



其他服務條款及細則
Terms and Conditions
for Other Services

環球優越自願醫保計劃

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目錄

其他服務條款及細則

I.	一般條文	1
II.	專屬健康大使服務條文	1
III.	信用額安排條文	1
IV.	免費保柏國際援助計劃條文	2
V.	24小時情緒解碼熱線服務條文	4

其他服務條款及細則

I. 一般條文

- (a) 其他服務的條款及細則（「其他服務條文」）附於環球優越自願醫保計劃保單，並屬當中一部分。其他服務條文明明提供予環球優越自願醫保計劃保單持有人及受保人的增值服務，無需額外保費，亦不屬於認可產品一部分。
- (b) 除本其他服務條文明明不適用者外，認可產品內的所有條款及保障均為適用，並且具十足效力及作用。倘若條款及保障下任何適用的條文或不保事項與其他服務條文內所明確列明的保障有任何抵觸，概以其他服務條文的條款為準以解決有關不一致之處。
- (c) 除下述條文一至條文四另行釋義外，本其他服務條文內以斜體標註的詞彙需以條款及保障第八部分及補充文件一第4節所載涵意詮釋。
- (d) 按條款及保障及本其他服務條文，本公司將按本其他服務條文的條款提供服務。可獲賠償的費用（如有）不會超過所接受服務的實際開支，亦不受任何自付費（如適用）的約束。
- (e) 倘本公司向保單持有人或受保人賠償任何費用，該金額超出其他服務條文所列明適用的最高賠償限額；或不符合保單的保障，則保單持有人及／或受保人須於本公司出具發票日起計十四(14)日內，悉數賠償本公司有關不受保費用。

II. 專屬健康大使服務條文（「條文一」）

使用健康支援服務（如適用）須隨時受限於本公司所規定之「專屬健康大使服務條款及細則」，該條款及細則將會構成本保單的一部分，本公司並會不時就該條款及細則作出修訂。最新版本之條款及細則請參閱本公司網頁 <https://www.bupa.com.hk/PDF/healthpro-concierge-service.pdf> 內之「專屬健康大使服務條款及細則」。「專屬健康大使服務條款及細則」內第2節所訂明的服務，將根據受保人所選取的計劃而釐定，並已列明如下。

24 小時健康專線 提供每天 24 小時支援服務，為您解答健康問題，包括怎樣照顧患病小孩或長者，以助您了解病徵、診斷及治療方案等。保柏的專業團隊亦可為您提供嬰幼兒照顧、樂齡、減壓及養生等保健資訊。
醫療中心選擇及預約診症 可根據您的指定情況或需要為您提供診所及醫院名單以供參考，更可為您預約選定的診症及治療服務。
健康顧問 若入住本港私家醫院，保柏的健康顧問會全程協助，讓您了解您的治療詳情和醫療開支預算，替您處理有關入院、出院後跟進治療及索償等事宜。
第二醫療意見服務 如在診斷和治療上遇到各種疑慮，由醫療專業人士組成之團隊可為您提供專業的意見。
慢性疾病管理計劃 提供控制慢性疾病如糖尿病、高血壓的建議，包括生活習慣建議及跟進病情等服務。
非緊急環球健康支援服務 無論您身在海外時遇上健康問題需要支援，或計劃於海外接受治療，均可為您尋找合適醫生、預約及協助安排翻譯服務。
中國內地居民服務 提供每天 24 小時免費國語熱線，為您預約在香港接受的醫療服務及安排往返交通。

III. 信用額安排條文（「條文二」）

1. 一般條文

- (a) 本公司將會根據本公司之指引向獲本保單保障的受保人簽發一張保柏尊貴實卡。保柏尊貴實卡的使用及信用額安排之授予受本條文二的條款所限。
- (b) 保單持有人或受保人可選擇使用本條文二所述之服務。使用此等服務並不會影響於條款及保障下可獲之賠償。

2. 保柏尊貴實卡

- (a) 受保人可使用保柏尊貴實卡繳付於香港指定的私家醫院（包括為日症病人提供醫療服務的設備下），就條款及保障第六部分第3(a)至(j)節及補充文件一第2(a)、(b)及(d)節的保障所招致之醫療費用，並以信用額及保障表列明的賠償限額為限。醫院名單可能會不時更改，最新的醫院名單可參考本公司之網頁。
- (b) 如保單持有人同時投保了門診保障，受保人可使用保柏尊貴實卡繳付於保柏尊貴實特選服務供應商，就條款及保障第六部分第3(i)至(k)節、補充文件一第2(c)節及自選保障條文第2節門診保障的保障所招致之醫療費用，並以相關之保障表所列明的賠償限額為限。
- (c) 有關使用保柏尊貴實卡的詳細行政程序，請參考會員指引。
- (d) 在本公司通知確認支付醫療費用之前，所有透過保柏尊貴實卡支付的賬項仍屬保單持有人及受保人所須承擔的責任。
- (e) 如保單持有人選擇了於保單資料頁上所示的自付費，保單持有人須於本公司履行支付及／或賠償本保單下任何保障前，自行負擔部分合資格的醫療費用（按自選保障條文支付的賠償除外），即相等於其自選之自付費之費用。保單持有人須於收到本公司發出的差額通知書後十四(14)日內，將差額全數清還予本公司。
- (f) 如受保人所產生的開支為本保單的不受保障項目或不合格項目、超出信用額或未獲本公司批核，保單持有人須直接向服務供應商繳付有關費用。若該費用已經由本公司支付，保單持有人須於收到本公司向其發出追收差額通知書的十四(14)日內，將差額全數清還予本公司。
- (g) 若於收到本公司的追收差額通知書後十四(14)日內仍未償還相關差額，本公司將按保單持有人或受保人給予本公司透過指定信用卡直接收取費用的授權，在保單持有人收到差額通知書後的二十一(21)日或之後於指定信用卡扣除款項以償還差額。
- (h) 本公司有權以任何可退還的保費或向保單持有人支付的賠償，以抵消任何未償還或由受保人而引致的差額或自付費。
- (i) 保柏尊貴實卡乃屬本公司所有。持有此卡之受保人應妥善保存此卡。此卡只供獲發卡之受保人使用，不得轉讓。倘若保柏尊貴實卡被竊或遺失，保單持有人仍須負責一切所涉及之賬項，直至有關被竊或遺失已向本公司作出書面通知為止。
- (j) 保柏尊貴實卡將在下列較早出現的情況即時失效，保單持有人須於此卡失效後七(7)日內將其歸還本公司 -
- 本保單終止；或
 - 本公司合理地要求歸還保柏尊貴實卡並向保單持有人及／或受保人以書面通知有關原因。

3. 釋義

本條文二中使用的字詞及表述必須按照以下所述解釋 -

- 「**保柏尊貴實特選服務供應商**」 是指由本公司委任，並與本公司訂立信用額安排的醫院、註冊醫生、物理治療師、脊醫、註冊中醫師、診斷中心、癌症中心、糖尿病中心、日症中心及其他醫療服務供應商，向本保單之受保人提供醫療服務，並由本公司承擔支付相關服務費用。服務供應商名單可於保柏尊貴實特選服務供應商目錄查閱。
- 「**保柏尊貴實卡**」 是指本公司發給受本保單保障之合資格受保人的醫療卡，而其使用受本條文二第2節之條款所限。
- 「**保柏尊貴實特選服務供應商目錄**」 是指本公司批核初步保障審核當日列載由本公司委任之保柏尊貴實特選服務供應商資料的目錄，此目錄由本公司以電子版提供並不時進行更新及修訂。最新的目錄可於本公司的客戶服務網站查閱。
- 「**信用額**」 是指於會員指引上所示之保柏尊貴實卡提供的最高信用額。
- 「**差額**」 是指受保人使用保柏尊貴實卡或本條文二所指的信用額服務所支付但在本保單下不合資格或不受保障的費用，或應由保單持有人承擔的自選自付費部分。

IV. 免費保柏國際援助計劃條文（「條文三」）

本條文三所列的服務由服務供應商提供。若身處海外遇上緊急情況需要醫療或法律支援，保單持有人或受保人可致電服務供應商全年二十四(24)小時求助熱線 (852) 2861 9229，獲得本條文三的支援服務。

1. 一般條文

- (a) 於本條文三所列的服務及援助均由服務供應商負責提供，並視乎其服務及援助的供應而定。所列的服務及援助可以在沒有預先通知保單持有人或受保人的情況下不時更改。就本條文三所列的服務及援助，本公司及服務供應商並非對方之代理。
- (b) 本公司不須就服務供應商或其代理提供之服務或建議，或該等服務之供應，因而直接或間接令受保人蒙受或招致之任何損失、損害、費用、起訴、訴訟或法律程序，向保單持有人或受保人承擔任何責任。
- (c) 如本公司和服務供應商之間的安排終止或服務供應商終止其業務，本公司沒有責任另覓其他供應商代替服務供應商或提供本條文三所列的服務及援助。

2. 援助服務及保障

如受保人：

- (i) 遇上任何身體受傷；
- (ii) 患上任何突發疾病；或
- (iii) 需要本條文三所列的醫療、旅遊、法律或行政援助；

而事發時於居住地以外(本條文三下述第2(p)、2(y)及2(z)節之援助保障除外，此等保障可在香港取得)的旅程中，但該旅程須在並非罔顧註冊醫生的意見下進行，及/或該旅程的目的並非為接受或尋求海外醫療或手術治療，則受保人或其代表可以致電服務供應商的二十四(24)小時緊急支援中心提出口頭通知，即可直接獲服務供應商提供以下的全球援助服務及保障。

醫療援助服務

- (a) 醫療意見熱線
如有需要，受保人可致電服務供應商的緊急中心向當值註冊醫生取得有關醫療建議及評估，但該項電話服務只可作為意見，絕非診斷。
- (b) 醫生轉介服務
如有需要服務供應商可轉介受保人至醫療專家或醫療機構為受保人作個人評估。
- (c) 必要藥物/醫療器材
若受保人所需的必要藥物及/或醫療器材未能於當地取得，在當地主診註冊醫生要求時，服務供應商將在可行及法律許可之情況下，運送該等藥物及/或醫療器材到受保人身處之地，費用由受保人支付。
- (d) 遣派註冊醫生
於危急情況如受保人未能透過電話取得足夠之醫療評估，或受保人不宜被移動並在當地無法接受治療，服務供應商可安排派遣適當的醫生應診。
- (e) 醫療護送 (不設上限)
若受保人遇上身體受傷或突發疾病，而服務供應商之醫療隊伍及當值註冊醫生均建議受保人在另一醫療機構住院接受所需之適當治療時，服務供應商會安排和支付以下所需的交通費用 -
(i) 護送受保人至最接近的一間備有合適醫療設備的醫療機構；或
(ii) 如受保人的醫療狀況許可，安排直接送返。服務供應商之醫療隊伍及主診註冊醫生會視乎情況而決定所需要之安排。
- (f) 治療後送返 (不設上限)
於接受本條文三第2(e)節的醫療護送服務後，如受保人需要接受治療，服務供應商將安排受保人乘坐固定班次之航機(經濟客位)或其他合適之交通工具，護送受保人返回其居住地的適當醫療機構。任何有關安排送返服務之決定須由主診註冊醫生及服務供應商緊急中心共同決定，並尋求受保人的同意。
- (g) 墊支入院醫院按金
經受保人的主診註冊醫生及服務供應商之醫生共同同意，認為受保人需要入住醫院，而受保人又無法支付入院按金的情況下，服務供應商將提供最高港元 39,000 元之入院按金或作為該筆入院按金之擔保人，但受保人須在四十五(45)日內清付所墊支的款項(不含利息)。服務供應商在墊支入院按金前會向受保人或其代表索取有效之貸款授權。
- (h) 醫療監測
當受保人身在本地接受住院治療，服務供應商將會監測受保人的狀況，並向受保人之家屬匯報最新病況。

- (i) 安排家屬前往探望
若**受保人**於外地入住**醫院**連續七(7)天以上，**服務供應商**將安排一位**受保人**所指定的人士或其親屬（如**受保人**因其狀況未能指示）乘搭客機（經濟客位）前往探望**受保人**，並代其支付來回機票及一般酒店住宿，最高達港幣16,000元。
- (j) 同行伙伴之額外交通及住宿費
服務供應商將安排並支付與**受保人**同行之伙伴因**受保人**發生事故而接受本**條文**第三2(e)節醫療護送所引致的額外交通及住宿費用，**受保人**每一事故之最高賠償為港幣15,000元，並以每日港幣2,000元為限。
- (k) 安排乏人照顧之子女返回**居住地**
若**受保人**於外地入住**醫院**而未能照顧其同行之十八(18)歲或二十三(23)歲（如屬全職學生）或以下受供養子女，則**服務供應商**將安排及支付該名（或多名）子女乘坐客機（經濟客位）返回**受保人之居住地**。
- (l) 療養酒店住宿
若**受保人**之主診**註冊醫生**及**服務供應商**之醫生均認為**受保人**於出院後即時入住當地酒店繼續療養乃醫療所需，**服務供應商**將為**受保人**安排及支付該等合理酒店住宿費用，以每天最高港幣1,950元及最多連續四(4)天為限。
- (m) 安排**受保人**返回原來工作地點
在由**服務供應商**醫療護送或遣返後的一(1)個月內，如**受保人**提出要求，**服務供應商**會安排及提供單程經濟客位機票予**受保人**返回原來工作地點。**受保人**須負責決定是否返回工作，並須負責取得醫療許可證明其是否適合乘坐飛機或返回工作，而**受保人**及 / 或**受保人**之主診**註冊醫生**須負上此決定之一切責任。**服務供應商**並不牽涉在內。
- (n) 遺體或骨灰運送服務（不設上限）
如**受保人**不幸身故，**服務供應商**將安排其遺體或骨灰由身故地方運返**受保人之居住地**安葬，**服務供應商**並將支付有關運送費用。
- (o) 非預料情況下返回**居住地**
當**受保人**身處海外（不包括移民）而獲悉**受保人之親人**在**居住地**身故，並須立即折返，**服務供應商**將安排和支付**受保人**乘坐定期航班（經濟客位）返回其**居住地**及支付有關的機票費用。
- (p) 醫療護送及遣返**香港**後之額外住院保障
若**環球優越自願醫保計劃**之保障已耗盡，並根據本**條文**第三 2(f)節治療後返回**香港**後即時入住**醫院**，將額外賠償合資格之醫療費用至最高港幣 120,000 元。

在本**條文**第三 2(e)、2(f)、2(k)、2(m)及 2(o)節之服務中，如**服務供應商**為**受保人**重新安排機票或交通，**受保人**（及/或其同行伙伴，如適用）須把未使用之回程機票交回**服務供應商**。

旅遊及旅程前支援服務

- (q) 旅程前及旅遊資料
在旅程展開之前或進行期間，**受保人**可致電**服務供應商**查詢以下資料 -
 - (i) 最新的免疫及防疫要求及需要。
 - (ii) 天氣、貨幣兌換率、銀行工作日、當地語言、護照及簽證要求。
 - (iii) 機場稅或海關要求。
 - (iv) 提供傳譯員服務或護送小童服務。
 - (v) 因醫療緣故傳遞緊急訊息。
- (r) 尋找行李支援
如**受保人**行李於運送途中遺失或由同一承運商誤運往錯誤路線，**服務供應商**會協助聯絡有關單位（包括但不限於航空公司、海關人員），並安排尋回的行李送返**受保人**指定的地方。
- (s) 緊急更改行程安排
若緊急事故迫使**受保人**更改其原來計劃，**服務供應商**將會協助**受保人**重新安排其乘坐之飛機班次。
- (t) 遺失旅遊證件的行政協助
服務供應商將向**受保人**提供有關當地機構就補領遺失或被盜竊證件所要求手續的資料。
- (u) 任中橫服務
倘若**受保人**遇上**身體受傷**或**突發疾病**並需要在中國入住**醫院**接受緊急治療，**受保人**可入住**任中橫網絡**的**醫院**內最就近之**醫院**。**受保人**須出示有效的**環球優越自願醫保計劃**會員卡或醫療卡及旅遊證件，**醫院**便會在無須**受保人**直接支付入院按金的情況下提供治療。**服務供應商**並會向**醫院**提供**受保人**入院所需的按金擔保。**受保人**出院時須直接付清全部醫療費用，包括由**服務供應商**所擔保之**醫院**按金。**服務供應商**並不會支付任何費用。

法律援助

- (v) 提供法律轉介
服務供應商可提供律師或律師行的電話號碼及地址。
- (w) 法律援助
如**受保人**在不涉及工作、業務、專業或受僱情況下遇上意外，**服務供應商**將會：
 - (i) 就**受保人**其被起訴的民事責任，於法律程序中提供有關該國家適用之民事法律上的辯護；及
 - (ii) 為**受保人**在遇上個人損傷及 / 或**受保人**之個人物品遭損壞後（而有關損害估計超過港幣 5,000 元）進行法律程序向可識別的第三方追討賠償。

在以上種種情況，由**服務供應商**委任的大律師及 / 或律師，須以法定身份代表**受保人**，**服務供應商**無須因其委任大律師及 / 或律師而被行使任何追索權、承擔責任或作出彌償。聘用大律師及 / 或律師的費用將會由**服務供應商**支付，最高為港幣 40,000 元。

- (x) 保釋金墊支
服務供應商將會代**受保人**預付最高港幣 40,000 元的保證金，以擔保**受保人**在交通意外後被有關當地機構拘留時可支付有關程序所需之費用。**服務供應商**不會代**受保人**預付任何涉及民事法律責任、罰款或個人補償及 / 或使其獲釋的款項。**服務供應商**提供的預付款項將會一律被視為由**服務供應商**向**受保人**提供的貸款，**受保人**須在墊支該款項日起三十(30)日內全數清還**服務供應商**。此保釋金墊支不包括與專業責任及 / 或刑事有關的申索以及因駕駛汽車引致的申索。如**受保人**未能償還**服務供應商**所墊支的款項，**保單持有人**及/**受保人**須負責償還所有款項。

本地支援服務—下列服務只適用於**香港**

- (y) 褓母及看護及臨時家庭傭工轉介
服務供應商可協助**受保人**安排褓母及 / 或私家看護及 / 或臨時家庭傭工，或提供前述服務提供者的名稱、電話號碼及地址。
- (z) 供電系統修理技工及鎖匠轉介
服務供應商可協助**受保人**於返回**香港**後，即時安排合資格技工上門維修電路故障或安排鎖匠上門開鎖或解決相關問題。

3. 限制及責任

- (a) 地區限制
本**條文**三第 2(a)至 2(o)及第 2(q)至 2(x)節之支援服務適用於**居住地**以外之全球地區。本**條文**三第 2(p)，2(y)及 2(z)節之支援服務只適用於**香港**。
- (b) **本公司**及**服務供應商**之責任
服務供應商向**受保人**轉介之**註冊醫生**、**醫院**、診所及任何專業人員均為獨立承辦商，並自行負責自身的作為，他們並不是**本公司**及員工、代理或僱員。**本公司**將盡最大努力促使**服務供應商**在本**條文**三下提供服務和協助，及**服務供應商**將謹慎選擇具備合適資格及被當地政府認可的專業人員。
- (c) 終止服務
如**受保人**因為任何原因不再受保於**環球優越自願醫保計劃**，本**條文**三之所有服務及保障便告失效。

4. 一般不保事項

- (a) 不保事項
若**受保人**所遭遇之**身體受傷**或**突發疾病**乃由下列原因所造成，本**條文**三下之服務及支援將不會提供：
(i) 按**保前**已有病症及於**保單生效日**前其病徵會促使一般審慎人士尋求診斷、護理或治療的任何疾病，又或於**保單生效日**前經已由醫生提供醫療意見或建議治療的病症。
(ii) 任何未經**服務供應商**授權及 / 或參與的服務。
(iii) 因懷孕、分娩或於產期前三(3)個月內的併發症，即使因為意外促使或引致有關情況發生。
(iv) 因參與職業或比賽性質的運動、水上運動、冬季運動、賽馬、賽車、洞穴探險、攀石或攀山（一般需要使用繩索進行）、跳傘或武術等直接或間接引起的**身體受傷**。
(v) 所有適用於**環球優越自願醫保計劃**之其他不保事項。
- (b) 不可抗力之免責事由
本公司及**服務供應商**並不會就因為罷工、戰爭、入侵、敵國行動、武裝衝突（不論是否正式宣戰）、內戰、內亂、叛亂、恐怖行動、政變、暴動、群眾騷擾、政治或行政干預、輻射、天災或任何妨礙**服務供應商**提供支援服務的不可抗力事項，因而所引致的**服務供應商**救助行動延誤或無法進行，承擔任何責任。

5. 釋義

就本**條文**三而言，以下使用的字詞及表述必須按照以下所述解釋，除非文義另有所指 -

- 「**身體受傷**」 是指完全及直接由暴力、意外、外在及可見之方式引致之嚴重**身體受傷**。
- 「**親人**」 是指**受保人**的配偶、受供養子女、父母及兄弟姊妹。
- 「**任中橫網絡**」 是指列載有**服務供應商**之中國醫院網絡資料名單，此名單由**本公司**以電子版提供並不時進行更新及修訂。最新的名單可於**本公司**的客戶服務網站查閱。
- 「**服務供應商**」 是指**本公司**聘用並於本**條文**二規定提供全球援助的任何服務供應商。
- 「**突發疾病**」 是指患上任何突然及不可預知的疾病。

V. 24 小時情緒解碼熱線服務條文（「**條文四**」）

使用 24 小時情緒解碼熱線及面談輔導服務須隨時受限於**本公司**所規定之「24 小時情緒解碼熱線條款及細則」，該條款及細則將會構成本**保單**的一部分，**本公司**並會不時就該條款及細則作出修訂。最新版本之條款及細則請參閱**本公司**網頁 <https://www.bupa.com.hk/pdf/mentalhotline.pdf> 內之「24 小時情緒解碼熱線條款及細則」。

Global Prestige VHIS Plan
(1 March 2025 Edition)

Table of Content

Terms and Conditions for Other Services

I. General provisions	5
II. HealthPro Concierge Service Provisions	5
III. Credit Facilities Provisions	5
IV. Free Worldwide Assistance Programme Provisions	6
V. 24-hour Mental Health Service Hotline Provisions	9

Terms and Conditions for Other Services

I. General provisions

- (a) The terms and conditions for other services (“Other Services Provisions”) are attached to and form part of the Policy of Global Prestige VHIS Plan. The Other Services Provisions set out the value added services available to Policy Holder and Insured Person of Global Prestige VHIS Plan without additional premium and do not form part of the Certified Plan.
- (b) Except as otherwise specified in this Other Services Provisions, all Terms and Benefits applied to the Certified Plan shall have full force and effect. To the extent that any provision or exclusion applied to the Terms and Benefits is inconsistent with the benefits expressly provided in the Other Services Provisions, the provisions in the Other Services Provisions shall prevail to resolve such inconsistency.
- (c) Unless otherwise defined in Provision 1 to Provision 4 below, capitalised terms used in this Other Services Provisions shall have the meanings ascribed to them under Part 8 of the Terms and Benefits and Section 4 of Supplement 1.
- (d) Subject to the Terms and Benefits and this Other Services Provisions, the Company shall provide the services in accordance with the terms in this Other Services Provisions. The amount of expenses reimbursed (if any) shall not exceed the actual costs of the services incurred and are not subject to any Deductible (if applicable).
- (e) If the Company reimburses the Policy Holder or Insured Person for any expense which has exceeded the applicable maximum limits under this Other Services Provisions; or is not eligible under the Policy, the Policy Holder and/or the Insured Person shall reimburse the Company in full for these ineligible expenses within fourteen (14) days of receipt of an invoice from the Company.

II. HealthPro Concierge Service Provisions (“Provision 1”)

The usage of the healthcare services should at all times be subject to the “Terms and conditions for HealthPro Concierge Service” prescribed by the Company. Such terms and conditions shall form part of this Policy and the Company may amend such terms and conditions from time to time. For an updated version of such terms and conditions, please refer to the “Terms and conditions for HealthPro Concierge Service” on the Company’s website at <https://www.bupa.com.hk/PDF/healthpro-concierge-service.pdf>. The availability of the service(s) set out under Section 2 of the “Terms and conditions for HealthPro Concierge Service” is subject to the plan level subscribed by the Insured Person listed out below.

<p>24-hour Healthline 24/7 guidance on health-related queries, from how to care for a sick child or elderly relative to discussing your symptoms, diagnosis and treatment options. Bupa’s professionals can also provide preventive health information at any time, including tips on caring for babies and young children, aging, stress relief and wellness.</p>
<p>Healthcare Centre Choices and Appointment Making Provide a list of clinics and hospitals based on your specific condition or needs for your reference, as well as set up appointments for your selected consultations and treatments.</p>
<p>Care Manager A personal Care Manager will follow you throughout your hospital stay in a local private Hospital to help you understand your treatment plan and obtain cost estimates, as well as facilitate admission, follow-up treatments after discharge and claims.</p>
<p>Second Medical Opinion Clarify any doubts about your diagnosis and proposed treatment by obtaining medical advice from a panel of medical specialists.</p>
<p>Chronic Conditions Programme Lifestyle coaching and follow-up services to help you manage chronic conditions such as diabetes and hypertension.</p>
<p>Non-emergency global healthcare support Locate suitable doctors, arrange medical appointments and support language translation either when you are in need overseas, or plan to travel for treatment.</p>
<p>Mainland China Residents Service 24/7 toll-free hotline in Mandarin offering help with booking medical appointments for healthcare services in Hong Kong and arranging travel logistics.</p>

III. Credit Facilities Provisions (“Provision 2”)

1. General provisions

- (a) The Company shall issue a Bupa Gold Card to the Insured Person covered under the Policy according to the Company’s prevailing guideline. The use of Bupa Gold Card and the grant of credit facilities are subject the terms in this Provision 2.
- (b) The Policy Holder and the Insured Person may opt to use the services provided under this Provision 2. The use of these services will not affect the benefits payable under the Terms and Benefits.

2. Bupa Gold Card

- (a) Subject to the Credit Limit and the benefit limits as stated in the Benefit Schedule, the Insured Person can use Bupa Gold Card to settle the medical expenses payable under Sections 3(a) to (j) of Part 6 of the Terms and Benefits and Sections 2(a), (b) and (d) of Supplement 1 (subject to the Credit Limit and maximum benefit limits) which are incurred at the designated private Hospitals (including its setting for providing Medical Services to a Day Patient) in Hong Kong. The Hospital list is subject to change from time to time and the most updated Hospital list can be found on the Company’s website.
- (b) If the Policy Holder has also enrolled clinical benefit, the Insured Person can use Bupa Gold Card to settle medical expenses payable under Sections 3(i) to (k) of Part 6 of the Terms and Benefits, Sections 2(c) of Supplement 1 and clinical benefits under Section 2 of Optional Benefits Provision which are incurred at the Bupa Gold Appointed Service Providers up to the benefit limits as stated in the relevant benefit schedule.
- (c) Please refer to the membership guide for the administration procedures in using Bupa Gold Card.
- (d) All expenses charged to the Bupa Gold Card remain the responsibility of the Policy Holder and the Insured Person until settlement of medical expenses has been notified by the Company to the Policy Holder.
- (e) If the Policy Holder has selected a Deductible as stated in the Policy Schedule, the Policy Holder shall bear the part of the eligible medical expenses (except for those expenses payable under Optional Benefit Provisions) which is equal to the amount of the selected Deductible before the Company’s liability to pay and/or reimburse any benefit under this Policy.

The Policy Holder shall reimburse the Company in full for the Shortfall within fourteen (14) days of receipt of the invoice from the Company.

- (f) If an Insured Person incurs any expenses that are excluded or ineligible under this Policy, in excess of the Credit Limit or not approved by the Company, the Policy Holder shall settle such charges with the provider directly or if such expense has been settled by the Company, the Policy Holder shall reimburse the Company in full for the Shortfall within fourteen (14) days of receipt of a Shortfall invoice from the Company.
- (g) If the Shortfall has not been settled within fourteen (14) days of receipt of a Shortfall invoice, the Company shall, in accordance with the authorisation provided by the Policy Holder or Insured Person for the Company to debit money from a designated credit card, collect the Shortfall directly from the designated credit card on or after twenty-one (21) days of receipt of the invoice from the Company.
- (h) The Company has the right to offset any premium refundable or claim payable to the Policy Holder against any amount of Shortfall or Deductible outstanding or arising from the Insured Person.
- (i) Bupa Gold Card shall remain the property of the Company and the Insured Person to whom it is issued shall keep it safe at all times. It may only be used by the Insured Person to whom it is issued and it shall not be transferable. In the event of theft or loss of the Bupa Gold Card, the Policy Holder is responsible for any transactions involving its use until such theft or loss is reported to the Company in writing.
- (j) Bupa Gold Card shall immediately cease to be valid upon the earliest of the following events and the Policy Holder is required return it to the Company within seven (7) days after it becomes invalid -
 - (i) this Policy is terminated; or
 - (ii) the Company reasonably demands the return of the Bupa Gold Card with the reasons notified to the Policy Holder and/or the Insured Person in writing.

3. Definitions

Under this Provision 2, words and expressions used shall have the following meanings -

“Bupa Gold Appointed Service Provider” shall mean the Hospitals, Registered Medical Practitioners, physiotherapists, chiropractors, Registered Chinese Medicine Practitioners, diagnostic centres, cancer centres, diabetic centres, day-case centres and other medical service providers appointed by the Company and who have entered into credit facility arrangements with the Company to provide services to the Insured Persons under this Policy on the Company’s undertaking to pay for the services so provided. The list of the service providers can be found in Bupa Gold Network Directory.

“Bupa Gold Card” shall mean the medical card issued by the Company to an eligible Insured Person covered under this Policy and the use of the card is subject to the conditions set out in Section 2 of this Provision 2.

“Bupa Gold Network Directory” shall mean the list printed in digital format as at the date when the Company approves the pre-authorisation which contains the particulars of Bupa Gold Appointed Service Provider appointed by the Company. The list may be updated and amended by the Company from time to time and the latest list is available at the Company’s customer service portal.

“Credit Limit” means the maximum credit amount of the Bupa Gold Card as shown on the membership guide.

“Shortfall” shall mean expenses incurred by the Insured Person who has used Bupa Gold Card or credit facilities service as referred in this Provision 2 for payment of such expenses that are not eligible or covered under this Policy or should be borne by the Policy Holder for the selected Deductible.

IV. Free Bupa Worldwide Assistance Programme Provisions (the “Provision 3”)

The services described under this Provision 3 are provided by the Service Provider(s). When travelling abroad, the Policy Holder or the Insured Person can call the Service Provider(s) on (852) 2861 9229, a twenty-four (24) hours hotline throughout a year, to receive emergency medical or legal assistance in accordance with the terms under this Provision 3.

1. General provisions

- (a) Services and assistance provided under this Provision 3 are subject to availability of such services and assistance offered by the Service Provider(s). The availability of such services and assistance may change from time to time without prior notice to the Policy Holder or the Insured Person. The Company and the Service Provider(s) are not agents to each other for the services and assistance provided under this Provision 3.
- (b) The Company shall not be liable to the Policy Holder or the Insured Person in any respect of any loss, damage, expense, suit, action or proceeding suffered or incurred by the Insured Person, whether directly or indirectly, arising from or in connection with the services provided or advice given by the Service Provider(s) or its agent, or the availability of such services.
- (c) The Company has no obligation to replace the Service Provider(s) with other service provider if the arrangement between the Company and the Service Provider(s) ceases to operate or if the Service Provider(s) ceases to carry on its business or provide any such services or assistance under this Provision 3.

2. Description of services and benefits

If the Insured Person:

- (i) suffers any Bodily Injury;
- (ii) suffers any Sudden Illness; or
- (iii) is in need of medical, travel, legal or administrative assistance described in this Provision 3,

outside the Place of Residence (except for the coverage under Sections 2(p), 2(y) and 2(z) of this Provision 3 which may be obtained in Hong Kong) while arising out of and in the course of his journey, provided that such journey is not undertaken against the advice of the Registered Medical Practitioner, and / or is not for the purpose of obtaining or seeking any medical or surgical treatment abroad, the following worldwide assistance services and benefits shall be available directly from the Service Provider(s) upon specific verbal notification by the Insured Person or his representative to the Service Provider’s twenty-four (24)-hour alarm centre.

Medical assistance

- (a) Medical advice hotline
If necessary, the Insured Person may call the Service Provider's alarm centre for medical advice and evaluation from the attending Registered Medical Practitioner. However, telephone conversation shall be considered as an advice only rather than a diagnosis.
- (b) Doctor referral
If necessary, the Insured Person shall be referred to a medical specialist or medical facility for personal assessment.
- (c) Essential medication / Medical equipment
Upon request from a local attending Registered Medical Practitioner, the Service Provider(s) may, when possible and legally permissible, dispatch at the cost of the Insured Person any essential medicine and / or medical equipment required for the Insured Person which is not locally available.
- (d) Dispatch of Registered Medical Practitioner
In the event of an emergency where the Insured Person cannot be adequately assessed by telephone, or the Insured Person cannot be moved and local treatment is unavailable, the Service Provider(s) may send an appropriate medical practitioner.
- (e) Medical evacuation (Unlimited cover)
If the Insured Person suffers from Bodily Injury or Sudden Illness such that the Service Provider's medical team and the attending Registered Medical Practitioner recommend hospitalisation in another medical facility where the Insured Person can be suitably treated, the Service Provider(s) may arrange and pay for necessary transportation expenses for:
 - (i) the transfer of the Insured Person into the nearest medical facility more appropriately equipped for the particular medical condition; or
 - (ii) the direct repatriation if his medical condition permits such repatriation. The medical team and attending Registered Medical Practitioner may determine the necessary arrangements according to the circumstances.
- (f) Repatriation after treatment (Unlimited Cover)
Following the medical evacuation in Section 2(e) of this Provision 3 above and if medical treatment is necessary, the Service Provider(s) may repatriate the Insured Person to an appropriate medical facility in his Place of Residence by scheduled airline flight (on economy class) or any other appropriate means of transportation. Any decision on such repatriation shall be made jointly and exclusively by both the attending Registered Medical Practitioner and the Service Provider's alarm centre, and the Insured Person's consent shall be sought.
- (g) Deposit guaranteeing of hospital admission
In case of Hospital admission duly approved by both the attending Registered Medical Practitioner and the Service Provider's doctor and the Insured Person is without means of payment of the required Hospital admission deposit, the Service Provider(s) may guarantee or provide such payment up to HKD39,000. The Insured Person will be required to repay any sum advanced within forty-five (45) days (without interest). The Service Provider(s) will require valid credit authorisation from the Insured Person or his representative, prior to advancement of funds for such admission.
- (h) Medical monitoring
The Service Provider(s) may monitor the Insured Person's condition during the Insured Person's hospitalisation abroad and may keep the Insured Person's family informed.
- (i) Compassionate visit
The Service Provider(s) may arrange and pay for the cost of an economy round trip transportation plus accommodation expenses up to HKD16,000 for a person chosen by the Insured Person, or a relative if the Insured Person is unable to choose due to his condition, to join him if the Insured Person has been confined in Hospital abroad for more than seven (7) consecutive days.
- (j) Additional travel and accommodation for travelling companion
The Service Provider(s) may arrange and pay for the additional travel and accommodation expenses incurred by the Insured Person's travelling companion related to an incident requiring medical evacuation in Section 2(e) of this Provision 3 provided that such expenses shall not exceed HKD15,000 for the Insured Person in any one event subject to a sub-limit of HKD2,000 per day.
- (k) Return of unattended dependant child(ren) to Place of Residence
If the Insured Person's travelling dependant child(ren) up to Age eighteen (18) or Age twenty-three (23) if in full time education, is left unattended by reason of the Insured Person's confined in Hospital, the Service Provider(s) may organise and pay for the return of child(ren) (on economy fare basis) to the Insured Person's Place of Residence.
- (l) Hotel room accommodation for convalescence
The Service Provider(s) may arrange and pay for reasonable hotel for convalescence, up to HKD1,950 per day for a maximum of four (4) consecutive days, immediately after the Insured Person's discharge from the Hospital, and if deemed medically necessary by attending Registered Medical Practitioner and the Service Provider's doctor.
- (m) Transportation for return of Insured Person to original work site
Following the Insured Person's evacuation or repatriation by the Service Provider(s) within a one (1) month period, the Service Provider(s) may upon the Insured Person's request arrange and provide a one way economy air transportation to return the Insured Person to the original work location. The Insured Person assumes the responsibility for the decision of whether or not he returns to work. The Insured Person is responsible for obtaining any medical releases to determine his suitability to travel or not, or to resume work or not. The decision and the results thereof are solely the responsibility of the Insured Person and / or the Insured Person's attending Registered Medical Practitioner. The Service Provider(s) is not involved whatsoever in such decisions.
- (n) Repatriation of mortal remains / ashes (Unlimited cover)
Upon the death of the Insured Person, the Service Provider(s) may arrange and pay for the repatriation of the Insured Person's body or ashes to the Insured Person's Place of Residence for burial.
- (o) Unexpected return to the Place of Residence
In the event of the death of the Insured Person's Close Relative in his Place of Residence while he is travelling overseas (excluding the case of immigration) that necessitates an unexpected return to his Place of Residence, the Service Provider(s) may arrange and pay for the cost of a scheduled airline ticket (economy class) for the return of the Insured Person.

- (p) Additional hospital benefit after a medical evacuation and repatriation back to Hong Kong
If benefits payable under the Global Prestige VHIS Plan are exhausted, eligible medical expenses for confinement in Hong Kong Hospital immediately following the repatriation under Section 2(f) of this Provision 3 are covered up to a further HKD120,000.

For Sections 2(e), 2(f), 2(k), 2(m) and 2(o) of this Provision 3, the Insured Person (and / or his travelling companion if applicable) shall surrender unused return tickets to the Service Provider(s) if the Service Provider(s) arranges new tickets or transportation for them.

Travel and pre-trip assistance

- (q) Pre-trip and travel information
The Insured Person may contact the Service Provider(s) to obtain the following information before starting or during his journey:
- (i) Updated immunisations and vaccinations requirements and needs.
 - (ii) Weather, exchange rates, banking days, language, passport and visa requirements.
 - (iii) Airport taxes or customs requirements.
 - (iv) Arrangement of interpreter services or children escort.
 - (v) Transmission of urgent messages for medical reasons.
- (r) Assistance on luggage retrieval
In the event of loss or misrouting of the Insured Person's luggage by a common carrier, the Service Provider(s) may liaise with the relevant entities such as but not limited to airline companies, customs officials, and will organise the dispatch of such luggage, if recovered, to such place as the Insured Person may direct.
- (s) Emergency rerouting arrangements
The Service Provider(s) may assist the Insured Person in reorganising his flight schedule should an emergency oblige him to alter his original plan.
- (t) Administration assistance of the loss of travel document
The Service Provider(s) may provide the Insured Person with the necessary information regarding the formalities requested by local authority in order to obtain the replacement of such lost or stolen documents.
- (u) MedPass service
If the Insured Person suffers from Bodily Injury or Sudden Illness and needs to be hospitalised in China for emergency medical treatment, the Insured Person may visit the nearest Hospital under MedPass Network. Upon presenting the valid membership card or medical card under Global Prestige VHIS Plan and travel document, the Hospital will provide medical treatment without requiring any admission deposit directly from the Insured Person up front. The Service Provider(s) shall provide the Hospital with the relevant guarantee of deposit for Hospital admission. The Insured Person shall fully and directly settle the medical expenses including the Hospital admission deposit guaranteed by the Service Provider(s) when the Insured Person is discharged from Hospital. The Service Provider(s) will not pay for any expenses incurred.

Legal assistance

- (v) Legal referral
The Service Provider(s) may provide the telephone numbers and addresses of the lawyers and solicitors firms.
- (w) Legal assistance
In the event of an accident occurring in a situation not related to the work, business, profession or employment of the Insured Person, the Service Provider(s) may:
- (i) provide for the defence of the Insured Person in legal proceedings against him for civil liability to the civil laws in force in the country, and
 - (ii) conduct proceedings in order to obtain an indemnity from an identified third party for the Insured Person following personal injury and / or damages to the Insured Person's personal belongings if such damages are estimated to be in excess of HKD5,000.
- In all such cases, the counsel and / or lawyer appointed by the Service Provider(s) shall act in a legal capacity for the Insured Person without any recourse to, responsibility of, or indemnification by the Service Provider(s) by reason of its appointment of counsel and / or lawyer. The counsel and / or lawyer's fee will be settled by the Service Provider(s) up to a limit of HKD40,000.
- (x) Advance of bail bonds
The Service Provider(s) may deposit up to HKD40,000 on behalf of the Insured Person as the security required from him in order to guarantee the payment of the fees for the procedures in the event of the Insured Person being detained by the relevant local authority following a road accident. No deposit shall be made by the Service Provider(s) for covering the civil liabilities, fines or personal indemnities to be paid by the Insured Person and / or the release of the Insured Person. The deposit made by the Service Provider(s) shall be considered as a loan made by the Service Provider(s) to the Insured Person and should be fully repaid by the Insured Person to the Service Provider(s) within thirty (30) days of such advance. This advance of bail bond excludes any claim related to professional liability and / or criminal situations, as well as any claim arising out of the driving of any motor vehicle. If the Insured Person fails to repay to the Service Provider(s) the deposit paid by the Service Provider(s), the Policy Holder and/or the Insured Person is/are liable to repay such deposit to the Service Provider(s).

Local assistance - The following services are only available in Hong Kong

- (y) Baby sitting, nursing and temporary domestic helper referral
The Service Provider(s) may assist the Insured Person to arrange or provide the name, telephone number and address of the service provider for baby sitting and / or private nursing and / or temporary domestic helper service.
- (z) Electric supply and locksmith referral
The Service Provider(s) may assist the Insured Person to arrange a licensed technician to repair the failure of his electricity supply system or a locksmith to open the door or solve relevant problems immediately after the Insured Person returns to Hong Kong.

3. Limitations and liabilities

- (a) Territorial limit
The assistance and services mentioned in Sections 2(a) to 2(o) and 2(q) to 2(x) of this Provision 3 apply worldwide

outside the Place of Residence and the assistance and services mentioned in Sections 2(p), 2 (y) and 2(z) of this Provision 3 apply in Hong Kong only.

- (b) **Liability of the Company and the Service Provider(s)**
The Registered Medical Practitioners, Hospitals, clinics, and any kind of professionals to whom the Insured Person will be referred by the Service Provider(s) are independent contractors responsible for their own acts and are not employees, agents or servants of the Service Provider(s) and the Company. The Company shall use its best effort to procure the Service Provider(s) to provide the service and assistance in this Provision 3 and the Service Provider(s) shall exercise care and diligence in selecting those professionals who have appropriate qualification and are certified by the local authority.
- (c) **Termination**
All the services and benefits under this Provision 3 will become ineffective when, for whatever reasons, the Insured Person ceases to be covered under Global Prestige VHIS Plan.

4. General exclusions

- (a) **Excluded cases**
Services and assistance under this Provision 3 shall not be available with respect to Bodily Injury or Sudden Illness of the Insured Person arising from:
 - (i) Pre-existing Conditions and any illness the symptoms of which would cause an ordinary prudent person to seek diagnosis, care or treatment before the Policy Effective Date, or a condition for which medical advice or treatment was recommended by a medical practitioner before the Policy Effective Date.
 - (ii) Any services rendered without the authorisation and / or intervention of the Service Provider(s).
 - (iii) Childbirth, pregnancy or any complications within three (3) months before delivery date notwithstanding that such event may have been accelerated or induced by an accident.
 - (iv) Bodily Injuries arising directly or indirectly as a result of participation in any professional or competitive sports, water sports, winter sports, racing, rallies, potholing, rock climbing or mountaineering normally involving the use of ropes of guides, parachuting or martial arts.
 - (v) All other exclusions applicable under Global Prestige VHIS Plan.
- (b) **Force majeure**
The Company and the Service Provider(s) shall not be held responsible for delays or failures in providing assistance caused by any strike, war, invasion, act of foreign enemies, armed hostilities (regardless of a formal declaration of war), civil war, rebellion, insurrection, terrorism, political coup, riot and civil commotion, administrative, political impediments, radioactivity, acts of God or any other event of force majeure which prevents the Service Provider(s) from providing such assistance.

5. Definitions

For the purpose of this Provision 3, the following words and expressions shall have the following meaning, except where the context otherwise requires -

“Bodily Injury”	shall mean serious bodily injury caused solely and directly by violent, accidental, external and visible means.
“Close Relative”	shall mean the spouse, dependant child(ren), siblings and parent of the Insured Person.
“Medpass Network”	shall mean the list printed in digital format which contains the particulars of the Service Provider’s China hospital network. The list may be updated and amended by the Company from time to time and latest list is available on the Company’s customer service portal.
“Service Provider(s)”	shall mean any service provider(s) engaged by the Company for providing worldwide assistance stipulated under this Provision 3.
“Sudden Illness”	shall mean any sudden and unforeseen illness or disease.

V. 24-hour Mental Health Service Hotline Provisions (the “Provision 4”)

The usage of 24-hour mental health service hotline and face-to-face counselling service should at all times be subject to the “Terms and conditions for 24-hour Mental Health Service Hotline” prescribed by the Company. Such terms and conditions shall form part of this Policy and the Company may amend such terms and conditions from time to time. For an updated version of such terms and conditions, please refer to the “Terms and conditions for 24-hour Mental Health Service Hotline” on the Company’s website at <https://www.bupa.com.hk/pdf/mentalhotline.pdf>

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