

Bupa Crystal Health Insurance Scheme

保柏晶彩寶醫療保障計劃

Effective from 1 January 2010 自2010年1月1日起生效

Schedule of Benefits 保障金額表

A Hospital and Surgical Benefit ^① 住院及手術保障 ^①	Maximum Limit per Member (HK\$) 每位會員最高賠償額 (港幣)	
	CrystalNet Benefit ^② 晶彩寶網絡保障 ^②	Non-CrystalNet Benefit 非晶彩寶網絡保障
Room level 住房等級	Standard Private Room 標準私家房	
CrystalNet Hospitals 晶彩寶網絡醫院	Canossa Hospital 嘉諾撒醫院 HK Sanatorium & Hospital 養和醫院 St. Teresa's Hospital 聖德肋撒醫院 Union Hospital 仁安醫院	N / A 不適用
1 Room and Board (maximum 182 days each Contract Year) 住院及膳食費 (每合約年度最多182日)		每日2,900 each day
2 Miscellaneous Hospital Services (each Contract Year) 住院雜費 (每合約年度計)		37,000
3 Intensive Care (supplement to Room and Board) (each Contract Year) 深切治療 (住院及膳食費之補足) (每合約年度計)		39,000
4 Private Nursing (maximum 71 days each Contract Year) 私家看護費 (每合約年度最多71日) • nursing services during Hospital Confinement rendered by a Qualified Nurse upon recommendation by the attending Registered Medical Practitioner 經主診註冊西醫建議下由合資格護士於住院期間提供之護理服務		每日1,000 each day
5 Home Nursing (maximum 20 days each Contract Year) 家中看護費 (每合約年度最多20日) • nursing services at home after discharge from Hospital rendered by a Qualified Nurse upon recommendation by the attending Registered Medical Practitioner 經主診註冊西醫建議下由合資格護士於出院後在家中提供之護理服務		每日850 each day
6 Surgeon and Attendance Fees (for surgical case only) (each operation) 外科醫生費及巡房費 (只適用於外科手術) (每次手術計) • complex 複雜 • major 大型 • intermediate 中型 • minor 小型	Full cover for eligible medical expenses (subject to day limits and the Overall Annual Limit) 全數支付合資格之醫療費用 (以日數上限及每年最高賠償額為限)	92,000 55,000 25,000 8,500
7 Anaesthetist's Fees (each operation) 麻醉科醫生費 (每次手術計) • complex 複雜 • major 大型 • intermediate 中型 • minor 小型		31,000 18,500 8,500 3,100
8 Operating Theatre Fees (each operation) 手術室費用 (每次手術計) • complex 複雜 • major 大型 • intermediate 中型 • minor 小型		31,000 19,000 8,700 3,200
9 In-patient Physician's Fees (for non-surgical case only) (maximum 182 days each Contract Year) 住院醫生巡房費 (只適用於非手術治療) (每合約年度最多182日)		每日2,400 each day
10 In-patient Specialist's Fees (each Contract Year) 住院專科醫生費 (每合約年度計) • subject to written referral ^③ from the attending Registered Medical Practitioner (except for services performed by pathologist, radiologist or Physiotherapist during Hospital Confinement) 須獲主診註冊西醫以書面轉介 ^③ (病理學家、放射學家及物理治療師在住院期間所提供之服務除外)		12,700
11 Companion Bed (maximum 182 days each Contract Year) 住院加床費 (每合約年度最多182日)		每日1,450 each day
12 Pre-admission and Post-hospitalisation Out-patient Care (each Contract Year) 入院前及出院後之門診護理 (每合約年度計) • including one pre-admission visit and all related post-hospitalisation follow-up visits on an out-patient basis within 6 weeks right after discharge from Hospital 包括一次入院前及出院後6星期內所有與住院治療有關之跟進療程門診費用		6,300
Below attained age of 65 on the Contract Effective Date - Annual Limit 於合約生效日未滿65歲之會員 — 每年限額		1,500,000 ^④
Attained age of 65 or above on the Contract Effective Date - Annual Limit 於合約生效日滿65歲或以上之會員 — 每年限額		1,050,000 ^④
B Hospital Cash Benefit (Optional) 住院現金保障 (自選保障)		
• pay from the 1 st day of Hospital Confinement (maximum 365 days each Contract Year subject to a sub-limit of 182 days for Hospital Confinement outside Hong Kong) 由住院第1日起開始支付 (每合約年度最多365日, 其中香港以外之住院以不超過182日為限)		每日1,500 each day

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保柏晶彩寶醫療保障計劃

Schedule of Benefits 保障金額表

Effective from 1 January 2010 自2010年1月1日起生效

Clinical Benefit (Optional) 門診保障 (自選保障)	Maximum Limit per Member (HK\$) 每位會員最高賠償額 (港幣)	
	CrystalNet Benefit [ⓐ] 晶彩寶網絡保障 [ⓐ]	Non-CrystalNet Benefit 非晶彩寶網絡保障
No. of CrystalNet Service Providers 晶彩寶網絡服務供應商數目 (For details, please refer to the "List of CrystalNet Service Providers" 詳情請參閱「晶彩寶網絡服務供應商目錄」)	Over 逾2,000	N / A 不適用
1 General Practitioner (per visit limit) [ⓐ] 普通科醫生 (每次診治限額) [ⓐ]	Full cover for eligible medical expenses (including consultation fee and up to 5 days of basic Medically Necessary Western Medication) 全數支付合資格之醫療費用 (包括診症費及最多5日之處方 基本醫療必需西藥費用)	420 (for consultation fee only) (只限診症費)
2 Specialist (per visit limit) [ⓐ] 專科醫生 (每次診治限額) [ⓐ] • subject to written referral [ⓐ] from a Registered Medical Practitioner 須獲註冊西醫書面轉介 [ⓐ]		640 (for consultation fee only) (只限診症費)
3 Home Consultation (per visit limit) [ⓐ] 家中應診 (每次診治限額) [ⓐ]	N / A 不適用	420 (for consultation fee only) (只限診症費)
4 Physiotherapist (per visit limit) [ⓐ] (treatment fee only) 物理治療師 (每次診治限額) (只限診療費) [ⓐ] • subject to written referral [ⓐ] from a Registered Medical Practitioner 須獲註冊西醫書面轉介 [ⓐ]	Full cover for eligible medical expenses 全數支付合資之醫療費用	620
5 Chiropractor (per visit limit) [ⓐ] (treatment fee only) 脊醫 (每次診治限額) (只限診療費) [ⓐ] • subject to written referral [ⓐ] from a Registered Medical Practitioner 須獲註冊西醫書面轉介 [ⓐ]		620
6 Chinese Herbalist (per visit limit) [ⓐ] 中醫師 (每次診治限額) [ⓐ] • consultation fee (including basic Medically Necessary Chinese Medicines prescribed at the Registered Chinese Medicine Practitioner's clinic and obtained at a legitimate source on the same day of consultation) 診症費(包括於診治當日由註冊中醫在診所處方並由合法來源取得的基本醫療必需中藥 費用)	Full cover for eligible medical expenses (including consultation fee and up to 2 packets of basic Medically Necessary Chinese Medicines) 全數支付合資格之醫療費用 (包括診症費及最多兩劑之 基本醫療必需中藥費用)	220
7 Chinese Bonesetter (per visit limit) [ⓐ] 跌打醫師 (每次診治限額) [ⓐ] • consultation fee (including basic Medically Necessary Chinese Medicines prescribed at the Registered Chinese Medicine Practitioner's clinic and obtained at a legitimate source on the same day of consultation) 診症費(包括於診治當日由註冊中醫在診所處方並由合法來源取得的基本醫療必需中藥 費用)		220
8 Diagnostic Imaging and Laboratory Tests (each Contract Year) 診斷影像及化驗 (每合約年度計) • subject to written referral [ⓐ] from a Registered Medical Practitioner 須獲註冊西醫書面轉介 [ⓐ]	Full cover for eligible medical expenses 全數支付合資格之醫療費用	5,100
9 Prescribed Western Medication (each Contract Year) 醫生處方西藥 (每合約年度計) • Medically Necessary Western Medication prescribed by a Registered Medical Practitioner and obtained at a legitimate source 經由註冊西醫處方並由合法來源取得之醫療必需西藥費用	5,100 [ⓐ]	

- Notes 附註:**
- ⓐ Clinical Operation or Day Case Surgery, if eligible, will be paid under Hospital and Surgical Benefit. Clinical Operation and Day Case Surgery mean Medically Necessary surgical procedures which may be carried out at a clinic or day case unit of a Hospital by a Registered Medical Practitioner and a stay in Hospital is not required, provided that the surgical procedure is classified as such by Bupa.
 - ⓑ To enjoy full cover for eligible medical expenses under CrystalNet Benefit:
 - any Medically Necessary treatment or service must be referred or performed by, or obtained at, a CrystalNet Service Provider
 - Hospital treatment must be obtained at a CrystalNet Hospital referred[ⓐ] by a Specialist and performed by the Specialist provided that the Specialist must be listed in the latest "List of CrystalNet Service Providers"
 - clinical treatment must be obtained at a CrystalNet Doctor's clinic and performed by a CrystalNet Doctor
 - Specialist consultation (except for Gynaecology, Paediatrics and Family Medicine), physiotherapy and chiropractic treatment must be referred[ⓐ] by a CrystalNet Western Physician
 - diagnostic imaging or laboratory tests must be referred[ⓐ] by a CrystalNet Western Physician and obtained at a CrystalNet Diagnostic Centre
 - pre-authorisation must be obtained from Bupa for:
 - Hospital Confinement (including pre-admission and post-hospitalisation out-patient care payable under Hospital and Surgical Benefit)
 - any treatment by a Specialist referred[ⓐ] by a CrystalNet Western Physician and / or CrystalNet Hospital where that relevant specialty is not listed in the latest "List of CrystalNet Service Providers"
 - for Emergency medical treatment outside the normal office hours of Bupa. Member shall obtain subsequent authorisation from Bupa on the next working day immediately after receiving such treatment
 - CrystalNet Benefit is restricted to standard private room only. Hospital Confinement to any classes of suite, V.I.P., deluxe room or any classes of private room other than the standard class of private room of a CrystalNet Hospital shall be subject to the Non-CrystalNet Benefit limits
 - the Bupa CrystalNet Card must be presented upon registration for treatment and used for medical bill settlement
 - ⓒ A referral letter is only valid for the same or related condition for a period of six (6) months from the date of issuance. Treatment received for a new or unrelated condition will require another referral letter.
 - ⓓ Overall Annual Limit is the maximum aggregate sum of CrystalNet Benefit and Non-CrystalNet Benefit payable during a Contract Year for Hospital and Surgical Benefit. On the Contract Effective Date immediately following a Member's 65th birthday, the Overall Annual Limit will be changed to HK\$1,050,000.
 - ⓔ Number of visits per Contract Year for items C1-C7 above is 50 in total for CrystalNet and Non-CrystalNet Benefits in aggregate) and is subject to a maximum of 1 visit per item per day.
 - ⓕ Number of visits per Contract Year for items C6-C7 above is 25 in total for CrystalNet and Non-CrystalNet Benefits in aggregate).
 - ⓖ The Maximum Limit of Prescribed Western Medication Benefit is the aggregate sum of CrystalNet Benefit and Non-CrystalNet Benefit.
 - ⓗ 合資格之診所手術或日症手術，將於住院及手術保障下賠償。診所手術及日症手術指註冊西醫於診所或醫院日症房進行之醫療必需手術而無必要留院，但該等手術須獲保柏分類為診所手術或日症手術。
 - ⓘ 要享有晶彩寶網絡保障下就會資格醫療費用可作全數賠償：
 - 任何醫療必需治療或服務必須由晶彩寶網絡服務供應商轉介或進行或提供
 - 住院治療必須經由專科醫生轉介[ⓐ]在晶彩寶網絡醫院內由該專科醫生進行，但該專科醫生必須被載於最近期之晶彩寶網絡服務供應商目錄內
 - 診所治療必須在晶彩寶網絡醫生之診所內由晶彩寶網絡醫生進行
 - 專科醫生診症 (婦科、兒科及家庭醫學科除外)、物理治療及脊醫治療必須經由晶彩寶網絡西醫轉介[ⓐ]
 - 診斷影像或化驗必須由晶彩寶網絡西醫轉介[ⓐ]並在晶彩寶網絡診斷中心進行
 - 下列各項必須通過保柏初步保障審核：
 - 住院(包括於住院及手術保障下獲得保障的入院前及出院後的門診護理)
 - 經由晶彩寶網絡西醫及 / 或晶彩寶網絡醫院轉介[ⓐ]之專科醫生治療，而有關專科並不載於最近期之晶彩寶網絡服務供應商目錄內
 - 於保柏正常辦公時間外接受之緊急治療，會員需於接受治療後之下一個工作日向保柏補取審核結果
 - 晶彩寶網絡保障只限標準私家房。住院時入住晶彩寶網絡醫院任何等級之套房、貴賓房、豪華房或標準等級私家房以外之任何等級私家房，賠償以非晶彩寶網絡保障之最高賠償額為限
 - 必須於求診登記時出示保柏晶彩寶網絡醫療卡，並以該卡繳付醫療費用
 - ⓙ 轉介信在發出後6個月內診治與該信有關之病症，方為有效。而當診治病症被診斷為一新症，或診治與該轉介信無關之病症，則需另一轉介信。
 - ⓚ 每年最高賠償額指就住院及手術保障於每合約年度以晶彩寶網絡保障及非晶彩寶網絡保障合併計算之最高賠償額。於會員65歲生日隨後之合約生效日，每年最高賠償額將更改為港幣1,050,000元。
 - ⓛ 每一合約年度內有關上文C1至C7項之診治次數合共為50次(以晶彩寶網絡及非晶彩寶網絡保障合併計算)，每一項目並以每日一次診治為限。
 - ⓜ 每一合約年度內有關上文C6至C7項之診治次數合共為25次(以晶彩寶網絡及非晶彩寶網絡保障合併計算)。
 - ⓝ 醫生處方西藥保障下之每一合約年度的最高賠償額，以晶彩寶網絡及非晶彩寶網絡保障合併計算。

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Effective from 1 January 2010 自2010年1月1日起生效

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

- Provides admission deposit in the event of hospitalisation overseas and in Mainland China, unlimited cover for emergency medical evacuation and repatriation, and a 24-hour hotline for travel, medical or legal information and assistance.
- 提供海外及國內住院按金墊支服務，全數支付緊急醫療運送費用，以及24小時旅遊、醫療或法律諮詢及援助熱線。

E Free Bupa Lifelong Preventive Programme (for members with Clinical Benefit) 免費保柏終生預防計劃 (只供有門診保障之會員)

This service is provided once a year starting from the second Contract Year. Simply select one of the programmes based on your attained age and enjoy the service at any dental centres or wellness centres in the CrystalNet.

此項服務由會員加入後第二個合約年度開始提供，每年一次。您可根據屆時的年齡選擇一項服務，並於「晶彩寶網絡」內任何一間牙科診所或保健中心享用服務。

Programme [Ⓢ] 計劃 [Ⓢ]	Age 1 - 17 1至17歲	Age 18 - 29 18至29歲	Age 30 - 44 30至44歲	Age 45 - 65 45至65歲	Age 66 - 75 66至75歲	Age 75 above 75歲以上
1 Nutrition consultation 營養諮詢	✓	✓	✓	✓	✓	✓
2 1 dose of influenza vaccination 流行性感冒疫苗注射一針	✓				✓	✓
3 Dental service (scaling and polishing) 洗牙服務 (去除牙石、牙漬)	✓	✓	✓	✓	✓	✓
4 Routine check-up including 常規檢查包括 • blood pressure check, complete blood picture, liver and renal function test, total cholesterol, triglycerides and fasting blood sugar test • 血壓檢查、血全像、肝及腎功能測試、總膽固醇、三酸甘油酯及血糖量測試		✓	✓	✓	✓	✓
• Pap smear test for female 女士柏氏抹片檢查		✓	✓	✓		
• Total prostatic specific antigen test for male 男士總前列腺特異抗原測試				✓	✓	

F Free Bupa Loyalty Bonus Programme (for members aged 18 years or above with clinical benefit) 免費保柏獎賞計劃 (只供有門診保障之18歲或以上會員)

This service is provided once every 3 years starting from the third Contract Year. Simply select one of the following programmes[Ⓢ] and enjoy the service and a complimentary medical report at any wellness centres in the CrystalNet.

此項服務由會員加入後第三個合約年度開始提供，每三年一次。您可選擇以下任何一項服務[Ⓢ]，並於「晶彩寶網絡」內任何一間保健中心享用服務連免費醫療報告乙份。

1 Upgrade routine check-up including chest X-ray, kidney-ureter-bladder X-ray, thyroid function test, hepatitis B surface antigen, resting electrocardiogram 進階常規檢查包括胸肺普通X光檢查、腹部普通X光檢查、甲狀腺功能測試(包括甲狀腺素、游離促甲狀腺激素)、乙型肝炎表面抗原、靜態心電圖
2 Male cancer screening including alpha-feto protein test, antibody screening for nasopharyngeal carcinoma, carcinoembryonic antigen, squamous cell carcinoma screening for lung cancer, screening for colorectal carcinoma and breast carcinoma 男性癌症檢查包括甲種胚胎蛋白、鼻咽癌病毒抗體、癌胚抗原、肺癌磷狀細胞癌病抗原、大腸癌測試及乳癌測試
3 Female cancer screening including alpha-feto protein test, antibody screening for nasopharyngeal carcinoma, carcinoembryonic antigen, squamous cell carcinoma screening for lung cancer, screening for colorectal carcinoma, breast carcinoma, ovarian carcinoma and human papilloma virus deoxyribonucleic acid (cervical carcinoma) 女性癌症檢查包括甲種胚胎蛋白、鼻咽癌病毒抗體、癌胚抗原、肺癌磷狀細胞癌病抗原、大腸癌測試、乳癌測試、卵巢癌測試、人類乳頭狀瘤病毒(子宮頸癌測試)
4 Treadmill ECG 運動心電圖
5 Ultrasound scanning of gall bladder, liver, prostate, breasts (for male) 肝、膽、前列腺及胸部超聲波掃描(為男性而設)
6 Ultrasound scanning of gall bladder, liver, pelvis, breasts (for female) 肝、膽、盆腔及乳房超聲波掃描(為女性而設)
7 Mammogram (for female aged over 35 years) 乳房X光造影(為35歲以上之女性而設)
8 Bone Mineral Density (by using DEXA) 骨質密度測試(採用DEXA)

Notes 附註:

Ⓢ For details of check-up items, please refer to the coupon.

Ⓢ 有關檢查項目詳情，請參考計劃贈券。

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Table of Subscriptions 保費表

Effective from 1 January 2010 自2010年1月1日起生效

All figures in HK\$ 以港幣計算

Annual subscription per person 每人每年保費

Attained age 已屆年齡	Hospital and Surgical Benefit 住院及手術保障	Hospital and Surgical Benefit + Clinical Benefit 住院及手術保障 + 門診保障	Hospital and Surgical Benefit + Hospital Cash Benefit 住院及手術保障 + 住院現金保障	Hospital and Surgical Benefit + Clinical Benefit + Hospital Cash Benefit 住院及手術保障 + 門診保障 + 住院現金保障
0-17 ^①	5,378	12,277	7,082	13,981
18-29	6,734	12,611	8,168	14,045
30-34	7,468	13,923	8,905	15,360
35-39	8,721	15,918	10,375	17,572
40-44	10,177	18,324	12,062	20,209
45-49	11,549	20,605	13,688	22,744
50-54	16,841	27,238	19,409	29,806
55-59	21,814	33,293	25,141	36,620
60-64 (for renewal only) 60歲至64歲 (只供續保)	26,835	39,490	30,927	43,582
65 or over (for renewal only) 65歲或以上 (只供續保)	39,921	55,116	45,608	60,803

Subscription by monthly instalment per person^② 每人每月分期付款保費^②

Attained age 已屆年齡	Hospital and Surgical Benefit 住院及手術保障	Hospital and Surgical Benefit + Clinical Benefit 住院及手術保障 + 門診保障	Hospital and Surgical Benefit + Hospital Cash Benefit 住院及手術保障 + 住院現金保障	Hospital and Surgical Benefit + Clinical Benefit + Hospital Cash Benefit 住院及手術保障 + 門診保障 + 住院現金保障
0-17 ^①	448	1,023	590	1,165
18-29	561	1,051	681	1,170
30-34	622	1,160	742	1,280
35-39	727	1,327	865	1,464
40-44	848	1,527	1,005	1,684
45-49	962	1,717	1,141	1,895
50-54	1,403	2,270	1,617	2,484
55-59	1,818	2,774	2,095	3,052
60-64 (for renewal only) 60歲至64歲 (只供續保)	2,236	3,291	2,577	3,632
65 or over (for renewal only) 65歲或以上 (只供續保)	3,327	4,593	3,801	5,067

Notes 附註:

① An applicant and spouse must be aged 18-59 years (Attained age). Unmarried children aged under 18 or below 23 years if in full time education must be enrolled as dependants.

② Monthly instalment is applied to Citibank Credit Card or Diners Club Card only.

③ 申請人及配偶年齡必須介乎18至59歲(已屆年齡)。若未婚子女為18歲以下或23歲以下之全日制學生，必須以受供養人身份投保。

④ 每月分期付款只適用於花旗銀行(香港)信用卡或大來信用証。

• Subscription amount is not guaranteed and Bupa may adjust it on a yearly basis.

• 保費並非保證，保柏有可能每年作出調整。

In the event of any discrepancy in respect of the meaning between the Chinese version and the English version, the English version shall prevail. All terms and conditions are subject to the Contract.

中、英文之意思如有任何差別，概以英文為準。所有條款及細則以合約為準。

Bupa (Asia) Limited 保柏(亞洲)有限公司

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