible, or upgrade⁵ your plan level at a specific age or an important life event⁵ without re-underwriting.**

The Bupa Hero VHIS Plan provides enhanced benefits⁶, medical check-up benefit, cashless service, optional clinical, dental benefits⁷, and more.

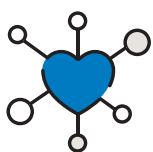
Highlights



Full cover on key medical expenses¹
without sub-limit or lifetime benefit limit



Enjoy peace of mind with our cashless service⁸ at designated hospitals and healthcare service providers



Flexible options to suit your needs, with six plan levels and four deductible options to choose from within each plan level



Generous protection for cancer treatment⁹, with a waived deductible (if any) if you are unfortunately diagnosed with cancer



Progressive coverage safeguarding every stage of your life, you may lower or remove your deductible, or upgrade⁵ plan level once at a specific age or an important life event⁵ without re-underwriting



Comprehensive care for a full recovery, with full cover for all related outpatient expenses within 90 days before or 365 days after confinement or day case procedure (exclusive to Advance, Advance Pro, Deluxe and Deluxe Pro plans)¹⁰





Plan overview

Cover at a glance

	Core HK\$	Core Pro HK\$	Advance HK\$	Advance Pro HK\$	Deluxe HK\$	Deluxe Pro HK\$
Annual benefit limit	5 million	10 million	25 million	30 million	35 million	40 million
Lifetime benefit limit	No lifetime benefit limit					
Area of cover	Asia, Australia and New Zealand ^{2,3}	Worldwide (exclude US) ³	Asia, Australia and New Zealand ^{2,3}	Worldwide (exclude US) ³	Asia, Australia and New Zealand ^{2,3}	Worldwide (exclude US) ³
Deductible option	0 / 15,000 / 50,000 / 80,000 per Policy Year		0 / 12,000 / 40,000 / 80,000 per Policy Year			
Room level	Ward		For Hong Kong, Macau, Taiwan and Mainland China: Semi-private room For other areas in Asia, Australia and New Zealand ^{2,3} : Standard private room	Standard private room		
Family discount⁴	N/A		2 family members enrol together: 10% discount 3 or more family members enrol together: 15% discount			

Eligibility

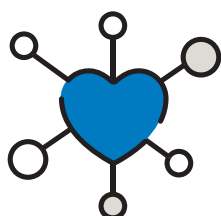
Policy holder	Aged 18 or above
Insured Person	<ul style="list-style-type: none"> • Policy holder • Policy holder's spouse, child, grandchild • Policy holder or policy holder's spouse's parents, grandparents, siblings • Policy holder's domestic partner, their parents or child
Issue age	Aged 15 days to 80 years (inclusive) at policy commencement
Application	No medical examinations required ¹¹
Renewal	Guaranteed lifelong renewal ¹²

Key features



Full cover on key medical expenses¹ without sub-limit or lifetime benefit limit

Expenses such as surgeon fees, intensive care, prescribed diagnostic imaging tests and prescribed non-surgical cancer treatments are covered in full up to your annual benefit limit for treatments in your chosen area of cover.



Flexible options to suits your needs

Bupa Hero provides generous cover from **HK\$5 million to HK\$40 million every year¹** and choices of coverage in Asia, Australia and New Zealand^{2,3}, or worldwide (excluding the United States)³.

You may also choose from **4 deductible options under each plan level to lower your premium.**



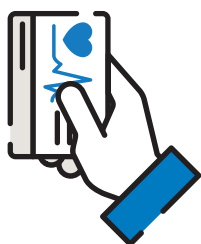
Do you know that the **Bupa Hero VHIS Plan (Core)** with an annual benefit limit of HK\$5M is sufficient to cover 99% of your medical expense¹³ on common disease (including major surgeries or serious illness)?



A progressive coverage safeguarding every stage of your life

Progressive coverage is specifically designed to adapt to evolving needs with the occurrence of **important life events⁵**, including marriage, childbirth, acquisition of individual residential property, job promotion, or migration. Policy holders have the **flexibility to upgrade⁵ their plan's annual benefit** from HK\$5 million to HK\$10 million, or from HK\$10 million to HK\$25 million, **all without the need for re-underwriting.**

You can choose to **lower or remove your deductible** 30 days before the renewal date without re-underwriting once at any of the following ages: 50, 55, 60, 65, 70, 75, 80 or 85 or upon an important life event⁵. This provides more flexibility for budget planning after an important life event or retirement⁵.



Enjoy peace of mind with our cashless service⁸

With your Bupa Hero card, you can **enjoy cashless service** at designated private hospitals¹⁴ and Bupa Hero appointed service providers¹⁵ (including diagnostic centres, specialist clinics, etc.) in Hong Kong. For overseas hospitalisation, you can enjoy this service in your chosen area of cover by calling Bupa to make the necessary arrangements. We'll settle your eligible expenses directly with the hospital or service provider (subject to your pre-approved limit)¹⁶.



If you've visited a hospital or service provider outside of our designated network, you can still enjoy a seamless experience by using Bupa's mobile app or website, to submit claims online. This enables you to focus on your well-being.



Generous protection for cancer treatment⁹

With this plan, you don't need to worry about medical bills adding up if you're diagnosed with cancer. We'll waive your chosen deductible (if any)⁹ so that all your **cancer treatment expenses will be covered straightaway**. Treatments such as chemotherapy, radiotherapy (including but not limited to proton therapy), targeted therapy, immunotherapy, and more are fully covered up to your annual benefit limit, allowing you to focus on recovery.



We can recommend treatments that are covered under your policy, enabling you to optimise the value of your medical coverage. Additionally, we can provide you with referrals to trusted healthcare professionals within our network.



Comprehensive care for a full recovery

This plan offers extended follow-up care for any condition. You can **enjoy full cover for all related outpatient expenses within 90 days before or 365 days after confinement or a day case procedure¹⁰**. The enhanced benefits⁶ also include coverage for rehabilitation, consultation with a registered Chinese medicine practitioner, prosthetic devices and so on. You'll be well protected in case of chronic diseases or serious illnesses like cancer.

Other features



Mental health support

This plan is the first VHIS plan in Hong Kong to prioritise mental health, offering full cover for inpatient psychiatric treatments. Additionally it includes a free 24-hour Mental Health Service Hotline¹⁷, which provides personalised emotional support and face-to-face counselling services.



Outpatient surgery in hospitals and clinics

With no minimum length of stay required, surgeries performed in a clinic or day case unit of a hospital are also covered.



Guaranteed renewal

Bupa guarantees that your cover can be renewed every year for life. Your premium will only be based on your age no matter how much you claim after your policy is in effect¹².



Enhanced cover including unknown pre-existing conditions

Your policy can cover unknown pre-existing conditions and congenital conditions with symptoms appearing or diagnosed from age 8, subject to the policy's General Exclusions. You can also choose cover for pre-existing conditions, subject to underwriting and an additional premium.



Eligible for tax deduction

This plan is certified as VHIS compliant. You can claim a tax deduction on qualifying premiums up to a limit of HK\$8,000 per insured person each year¹⁸.



Extra coverage and services for Deluxe plans



Receive a free medical check-up each year starting from the second policy year (for insured persons aged 18 or above).



Osteopath and podiatrist visits⁷ (exclusive to insured persons enrolled in Clinical Benefit).



Vaccination benefit⁷ (exclusive to insured persons enrolled in Clinical Benefit).



Extra Dental items and Optical Benefit⁷ (exclusive to insured persons enrolled in Dental and Optical Benefit).



Non-emergency global healthcare support while travelling, we can help you find a doctor or make an appointment.



Appointments making with your preferred healthcare service providers.



Optional benefits⁷

Enhance your coverage with optional benefits for doctor's visits, dental care, and more. Choose any or all optional benefits to meet your healthcare needs. All optional benefits offer coverage in your chosen area of cover¹⁹.



Clinical Benefit

The Clinical Benefit includes general practitioners, specialists, diagnostic imaging and laboratory tests, prescribed Western medication, physiotherapists, chiropractors, Chinese herbalists, Chinese bonesetters, psychiatric-related treatments and psychological counselling etc. This benefit also covers the consultations by pharmacist and up to 7 days' basic medication for curing (not for the purpose of prevention) Minor Illnesses at designated Mannings pharmacies in Hong Kong.

If you've enrolled in the Clinical Benefit, you can also enjoy cashless service and full cover²⁰ at network clinics and service providers. Additionally, you can benefit from video consultation services to consult our selected doctors through a video call comfortably and safely at home. Visit www.bupa.com.hk/vc for details.



Dental Benefit

Our Dental Benefit covers a wide range of dental expenses, including scaling and polishing, fillings and extractions, periodontal surgery, accident emergency treatment, and more.



Maternity Benefit

The benefit covers obstetrician's fees, hospitalisation charges, prenatal and postnatal check-up costs and nursery care for a newborn baby during hospital confinement.



Free benefits and services⁷

This plan is specially designed with a series of complimentary benefits and services to take care of both your physical and mental health.



Health Coaching Services

We're here for you at all times. Our Health Coaching Services offer personalised healthcare support and guidance delivered by a team of doctors, qualified nurses and health management professionals to minimise your worries and give you peace of mind. For complicated conditions, Health Coaching Services can provide extra assistance for a smooth recovery.

- **24/7 Healthline**

Our team of qualified health management professionals²¹ can provide assistance and guidance – from caring for a sick relative to discussing symptoms, treatments, and more.

- **Care Manager**

Our Care Manager can follow up on claims and assist you throughout treatment and recovery, from explaining your treatment plan and overseeing costs to arranging follow-up consultations. If you're admitted to a local private hospital, our Care Manager will make a courtesy call or visit, with your consent.

- **Second medical opinion**

We'll arrange for you to receive medical advice from a panel of medical specialists to clarify your doubts, enabling you to make informed decisions about your treatment.

- **Healthcare centre choices**

We can provide a list of clinics and hospitals based on your specific condition or needs for your reference.

- **Chronic Conditions programme**

This programme offers lifestyle coaching and management, including personal phone calls to help you manage any chronic condition such as diabetes.



Comprehensive cancer care support: helping you embark on a healthier life

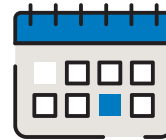
When facing the challenges of cancer treatment, Bupa Cancer Care is your strongest ally. Bringing together a connected team approach, we offer you an integrated cancer care support system. Our main services include:



Dedicated nurse hotline



Tailored treatment plan



Fast-tracked booking



Allied health support

By providing transparent information and proactive follow-ups, we are devoted to walk along with you at every step of your cancer care journey.



Scan the QR code to learn more



One-stop specialist treatment programmes

Bupa is here to support your health at different stages along your healthcare journey. That's why we offer a series of treatment programmes for insured persons focusing on various specialties, providing personalised care and guidance through network providers and a health coaching team. Through these programmes, you can enjoy the following benefits:

Supporting your health every day, every way

- Multiple specialties to meet different medical needs
- Quality-assured network clinics and facilities
- Experienced health professionals to guide you from consultation through treatment and follow-up
- Cashless service with an eligible medical card

For more details and the latest updates about the specialist treatment programmes, please visit Bupa's website.



Free Bupa Worldwide Assistance Programme²²

With the Bupa Hero VHIS Plan, you'll also receive our free worldwide assistance programme. It provides medical support and assistance if you need help while overseas or in mainland China.



Insurance and wellness in your hands

With a single mobile app **Blua Health**²³, you can manage your health and insurance scheme.



Manage your insurance scheme

With myBupa features in **Blua Health**, you can manage your scheme anytime, anywhere, redeem exclusive offers, search your preferred network doctors and clinics, submit claims and more.



Manage your health and earn rewards

Staying healthy is the greatest commitment you can make to yourself and your family. **Blua Health** helps you manage your health with AI powered health-tracking technology. You can also earn points to redeem rewards for healthy living. Keep moving to earn more! By using the “eBooking” and “ePharmacy” features²⁴, you will receive a comprehensive health solution to support both your everyday health needs and long-term wellness goals, helping you manage your health more efficiently!



Enjoy a variety of free health app features



Assess your health in 30 seconds with AI Technology



Exercise with AI coach anytime, anywhere



Earn points to redeem rewards for healthy living



One-stop booking for multiple medical services



Order prescription medications in just a few steps



Download **Blua Health** now and take control of your healthier future!



Case illustration²⁵ – fresh graduate



Bupa Hero VHS Plan (Core Pro): Especially suitable for young adults who have recently joined the workforce

At the age of 24, Connie joined a new company that provided basic group health coverage. To enhance her coverage at an affordable rate, Connie decided to purchase an individual insurance plan as a top-up. She chose the **Bupa Hero VHS Plan (Core Pro)** to supplement her existing coverage.

Here are the details of Connie's plan:



Full cover on eligible
expense up to
HK\$10 million
per Policy Year



Annual deductible:
HK\$50,000
per Policy Year



Restricted room level:
Ward



8 months after enrolling in the plan, Connie began experiencing persistent upper abdominal pain and back pain. She visited a general practitioner. Concerned about her symptoms, the general practitioner referred her to a specialist for further investigation.



The specialist arranged for Connie to undergo an endoscopy and an abdominal scan, which confirmed a diagnosis of stomach cancer. Fortunately, it was caught early, and surgery to remove the tumour was recommended.



Connie submitted a claim of HK\$50,000 from her group scheme and HK\$156,500 from her Bupa Hero VHIS Plan (Core Pro), totalling HK\$206,500 in expenses. The total expenses were fully covered under the two plans, eliminating any out-of-pocket costs for Connie.



After 3 years, Connie got married and saw it as an opportunity to leverage the progressive coverage offered by Bupa. Embracing her increased responsibilities, she decided to upgrade from the Bupa Hero VHIS Plan (Core Pro) to the Bupa Hero VHIS Plan (Advance) without re-underwriting. This upgrade provided her with enhanced coverage, ensuring protection against unexpected financial burdens.

Total cost:

Item	Actual treatment expenses (HK\$)
Pre-hospitalisation treatment and investigation	
Pre-confinement outpatient care (2 visits)	1,400
Prescribed diagnostic imaging tests	9,000
Hospitalisation	
Room and board (2 days)	2,200
Attending doctor's visit fee (2 days)	6,000
Surgeon's fee	110,000
Anaesthetist's fee	30,000
Operating theatre charges	35,000
Miscellaneous charges	11,500
Post-hospitalisation care and treatment	
Post confinement outpatient care (2 visits)	1,400
Total treatment expenses incurred	206,500

Case illustration²⁵ – working professional



Bupa Hero VHS Plan (Advance): Tailored for working professionals seeking comprehensive coverage

Peter, a single Senior IT Manager in a multinational company, recognised the importance of comprehensive healthcare coverage and enrolled in the **Bupa Hero VHS Plan (Advance)** at the age of 33.

Here are the details of Peter's plan:



Full cover on eligible
expense up to
HK\$25 million
per Policy Year



Annual deductible:
HK\$40,000
per Policy Year



Restricted room level:
Semi-private



2 years after enrolling in the Bupa Hero VHIS Plan (Advance), Peter began experiencing on-and-off chest pain, persistent cough, and coughing up blood. Subsequently, he underwent a CT scan which diagnosed him with lung cancer.



Devastated and worried, Peter sought immediate support by contacting the Bupa Cancer Care hotline. Bupa's dedicated nurse provided counselling and facilitated fast-tracked bookings for prompt cancer diagnostics and treatment. Through Bupa's cancer care pathways, Peter underwent necessary investigations, surgical removal of the cancer, chemotherapy, radiotherapy, and the post-operative rehabilitation smoothly.



As Peter was diagnosed with cancer, his chosen deductible under the Bupa Hero VHIS Plan was waived²⁶. All expenses for his cancer treatment were fully covered and reimbursed, significantly easing his financial burden.



Peter submitted a claim of HK\$8,000 for the CT scan from his group scheme²⁶. Since the deductible was waived due to his cancer diagnosis, he then claimed the remaining HK\$735,400 from his Bupa Hero VHIS Plan (Advance), totalling HK\$743,400 in expenses. Both plans fully covered the expenses, ensuring Peter had no out-of-pocket costs.

Total cost:

Item	Actual treatment expenses (HK\$)
Pre-hospitalisation treatment and investigation	
Prescribed diagnostic imaging tests (CT scan)	8,000
Pre confinement outpatient care (2 visits)	1,400
Hospitalisation	
Room and board (7 days)	16,000
Attending doctor's visit fee (7 days)	17,500
Surgeon's fee	120,000
Anaesthetist's fee	33,000
Operating theatre charges	35,000
Miscellaneous charges	70,000
Post-hospitalisation care and treatment	
Chemotherapy (6 cycles)	200,000
Radiotherapy (10 sessions)	240,000
Post confinement outpatient care (2 visits)	2,500
Total treatment expenses incurred	743,400



Why choose Bupa

We're a global healthcare specialist providing a wide range of comprehensive and flexible insurance plans to suit every life stage and lifestyle.



Our reputation and expertise in healthcare

Providing healthcare funding and provision for people in Hong Kong and beyond

- Globally we serve over 50 million customers
- Bupa Group has been serving since 1947 and established our presence in Hong Kong in 1976
- As part of Bupa, Quality HealthCare provides primary care services through a network of over 1,600 service points in Hong Kong, including Quality HealthCare Medical Centres and affiliated clinics



Claim service

Promising you a quick and easy claims process

- Over 98% of clinical claims and hospital claims are settled within 5 working days
- Submit claims online
- Notification when your claim has been processed



Round-the-clock support

Allowing you to manage your policy and your health at your convenience via

- 24-hour telephone support
- Mobile app and website



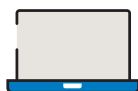
Enrol now!

We hope you'll choose our Bupa Hero VHIS Plan for comprehensive coverage. You can enrol or learn more in the following ways.



Phone enrolment

Call Bupa's Health Management Consultant or contact your insurance consultant for enrolment.



Online quotation

Visit our website at www.bupa.com.hk/hero.



Frequently Asked Questions

Please visit Bupa's website (www.bupa.com.hk/hero) or scan the **QR code** to access the frequently asked questions.



Remarks

1. Please refer to the Summary of Benefits for the items eligible for full cover. Full cover is only applicable to covered expenses and subject to the annual benefit limit, deductible and restricted ward class set out in the Summary of Benefits. Please refer to the Policy for details.
2. 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.
3. For eligible expenses covered under the certified plan but incurred outside your chosen area of cover, benefits shall only be payable according to the VHIS Standard Plan Terms and Benefits. Please refer to the Policy for details.
4. Family discount will be applied to the standard premium and premium loading of the certified plan only, but not any other optional benefits under the Bupa Hero VHIS Plan. The discount will be valid as long as the eligible family members are all covered under a Bupa Hero VHIS Plan at the same time. Family discount is not applicable to Bupa Hero VHIS Plan (Core and Core Pro).
5. Upgrading of plan level or lowering deductible upon an important life event is exclusive to Bupa Hero VHIS Plan (Core and Core Pro). When an insured person experiences marriage, childbirth, acquisition of individual residential property, job promotion, or migration, they have the option to exercise the one-time right to lower or eliminate deductibles or upgrade their plan level without undergoing re-underwriting. Please refer to the Policy for details.
6. Enhanced benefits are not applicable to Bupa Hero VHIS Plan (Core).
7. Optional benefits (Clinical, Maternity, Dental, Dental and Optical Benefit) and free benefits and services are not part of the VHIS certified plan. The premiums paid are not eligible for claiming tax deduction and any family discount.
8. Cashless service is not applicable to items (k) and (l) listed under 1) Basic Benefits and items (c) - (j) listed under 2) Enhanced Benefits (if applicable) in the Summary of Benefits for the Certified Plan. Your Bupa Hero card is not applicable to the outpatient department of a local private hospital. For overseas hospitalisation, you can enjoy cashless service by calling Bupa to make the necessary arrangements. You need to follow the required procedures and obtain pre-authorisation from Bupa to enjoy cashless service.
9. First-dollar coverage - Deductible waived for Cancer are not applicable to Bupa Hero VHIS Plan (Core Pro, Advance, Advance Pro, Deluxe or Deluxe Pro) with zero dollar (\$0) Deductible option shown in the Benefit Schedule and Bupa Hero VHIS Plan (Core) (regardless of its Deductible option).
10. For insured persons who enrolled in Bupa Hero VHIS Plan (Core or Core Pro), they can enjoy 2 prior outpatient visits and 20 (for Core) or 30 (for Core Pro) follow-up outpatient visits taking place within 30 days before admission or Day Case Procedure and 90 days after discharge from Hospital or completion of Day Case Procedure. Please refer to the Benefit Schedule for details.
11. If your Body Mass Index is considered as overweight, underweight or you're aged 65 or above at enrolment, Bupa may ask you to submit a check-up report as part of your health insurance application process.
12. Bupa guarantees that your cover can be renewed every year for life, as long as you meet the requirements as stated in the renewal provisions of your policy terms and conditions.
13. As of December 2023, based on claim data from Bupa's existing individual ward plan products in past 5 contract years, the reimbursement rate is over 99%.
14. Please visit Bupa's website (www.bupa.com.hk/hero) for the list of designated private hospitals in Hong Kong. This list is subject to change from time to time.
15. 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.

16. Bupa will directly pay your eligible medical expenses to the hospitals and service providers subject to the credit limit stated in your pre-authorisation letter and the benefit limit available under your Policy. You will need to reimburse Bupa for any ineligible medical expenses and selected deductible, if any. Please refer to <https://www.bupa.com.hk/en/medical-insurance/hero/> “Frequently Asked Questions” for details.
17. 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. Terms and conditions apply. Please refer to the Policy for details.
18. Any Hong Kong taxpayer who has purchased an eligible health insurance plan (certified by the Health Bureau as VHIS) can claim a tax deduction on qualifying premiums up to HK\$8,000 per insured person each year. The relationship between the taxpayer and the insured person must be included in the list of “specified relatives” in Inland Revenue Ordinance (Cap. 112). You can claim the deduction in the same tax year when the premium was paid. The deduction is available for certified plans, but not any other optional benefits, with policy effective date of 1 April 2019 or later. There is no limit on the number of insured persons and/or policies claimed by each taxpayer. Policies purchased for a domestic partner, grandchild(ren) or domestic partner’s parents/children are not eligible for tax deduction. For details about tax deduction, please visit www.bupa.com.hk/taxfaq.
19. For expenses incurred under optional benefits outside your chosen area of cover, no benefits shall be payable. Please refer to the Policy for details.
20. To enjoy full cover, you must visit Bupa Hero appointed service providers under the Network Benefit, subject to the maximum number of visits per policy year and the overall annual limit. Please refer to the Summary of Benefits for details.
21. Doctors will be available during scheduled office hours to support the nurses in answering enquiries. Office hours: Mon – Fri, 9am to 6pm (Hong Kong time), except public holidays.
22. 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.
23. Blua Health is offered, distributed and operated by Horizon Health and Care Limited. myBupa is offered, distributed and operated by Bupa (Asia) Limited. Horizon Health and Care Limited and Bupa (Asia) Limited are companies registered in Hong Kong under the Bupa Group. Blua Health is not a licensed insurance agent of Bupa (Asia) Limited, nor does it represent Bupa to conduct any insurance activities. The fact that Blua Health provides myBupa feature does not constitute and should not be construed as Blua Health conducting any Regulated Activities as defined by the Insurance Ordinance, Chapter 41 of the Laws of Hong Kong, or any insurance activities.
24. eBooking and ePharmacy features on Blua Health are provided by our healthcare service provider. Terms and conditions apply.
25. These case illustrations are fictional and solely for illustration purpose. None of these illustrations constitute and can be construed as any admission of claim and liability on the part of Bupa Your coverage depends on the specific terms of the insurance policy.
26. Prior to a confirmed cancer diagnosis by the insured person’s attending registered medical practitioner in writing, the fees and/or other charges for the medical services are not eligible for the waiver of the deductible (if any).



Important information

This brochure is a product summary for reference only. You are strongly advised to read and understand the coverage, general exclusions, terms and conditions of the complete insurance policy.

We want to help you understand this plan before you enrol. Please read the information below carefully.

Waiting period

The waiting period for the certified plan and other optional benefits are as follows:

Certified Plan	<ul style="list-style-type: none"> No waiting period, coverage starts as soon as your policy is in effect. Complications of pregnancy will be payable provided that such complication results from a conception which occurred 12 months after the policy effective date. For Deluxe plans, the Medical Check-up Benefit is effective from the second policy year.
Optional Clinical Benefit	No waiting period, coverage starts as soon as your policy is in effect.
Optional Dental and Optical Benefit	Certain dental items will be payable after you have been continuously covered under this benefit for six months or more. Please refer to the Summary of Benefits for details.
Optional Maternity benefit	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.

Cooling-off period

If you're not fully satisfied with this plan, you have the right to change your mind. You can cancel your plan during the cooling-off period (i.e. within 21 days after the delivery of policy documents to you). You'll need to make your cancellation request in writing and return all your policy documents to Bupa. Then you'll receive a full refund of the premiums paid as long as no benefits have been paid.

Please refer to the "Notice on cooling-off period of your Policy" enclosed in your welcome pack for details.

Cancellation rights

You can cancel your policy at any time by giving 30 days' written notice to Bupa. However, cancellation is only available if no benefits have been paid during the relevant policy year.

Disclosure of information for underwriting

During the insurance application process, it's important that you act with utmost good faith and disclose all material facts to Bupa. If you are uncertain as to whether a fact is material, then it should be disclosed. If you fail to disclose or misrepresent a material fact which may impact Bupa's risk assessment, this will raise questions about your entitlement to insurance benefits. Consequences may include cancellation of your policy or reduction of entitlement to claims payments.

Deductible

A deductible is the amount of eligible expenses that you must pay each policy year before Bupa will reimburse your eligible medical expenses. For Core plans, you can choose from 4 deductible options: HK\$0, HK\$15,000, HK\$50,000, HK\$80,000. For Advance and Deluxe plans, you can choose from 4 deductible options respectively: HK\$0, HK\$12,000, HK\$40,000, HK\$80,000. The deductible won't apply to any optional benefits such as Clinical Benefit. If you use your medical card to pay your expenses, you'll need to reimburse Bupa for the deductible amount afterwards. If you don't use your medical card, then Bupa will reimburse your eligible medical expenses after subtracting the deductible amount. Please refer to the Policy and Summary of Benefits for details.

Claims procedure

Any claim must be made following Bupa's claim procedures. All necessary original documents must be submitted within 90 days after discharge from hospital or completion of medical service. Otherwise, we won't be able to process your claim and it may be rejected.

Premium adjustment

Each insured person's initial premium is primarily determined based on factors such as age, health conditions and choice of coverage.

Any claims you make won't affect your premium at renewal. However, renewal premiums may still increase as you get older. Bupa may adjust the standard premium rate on an overall portfolio basis with reference to factors such as medical inflation, general operating expenses and revision of benefits to cover increasing medical expenses. In this case, the portfolio is all Bupa Hero VHIS Plan policies with the same level of coverage under the same terms and conditions and benefit schedule (i.e., one portfolio each for all Deluxe plans with HK\$0 Deductible, HK\$12,000 Deductible and so on).

Renewal

This policy will last for 1 year and will be renewed with premium payments collected automatically, unless you submit a written request to cancel your policy. Bupa guarantees that your cover can be renewed every year for life as long as you meet the requirements as stated in the renewal provisions of your policy terms and conditions, regardless of any changes in your health condition.

We understand that your healthcare needs may change throughout your life, so you have the flexibility to change your benefits every year upon renewal. If you wish to upgrade your plan, add any benefit(s) or reduce your deductible in future (if applicable), you will need to complete a health declaration form for medical underwriting purposes. Approval will be subject to underwriting. Please note that you can't apply to reduce your deductible within 24 months of the policy effective date or any previous change in deductible.

Bupa may revise the policy terms and benefits every year at renewal in order to comply with the latest VHIS requirements. All changes will be certified by the Health Bureau and are subject to prior written notice to the policy holder upon renewal.

Payment of premiums

This is a VHIS plan certified by the Health Bureau. The premiums paid under the certified plan are eligible for claiming tax deduction (excluding Optional Benefits). Please refer to www.bupa.com.hk/taxfaq for details.

You should pay your premium annually or monthly, based on the payment method selected during the application process. If you've fulfilled the eligibility criteria for renewal, we will charge your premium automatically at the next policy renewal, unless we have received other instructions from you.

In addition, you're allowed a 60-day grace period after the premium due date to complete the payment process. During that time, your policy will still be in effect but no benefits will be paid until the premium is paid. However, if you still haven't paid your premium when the grace period ends, your policy will be terminated from the premium due date.

Termination of your policy

Your policy will be terminated automatically in the following situations:

1. non-payment of premiums after a grace period of 60 days after the premium due date;
2. upon the death of the insured person; or
3. Bupa has ceased to have the requisite authorisation under the Insurance Ordinance to write or continue to write this policy.

Changing to a new insurance plan

If you're currently enrolled in a different health insurance plan and you cancel it to enrol in this plan, there may be changes to your coverage. For example, pre-existing conditions payable under your previous plan won't be covered unless they've been disclosed and accepted by Bupa. Please be mindful of the differences in coverage when you change insurers, from a group plan to an individual plan or from a non-VHIS plan to a VHIS plan (and vice versa).

General exclusions

1. Expenses incurred for treatments, procedures, medications, tests or services which are not medically necessary.
2. Expenses incurred for the whole or part of the confinement solely for the purpose of diagnostic procedures or allied health services, including but not limited to physiotherapy, occupational therapy and speech therapy, unless such procedure or service is recommended by a registered medical practitioner for medically necessary investigation or treatment of a disability which cannot be effectively performed in a setting for providing medical services to a day patient.
3. Expenses arising from human immunodeficiency virus (“HIV”) and its related disability, which is contracted or occurs before the policy effective date. Irrespective of whether it is known or unknown to the policy holder or the insured person at the time of submission of application, including any updates of and changes to such requisite information (if so requested by Bupa under Section 8 of Part 1 of the Policy Terms and Benefits) such disability shall be generally excluded from any coverage of the Terms and Benefits if it exists before the policy effective date. If evidence of proof as to the time at which such disability is first contracted or occurs is not available, manifestation of such disability within the first five (5) years after the policy effective date shall be presumed to be contracted or occur before the policy effective date, while manifestation after such five (5) years shall be presumed to be contracted or occur after the policy effective date. However, the exclusion under this entire Section 3 shall not apply where HIV and its related disability is caused by sexual assault, medical assistance, organ transplant, blood transfusions or blood donation, or infection at birth, and in such cases the other terms of the Policy Terms and Benefits shall apply.
4. Expenses incurred for medical services as a result of disability arising from or consequential upon the dependence, overdose or influence of drugs, alcohol, narcotics or similar drugs or agents, self-inflicted injuries or attempted suicide, illegal activity, or venereal and sexually transmitted disease or its sequelae (except for HIV and its related disability, where Section 3 of these General exclusions applies).
5. Any charges in respect of services for –
 - (a) beautification or cosmetic purposes, unless necessitated by injury caused by an accident and the insured person receives the medical services within one (1) year of the accident; or
 - (b) correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens, including but not limited to eye refractive therapy, LASIK and any related tests, procedures and services.
6. Expenses incurred for prophylactic treatment or preventive care, including but not limited to general check-ups, routine tests, screening procedures for asymptomatic conditions, screening or surveillance procedures based on the health history of the insured person and/or his family members, hair mineral analysis (HMA), immunisation or health supplements. For the avoidance of doubt, this Section 6 does not apply to –
 - (a) treatments, monitoring, investigation or procedures with the purpose of avoiding complications arising from any other medical services provided;
 - (b) removal of pre-malignant conditions;
 - (c) treatment for prevention of recurrence or complication of a previous disability; and
 - (d) any medical check-up benefits payable under Sections 2 and 3 of Supplement 2 of the Policy Terms and Benefits.
7. Expenses incurred for dental treatment and oral and maxillofacial procedures performed by a dentist except for emergency treatment and surgery during confinement arising from an accident. Follow-up dental treatment or oral surgery after discharge from hospital shall not be covered.
8. Except for the complications of pregnancy benefit payable under Section 2(e) of Supplement 1 of the Policy Terms and Benefits, expenses incurred for medical services and counselling services relating to maternity conditions and its complications, including but not limited to diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage; birth control or reversal of birth control; sterilisation or sex reassignment of either sex; infertility including in-vitro fertilisation or any other artificial method of inducing pregnancy; or sexual dysfunction including but not limited to impotence, erectile dysfunction or pre-mature ejaculation, regardless of cause.
9. Expenses incurred for the purchase of durable medical equipment or appliances including but not limited to wheelchairs, beds and furniture, airway pressure machines and masks, portable oxygen and oxygen therapy devices, dialysis machines, exercise equipment, spectacles, hearing aids, special braces, walking aids, over-the-counter drugs, air purifiers or conditioners and heat appliances for home use. For the avoidance of doubt, this exclusion shall not apply to rental of medical equipment or appliances during confinement, on the day of the day case procedure or specific benefit payable under Section 2(k) of Supplement 1 of the Policy Terms and Benefits.
10. Except for the consultation or acupuncture by a registered Chinese medicine practitioner after confinement or specific treatments benefit payable under Section 2(h) of Supplement 1 of the Policy Terms and Benefits, expenses incurred for traditional Chinese medicine treatment, including but not limited to herbal treatment, bone-setting, acupuncture, acupressure and tui na, and other forms of alternative treatment including but not limited to hypnotism, qigong, massage therapy, aromatherapy, naturopathy, hydrotherapy, homeotherapy and other similar treatments.

11. Expenses incurred for experimental or unproven medical technology or procedure in accordance with the common standard, or not approved by the recognised authority, in the locality where the treatment, procedure, test or service is received.
12. Expenses incurred for medical services provided as a result of congenital condition(s) which have manifested or been diagnosed before the insured person attained the age of eight (8) years.
13. Eligible expenses which have been reimbursed under any law, or medical program or insurance policy provided by any government, company or other third party.
14. Expenses incurred for treatment for disability arising from war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power.

Medically necessary

We only cover the expenses of the insured person when they are medically necessary and reasonable and customary.

“Medically necessary” means the need for a medical service for the purpose of investigating or treating the relevant disability in accordance with the generally accepted standards of medical practice. This service must:

- require the expertise of, or be referred by, a registered medical practitioner;
- be consistent with the diagnosis and necessary for the investigation and treatment of the disability;
- be in accordance with standards of good and prudent medical practice, and not be primarily for the convenience or the comfort of the insured person, his/her family, caretaker or the attending registered medical practitioner;
- be provided in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice for the medical services; and
- be at the most appropriate level which, in the professional judgment of the attending registered medical practitioner, can be safely and effectively provided to the insured person.

Additional factors will be considered to assess whether a hospitalisation is medically necessary, e.g. the need for emergency treatment, general anaesthesia, specific equipment in hospital, etc. If a hospitalisation is considered not medically necessary, benefits payable will be adjusted.

Reasonable and customary

In relation to a charge for medical services, “reasonable and customary” means a level which does not exceed the general range of charges being charged by relevant service providers in the locality where the charge is incurred for similar treatment, services or supplies to individuals with similar conditions, e.g. of the same sex and similar age, for a similar disability, as reasonably determined by Bupa in utmost good faith. The reasonable and customary charges shall not in any event exceed the actual charges incurred.

In determining whether a charge is reasonable and customary, we will make reference to the following (if applicable):

- treatment or service fee statistics and surveys in the insurance or medical industry;
- internal or industry claim statistics;
- gazette published by the government; and/or
- other relevant sources in the locality where the treatments, services or supplies are provided.

Special conditions for organ transplant surgery

For organ transplant surgery, your benefits will be paid differently depending on the location of the surgery. If your surgery is performed in your chosen area of cover (but not in Hong Kong), you should get pre-approval from Bupa to maximise your cover.

In Hong Kong	In your chosen area of cover (except Hong Kong)
<p>No pre-approval required, with coverage up to the annual benefit limit in the Summary of Benefits:</p> <ul style="list-style-type: none"> • Core: HK\$5,000,000 • Core Pro: HK\$10,000,000 • Advance: HK\$25,000,000 • Advance Pro: HK\$30,000,000 • Deluxe: HK\$35,000,000 • Deluxe Pro: HK\$40,000,000 	<p>Pre-approval from Bupa is required, with coverage up to the amount shown in Other Limits in the Summary of Benefits:</p> <ul style="list-style-type: none"> • Core: HK\$420,000 • Core Pro: HK\$500,000 • Advance: HK\$1,000,000 • Advance Pro: HK\$1,200,000 • Deluxe: HK\$1,500,000 • Deluxe Pro: HK\$1,800,000

If you don't get the necessary pre-approval or receive surgery outside your chosen area of cover, the VHIS Standard Plan Terms and Benefits will apply.

Choice of ward class and adjustment for voluntary upgrade

Your eligible expenses will be covered regardless of your confined ward class. However, if your confined ward class is higher than the ward class listed in your Summary of Benefits, your coverage will be adjusted as follows:

Restricted ward class	Actual confined ward class	Adjustment
Ward room	Semi-private room	Multiplied by a 50% adjustment factor
Ward room	Standard private room	Multiplied by a 25% adjustment factor
Ward room	Above standard private room including suite, VIP or deluxe room	The benefit limits of the VHIS Standard Plan Terms and Benefits shall apply
Semi-private room	Standard private room	Multiplied by a 50% adjustment factor
Semi-private room	Above standard private room including suite, VIP or deluxe room	The benefit limits of the VHIS Standard Plan Terms and Benefits will apply
Standard private room		

The adjustments above will apply except when the upgrade in ward class is due to:

- unavailability of a restricted or lower ward class due to room shortage at the hospital for emergency treatment;
- confinement in isolation that requires a specific ward class; or
- any other reason not involving the insured person's own individual preference for the confined ward class.

Bupa (Asia) Limited

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

Telephone: (852) 2517 5175
Facsimile: (852) 2548 1848

www.bupa.com.hk

This plan is insured by Bupa (Asia) Limited. Bupa (Asia) Limited is authorised and regulated by the Insurance Authority in Hong Kong to carry out general insurance business in the HKSAR.