

# International Health and Hospital plan

Bupa 

**International Health and Hospital Plan  
Hong Kong**

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

**You** can contact your insurer by writing to:

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

## Remember we can offer a second medical opinion service

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

# Welcome

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

This includes:

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

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

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

## Bold words

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

# Contact us

## Open 24 hours a day, 365 days a year

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

### Healthline\* +852 2531 8503

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

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

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

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

**We** believe that every person and situation is different and focus on finding answers and solutions that work specifically for **you**.

**Our** assistance team will handle **your** case from start to finish, so **you** always talk to someone who knows what is happening.

### General enquiries

MembersWorld is the first place to go for information about:

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

It's often the quickest way to contact **us** too:  
<https://membersworld.bupaglobal.com>

Alternatively:

**Phone:** +852 2531 8503

**Email:** [service.hk@bupaglobal.com](mailto:service.hk@bupaglobal.com)

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

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

**Your** calls may be recorded or monitored

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

### Contact details changed?

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

### Easier to read information

#### Braille, large print or audio

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

### Making a complaint

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

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

If **you** have any comments or complaints, often the quickest way to contact **us** is via MembersWorld.

Alternatively **you** can contact **us** via one of the following methods:

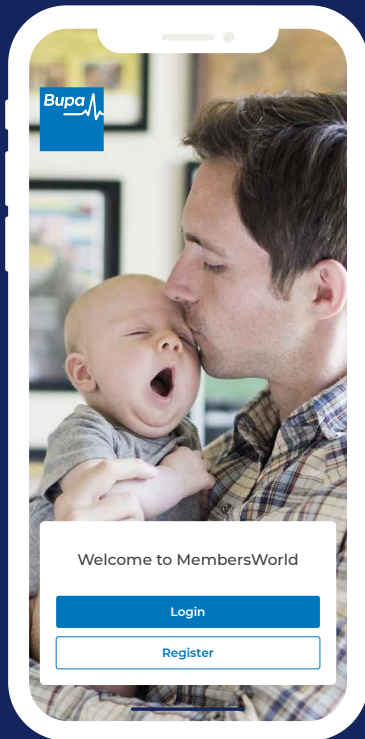
**Phone:** +852 2531 8503

**Email:** [service.hk@bupaglobal.com](mailto:service.hk@bupaglobal.com)

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

# Welcome to Membersworld

Your MembersWorld account gives you access to **Bupa Global** whenever **you** need it.



**You** can register for MembersWorld at: <https://membersworld.bupaglobal.com> and download the **Bupa Global** MembersWorld App from **your** app store.

**MembersWorld is for everyone on the policy aged 16 and over.**

All **dependants** over 16 can access these services, so it's important they register too.

If **you** are the **principal member** and would like to access information about **your dependants** in MembersWorld, they will need to register for an account and give permission. They can do this by simply going to their account settings and updating their consent options.

If **you** are not the **principal member**, **you** will not be able to access information about other **dependants** in MembersWorld.



## How to access MembersWorld

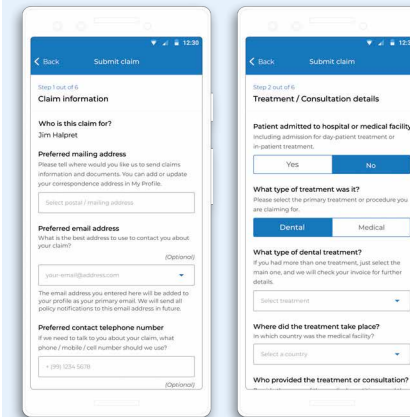
**You** can access and register online at <https://membersworld.bupaglobal.com> with **your** favourite web browser or via **our** app.

Search for "MembersWorld" on the App Store or Google Play and download to **your** device for access to **your** account on-the-go



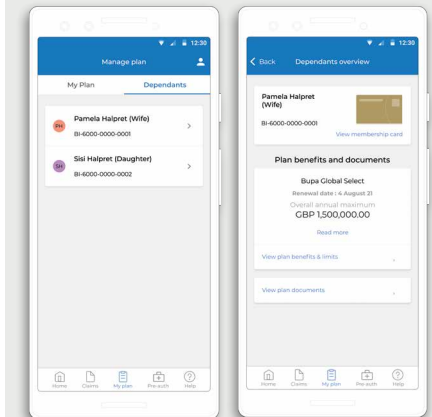
## Claims and pre-authorisations

- Submit claims\*
- Request pre-authorisation
- View and track progress\*
- Review and send more or missing information



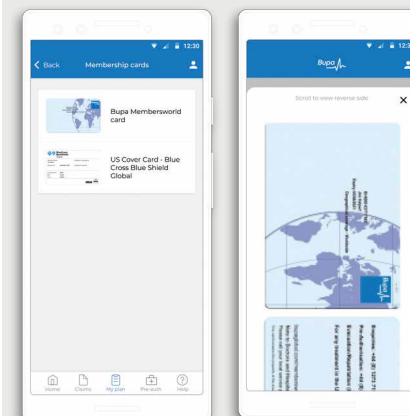
## Dependants

- View **dependants'** plans, documents and membership cards
- Submit and view claims\*
- Allow the **principal member** to manage a **dependants'** account



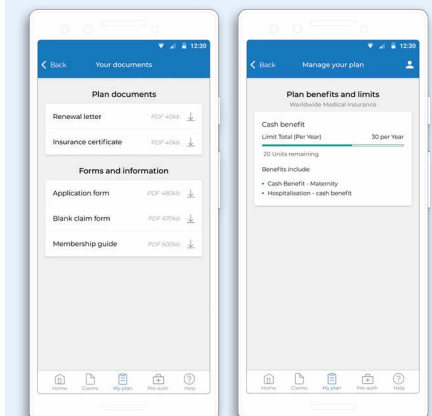
## Membership cards

- Access to **your** membership cards whenever **you** need them



## Policy documents

- View and download documents for your plan



\*MembersWorld may not track claims in the U.S. as **we** use a **service partner** here.



# Wellbeing Services

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

## Your Wellbeing

Explore **Bupa Global's** ever-growing health and lifestyle webpages at [www.bupaglobal.com/en/your-wellbeing](http://www.bupaglobal.com/en/your-wellbeing)

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

## Second Medical Opinion\*

As a **Bupa Global** customer, **you** can access a second medical opinion from leading international **specialists**.

This virtual service can give **you** added reassurance and confidence in **your** diagnosis or **treatment** recommendation to help **you** take the most appropriate steps with regards to **your** health. An independent team of **doctors** will review **your** previous medical history, along with any proposed **treatment** and issue **you** with a detailed report including recommendations for the best approach towards optimal recovery.

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

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

## Global Virtual Care\*

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

Features include (depending on local regulations):

- Video and telephonic consults
- **Doctor's** notes
- Selfcare
- Referrals
- Prescriptions

Access virtual consultations with a doctor any time of the day or night by signing-in to the MembersWorld app. If **you** haven't registered yet, go to the MembersWorld page to get started.

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



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

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

# Pre-authorisation

## The importance of pre-authorisation

**We** want everything to run smoothly when **you** need **treatment**. That way **you** can focus on getting better.

### Why should I pre-authorise treatment?

So that **you** can tell **us** about **treatment** that **you** need to have. **You** should contact **us** before **you** have **your treatment** to give **us** the details. **We** can then:

- check if the policy covers **your treatment**
- check if the provider is part of **our network**
- help **you** find a provider within **our network**
- explain any limits that apply
- tell the provider that **you** are a **Bupa Global** member. **We** have agreements with **our network** providers for **treatment** charges
- case-manage complex **treatment**. The table of benefits clearly shows the complex **treatments we** want **you** to tell **us** about. Please contact **us** if **you** need any of these. **We** may ask for more information (for example to check if any policy exclusion applies)
- see if **we** can pay any bills directly to the provider. This will mean **you** don't have to pay and claim the costs from **us**.

If **you** have **treatment** with a provider who is not part of the **network**, **we** may only pay costs that are **reasonable and customary**. This could leave **you** with a shortfall to pay.

Before **we** can authorise **treatment** or pay a claim **we** may ask for more information, for example a medical report. If **we** don't receive this promptly, there may be a delay to pre-authorisation and to paying **your** claim. If **we** do not receive this at all, **we** may not be able to pay **your** claim.

**We** may appoint an independent medical professional and ask **you** to have a medical examination with them (at **our** cost). They will then give **us** a medical report.

When **you** have pre-authorised **treatment** with one of **our network** providers, **we** will cover the costs if, at the time **you** have that **treatment**:

- the policy is in force
- **you** are covered by the policy
- premiums are paid up to date
- the pre-authorisation is still valid. When **we** authorise treatment, **we** will tell **you** how long it is valid for.

### How do I pre-authorise my treatment?

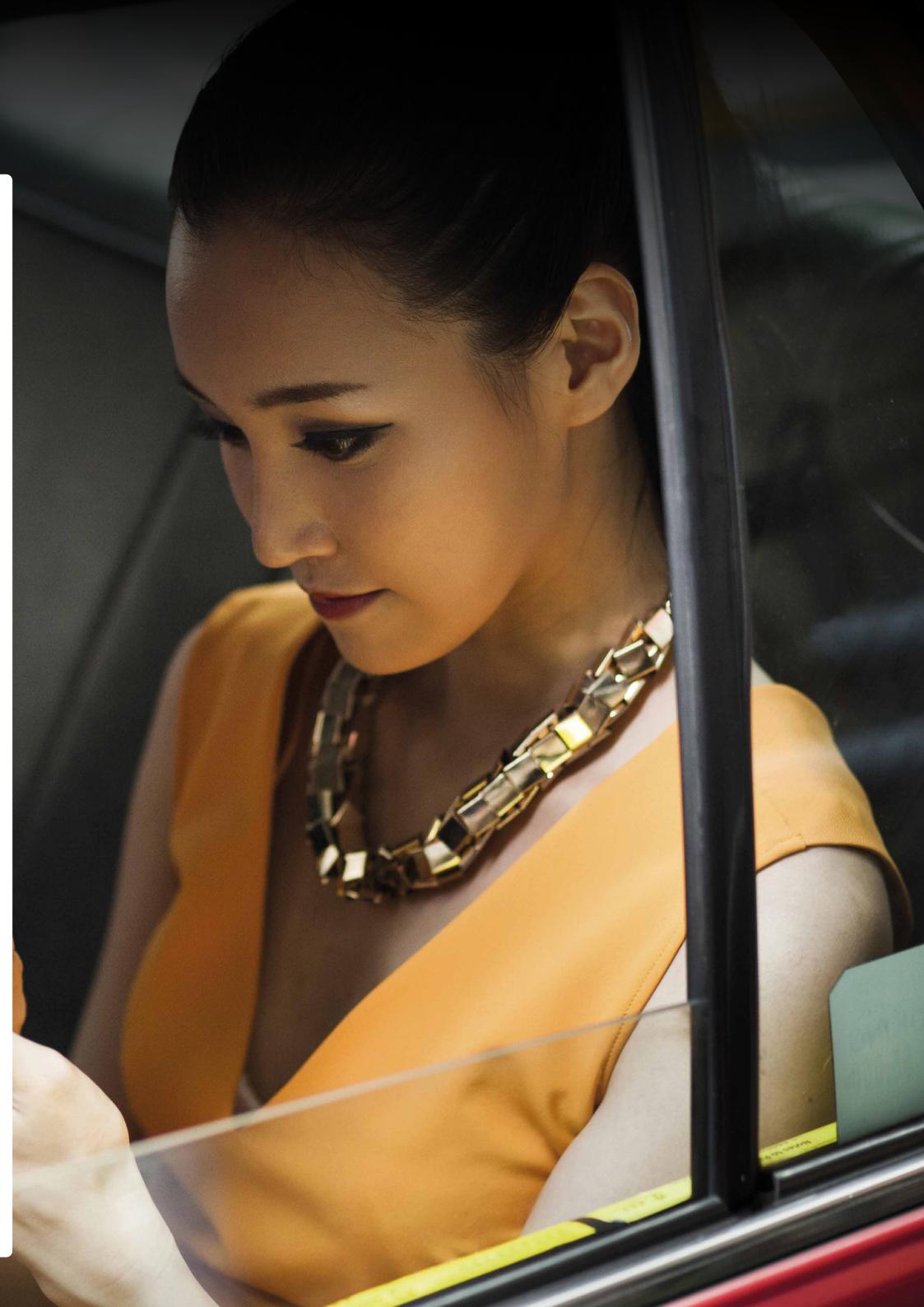
Login to the MembersWorld app, go to <https://membersworld.bupaglobal.com> or contact **us** by phone or email. When **we** have the details, **we** will send **you** and the provider a pre-authorisation statement.

### What if my pre-authorisation is no longer valid? Can I get a new one?

Yes. Just follow the process again.

### What if I need to go to hospital in an emergency?

In an emergency there might not be time to contact **us**. If this happens, it is important that the hospital contacts **us** within 48 hours.



# The claiming process

If **you** need assistance with a claim **you** can

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

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

## How to make a claim

The quickest way to submit **your** claim is to log on to **your** MembersWorld account and submit **your** claim electronically. **You** have the choice of submitting an on-line claim or uploading any completed claim form.

Make sure **we've** got all the information as the biggest delay to paying a claim is normally incomplete, missing or ineligible information.

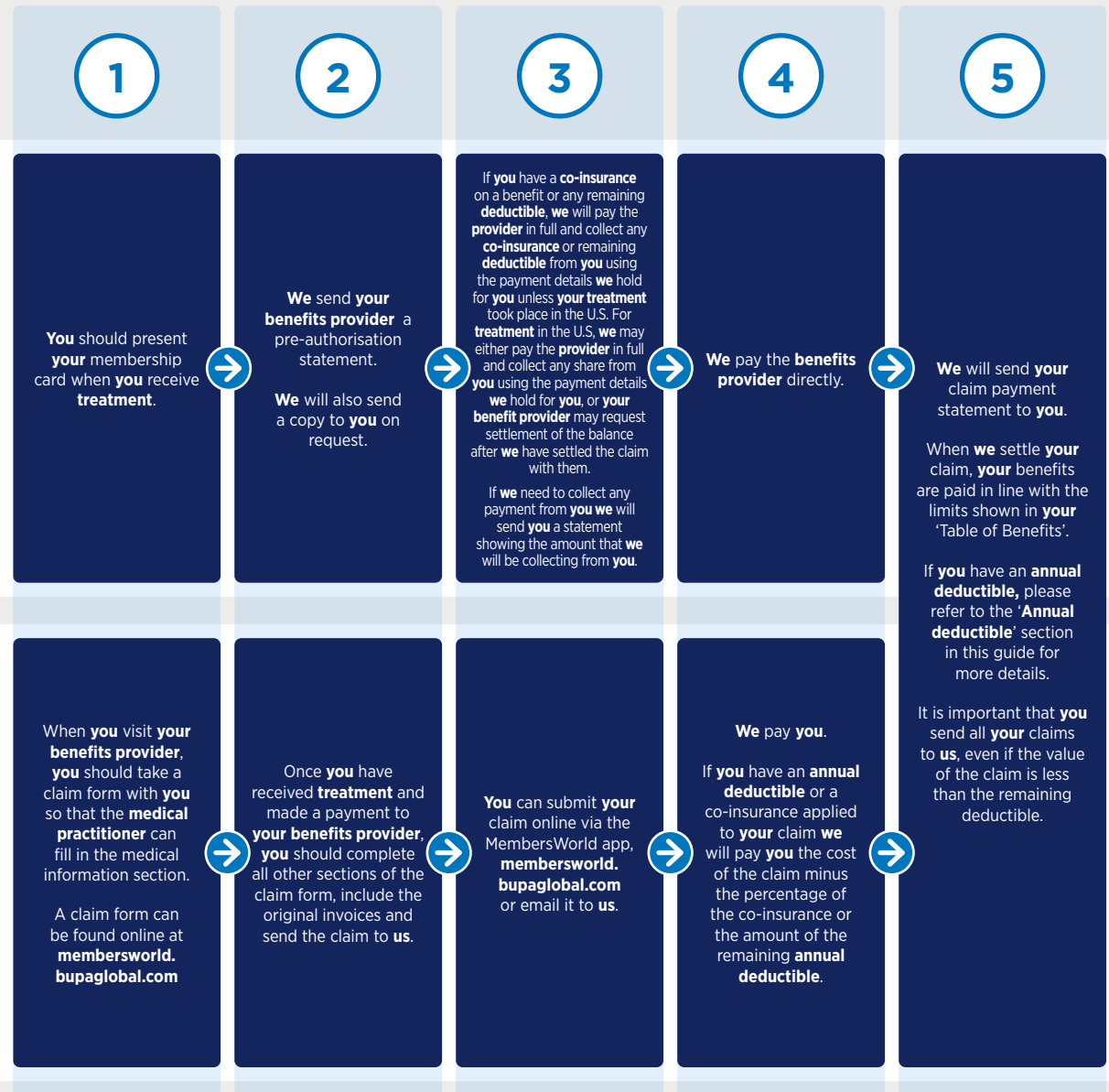
Make sure **you** have given **your** correct bank details. Reimbursement by bank transfer is by far the quickest way to receive **your** payment.

## Direct Settlement

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

## Pay and Claim

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



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# Choice of Deductible

## Choose your deductible

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

EUR: Nil / 350 / 1,050 / 4,000 / 8,000 / 16,000  
GBP: Nil / 250 / 750 / 2,750 / 5,500 / 11,000  
USD: Nil / 400 / 1,600 / 5,000 / 10,000 / 20,000

You can choose to take out your plan with or without a deductible, in any of the three currencies.  
Taking out a deductible lowers your premium.  
The deductible does not apply to Medical Evacuation and Repatriation and/or Dental and Optical modules.



# Table of Benefits

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

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

**All amounts are in EUR/GBP/USD.**

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

## Hospital Plan

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

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

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

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

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

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

Hospital Plan (continued)

Cancer treatment	
Once cancer has been diagnosed this benefit includes fees that are related specifically to planning and carrying out <b>active treatment for cancer</b> . This includes tests, diagnostic imaging, consultations and prescribed medicines (when receiving anti-hormonal drug as sole <b>treatment</b> for cancer, only the anti-hormonal drug expenses are covered)	100%
If your <b>treatment</b> involves <b>advanced therapy medicinal products (ATMP)</b> , this will be paid from the <b>ATMP</b> benefit.	

Advanced therapy medicinal products (ATMPs)	
<p>We pay for <b>ATMP treatment</b> if it is:</p> <ul style="list-style-type: none"><li>○ administered by a <b>specialist</b> in the country where you receive it, and;</li><li>○ approved by the licensing authority in the country where you receive it, for your condition, stage of disease and stage of <b>treatment</b> that you have, and;</li><li>○ endorsed by an independent <b>specialist</b> appointed by <b>Bupa Global</b> who confirms it:<ul style="list-style-type: none"><li>○ as medically appropriate, based on established medical practice, or</li><li>○ is provided under a registered and ethically approved study (in this case <b>we</b> will not apply the '<b>experimental or unproven treatment</b>' exclusion).</li></ul></li></ul> <p>Please contact <b>us</b> for pre-authorisation before proceeding with <b>treatment</b>.</p>	100%, one course of <b>treatment</b> for each condition per lifetime

Out-patient Treatment in a Hospital or Clinic	Hospital Plan
<b>Surgery*</b>	100%
Dialysis (including home dialysis), intravenous drug infusion which is only available as an infusion (must be pre-authorised by the <b>Company</b> )	100%
Endoscopic examinations	100%

\*Pre-examinations that are medically necessary in order to perform the **treatment/surgery** are covered up to 30 days prior to **treatment/surgery**. Check-ups that are medically necessary in order to verify that the **customer** is recovering successfully from the **treatment/surgery** are covered up to 180 days after **treatment/surgery**. Physiotherapy following **treatment/surgery** is covered with up to 10 sessions.

Other **out-patient treatment** is reimbursed under Module 1 - Non-**Hospitalisation** Benefits

Childbirth* (subject to a 12 month waiting period)	Hospital Plan	Hospital Plan incl. Module 1 Non-Hospitalisation Benefits
Delivery and non-medically essential caesarean section delivery incl. pre- and postnatal <b>treatment</b> for mother and child. Maximum per delivery**	Covered 100% up to EUR 5,725 / GBP 3,925 / USD 7,150	Covered 100% up to EUR 9,675 / GBP 6,650 / USD 12,100
Medically essential caesarean section, incl. pre- and postnatal <b>treatment</b> for mother and child. Maximum per delivery**	Covered 100% up to EUR 10,625 / GBP 7,325 / USD 13,200	Covered 100% up to EUR 12,650 / GBP 8,575 / USD 15,400
**see also art. 7.1.3		
Delivery and caesarean section following infertility treatment. Excluding pre- and postnatal <b>treatment</b> for mother and child. (see also art. 12.2 f), maximum	Covered 100% up to EUR 5,725 / GBP 3,925 / USD 7,150	Covered 100% up to EUR 7,150 / GBP 4,850 / USD 8,800

\***Deductible**, if chosen, also applies to childbirth benefit. Only the amount of one full annual **deductible** will be applied to maternity claims for one pregnancy, even if the course of pregnancy spans two policy years.

Hospital Plan (continued)

Organ Transplant	
Organ transplant	100%
Per diagnosis and course of <b>treatment</b> per lifetime, to include all related costs up to the financial maximum	EUR 450,000 / GBP 315,000 / USD 500,000
The <b>insurance</b> policy must be valid throughout the course of <b>treatment</b> .	
The procurement of the organ must be pre-authorised by the <b>Company</b>	
Emergency Room Treatment	
Emergency room <b>treatment</b> in connection with an acute illness or accident	100%
Local medical transport	
Ground transport to and from hospital when it is medically necessary that special medical services and/or medical equipment are provided	100%
In-patient Rehabilitation	
<p><b>We</b> pay for rehabilitation, including room, board and a combination of therapies such as physical, occupational and speech therapy after an event such as a stroke. <b>We</b> do not pay for room and board for rehabilitation when the <b>treatment</b> being given is solely physiotherapy.</p> <p><b>We</b> pay for rehabilitation, only when you have received <b>our</b> pre-authorisation before the <b>treatment</b> starts, for up to 90 days' <b>treatment</b> in each <b>membership</b> year. For in-patient <b>treatment</b> one day is each overnight stay and for day-case <b>treatment</b>, one day is counted as any day on which you have one or more appointments for rehabilitation <b>treatment</b>. <b>We</b> only pay for rehabilitation where it:</p> <ul style="list-style-type: none"><li>○ starts within six weeks of in-patient <b>treatment</b> which is covered by your <b>membership</b> (such as trauma or stroke), and</li><li>○ arises as a result of the condition which needed the in-patient <b>treatment</b> or is needed as a result of such <b>treatment</b> given for that condition</li></ul> <p>Note: in order to give pre-authorisation, <b>we</b> must receive full clinical details from your consultant; including your diagnosis, <b>treatment</b> given and planned, and proposed discharge date if you receive rehabilitation.</p>	Covered 100% Maximum per day EUR 330 / GBP 220 / USD 355
Home Nursing	
For expenses incurred for medically prescribed assistance in your private home by a certified nurse (must be pre-authorised by the <b>Company</b> )	100%
Maximum per day for maximum 40 days per policy year	EUR 130 / GBP 84 / USD 135



## Hospital Plan (continued)

Hospice and palliative care	
Hospice and palliative care, maximum per lifetime	EUR 30,500/ GBP 27,000/ USD 34,000
Hospital Cash Benefit (see also Glossary)	
If room, board and <b>treatment</b> are received free of charge or at a minor admission/service fee at a public hospital, per night maximum	EUR 90 / GBP 60 / USD 100
Maximum 60 nights per policy year (must be pre-authorised by the <b>Company</b> )	
Emergency Dental Treatment	
Acute emergency dental <b>treatment</b> due to serious accident requiring <b>hospitalisation</b>	100%
In case of doubt, the decision will be left with the <b>Company's</b> dental consultant	

## Module 1 Non-Hospitalisation Benefits

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

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

General Practitioners and Specialists*	
GP consultations, per consultation	EUR 220 / GBP 175 / USD 235
Chinese doctor consultation (if charged separately), per consultation	EUR 30 Maximum per policy year of EUR 300 GBP 22 Maximum per policy year of GBP 220 USD 30 Maximum per policy year of USD 300
Eye and ear <b>specialists</b> /other <b>specialists</b> , per consultation	EUR 220 / GBP 175 / USD 235
Psychiatrists, per consultation	EUR 220 / GBP 175 / USD 235
Psychologist and psychotherapist*	
<b>Psychologist</b> and <b>psychotherapist</b> , per consultation	EUR 220 / GBP 175 / USD 235

\*A combined maximum of 15 consultations within a 30-day period for GP/**Specialists** and **Psychologist/Psychotherapist**

Module 1

Non-Hospitalisation Benefits (continued)

Therapists	
Dietetic guidance, speech therapy per consultation Maximum four consultations per policy year	EUR 50 / GBP 40 / USD 50
Physiotherapist, occupational therapist, per consultation	EUR 95 / GBP 70 / USD 95
Maximum per policy year	EUR 1,050 / GBP 700 / USD 1,200
Chiropractor/osteopath (including Chinese bonesetter) all inclusive, per consultation	EUR 65 Maximum per policy year EUR 1,050  GBP 50 Maximum per policy year GBP 700  USD 65 Maximum per poicy year USD 1,200
Maximum per policy year	EUR 1,050 / GBP 700 / USD 1,200
Full health screening, all inclusive, per year	
Full health screening, all inclusive, per year	EUR 900 / GBP 800 / USD 1,000
Examinations and other Medical Assistance	
Laboratory test, analysis, maximum	100%
X-ray	EUR 450 / GBP 305 / USD 500
ECG	EUR 450 / GBP 305 / USD 500
Scan, per examination	EUR 1,020 / GBP 780 / USD 1,200
Injection and vaccination, per injection/vaccination	EUR 85 / GBP 65 / USD 100
Acupuncture and homeopathic <b>treatment</b> , performed by complementary medicine practitioners when they are appropriately qualified and registered to practice in the country where <b>treatment</b> is received. This includes the cost of both the consultation and <b>treatment</b> , including any complementary medicine prescribed or administered as part of <b>treatment</b> . Should any complementary medicines or <b>treatments</b> be supplied or carried out on a separate date to a consultation, these costs will be considered as a separate visit	EUR 55 / GBP 35 / USD 60

## Module 2

### Medicine and Appliances

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

Hearing Aids	
Prescribed hearing aids, per <b>appliance</b> , maximum	Covered 50% up to EUR 300 / GBP 200 / USD 325
Maximum two <b>appliances</b> are reimbursed per policy year up to maximum	Covered 50% up to EUR 600 / GBP 400 / USD 650
Other Appliances	
Slings and bandages	100%
Arch support	100%
Medical <b>appliances</b>	100%
Medicine	
Prescribed medicine and traditional Chinese medicine	100%
Traditional Chinese medicine administered by a traditional Chinese practitioner (with the exception of the <b>treatment</b> listed in art 12.2 r)	Maximum per policy year EUR 375/GBP 260/USD 450 for traditional Chinese medicine
Limited to recognised traditional Chinese practitioners registered to practice locally	
Medicine and other <b>appliances</b> are reimbursed up to an annual maximum of	EUR 3,000 / GBP 2,000 / USD 3,300

## Module 3

### Medical Evacuation and Repatriation

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

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

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



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

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

## Modules 4A and 4B Dental and Optical

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

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

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

Modules 4A and 4B  
Dental and Optical (continued)

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

Frames and sunglasses are not covered

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

# Terms and Conditions

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

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Glossary

### Art. 1

#### Acceptance of the insurance

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

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

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

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

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

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

### Art. 2

#### Original date of joining

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

### Art. 3

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

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

from an equivalent insurance with another international health insurance company.

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

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

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

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

3.2 This contract lasts one year. The **policyholder** can ask to make changes to the **deductible** and to optional modules. To do this they must give the **Company** one month's notice. Any changes take effect on the next **policy anniversary**. The currency the **policyholder** chose cannot change. The premium will be lower if they:

- add or increase a **deductible** or
- remove an option.

The premium will be higher if they:

- remove or reduce a **deductible** or
- add an option.

3.3 To improve their cover, they will need to complete a medical history form. This means that **we** may add new special restrictions or exclusions to your new cover. These are personal to you.

3.4: Any improved cover has a **waiting period** of four weeks. During the **waiting period**, the previous cover applies. If a benefit has a **waiting period** of longer than four weeks, that longer **waiting period** applies.

3.4.1: **We** won't apply the four-week **waiting period** if you have:

- an **acute serious illness**, or
- a **serious injury**.

### Art. 4

#### Who is covered by the insurance?

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

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

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

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

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

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

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



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

#### Art. 5 Where is cover provided?

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

#### Art. 6 What is covered by the insurance?

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

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

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

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

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

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

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

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

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

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

6.9: The **Company's** global health **insurance** products are non-U.S. **insurance** products and accordingly are not designed to meet the requirements of the U.S. Patient Protection and Affordable Care Act (the Affordable Care Act). The **Company's insurance** products may not qualify as minimum essential coverage or meet the requirements of the individual mandate for the purposes of the Affordable Care Act, and the **Company** is unable to provide tax reporting on behalf of those U.S. taxpayers and other persons who may be subject to it. The provisions of the Affordable Care Act are complex and whether or not the **customer** is subject to its requirements will depend on a number of factors. The **customer** should consult an independent professional financial or tax advisor for guidance. For **customers** whose coverage is provided under a group **insurance**, the

**customer** should speak to the group health **insurance** administrator for more information.

#### Art. 7 Hospital Plan

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

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

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

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

#### Art. 8 Module 1 Non-Hospitalisation Benefits

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

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

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

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

#### Art. 9 Module 2 Medicine and Appliances

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

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

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

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

#### Art. 10 Module 3 Medical Evacuation and Repatriation

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

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

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

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

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

10.1.4: The expenses for transportation covered under the **insurance**, but not arranged by the **Company**, shall only be compensated with an amount equivalent to the expenses the **Company** would have incurred, had the **Company** arranged the transportation.

10.1.5: The **insurance** shall cover reasonable and necessary transportation expenses for one person accompanying the **customer**.

10.1.6: Only one transportation is covered in connection with one course of an illness.

10.1.7: Module 3 shall only apply if the illness is covered under the **insurance**.

10.1.8: In the event that the **customer** is evacuated/repatriated for the purpose of receiving **treatment**, he/she and the accompanying person, if any, shall be reimbursed for the expenses for a return journey to the **customer's** place of residence/home country. The return journey shall be made within three months after **treatment** has been completed. Cover shall only be provided for travel expenses equivalent to the cost of an aeroplane ticket on economy class, as a maximum.

10.1.9: In the event that the **customer** has received **treatment** covered by the **insurance**, but now has reached the **terminal phase**, he/she and the accompanying person, if any, shall be reimbursed for the expenses of the return journey to the **customer's** place of residence.

10.1.10: In the event of death, expenses shall be reimbursed for home transportation of the deceased and for statutory arrangements such as embalming and a zinc coffin.

The next of kin have the following options:

a) cremation of the deceased and home transportation of the urn or

b) home transportation of the deceased.

10.1.11: The **Company** cannot be held liable for any delays or restrictions in connection with the transportation caused by weather conditions, mechanical problems, restrictions imposed by public authorities or by the pilot or any other condition

beyond the **Company's** control.

## Art. 11 Modules 4A and 4B Dental and Optical

11.1: If the **insurance** has been extended to include Module 4, the following terms shall also apply:

11.1.1: Module 4 can only be taken out as a supplement to the Hospital Plan.

11.1.2: Module 4 shall cover the **customer's** expenses for dental **treatments** and glasses and lenses in accordance with the applicable **benefit limits** as stated in the Table of Benefits.

11.1.3: Any invoice for expenses incurred by dental **treatment** and glasses and lenses shall be reported by submitting the receipted and itemised invoices provided with the **membership** number and claim form to **us**.

## Art. 12 Exceptions to cover

12.1: The **insurance** shall not cover expenses incurred for any disease, illness or injury known to the **policyholder** and/or the dependant at the time of **application**, unless agreed upon with the **Company**.

12.2: Furthermore, the **Company** shall not be liable for any expenses which concern, are due to or are incurred as a result of:

a) non-medically essential or cosmetic **surgery** and **treatment**, **treatment** of keloid scars and/or scar revision, even if the scar is causing a functional problem,

b) **treatment** for, or required as a result of obesity,

c) any harmful or hazardous use of alcohol, drugs and/or medicines: **treatment** for or arising directly or indirectly, from the deliberate, reckless (including where the **customer** has displayed a blatant disregard for his/her personal safety or acted in a manner inconsistent with medical advice), harmful and/or hazardous use of any substance including alcohol, drugs and/or medicines; and in any event, from the illegal use of any such substance,

d) contraception, including sterilisation,

e) induced abortion unless medically prescribed,

f) any kind of infertility test and/or **treatment**, including hormone **treatment**, insemination or examinations and any procedures related hereto, including expenses for pregnancy, pre- and postnatal **treatments** of the mother and the newborn child/children. An **application** must therefore be submitted for children born as a result of infertility **treatment** and/or born by a surrogate mother. The **application** will undergo the standard underwriting procedure, according to Art. 1.

g) sexual problems and gender issues: sexual problems, such as impotence, whatever the cause, or sex changes or gender re-assignments,

h) hospital stay when it is used solely or primarily for any of the following purposes: receiving general nursing care or any other services which do not require the **customer** to be in a hospital and could be provided in a nursing home or other establishment that is not at hospital; receiving services which would not normally require trained medical professionals (eg help in walking and bathing) and pain management,

i) **treatment** by naturopaths or homoeopaths and naturopathic or homoeopathic medications and other alternative methods of **treatment**, unless specified in the Table of Benefits,

j) health certificates,

k) **treatment** of diseases during military service,

l) **treatment** for sickness or injuries directly or indirectly caused by the **customer** putting him/herself in danger by entering a **known area of conflict** as listed below:

war, invasion, acts of a foreign enemy, hostilities (whether war has been declared or not), civil war, terrorist acts, rebellion, revolution, insurrection, civil commotion, military or usurped power, martial law, riots or the acts of any lawfully constituted authority, or army, naval or air services operations whether war has been declared or not,

m) nuclear reactions or radioactive fallout,

n) **treatment** performed by an **unrecognised medical practitioner, provider or facility**,

o) **treatment** or **surgery** to correct refractive errors in the eyesight (due to eg myopia, hyperopia/hypermotropia, astigmatism and presbyopia) such as laser **treatment**, refractive keratotomy and photorefractive keratectomy, clear lens extraction, or accommodative intraocular lenses,

p) any **experimental or unproven treatment**, including diagnostic investigation, testing or **treatment** (including medicine) which is experimental due to lack of **acceptable current clinical evidence**,

q) any **treatment** or medicine which is not proven to be effective based on **acceptable current clinical evidence**,

r) any of the following traditional Chinese medicines: cordyceps; ganoderma; antler; cubilose; donkey-hide gelatin; hippocampus; ginseng; red ginseng; American Ginseng; Radix Ginseng Silvestris; antelope horn powder; placenta hominis; Agaricus blazei murill; musk; and pearl powder, rhinoceros horn and substances from Asian Elephant, Sun Bear, and Tiger or other endangered species,

s) in-patient **treatment** for more than 90 continuous days for permanent neurological damage or when the **customer** is in a **persistent vegetative state**. This article only applies to **insurances** with an **original date of joining** on or after 1 January 2017.

t) Artificial Life Maintenance, including mechanical ventilation, when the patient is in a state of profound unconsciousness and/or with no sign of awareness or a functioning mind, where such **treatment** will not or is not expected to result in the **customer's** recovery or restore the **customer** to the **customer's** previous state of health. This means, eg cover is not provided when the **customer** is unable to feed and breathe independently and requires percutaneous endoscopic gastrostomy (PEG) or nasal feeding for a period of more than 90 continuous days. This article only applies to **insurances** with an **original**

**date of joining** on or after 1 January 2017.

u) any genetic testing, unless medically necessary

- as the result of the test will directly impact the **treatment** of an existing covered disease, or
- for prenatal testing due to suspicion of fetal abnormality.

## Art. 13

### How to report a claim

13.1: **We** want it to be simple for you to make a claim. **We** try to pay providers directly but sometimes this isn't possible.

13.2: Before **we** can pay a claim, **we** need to make sure that it is a valid claim. The claim form gives **us** the information that **we** need to check that your claim is valid. Please make sure that you complete the form. If not, **we** may have to ask for more information. This can take time and delay any payment. An incomplete claim form is the most common reason for delayed payments. You can:

- complete a claim form in MembersWorld, or
- contact **us** and **we** will send you one.

You must make a separate claim for each:

- member
- condition
- in-patient or day-patient stay, and
- currency of claim.

If you need **treatment** for more than six months, **we** can ask you to complete a new claim form.

13.2.1: **We** need to receive the completed form, with any invoices, receipts and prescriptions related to the claim. This must be within two years of receiving the **treatment**. **We** do not pay claims that **we** receive more than two years after **treatment** unless there is a good reason why you couldn't make the claim earlier.

13.3: **We** may ask for more information about your claim. For example:

- medical reports or other information about your **treatment**

- the results of any medical examination by a medical practitioner who **we** appointed and that **we** paid for.

If you don't give **us** the information **we** ask for, **we** may not be able to pay your claim.

13.4: **We** only pay for **treatment**:

- you have while you are on the policy
- up to the benefit levels that apply at the time you have it
- costs that are **reasonable and customary**.

**We** can't return original **documents** to you - for example invoices. However, when you make a claim, you can send **us** copies. If you do send an original **document**, **we** can send you a copy if you ask **us**.

13.5: If you are aged 18 or over, **we'll** explain to you how **we** have dealt with your claim. For dependants aged 17 and under, **we** will write to the **policyholder**.

13.6: Where possible, **we** follow the instructions in the 'Payment details' section of the claim form.

13.6.1: **We** only make payments to the:

- member who received the **treatment**
- provider of the **treatment**
- **policyholder**
- executor or administrator of the member's estate.

13.6.2: **We** pay a dependant only if:

- they received the **treatment**
- they are aged 18 or over, and
- **we** have their bank details.

**We** do not make payments to anyone else.

13.6.3: Payment method

**We** can:

- transfer payment to your bank account. This is quick and secure. However, **we** can send a payment only if **we** know details of where to send the payment, for example the full account

number, SWIFT code, bank address and (in Europe only) IBAN number.

- pay by cheque. You should cash a cheque within six months. If you have an out-of-date cheque, please contact **us** and **we** will replace it.

If your bank charges you for a transfer **we** make, **we** will try to refund this as well. **We** do not pay any other bank charges, for example currency exchange fees.

13.6.4: **We** will reimburse you in the currency:

- in which **we** receive the premium
- of the invoices you send **us**, or
- of your bank account.

Sometimes banking rules may not let **us** pay in the currency you would like. So, **we** will pay in the currency **we** receive the premium in. Very rarely, paying in a certain currency may be illegal or expose **us** (or the **Bupa Group**) to United Nations sanctions. If so:

- **we** may not be able to pay you immediately, or
- will pay you in a currency which **we** are allowed to and able to.

13.6.5: The exchange rate **we** use will be Reuters closing spot rate set at 16.00 UK time on the UK working day before the invoice date. If there is no invoice date, **we** will use your **treatment** date.

13.7: What do **we** do to detect and prevent fraud? **We** can check your details with:

- fraud prevention agencies
- other insurers, and
- other relevant third parties.

13.7.1: If you give **us** false or inaccurate information and **we** suspect fraud, **we** may record this with a fraud prevention agency. **We** and other organisations may also use these records to:

- help make decisions about cover for you and members of your plan

- help make decisions on other **insurance** proposals and claims for you and members of your plan/group
- trace debtors, recover debt, prevent fraud and to manage your **insurance** plans
- establish your identity
- undertake credit searches and other fraud searches.

13.8: If a claim on the policy is fraudulent in any way, **we** can:

- refuse to pay it and any later claim
- recover any payments **we** have already made for it and for any later claim.

13.8.1: If the **customer** makes a fraudulent claim, **we** can cancel the policy. This will be from the date of that claim.

13.8.2: If a dependant makes a fraudulent claim, **we** can cancel their cover. This will be from the date of that claim.

13.8.3: In either case **we** don't have to refund any premium already paid to **us**.  
What is an example of a fraudulent claim?

- making a false or exaggerated claim
- giving **us** false information. For example forged, falsified or manipulated **documents**
- not giving **us** information which **we** need to assess a claim
- refusing to give **us** information which **we** have reasonably asked for to assess a claim. For example, medical history reports, proof of payment and original invoices.

## Art. 14

### Cover by third parties

14.1: You may need to claim for **treatment** that you need because someone else is at fault. An example would be if you were a victim in a car crash. You will need to complete the relevant section of the claim form. You will also need to take any reasonable steps **we** ask of you to help **us**:

- recover from the person at fault the cost of the **treatment** **we** paid for. This could be through their **insurance company**.

- claim interest if you are entitled to do so.

14.1.1: When **we** receive an itemised statement from another insurer and a copy of the invoices the **Company** will apply the amount reimbursed by that other insurer to write down the existing **deductible** and/or co-insurance on the **customer's Bupa Global health insurance** plan(s) if the reimbursed benefits would have been covered by **Bupa Global**.

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

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

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

14.1.4: Where there is cover by another insurance policy or healthcare plan, **we** must be told when claiming payment, and the cover under this **insurance** will be secondary to any other insurance policy or healthcare plan.

14.2: **We** may make a claim in your name. You must give **us** any help **we** reasonably need to make that claim. For example:

- giving **us** any **documents** or witness statements
- signing court **documents**, and
- having a medical examination.

You must not:

- take any action
- settle any claim or
- do anything which has a negative effect on **our** right to claim in your name.

14.3: If you have other **insurance** for costs you have claimed from **us**, you must:

- tell **us** about this when you make a claim from **us**
- complete the appropriate section of the claim form.

**We** will only pay **our** share of the costs.

#### Art. 15 Payment of premium

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

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

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

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

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

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

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

15.8: Other charges, such as Insurance Premium Tax (IPT), or other taxes, levies or charges, depending on the laws of the **policyholder's country of residence** may apply. If they apply to the **policyholder's insurance** premium, they will be included within the total that has to be paid on the premium notice. The charges may apply each time when the premium payment is due, from the

**original date of joining**, the anniversary of the **original date of joining** or the date of registration of a new **customer** on the policy. The **policyholder** must pay these charges to **us** when paying the premiums or when adding a new **customer** to the policy, unless otherwise required by law.

#### Art. 16 Information necessary to the Company

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

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

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

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

information with. A third party authorisation form will be provided by the **Company** on request.

#### Art. 17 Assignment, cancellation, termination and expiry

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

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

17.2.1: The **insurance** may be terminated by the **policyholder** with effect from 30 days' prior notice by email, letter or phone. The **insurance** shall be effective for 12 months as a minimum.

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

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

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

agreed premium.

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

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

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

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

Without limitation to the foregoing, the **insurance** shall not be renewed at the next **policy anniversary** if the **policyholder** becomes a permanent resident of the U.S., and, if a **customer** who is not the **policyholder** becomes a resident of the U.S., their cover under the **insurance** shall not be renewed at the next **policy anniversary**. 'Permanent resident' shall mean a person residing in the U.S. who is a citizen of or who is permitted under applicable laws to live and work, on a permanent basis, in the U.S., and 'U.S.' shall include the Commonwealth of Puerto Rico for this purpose.

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

17.8: Sanction clause

The **Company** will not provide cover nor pay claims under this **insurance** policy if the **Company's** obligations (or the obligations of the **Company's** group companies and administrators) under the laws of any relevant jurisdiction, including UK, European Union, the United States of America, or international law, prevent the **Company** from doing so. The **Company** will normally tell the **policyholder** if this is the case unless this would be unlawful or would compromise the **Company's** reasonable security measures. This **insurance** policy does not provide cover to the extent that such cover would expose the **Company** (or the **Company's** group companies and administrators) to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, UK or United States of America, or under other relevant international law. This Art. 17.8 only applies to **insurances** with an **original date of joining** on or after 1 January 2016.

17.9: The **Company's** liability in connection with the **insurance**, including liability for payment for medical expenses for ongoing **treatment**, after-effects or consequential damages in connection with an injury or illness incurred or treated during the **insurance** period, shall automatically cease upon expiry, cancellation or termination of the **insurance**.

Accordingly, upon expiry, cancellation or termination of the **insurance**, a **customer's** right to claim payment shall cease. Claims for payment of medical expenses incurred during the **insurance** period must be filed within six months of the date of expiry, cancellation or termination of the **insurance** in order to be eligible for payment.

## Art. 18 Complaints

18.1: How can I make a complaint?

- call **us**: +852 2531 8503
- email: [service.hk@bupaglobal.com](mailto:service.hk@bupaglobal.com)
- write to: Bupa (Asia) Ltd, 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong.

You can also ask for a copy of **our** complaints process.

18.2: Taking it further

If **we** can't settle your complaint, you may be able to refer it to the Insurance Claims Complaints Bureau:

- write to: The Insurance Claims Complaints Bureau, 29/F, Sunshine Plaza, 353 Lockhart Road, Wanchai, Hong Kong
- call them: 2520 1868
- email: [iccb@iccb.org.hk](mailto:iccb@iccb.org.hk)

For more details go to: [www.iccb.org.hk](http://www.iccb.org.hk)

## Art. 19 Applicable law

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

## Art. 20 No Third Parties Rights

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

## Art. 21 Confidentiality

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

# Privacy notice

Bupa (Asia) Limited (the "**Company**")

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

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

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

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

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

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

a) processing, assessing and determining any **Applications** for **insurance** products and services;

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

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

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

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

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

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

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

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

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

following classes of transferees:

a) the **Company's** group companies ("Group **Company**");

b) any **insurance** adjusters, agents and brokers;

c) any re-**insurance** companies authorised by the **Company**;

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

e) healthcare professionals and hospitals;

f) any agent, contractor or third party service providers who provide administrative, telecommunications, computer, payment, data processing or storage, printing, research or other services to the **Company** in connection with the operation of business, (including without limitation insurers; banks; lawyers; accountants; claims investigators; fraud prevention organisations; other **insurance** companies (whether directly or through fraud prevention organisations or other persons named in this paragraph); organisations that consolidate claims and underwriting information for the **insurance** industry; the police and databases or registers (and their operators) used by the **insurance** industry to analyse and check information provided against existing information; debt collection agencies; data processing companies; research agencies and professional advisors);

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

h) any person to whom the **Company** is under an obligation to make disclosure under the requirements of any law, rules, regulations, codes of practice or guidelines binding on the **Company** including, without limitation, any applicable regulators, governmental bodies, industry recognised bodies, credit reference agencies, the Courts, and where otherwise required by law.

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

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

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

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

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

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

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

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

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

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

d) to request the **Company** to cease using your personal information for direct marketing purposes.

Requests can be made in writing to the **Company's** Data Protection Officer at the following address:

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

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

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

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

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



# Glossary

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

Defined term	Description
<b>Acceptable current clinical evidence:</b>	International medical and scientific evidence which include peer-reviewed scientific studies published in or accepted for publication by medical journals that meet internationally recognised requirements for scientific manuscripts. This does not include individual case reports, studies of a small number of people and clinical trials which are not registered.
<b>Active treatment for cancer</b>	<b>Active treatment for cancer</b> is chemotherapy, radiotherapy and immunotherapy.
<b>Acute serious illness:</b>	An “ <b>acute serious illness</b> ” shall be determined to exist only after review and agreement by both the attending <b>specialist</b> and the <b>Company’s</b> medical consultant.
<b>Advanced therapy medicinal products (ATMPs)</b>	<b>Treatments</b> that are based on genes, tissues or cells, for example Chimeric Antigen Receptor (CAR) T-cell <b>treatment</b> .
<b>Appliances:</b>	Durable medical equipment that: <ul style="list-style-type: none"><li>○ can be used more than once</li><li>○ is not disposable</li><li>○ is used to serve a medical purpose</li><li>○ is not used in the absence of a disease, illness or injury</li><li>○ is fit for use in the home.</li></ul>
<b>Applicant:</b>	A person named on the <b>Application</b> Form and the Medical Questionnaire as an <b>applicant</b> for <b>insurance</b> .
<b>Application:</b>	The <b>Application</b> Form and Medical Questionnaire.
<b>Benefit limits:</b>	The maximum amount of money which will be paid by way of payment of medical expenses as further detailed in the Table of Benefits.
<b>Bupa Global:</b>	Bupa (Asia) Limited (a limited liability company incorporated in Hong Kong, company number 103048, registered office at 6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong) – the sole insurer of this <b>insurance</b> plan.

Defined term	Description
<b>Bupa Group</b>	<b>Bupa Global</b> , Bupa Insurance Services Limited and all other companies in the <b>Bupa Group</b> , and those companies which provide any administration of this policy on behalf of <b>Bupa Global</b> .
<b>Company</b> , the (incl. <b>we/us/our</b> )	Bupa (Asia) Limited
<b>Country of residence:</b>	The country where the <b>customer</b> is living/spending most of his/her time. This should be the country in which the relevant authorities (such as tax authorities) will consider the <b>customer</b> to be resident for the duration of the <b>insurance</b> .
<b>Customer:</b>	The <b>policyholder</b> and/or all other insured persons as listed in the valid <b>insurance certificate</b> .
<b>Deductible:</b>	The total amount of money noted in the <b>insurance certificate</b> which each <b>customer</b> agrees to pay each policy year before being reimbursed by the <b>Company</b> .
<b>Documents:</b>	Any written information related to the <b>insurance</b> including invoices, <b>insurance certificates</b> and the like.
<b>Due date:</b>	Date on which a premium is due to be paid.
<b>End date:</b>	The date indicated on the <b>insurance certificate</b> that the policy is renewed, marking the end of the <b>insurance</b> period but not the end of the <b>insurance</b> cover.

Defined term	Description
<b>Experimental or unproven treatment:</b>	Clinical tests, <b>treatments</b> , equipment, medicines, devices or procedures that are considered to be unproven or investigational with regards to safety and efficacy.  This includes: <ul style="list-style-type: none"><li>○ any test, <b>treatment</b>, equipment, medicine, device or procedure that is not considered to be in standard clinical use but is (or should, in Bupa’s reasonable clinical opinion, be) under investigation in clinical trials with respect to its safety and efficacy.</li><li>○ any tests, <b>treatment</b>, equipment, medicine, products or procedures used for purposes other than defined under its licence, unless this has been pre-authorised by <b>Bupa Global</b> in line with its criteria for standard clinical use.</li></ul> Standard clinical use includes: <ul style="list-style-type: none"><li>○ <b>treatment</b> agreed to be “best” or “good practice” in national or international evidence-based (but not consensus-based) guidelines, such as those produced by NICE (National Institute for Health and Care Excellence) (excluding medicines approved though the UK Cancer Drugs Fund), Royal Colleges or equivalent national specialist bodies in the country of <b>treatment</b>;</li><li>○ the conclusions from independent evidence-based health technology assessment or systematic review (e.g. Hayes, CADTH, The Cochrane Collaboration, the NCCN level 1 or Bupa’s in-house Clinical Effectiveness team) indicate that the <b>treatment</b> is safe and effective;</li><li>○ where the <b>treatment</b> has received full regulatory approval by the licensing authority (e.g. U.S. Food and Drugs Agency (FDA), the European Medicines Agency (EMA), the Saudi Arabia Food and Drug Agency) in the</li></ul>

	location where the <b>customer</b> has requested <b>treatment</b> , and is duly licensed for the condition and patient population being requested (please note – full regulatory approval would require submission of data to the local licensing agency that adequately demonstrated safety and effectiveness in published phase 3 trials); and/or <ul style="list-style-type: none"><li>○ tests, <b>treatments</b>, equipment, medicines, devices or procedures which are mandated to be made available by the local law or regulation of the country in which <b>treatment</b> is requested.</li></ul> Case studies, case reports, observational studies, editorials, advertorials, letters, conference abstracts and non-peer reviewed published or unpublished studies are not considered appropriate evidence to demonstrate a test, <b>treatment</b> , equipment, medicine, device or procedure should be used in standard clinical use. Where licensing authority approval to market tests, <b>treatment</b> , equipment, medicines, devices or procedures does not, in Bupa’s reasonable clinical opinion, demonstrate safety and efficacy, the criteria for standard clinical use shall prevail.
<b>Family members:</b>	Persons of a family relationship (related to you by blood or by law or otherwise). A full list of the family relationships falling within this definition is available on request.
<b>Hospital accommodation:</b>	Coverage of a room that is no more expensive than the hospital’s standard single room with a private bathroom. Charges for the <b>customer’s</b> standard meals and refreshments are also covered. The charges will be paid for the length of stay that is medically appropriate for the procedure the <b>customer</b> is admitted for and any accompanying relative (if covered under the <b>insurance</b> plan).

Defined term	Description
<b>Hospital cash benefit:</b>	<p>This benefit is paid instead of any other benefit for each night you receive eligible in-patient <b>treatment</b> without charge or at a minor admission/service fee at a public hospital.</p> <p>To claim this benefit, the <b>customer</b> needs to ask the hospital to sign and stamp a letter or claim form stating that the <b>customer</b> was treated with no charge or at a minor admission/service fee.</p>
<b>Hospitalisation:</b>	<b>Surgery</b> or medical <b>treatment</b> in a hospital or clinic as an in-patient when it is medically necessary to occupy a bed overnight.
<b>Insurance certificate:</b>	Policy details showing the type of <b>insurance</b> purchased, <b>deductible</b> and any <b>special terms</b> .
<b>Insurance:</b>	The <b>Terms and Conditions</b> and <b>insurance certificate</b> representing the <b>insurance</b> contract with the <b>Company</b> and setting out the scope of the <b>insurance</b> terms, the premium payable, <b>deductible</b> and <b>benefit limits</b> .
<b>Known area of conflict:</b>	<b>Known area of conflict</b> is a country or part of a country, which the <b>customer's</b> resident country's Foreign Ministry classify in the red category (or equivalent category) and warns its people not to go. If in doubt, the advice of the UK government's website prevails.
<b>Membership:</b>	Your <b>insurance</b> with <b>Bupa Global</b> .
<b>Mental health treatment:</b>	<b>Treatment</b> of mental conditions, including eating disorders.
<b>Original date of joining:</b>	The date on which the <b>insurance</b> commences, unless otherwise stated in the <b>terms and conditions</b> .
<b>Out-patient:</b>	<b>Treatment</b> provided at a hospital, <b>out-patient</b> clinic or associated facility where it is not medically necessary to occupy a bed overnight.

Defined term	Description
<b>Persistent vegetative state</b>	<ul style="list-style-type: none"> <li>○ state of profound unconsciousness, with no sign of awareness or a functioning mind, even if the person can open their eyes and breathe unaided, and</li> <li>○ the person does not respond to stimuli such as calling their name, or touching.</li> </ul> <p>The state must have remained for at least four weeks with no sign of improvement, when all reasonable attempts have been made to alleviate this condition.</p>
<b>Policy anniversary:</b>	Each anniversary of the date the <b>policyholder</b> joined the <b>insurance</b> .
<b>Policyholder:</b>	The person identified as the <b>policyholder</b> on the <b>Application Form</b> .
<b>Pre-existing condition:</b>	The medical history, including the illnesses and conditions listed in the Medical Questionnaire or declared in your <b>application</b> ., which may affect the <b>Company's</b> decision to insure or not to insure or to impose <b>special terms</b>
<b>Psychologist and psychotherapist:</b>	A person who is legally qualified and is permitted to practice as such in the country where the <b>treatment</b> is received.
<b>Reasonable and Customary</b>	The 'usual', or 'accepted standard' amount payable for a specific healthcare <b>treatment</b> , procedure or service in a particular geographical region, and provided by benefit providers of comparable quality and experience. These charge levels may be governed by guidelines published by relevant government or official medical bodies in the particular geographical region, or may be determined by <b>our</b> experience of usual, and most common, charges in that region.
<b>Recognised mental health providers:</b>	Psychiatrist, <b>psychologist</b> and <b>psychotherapist</b> .
<b>Renewal:</b>	The automatic <b>renewal</b> of the <b>insurance</b> as per the <b>policy anniversary</b> .

Defined term	Description
<b>Serious injury:</b>	A " <b>serious injury</b> " shall be determined to exist only after review and agreement by both the attending <b>specialist</b> and the <b>Company's</b> medical consultant.
<b>Special terms:</b>	Restrictions, limitations or conditions applied to the <b>Company's standard terms</b> as detailed in the <b>insurance certificate</b> .
<b>Specialist:</b>	<p>A surgeon, anaesthetist or physician who:</p> <ul style="list-style-type: none"> <li>○ is legally qualified to practise medicine or <b>surgery</b> following attendance at a recognised medical school, and</li> <li>○ is recognised by the relevant authorities in the country in which the <b>treatment</b> is received as having specialised qualification in the field of, or expertise in, the <b>treatment</b> of the disease, illness or injury being treated.</li> </ul> <p>By 'recognised medical school' <b>we</b> mean a medical school which is listed in the World Directory of Medical Schools, as published from time to time by the World Health Organisation.</p>
<b>Standard terms:</b>	The <b>Company's</b> standard <b>insurance</b> terms with no special restrictions, limitations or conditions.
<b>Start date:</b>	The date indicated on the <b>insurance certificate</b> on which the <b>insurance</b> period starts.
<b>Subrogation:</b>	The insurer's right to enforce a remedy which the <b>customer</b> has against a third party and the insurer's right to require the <b>customer</b> to repay the insurer if the insurer has paid expenses recouped by the <b>customer</b> from a third party.
<b>Surgery:</b>	A medical procedure that involves the use of instruments or equipment which are inserted into the body.
<b>Terminal phase:</b>	When the advent of death is highly probable and medical opinion has rejected active therapy in favour of the relief of symptoms and support of both patient and family. This decision must be confirmed by the <b>Company's</b> medical consultants.

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



# 國際醫療 及住院計劃 香港

Bupa 

國際醫療及住院計劃  
香港

2023 年 7 月起生效 • 歐元 / 英鎊 / 美元





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您的計劃由保柏環球代表您的承保方保柏（亞洲）有限公司管理。

您可以寄信至以下地址聯絡您的承保方：

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

**請留意，我們可以提供第二醫療意見諮詢服務。**

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

## 歡迎

本會員指引將針對您的保險計劃，為您提供易於了解的資料。

包括：

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

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

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

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

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

# 聯絡我們

## 24 小時開放，全年無休

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

### 醫療熱線 \*

**+852 2531 8503**

您可要求我們提供下列協助：

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

您可要求我們安排醫療運送及運返（若包括在您的保險計劃內），包括：

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

我們相信，每位客戶的情況各有不同，所以會全力尋求適合您的答案與解決方案。

我們的支援團隊將全程負責處理您的個案，使您隨時可以得到了解您的狀況的人員協助。

### 一般查詢

MembersWorld 是查詢以下資料的第一站：

- 保障範圍詳細資料
- 預先授權
- 索償
- 會員及付款查詢

網站：

<https://membersworld.bupaglobal.com>

或：

電話：+852 2531 8503

電郵：service.hk@bupaglobal.com

郵寄：

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

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

您的來電可能會被錄音。

### 聯絡資料有變？

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

### 方便閱讀資料

點字、大字印刷或錄音

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

### 投訴

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

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

如有任何意見或投訴，請聯絡我們：

電話：+852 2531 8503

電郵：service.hk@bupaglobal.com

郵寄：

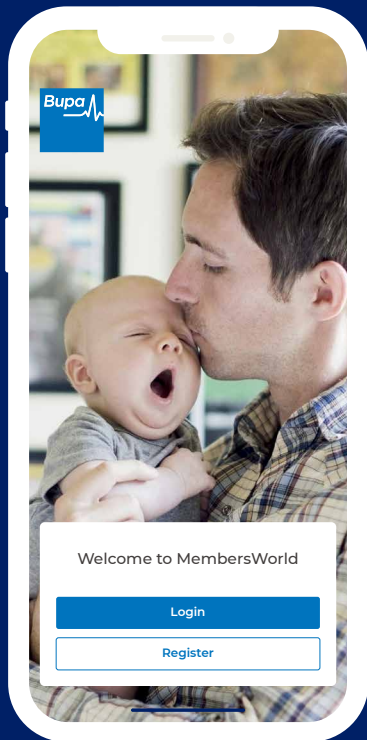
保柏（亞洲）有限公司  
香港九龍  
觀塘海濱道 77 號  
海濱匯第 2 座 6 樓

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



# 歡迎使用 MembersWorld

您的專屬 MembersWorld 帳戶讓您在有需要時，可以隨時使用保柏環球服務。



您可以前往 <https://membersworld.bupaglobal.com> 註冊 MembersWorld，並從您的應用程式商店下載 Bupa Global MembersWorld 應用程式。

MembersWorld 適用於保單上所有年滿 16 歲及以上人士。

所有 16 歲以上的受供養人在註冊後，均可享用這些服務。

如果您是主要成員並希望在 MembersWorld 中獲取您的受供養人的資料，則需要他們先註冊帳戶並授權。他們只需前往帳戶設定，並更新同意選項即可。

如果您不是主要成員，則無法在 MembersWorld 中查看其他受供養人的資料。

## 如何使用 MembersWorld

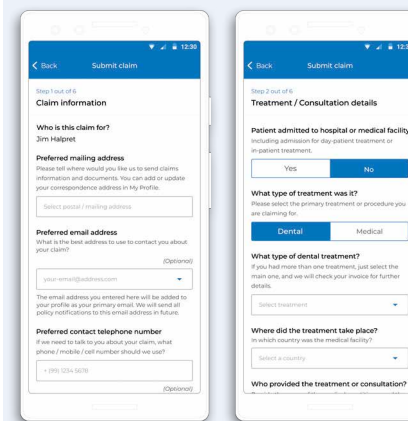
您可以使用心水的瀏覽器前往 <https://membersworld.bupaglobal.com>，或者透過我們的應用程式註冊及登入使用。

在 Apple App Store 或 Google Play 商店中搜尋「MembersWorld」，並下載至您的裝置上，以便隨時隨地登入您的帳戶。

\*MembersWorld 在美國採用服務夥伴，因此未必能追蹤當地申請的索償。

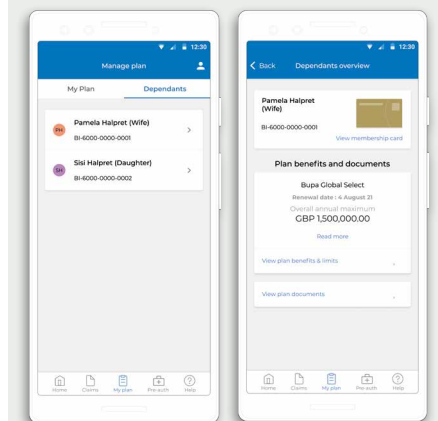
## 索償及預先授權

- 提交索償申請 \*
- 要求預先授權
- 查看及追蹤進度 \*
- 核對及傳送額外或缺少的資料



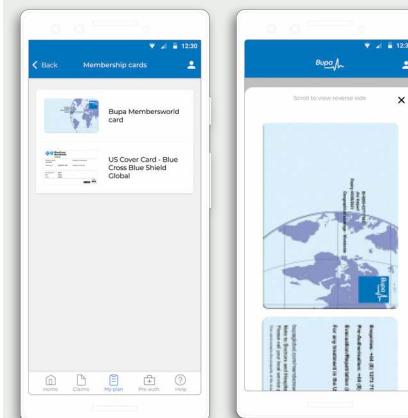
## 受供養人

- 檢視受供養人的計劃、文件和會員卡
- 提交及查看索償 \*
- 允許主要成員管理受供養人的帳戶



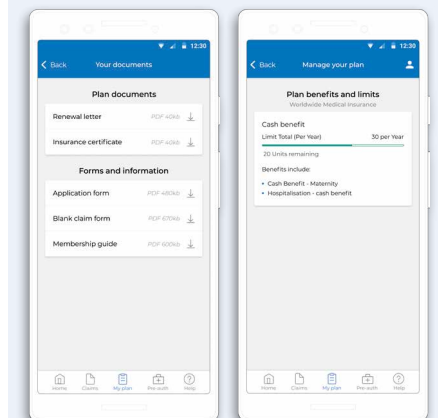
## 會員卡

- 在您有需要的時候輕鬆取用您的會員卡



## 保單文件

- 檢視及下載您的保險計劃文件



# 健康管理服務

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

## 您的健康狀況

探索保柏環球不斷豐富內容的健康與生活方式網頁：  
[www.bupaglobal.com/en/your-wellbeing](http://www.bupaglobal.com/en/your-wellbeing)

尋找一系列啟發人心的文章、實用的資料和簡單易做的貼士；這些內容有助您和您的家人出更長壽、更健康和更愉快的人生。

## 第二醫療意見 \*

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

這項虛擬服務能讓您對診斷或治療建議多加一重放心保障，讓您為自己的健康邁出最恰當的一步。獨立醫生團隊將負責審視您以往的病歷和任何建議治療，並向您發出一份詳盡的報告，內容包括為達成理想康復效果的最佳方針建議。

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

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

## Global Virtual Care\*

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

其服務範圍包括（視乎當地條例而定）：

- 視像及電話診症
- 醫生備註
- 自行護理
- 推薦轉介
- 處方

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

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



保柏環球保留權利更改這些服務的範圍。

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



# 預先授權

## 預先授權的重要性

當您需要治療時，我們希望一切順利。這樣您就可以專注於療癒。

### 為甚麼要預先授權治療？

這樣您就可以告訴我們您需要接受的治療。您應該在接受治療之前聯繫我們，向我們提供詳細資料。然後我們就可以：

- 檢查保單是否涵蓋您的治療
- 檢查醫療服務提供者是否是我們網絡的一部份
- 幫助您在我們的網絡中找到醫療服務提供者
- 解釋適用的任何限制
- 告訴醫療服務提供者您是保柏環球會員。我們與我們的網絡內的醫療服務提供者就治療費用達成協議
- 根據個案管理複雜的治療。保障範圍表清楚地顯示了我們希望您告訴我們的複雜治療。如果您需要這些，請聯繫我們。我們可能會要求提供更多資料（例如檢查是否有任何保單不受保項目適用）
- 看看我們是否可以直接向醫療服務提供者支付任何帳單。這樣您不必向我們支付和索償。

如果您接受非網絡內的醫療服務提供者之治療，我們只會保障「一般合理」的費用。這樣您可能需要支付剩餘的費用。

在我們可以授權治療或支付索償之前，我們可能會要求提供更多資料，例如醫療報告。如果我們沒有及時收到，可能會延遲預授權和支付您的索償申請。如果我們根本沒有收到，我們可能無法支付您的索償申請。

我們可能會指定一名獨立的醫療專業人員，並要求您前往他們的地點進行醫療檢驗（費用由我們承擔）。然後他們會給我們一份醫療報告。

當您接受我們的網絡內醫療服務提供者的預先授權治療時，如果您在接受該治療時出現以下情況，我們將承擔費用：

- 保單現正生效
- 您正受保單保障
- 您按時支付保費
- 預先授權仍然有效。當我們授權治療時，我們會告訴您治療的有效期。

### 如何預先授權治療？

登錄 MembersWorld 應用程式，瀏覽

<https://membersworld.bupaglobal.com> 或通過電話或電郵聯絡我們。當我們獲得詳情資料後，我們將向您和醫療服務提供者發送一份預先授權聲明。

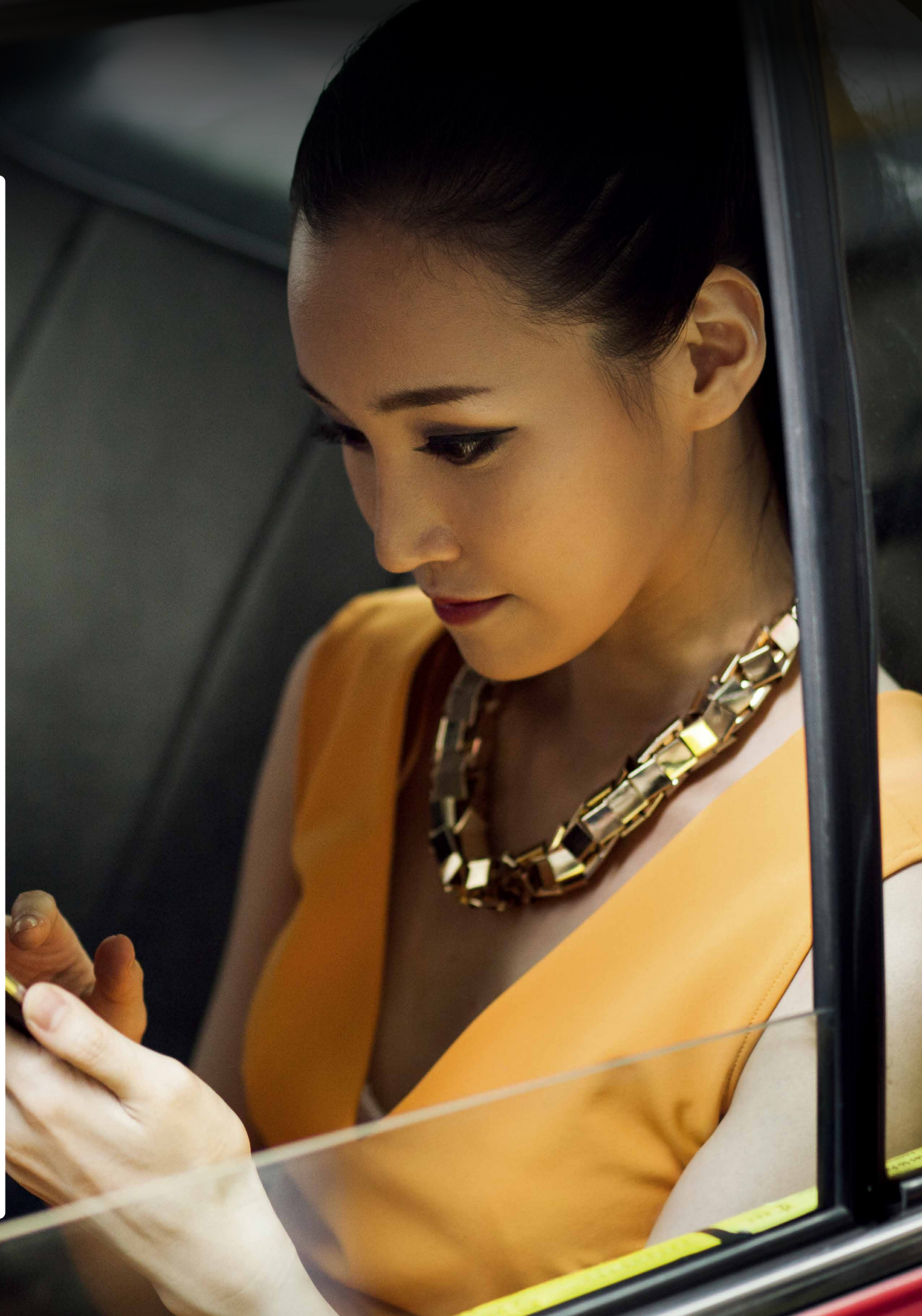
### 如果我的預先授權不再有效怎麼辦？

我能重新預先授權嗎？

當然可以。只需再次申請即可。

### 如果我需要在緊急情況下去醫院怎麼辦？

在緊急情況下可能沒有時間聯絡我們。如果發生這種情況，請務必讓醫院在 48 小時內聯絡我們。



# 索償流程

若您需要索償協助，您可以

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

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

## 如何索償

提交索償最快的方法，莫過於登入您的MembersWorld 帳戶並透過電子方式提交賠償申請。您可選擇網上提交賠償申請或上載任何已填妥的賠償申請表。

請確保妥善提交所需資料，因為導致延誤支付索償的最大原因，通常是由於資料不全、缺漏或不合資格。

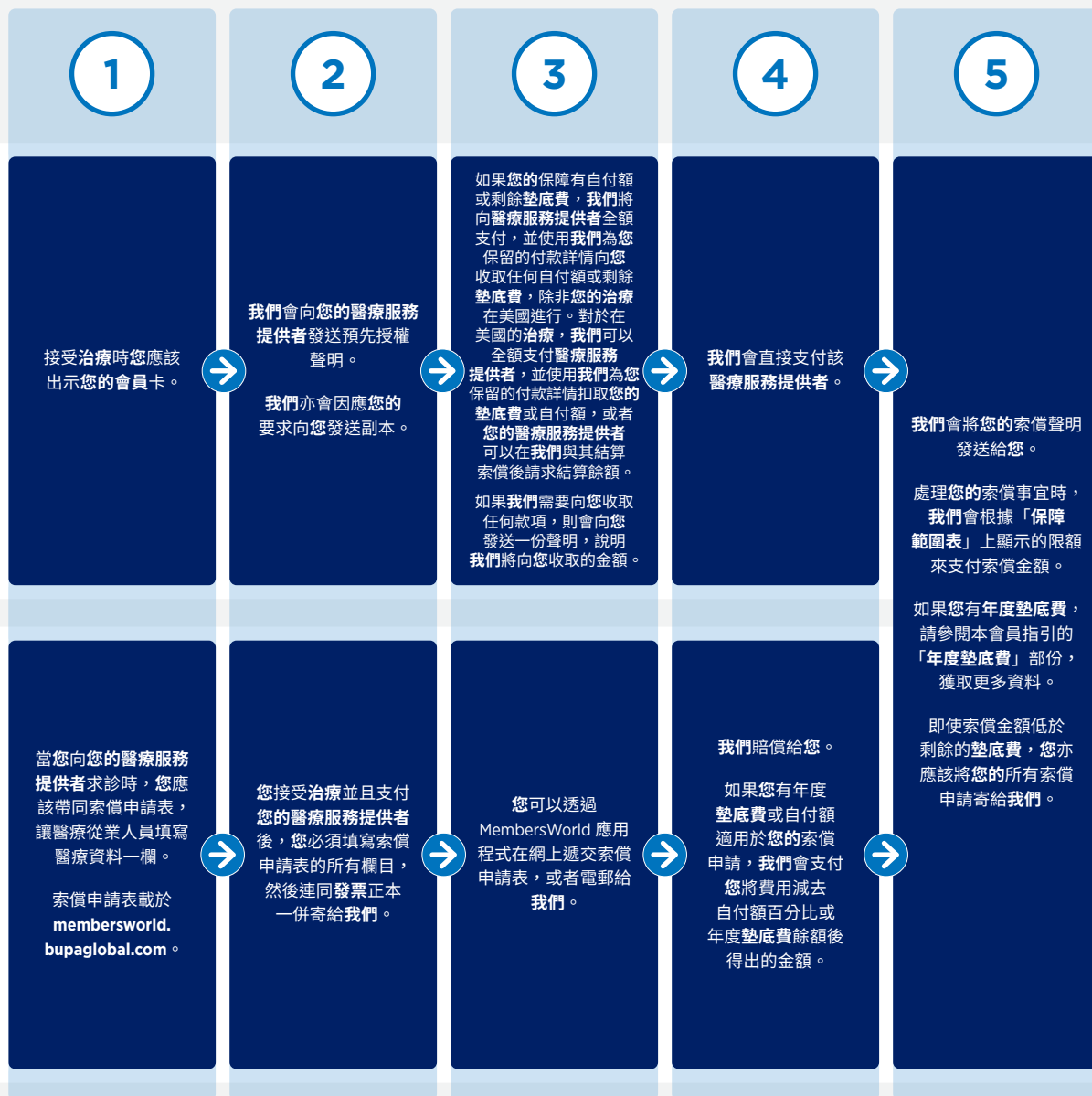
請務必提供正確的銀行資料。透過銀行轉賬賠付是您收取款項的最快捷方式。

## 直接賠償

直接賠償指您的醫療服務提供者直接向我們索償，這對您而言十分方便。

## 先繳付後索償

這項選擇是由您先行支付然後向我們索償。



# 目錄

- 8 墊底費選擇
- 9 保障範圍表
- 16 條款及細則
- 20 私隱公告
- 21 詞彙表

# 墊底費選擇

## 選擇您的墊底費

墊底費是指在您收到賠償金前，您在每個保單年度須自行承擔的年度醫療費用金額。

歐元：無 / 350 / 1,050 / 4,000 / 8,000 / 16,000  
英鎊：無 / 250 / 750 / 2,750 / 5,500 / 11,000  
美元：無 / 400 / 1,600 / 5,000 / 10,000 / 20,000

您可以選擇用以上三種其中一種貨幣來決定是否附加**墊底費**。  
選擇**墊底費**會降低您的保費。  
**墊底費**不適用於醫療運送保障及 / 或牙科和眼科保障計劃。

# 保障範圍表

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

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

**所有金額均以歐元 / 英鎊 / 美元計算。**

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

## 住院計劃

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

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

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

**住院期間**做**手術**或接受**治療**前有醫療必要的預先檢查，在**住院前** 30 天內享有保障。

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

**手術**後最多享有 10 次物理**治療**之保障。



住院計劃（續）

癌症治療	
自診斷出癌症時起，此保障包括與計劃進行及正進行 <b>癌症積極治療</b> 有關的費用。這包括檢驗、診斷造影、診症及處方藥物（使用抗激素藥物作為癌症的唯一 <b>治療</b> 方式時，保障範圍僅涵蓋抗激素藥物費用）	100%
如果您的治療涉及高級治療藥物產品（ATMP），則將從 <b>ATMP</b> 保障支付。	

高級治療藥物產品 (ATMP)	
如果滿足以下條件，我們將支付 <b>ATMP</b> 治療費用： <ul style="list-style-type: none"><li>在<b>您</b>接受<b>治療</b>的國家 / 地區由<b>專科醫生</b>處方，及；</li><li>根據<b>您的</b>病症、疾病階段和<b>治療</b>階段，獲<b>您</b>所在國家 / 地區的許可機構批准，及；</li><li>獲<b>柏環球</b>指定的獨立<b>專科醫生</b>認可並確認：<ul style="list-style-type: none"><li>根據醫療實務在醫療上適合的情況下，或</li><li>由經過註冊和倫理批准的研究項目提供（在這種情況下，<b>我們</b>不會將其列為「<b>實驗性或未經驗證的治療</b>」不受保項目）。</li></ul></li></ul> <p>請聯絡<b>我們</b>安排預先授權方進行<b>治療</b>。</p>	100%，終生上限為每種病症一整個 <b>治療</b> 過程

在醫院或診所接受的門診治療	住院計劃
手術*	100%
腎臟透析（包括家居透析）、僅可作為輸液用途的靜脈藥物注射（須經過 <b>本公司</b> 的預先授權）	100%
內窺鏡檢查	100%

\* **治療 / 手術**前有醫療必要的預先檢查，在**治療 / 手術**前 30 天內享有保障。為確保**客戶**從**治療 / 手術**中順利康復，有醫療必要的體檢在**客戶**於**治療 / 手術**後 180 天內享有保障。  
**治療 / 手術**後最多享有 10 次物理**治療**之保障。

其他**門診治療**可通過自選計劃 1 – 非住院保障進行賠償

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

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

住院計劃（續）

器官移植	
器官移植	100%
根據該次診斷及療程，包括所有相關費用之終生上限	450,000 歐元 / 315,000 英鎊 / 500,000 美元
保單在整個 <b>治療</b> 過程中必須為有效	
器官移植須經過 <b>本公司</b> 的預先授權	
急症室治療	
有關急性疾病或意外的急症室 <b>治療</b>	100%
本地醫療運送	
提供了具醫療必要性的特殊醫療服務及 / 或醫療 <b>設備</b> 時，往返醫院的地面運送服務	100%
住院復康	
<p><b>我們</b>賠償中風等事件後的康復護理，包括食宿及結合物理、職業及言語<b>治療</b>等的療法。若只是物理<b>治療</b>，<b>我們</b>不賠償康復護理的食宿費用。</p> <p><b>我們</b>僅在<b>您</b>於<b>治療</b>開始前已取得<b>我們</b>預先授權的情況下，方會賠償康復護理費用，每個保單年度最多 90 天<b>治療</b>。就住院<b>治療</b>而言，一天是指留宿一晚；就日間留院<b>治療</b>而言，一天是指<b>您</b>接受一次或多次康復<b>治療</b>的任何一天。</p> <p><b>我們</b>僅賠償符合下述條件的康復護理：</p> <ul style="list-style-type: none"><li>○ 在<b>您的</b>會籍保障的住院<b>治療</b>結束後六週內開始（例如外傷或中風）；及</li><li>○ 因必須住院<b>治療</b>的病症造成，或基於<b>治療</b>該病症所需</li></ul> <p>備註：為給予預先授權，<b>我們</b>必須收到<b>您的</b>醫療顧問提交的詳細臨床資料；其中包括<b>您的</b>診斷結果、已提供及計劃進行的<b>治療</b>，以及建議出院日期（若<b>您</b>接受康復護理）。</p>	100% 保障，每日最高限額 330 歐元 / 220 英鎊 / 355 美元
居家護理	
合資格護士在 <b>您</b> 家中提供具醫療必要性的居家援助的相關費用（須經過 <b>本公司</b> 的預先授權）	100%
每個保單年度最多 40 天的每日最高限額	130 歐元 / 84 英鎊 / 135 美元

住院計劃（續）

善終服務與緩和治療	
善終服務與緩和治療終生上限	30,500 歐元 / 27,000 英鎊 / 34,000 美元
住院現金保障（請參閱詞彙表）	
如果食宿和治療均免費提供，或者僅按公立醫院的最低門診費 / 服務費收取，每晚最高限額 每個保單年度最多 60 晚（須經過 <b>本公司</b> 的預先授權）	90 歐元 / 60 英鎊 / 100 美元
急診牙科治療	
因發生重大事故，需 <b>住院</b> 接受急診牙科治療 如有任何疑問，則以 <b>本公司</b> 的牙科顧問的決定為準	100%

自選計劃 1  
非住院保障

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

在任何情況下，賠償金額都不得超過以下金額或年度最高限額：35,000 歐元 / 25,000 英鎊 / 35,000 美元。

普通醫生和專科醫生 *	
普通科醫生（以每次診症計）	220 歐元 / 175 英鎊 / 235 美元
中醫診症（若獨立收費，以每次診症計）	30 歐元 保單年度保額最高 300 歐元 22 英鎊 保單年度保額最高 220 英鎊 30 美元 保單年度保額最高 300 美元
眼科和耳科 <b>專科醫生</b> / 其他 <b>專科醫生</b> （以每次診症計）	220 歐元 / 175 英鎊 / 235 美元
精神科醫生 – 以每次診症計	220 歐元 / 175 英鎊 / 235 美元

心理醫生及心理治療師 *	
心理醫生及心理治療師（以每次診症計）	220 歐元 / 175 英鎊 / 235 美元

\* 在 30 日內，普通科醫生 / **專科醫生**及**心理醫生** / **心理治療師**合共最多 15 次診症，相關費用均予以賠償

自選計劃 1

非住院保障（續）

治療師	
飲食指導、言語 <b>治療</b> （以每次診症計） 每個保單年度最多四次診症	50 歐元 / 40 英鎊 / 50 美元
物理 <b>治療</b> 師、職業 <b>治療</b> 師（以每次診症計）	95 歐元 / 70 英鎊 / 95 美元
每個保單年度最高限額	1,050 歐元 / 700 英鎊 / 1,200 美元
脊科 <b>治療</b> / 整骨 <b>治療</b> （包括中醫跌打，以每次診症全包計）	65 歐元 保單年度保額最高 1,050 歐元 50 英鎊 保單年度保額最高 700 英鎊 65 美元 保單年度保額最高 1,200 美元
每個保單年度最高限額	1,050 歐元 / 700 英鎊 / 1,200 美元
全面健康檢查（以每個保單年度計）	
全面健康檢查（以每個保單年度計）	900 歐元 / 800 英鎊 / 1,000 美元
檢查和其他醫療支援	
化驗、分析，最高限額	100%
X 光	450 歐元 / 305 英鎊 / 500 美元
ECG	450 歐元 / 305 英鎊 / 500 美元
掃描（以每次檢查計）	1,020 歐元 / 780 英鎊 / 1,200 美元
注射和疫苗接種（以每次注射 / 疫苗接種計）	85 歐元 / 65 英鎊 / 100 美元
由符合資格並在接受 <b>治療</b> 的地方註冊執業之輔助藥物醫師提供的針灸和順勢療法 <b>治療</b> 。費用包括診症和 <b>治療</b> ，涵蓋在 <b>治療</b> 中處方或施用的任何輔助藥物。 若輔助藥物或 <b>治療</b> 並非在診症的同一天提供或進行，這些費用將視為不同的診次	55 歐元 / 35 英鎊 / 60 美元

自選計劃 2

醫藥和設備保障

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

助聽器	
處方助聽器，每部 <b>設備</b> ，最高限額	50% 保障，保額最高 300 歐元 / 200 英鎊 / 325 美元
每個保單年度最多兩部 <b>設備</b> 為限，最高限額	50% 保障，保額最高 600 歐元 / 400 英鎊 / 650 美元

其他設備	
吊索及繃帶	100%
足弓支撐器	100%
醫療設備	100%

藥物	
處方藥和中藥	100%
由中醫處方的中藥（第 12.2 r 條所載的 <b>治療</b> 除外）	中藥每保單年度保額最高 375 歐元 / 260 英鎊 / 450 美元
僅限於在當地完成執業註冊的認可中醫	
藥物和其他 <b>設備</b> 均予以賠償，可達每年最高限額	3,000 歐元 / 2,000 英鎊 / 3,300 美元

自選計劃 3

醫療運送及運返保障

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

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

保障費用高達保單年度**保障限額**

無論任何情況下，運送前請務必直接或通過主診**專科醫生**通知**我們**

醫療運送和送返須經**本公司**的預先授權

## 自選計劃 4A 及 4B

### 牙科和眼科保障

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

牙科治療	自選計劃 4A	自選計劃 4B
檢查（最高限額）	80% 保障，保額最高 30 歐元 / 25 英鎊 / 30 美元	80% 保障，保額最高 50 歐元 / 40 英鎊 / 50 美元
洗牙（最高限額）	80% 保障，保額最高 50 歐元 / 30 英鎊 / 50 美元	80% 保障，保額最高 70 歐元 / 40 英鎊 / 70 美元
補牙（每顆牙最高限額）	80% 保障，保額最高 80 歐元 / 55 英鎊 / 80 美元	80% 保障，保額最高 130 歐元 / 80 英鎊 / 130 美元
牙根治療（每顆牙最高限額）	80% 保障，保額最高 380 歐元 / 245 英鎊 / 380 美元	80% 保障，保額最高 540 歐元 / 370 英鎊 / 540 美元
拔牙（每顆牙最高限額）	80% 保障，保額最高 75 歐元 / 40 英鎊 / 75 美元	80% 保障，保額最高 145 歐元 / 90 英鎊 / 145 美元
手術（最高限額）	80% 保障，保額最高 160 歐元 / 110 英鎊 / 180 美元	80% 保障，保額最高 465 歐元 / 320 英鎊 / 520 美元
X 光（最高限額）	80% 保障，保額最高 60 歐元 / 30 英鎊 / 60 美元	80% 保障，保額最高 70 歐元 / 50 英鎊 / 70 美元
麻醉（最高限額）	80% 保障，保額最高 30 歐元 / 20 英鎊 / 30 美元	80% 保障，保額最高 50 歐元 / 40 英鎊 / 50 美元

特殊牙科治療	自選計劃 4A	自選計劃 4B
齒橋 牙冠 植牙 牙周炎 畸齒矯正（牙齒矯正）（ <b>等候期</b> 為 24 個月） 假牙	特殊牙科 <b>治療</b> 每個保單年度最高 50% 保障， 保額最高 2,650 歐元 / 2,000 英鎊 / 2,650 美元	特殊牙科 <b>治療</b> 每個保單年度最高 50% 保障， 保額最高 3,650 歐元 / 2,750 英鎊 / 3,650 美元

一般眼鏡與隱形眼鏡	自選計劃 4A	自選計劃 4B
一副眼鏡（不包括鏡架） 每個保單年度（最高限額）	80% 保障，保額最高 160 歐元 / 100 英鎊 / 160 美元	80% 保障，保額最高 220 歐元 / 150 英鎊 / 220 美元
隱形眼鏡（每個保單年度最高限額）	80% 保障，保額最高 100 歐元 / 60 英鎊 / 100 美元	80% 保障，保額最高 130 歐元 / 80 英鎊 / 130 美元

鏡架和太陽鏡不予保障

眼科檢查	自選計劃 4A	自選計劃 4B
由驗光師 / 視光師主理的眼科檢查 每個保單年度最高限額	240 歐元 / 150 英鎊 / 240 美元	240 歐元 / 150 英鎊 / 240 美元



# 條款及細則

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

## 索引

- 第 1 章 接受投保
- 第 2 章 初始加入日期
- 第 3 章 新保險合約和擴大保障範圍的等候期
- 第 4 章 保險會為甚麼人提供保障？
- 第 5 章 保障覆蓋哪些地區？
- 第 6 章 保險提供甚麼保障？
- 第 7 章 住院計劃
- 第 8 章 自選計劃 1 – 非住院保障
- 第 9 章 自選計劃 2 – 醫藥和設備保障
- 第 10 章 自選計劃 3 – 醫療運送及運返保障
- 第 11 章 自選計劃 4A 及 4B – 牙科和眼科保障
- 第 12 章 不受保項目
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- 第 16 章 本公司所需資訊
- 第 17 章 轉讓、取消、終止和期滿
- 第 18 章 投訴
- 第 19 章 適用的法律
- 第 20 章 沒有第三方權力
- 第 21 章 保密

詞彙表

## 第 1 章

### 接受投保

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

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

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

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

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

1.4： **本公司**接受**申請**後，無法更改為**保險**所選擇的結算貨幣。

## 第 2 章

### 初始加入日期

2.1： **保險**將自**本公司**批准**申請**那天起生效。**初始加入日期**將列於**保險證書**內。**本公司**可與**保單持有人**就另一日期達成協定。

## 第 3 章

### 新保險合約和擴大保障範圍的等候期

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

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

3.1.2：此外，下列**等候期**應適用於**保險合約**：

- a) 與懷孕和分娩以及因此產生的任何後果相關的費用，則僅自**保險初始加入日期**起 12 個月後，賠償權利才會生效。
- b) 若產生與牙齒矯正相關的費用，僅自**保險初始加入日期**起 24 個月後，賠償權利才可生效。

3.2：本合約有效期為一年。**保單持有人**可要求更改**墊底費**及自選計劃，惟必須提前一個月通知**本公司**。相關變更將於下個**保單週年**生效。**保單持有人**選擇的貨幣無法更改。

保費在下列情況會減少：

- 新增**墊底費**或有所上調，或
- 取消自選計劃。

保費在下列情況會增加：

- 取消**墊底費**或有所下調，或
- 新增自選計劃。

3.3：為了改善保障，他們將需要填寫病歷表。這表示**本公司**可能會為您的新保障增設特別限制條款或不受保項目。資料為您的私隱。

3.4：所有改進的保障都有四週的**等候期**。在**等候期**間，之前的保障仍然適用。如果保障的**等候期**超過四週，則採用其中較長的**等候期**。

3.4.1：四週的**等候期**在下列情況不適用：

- **急性重病**，或
- **重傷**。

## 第 4 章

### 保險會為甚麼人提供保障？

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

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

4.2.1：子女免費參保須進一步受限於：

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

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

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

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

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

## 第 5 章

### 保障覆蓋哪些地區？

5.1：此**保險**提供全球保障，除非**保險證書**上另附說明。

## 第 6 章

### 保險提供甚麼保障？

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

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

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

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

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

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

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

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

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

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

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

## 第 7 章

### 住院計劃

7.1：住院計劃必須在新增任何其他自選計劃前辦妥。下列條款將同樣適用：

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

7.1.2：根據第 13.3 條，**本公司**必須立即收到住院通知。

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

## 第 8 章 自選計劃 1

### 非住院保障

8.1：如果**保險**包含自選計劃 1，下列條款將適用：

8.1.1：自選計劃 1 僅可作為住院計劃的附加保障進行投保。

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

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

## 第 9 章 自選計劃 2

### 醫藥和設備保障

9.1：如果**保險**包含自選計劃 2，下列條款將適用：

9.1.1：自選計劃 2 僅可作為住院計劃的附加保障進行投保。

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

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

## 第 10 章 自選計劃 3

### 醫療運送及運返保障

10.1：如果**保險**包含自選計劃 3，下列條款將適用：

10.1.1：自選計劃 3 僅可作為住院計劃的附加保障進行投保。

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

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

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

10.1.4：在**保險**保障範圍內但非由**本公司**安排的接送費用，**本公司**將按若由**本公司**安排接送服務時所需的金額支付。

10.1.5：**保險**將會為**客戶**的一位同行人員的合理且必要的接送費用提供保障。

10.1.6：保障僅提供針對一個病程的一次接送服務。

10.1.7：僅當**保險**對疾病提供保障時，自選計劃 3 才適用。

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

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

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

死者的親屬有以下選擇：

- a) 將死者火化並將骨灰甕運送回家，或
- b) 將死者直接運送回家。

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

## 第 11 章 自選計劃 4A 及 4B

### 牙科和眼科保障

11.1：如果**保險**包含自選計劃 4，下列條款將適用：

11.1.1：自選計劃 4 僅可作為住院計劃的附加保障進行投保。

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

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

## 第 12 章

### 不受保項目

12.1：除非與**本公司**達成共識，否則**保險**不會對**保單持有人**和 / 或受養人在**申請**時已知的任何疾病、病症或損傷支出的任何費用提供保障。

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

a) 不具醫療必要性的**手術**或**整形手術及治療**、蟹足腫傷疤的**治療**及 / 或疤痕修整，即使疤痕導致功能問題；

b) 肥胖症（所需）**治療**；

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

d) 避孕，包括絕育；

e) 人工流產，除非是醫療必要的；

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

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

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

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

j) 健康證明；

k) 在服役期間**治療**疾病；

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

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

m) 核反應或放射性塵降物；

n) **未經認證的執業醫師、醫療服務提供人員或醫療機構**提供的**治療**；

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

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

q) 未經**現時可接受的臨床證據**證明其有效性的任何療法或藥物；

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

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

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

u) 任何基因檢測，由下列原因並出於醫療必要的除外。

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

## 第 13 章

### 如何索償

13.1：**本公司**希望您申請索償的過程輕鬆簡便。**本公司**嘗試直接向醫療服務提供者付款，但並非每次可行。

13.2：在**本公司**支付索償金額之前，**本公司**需要確保索償申請有效。索償申請表為**本公司**提供了檢查您的索償申請是否有效所需的資訊。請確保您填寫了表格。如果表格未全部填妥，**本公司**可能要求您提供更多資料。過程可能需時並導致付款延遲。未填妥的索償申請表是延遲付款最常見的原因。您可：

- 在 MembersWorld 上填妥索償申請表，或
- 聯繫**本公司**，**本公司**會郵寄一份表格給您。

您必須為下列項目分別索償：

- 成員
- 病症
- 住院或日間留院，及
- 索償貨幣。

如果您需要進行超過六個月的**治療**，**本公司**可以要求您填寫一份新的索償申請表。

13.2.1：**本公司**需要收到填妥的表格，以及與索償申請相關的任何帳單、收據和處方。必須在您接受**治療**之後兩年內提交。**本公司**不會支付在**治療**後超過兩年才收到的索償申請，除非您有充分的理由證明您無法於此前索償。

13.3：**本公司**可能會要求您提供有關索償申請的更多資料。如：

- 關於您的**治療**的醫療報告或其他資料
- 由**本公司**指定並支付費用的醫療從業人員進行的任何醫療檢驗結果。

如果您不向**本公司**提供**本公司**要求的資料，**本公司**可能無法支付您的索償申請。

13.4：**本公司**只在以下情況支付**治療**費用：

- 您在保單有效期間進行的**治療**
- 與您進行**治療**時適用的保障相符的**治療**
- 一般合理費用。

**本公司**無法將帳單等文件正本退還給您。然而，當您索償時，您可以向**本公司**寄送副本。如果您寄送了文件正本，**本公司**可以在您要求後寄送一份副本給您。

13.5：如果您年滿 18 歲或以上，**本公司**將向您解釋**本公司**如何處理您的索償申請。對於 17 歲或以下的受供養人，**本公司**將致函主要成員。

13.6：**本公司**會盡可能遵照索償申請表的「付款資料」一欄給的指示。

13.6.1：**本公司**只會付款予：

- 接受**治療**的成員
- **治療**提供者
- **保單持有人**
- 成員財產的執行人或管理人。

13.6.2：**本公司**只會在以下情況付款予受供養人：

- 他們接受了**治療**
- 他們年滿 18 歲，並且
- **本公司**有他們的銀行詳細資料。

除此以外**本公司**不會賠償給任何人。

13.6.3：付款方式

**本公司**可以：

- 將付款轉入您的銀行帳戶。過程快速安全。但是，我們需要知道付款帳戶的詳細資料，例如完整帳號、SWIFT 代碼、銀行地址和 IBAN 號碼（僅限歐洲）時，我們才能支付賠償。
- 支票支付。您應在六個月內兌現支票。如果您有過期的支票，請聯繫我們，我們將作更換。

如果您的銀行就**本公司**轉入的款項向您收取轉賬費用，**本公司**也會嘗試退款。**本公司**不支付任何其他銀行費用，例如貨幣兌換費。



13.6.4： **本公司**將根據下列情況決定向**您**進行賠付的貨幣：

- **本公司**收到保費時使用的貨幣
- **您**郵寄予**本公司**之帳單，或
- **您的**銀行賬戶。

有時，銀行規則可能不允許**本公司**以**您**想要的貨幣付款。因此，**本公司**將以**本公司**收到保費時使用的貨幣支付。在極少數情況下，以某種貨幣支付可能是非法的或使**本公司**（或**保柏集團**）受到聯合國制裁。在此情況下：

- **本公司**可能無法立即向**您**付款，或者
- 將以**本公司**獲許並能夠使用的貨幣向**您**付款。

13.6.5： **本公司**將採用帳單日期前一天英國工作天英國時間下午 4 時的路透收市現貨匯率。如果沒有帳單日期，**本公司**會採用**您的**治療日期。

13.7：如何檢測和防止欺詐？

**本公司**可以透過以下方式檢查**您的**詳細資料：

- 防欺詐組織
- 其他**保險**公司，以及
- 其他相關第三方。

13.7.1：如果 **您**向**本公司**提交虛假或不正確資料且**本公司**懷疑存在欺詐行為，**本公司**可能向防止欺詐機關舉報。**本公司**及其他機構可能會使用這些記錄：

- 協助作出與**您**及**您的**計劃的成員的保障有關的決定
- 協助作出與**您**及**您的**計劃 / 團體成員的其他**保險**建議有關的決定
- 追尋債務人、追討欠債、預防欺詐及管理**您的**保險計劃
- 確定**您的**身份
- 進行信貸調查及額外欺詐調查。

13.8：如果保單索償存在任何欺詐行為，**本公司**可以：

- 拒絕支付該索償申請和以後任何索償申請
- 收回任何**本公司**就該索償申請和以後任何索償申請支付的款項。

13.8.1：如果**客戶**提出欺詐索償申請，**本公司**可以取消保單。這將從該索償申請的日期開始。

13.8.2：如果受供養人提出欺詐索償申請，**本公司**可以取消其保障。這將從該索償申請的日期開始。

13.8.3：在任何一種情況下，**本公司**都不必退還任何已支付給**本公司**的保費。

欺詐索償申請有哪些例子？

- 作出虛假或誇大的聲明
- 提供虛假資訊。例如經偽造、仿造或修改的**文件**
- 未向**本公司**提供評估索償申請所需的資料
- 拒絕向**本公司**提供**本公司**為評估索償申請而合理要求的資料。例如，病歷報告、付款證明和帳單正本。

## 第 14 章

### 第三方保障

14.1： **您**可能需要因為其他人的過失，就**您**需要的治療索償。例如**您**是車禍的受害者。**您**需要填寫索償申請表的相關部份。**您**需要採取**本公司**要求**您**採取的任何合理步驟以協助**本公司**：

向有過失的人追回**本公司**支付的治療費用。這可以通過他們的**保險公司**。

- 要求賠償利息（如果**您**有權這樣做）。

14.1.1：如果**本公司**應承擔保障賠償，收到其他保險公司的逐項聲明和賠償發票副本後，**本公司**將採用該保險公司報銷的金額，扣除**客戶**於**保柏環球**醫療計劃現有的**墊底費**及 / 或自付額。要將**墊底費**連同當地保險公司承保的金額一併寫下來，**墊底費**必須未曾用於與較早時候之任何索償相關的用途。**保柏環球**不會修改之前的保障範圍，以評估與當地保險公司相關的費用。

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

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

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

14.2： **本公司**可能會以**您的**名義索償。**您**必須為**本公司**的索償提供合理所需的任何幫助。如：

- 向**本公司**提供任何**文件**或證人供詞
- 簽署法院**文件**；及
- 進行醫療檢驗。

**您**不能：

- 採取任何行動
- 處理任何索償申請或
- 做出對**本公司**以**您的**名義索償的權利有負面影響的任何事情。

14.3：如果您購買的其他保險保障包括向**本公司**索償的費用，**您**必須：

- 在**您**向**本公司**申請索償時告知**本公司**
- 填寫索償申請表的相應部份。

**本公司**將僅支付**本公司**應負擔之部份。

## 第 15 章

### 支付保費

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

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

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

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

15.5：保費在保費通知註明的**到期日**屆滿。

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

15.7： **保單持有人**應注意第 6.5 條中與支付欠款有關的規定。

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

## 第 16 章

### 本公司所需資訊

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

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

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

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

## 第 17 章

### 轉讓、取消、終止和期滿

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

17.2：**保險**將在每個**保單週年**日自動續保。

17.2.1：**保單持有人**可提前 30 日透過電郵、信件或電話提出終止**保險**。

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

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

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

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

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

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

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

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

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

17.8：制裁條文

若**本公司**（或保柏集團公司和管理者）基於任何相關管轄區的法律，包括英國、歐盟、美國或國際法下的義務，對於**本公司**有相關的禁止規定，**本公司**將不會提供本保單下的保障或支付賠償。通常**本公司**會將此情況告知**保單持有人**，但以該告知並非不法或不會危及**本公司**合理安全措施為限。若某項保障可能造成**本公司**（或保柏集團公司和管理者）遭到基於聯合國決議、貿易或經濟制裁、或歐盟、英國或美國之法律或法規或其他相關國際法實施任何制裁、禁止或限制，本保單將不會提供該項保障。第 17.8 條僅適用於**初始加入日期**在 2016 年 1 月 1 日或以後的**保險**。

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

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

## 第 18 章

### 投訴

18.1：如何投訴？

- 電話：+852 2531 8503
- 電郵：service.hk@bupaglobal.com
- 致函：保柏（亞洲）有限公司  
香港九龍觀塘海濱道 77 號海濱匯第 2 座 6 樓。

您也可以索取**本公司**投訴程序之文件。

18.2：採取進一步措施

如果**本公司**未能處理您的投訴，您可將您的申訴提交至保險索償投訴局：

- 致函：保險索償投訴局，地址：香港灣仔駱克道 353 號三湘大廈 29 樓
- 致電：2520 1868
- 電郵：iccb@iccb.org.hk

詳情請瀏覽：www.iccb.org.hk

## 第 19 章

### 適用的法律

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

## 第 20 章

### 沒有第三方權力

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

## 第 21 章

### 保密

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

# 私隱公告

保柏（亞洲）有限公司（「**本公司**」）

有關個人資料（私隱）條例（「條例」）之個人資料收集聲明（「本聲明」）

遵照條例，**本公司**特意通知閣下以下事項：

1. 在閣下或受保於閣下保單的其他**會員**（每位「**會員**」）向**本公司**申請**保險**或金融產品及服務，或當閣下更改保單或續保時，必須不時向**本公司**提供閣下或**會員**的個人資料（包括信用資料和以往申索紀錄，如適用）。

2. 如閣下未能提供**本公司**所要求的個人資料，**本公司**可能無法處理閣下之申請及 / 或向閣下或**會員**提供**保險**產品、服務或其他相關服務。

3. **本公司**亦可能會在日常業務運作的過程中向閣下或**會員**收集更多個人資料，例如當閣下為本人或代**會員**向**本公司**提出**保險**索償時。

4. **本公司**可能會收集、使用或披露閣下或**會員**的個人資料作下列用途：

- a) 處理、評估、決定任何**保險**產品及服務之申請；
- b) 為閣下或**會員**提供**保險**產品及服務及處理閣下或**會員**不時提出的要求，包括但不限於要求增加、更改、刪除、維持及管理保障項目或受保**會員**；
- c) 任何有關閣下或**會員**對**本公司**所提供之**保險**產品及服務提出之索償，包括但不限於賠償、辯護、分析、調查、偵測及防止欺詐行為（無論是否與就此申請而簽發之保單及相關的任何申請或索償）、處理、評估、決定、解決或回應該等索償；

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

e) 提供及設計**本公司**的產品及服務；

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

g) 就任何本聲明中所述的用途與閣下或**會員**（或與代表**會員**的閣下）聯絡；

h) 允許**本公司**全部或部份的權益或業務的實際或建議承讓人、受讓人、參與人或次參與人，就涉及的轉讓、出讓、參與或次參與的交易進行評估；及

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

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

a) **本公司**的集團公司（「集團公司」）；

b) 任何由**本公司**授權的**保險**理算人、代理及經紀；

c) 任何由**本公司**授權的再**保險**公司；

d) 僱主（只適用於團體保單之**會員**）；

e) 醫護專業人員及醫院；

f) 任何代理人、承包商、或向**本公司**提供行政、電訊、電腦、付款、資料處理或儲存、印刷、研究或其他向**本公司**提供服務的第三方服務供應商（包括但不限於**保險**公司、銀行、理財顧問、律師、會計師、理賠調查員、防欺詐組織、其他**保險**公司（無論是直接地，或是通過過防欺詐組織或本段中指定的其他人士）、為**保險**業界整合申索及承保資料之組織、警察、供**保險**業界用作分析及核對所提供的資料與既有資料的資料庫及登記冊（及其運營者）、收數公司、資料處理公司、研究服務機構及專業顧問）；

g) **本公司**的任何全部或部份的權益或業務的實際或建議承讓人、受讓人、參與人或次參與人；及

h) 為遵守任何法例之要求，或根據監管或其他機關所發出對**本公司**具有約束力或要求其遵守的規則、規則、實務守則或指引，而作出披露，包括但不限於適用監管機構、政府機構、相關行業認可機構、信貸資料服務機構或法院，及在其他情況下，法律規定**本公司**必向其披露的人士或機構。

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

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

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

c) 為慈善及／或非牟利用途的捐款及捐贈。

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

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

7. 根據有關條例中的條款，閣下有權：

a) 查核**本公司**是否持有閣下或**會員**的個人資料及查閱該等個人資料；

b) 要求**本公司**改正任何有關閣下或**會員**的不準確的個人資料；

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

d) 要求**本公司**停止將閣下的個人資料作直接市場推廣用途。

有關要求請致函**本公司**保障資料主任，地址如下：

香港九龍

觀塘海濱道 77 號

海濱匯第 2 座 6 樓

保柏（亞洲）有限公司

保障資料主任

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

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

10. 本聲明不會限制**客戶**在條例下所享有之權利。

11. 中英文本如有歧義，概以英文為準。

## 詞彙表

此份包含定義的詞匯表是**條款及細則**的一部份。

定義術語	說明
<b>Acceptable current clinical evidence: 現時可接受的臨床證據：</b>	國際醫學和科學證據，包括已在醫學期刊刊出或接受發表、經同行審查的科學研究，這些醫學期刊均符合出版科技論文的國際公認要求。這不包括個案報告、少數人參與的研究以及未經註冊的臨床試驗。
<b>Active treatment for cancer: 癌症積極治療：</b>	<b>癌症積極治療</b> 乃指化學治療、放射治療和免疫治療。
<b>Acute serious illness: 急性重病：</b>	僅經過主診 <b>專科醫生</b> 和 <b>本公司</b> 醫療顧問的檢查及協商達成共識後，才可確診為「 <b>急性重病</b> 」。
<b>Advanced therapy medicinal products (ATMPs): 高級治療藥物產品 (ATMP)：</b>	基於基因、組織或細胞的 <b>治療</b> ，例如嵌合抗原受體 (CAR) T 細胞 <b>治療</b> 。
<b>Appliances: 設備：</b>	具有以下特性的耐用醫療設備： <ul style="list-style-type: none"><li>○ 可重複使用多次</li><li>○ 非一次性設備</li><li>○ 用作醫療用途</li><li>○ 在沒有疾病、病症或損傷的情況下不可使用</li><li>○ 適合在家中使用。</li></ul>
<b>Applicant: 申請人：</b>	作為 <b>保險申請者</b> 在 <b>申請表</b> 和醫療問卷中填寫姓名的人。
<b>Application: 申請：</b>	<b>申請表</b> 和醫療問卷。
<b>Benefit limits: 保障限額：</b>	用於支付醫療費用款項的最高金額，詳情請參閱保障範圍表。
<b>Bupa Global: 保柏環球：</b>	保柏（亞洲）有限公司（於香港成立的有限責任公司，公司編號為 103048，註冊地址為香港九龍觀塘海濱道 77 號海濱匯第 2 座 6 樓）——本保險計劃的唯一承保人。
<b>Bupa Group: 保柏集團：</b>	<b>保柏環球</b> 、保柏保險服務有限公司及 <b>保柏集團</b> 旗下其他公司，以及代表 <b>保柏環球</b> 管理此保單的公司。



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

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

標準醫療用途包括：

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

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

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



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

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

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

**如果您對保單、付款方式或保障範圍有任何問題，  
請致電保柏環球客戶服務部。**

辦公時間為星期一至五上午 7 時至下午 7 時（香港時間）  
週末及公眾假期上午 7 時至下午 4 時（香港時間）  
電話：+852 2531 8503  
電郵：service.hk@bupaglobal.com

**致電保柏環球支援熱線  
獲取 24 小時緊急及醫療支援服務**  
電話：+852 2531 8573  
電郵：emergency.hk@bupaglobal.com

來電會被錄音以用作訓練及確保服務品質，並可能在法律上需要時  
作出披露。

本保險計劃由保柏（亞洲）有限公司承保，並由**保柏環球**管理。  
**保柏環球**為保柏（亞洲）有限公司用於國際私人醫療保險產品和  
服務範圍的業務名稱。保柏（亞洲）有限公司獲香港保險監管機構  
授權，並受其監管。本文件不應 視為在香港境外任何保險產品的銷  
售要約、招攬購買或條文。

[www.bupaglobal.com](http://www.bupaglobal.com)