



自選保障之保單
及保障資料

**Policy and Benefit
Information for
Optional Benefits**

環球優越自願醫保計劃

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自選保障條款及細則

1. 一般條文

- (a) 自選保障的條款及細則（「**自選保障條文**」）附於**環球優越自願醫保計劃保單**，並屬當中一部分。**自選保障條文**為自選保障，並不屬於**認可產品**。
- (b) 本**自選保障條文**所列明的保障賠償，僅適用於支付額外保費選用自選保障的**保單持有人**及／或**受保人**，並且有關保障已載於**保單資料頁**。
- (c) 除本**自選保障條文**列明不適用者外，**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**下任何適用的不保事項與**自選保障條文**內所明確列明的保障有任何抵觸，概以**自選保障條文**的條款為準以解決有關不一致之處。為免存疑，下列不保事項不適用於本**自選保障條文**-
- (i) **條款及保障**第七部分第8節所述的一般不保事項，不適用於以下第2(h)節及第2(i)節所述的保障；
 - (ii) **條款及保障**第七部分第10節所述的一般不保事項，不適用於以下第2(f)節、第2(g)節、第2(h)節及第2(i)節所述的保障；及
 - (iii) **條款及保障**第七部分第12節所述的一般不保事項，不適用於以下第2(h)節及第2(i)節所述的保障。
- (d) 除另行釋義外，本**自選保障條文**內以斜體標註的詞彙需以**條款及保障**第八部分、**補充文件**—第4節及下述第4節所載涵意詮釋。
- (e) 按**條款及保障**及本**自選保障條文**，**本公司**將按下述第2至3節所列明的保障項目，賠償**合理及慣常**的費用。任何**自付費**（如適用）並不適用於本**自選保障條文**的賠償保障。可獲賠償的費用不會超過所接受服務的實際開支。
- (f) 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**自選保障表**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。
- (g) 按本**自選保障條文**所列明保障應支付的任何保費，將不享有**條款及保障補充文件**三所列明之任何折扣，亦不符合稅務扣減的資格。

2. 門診保障

如符合下列條款，本第2節的賠償保障，受**自選保障表**內列明的最高賠償限額及診治次數上限所規限。

- (a) 普通科醫生
本保障將賠償**受保人**到**註冊醫生**診所接受**註冊醫生**門診診治時，**註冊醫生**所收取的診症費。

本保障將賠償視像診症服務供應商的**註冊醫生**進行的醫療診症服務的診症費。本保障亦涵蓋指定的視像診症服務供應商的藥物運送費用。指定視像診症服務供應商名單可於**本公司**的網站查閱。**本公司**會不時更新及修訂此名單。
- (b) 專科醫生
本保障將賠償**受保人**到**專科醫生**診所接受**專科醫生**門診診治時，**專科醫生**所收取的診症費。

本保障將賠償視像診症服務供應商的**專科醫生**進行的醫療診症服務的診症費。為免存疑，**受保人**須自行承擔任何藥物運送費用，本保障將不會支付此類費用。
- (c) 家中應診
本保障將賠償主診**註冊醫生**到**受保人**家中診症時，**註冊醫生**所收取的診症費。
- (d) 物理治療師
本保障將賠償**受保人**經主診**註冊醫生**書面建議，接受**物理治療師**門診診治時，**物理治療師**所收取的診症費。
- (e) 脊醫
本保障將賠償**受保人**經主診**註冊醫生**書面建議，接受**脊醫**門診診治時，**脊醫**所收取的診症費。
- (f) 中醫師
倘**受保人**到**註冊中醫師**診所接受**註冊中醫師**門診診治，本保障將賠償**受保人**該次就醫的診症費，以及該中醫師於診症同日所處方、**受保人**由合法來源取得之基本**醫療所需中藥**費用。本保障將支付**受保人**由**註冊中醫師**處方並由合法來源（不論是否於該**註冊中醫師**的門診診所）取得之基本**醫療所需中藥**費用。本保障亦會賠償**註冊中醫師**的門診針灸治療及推拿費用。

本保障將賠償視像診症服務供應商的**註冊中醫師**進行的醫療診症服務的診症費及由視像診症服務供應商的**註冊中醫師**處方並於其診所取得的基本**醫療所需中藥**費用。為免存疑，**受保人**須自行承擔任何藥物運送費用及煎藥費用，本保障將不會支付此類費用。
- (g) 跌打醫師
倘**受保人**到**註冊中醫師**診所接受**註冊中醫師**門診跌打治療，本保障將賠償**受保人**該次就醫的診症費，以及該中醫師於診症同日所處方、**受保人**由合法來源取得之基本**醫療所需中藥**費用。本保障將支付**受保人**由**註冊中醫師**處方並由合法來源（不論是否於該**註冊中醫師**的門診診所）取得之基本**醫療所需中藥**費用。本保障亦會賠償**註冊中醫師**的門診針灸治療及推拿費用。
- (h) 精神科相關治療
本保障將賠償**受保人**到**註冊醫生**診所或**註冊中醫師**診所，接受關於精神、心理、情緒或行為症狀、認知障礙症（包括阿茲海默氏症）和帕金遜病的門診診治。本保障將支付該次就醫時，接受由**註冊醫生**提供的診症、**醫療所需西藥**、診斷成像檢測及化驗或由**註冊中醫師**提供的診症、**中藥**、針灸治療、只限X光及化驗所招致的醫療費用。

為免存疑，若本保障所賠償的費用亦受保於本第2節所列明的其他保障項目，則有關費用將只會根據本第2(h)節單獨獲得賠償，而不會根據本第2節其他保障項目獲得任何賠償。儘管與**條款及保障**第七部分所述的一般不保事項有任何不一致，本保障亦會賠償因**先天性疾病**及懷孕（包括其併發症）所引致的精神、心理或行為症狀；然而，所有因濫用藥物及酗酒引致或與其相關的所有症狀或疾病一律明確地不會獲得賠償。

- (i) 臨床心理輔導
倘若**受保人**經主診**精神科醫生**書面建議，到**心理學家**診所接受關於精神、心理、情緒或行為症狀的門診診治，本保障將支付**受保人**該次就醫接受臨床心理輔導時，**心理學家**所收取的心理輔導費。
- 儘管與**條款及保障**第七部分所述的一般不保事項有任何不一致，本保障亦會賠償因**先天性疾病**及懷孕（包括其併發症）所引致的精神、心理或行為症狀；然而，所有因濫用藥物及酗酒引致或與其相關的所有症狀及疾病一律明確地不會獲得賠償。
- (j) 整骨治療師
本保障將賠償**受保人**接受**整骨治療師**的門診診治費用，而該次就醫的費用必須是通過物理手法、伸展和按摩的方式去處理肌肉、骨骼和關節的情況從而改善關節活動度、緩解肌肉緊張、增加血液流動及促進癒合。
- (k) 足病治療師
此保障將支付**受保人**於**足病治療師**門診診所接受由**足病治療師**診治的診症費，及於診治當日由該**足病治療師**處方並由合法來源於診治當日取得之**醫療所需**外塗藥物、矯形機械服務及治療等醫療費用，但須有**註冊西醫**的書面轉介信。
- (l) 診斷成像及化驗
本保障將賠償**受保人**接受門診診斷檢測時的成像或化驗費。檢驗必須與病徵或診斷相符，並經主診**註冊醫生**的書面建議之所有診斷成像檢測及化驗或**註冊中醫師**或**耆醫**書面建議只限X光及化驗。
- (m) 處方西藥
本保障將賠償**受保人**經**註冊醫生**處方、屬**醫療所需**並由合法來源取得之**西藥**費用。
本保障將支付經由視像診症服務供應商的**註冊醫生**或**專科醫生**處方並於其診所取得的**醫療所需西藥**費用。為免存疑，**受保人**須自行承擔任何藥物運送費用，本保障將不會支付此類費用。
- (n) 接種疫苗
本保障將支付**受保人**經**註冊醫生**接種的以下指定受保疫苗 -
乙型肝炎疫苗、卡介苗疫苗、小兒麻痺疫苗、白喉、百日咳、破傷風混合疫苗、麻風疫苗、流行性乙型腦炎疫苗、腦膜炎疫苗、甲型肝炎疫苗、麻疹疫苗、流行感冒疫苗及其他由**香港**政府或世界衛生組織推薦的疫苗接種。

3. 牙科及視力保障

- (a) 牙科保障
本第 3(a)節賠償額將等於下列服務所收取的實際費用，惟不可超出**自選保障表**內所列明的適用最高賠償限額及診治次數上限。
本保障將賠償**受保人**於**註冊牙醫**診所接受下列治療或服務時，由**註冊牙醫**所收取的費用 -
- (i) 洗牙；
 - (ii) 定期口腔檢查；
 - (iii) 口腔 X 光及藥物；
 - (iv) 補牙及脫牙；
 - (v) 膿瘡排放；
 - (vi) 齒尖或齒邊修復；
 - (vii) 牙髓治療（杜牙根）；
 - (viii) 牙周手術；
 - (ix) 緊急意外治療（包括 X 光、緊急牙痛舒緩、臨時補牙、藥物、膿瘡切割及排放）；及
 - (x) 因**意外**必需安裝的假牙、牙冠及牙橋。
- 本保障亦賠償**受保人**接受**註冊牙齒衛生員**洗牙時，由**註冊牙齒衛生員**所收取的費用。
- 受保人**必須連續受保於本保障六(6)個月或以上，方可獲得以下項目之保障 -
- (xi) 牙冠及牙橋；
 - (xii) 根尖切除術；
 - (xiii) 鑲牙；
 - (xiv) 部分或全軟組織阻生；
 - (xv) 牙骨阻生；
 - (xvi) 牙齒矯正；
 - (xvii) 全視牙照；及
 - (xviii) 牙膠。

- (b) 視力保障
本第 3(b)節將賠償下列服務或項目所收取的實際費用，惟不可超出**自選保障表**內所列明的適用最高賠償限額。
本保障將賠償**受保人**到**註冊醫生**或**註冊視光師**診所接受下列服務或項目時，由**註冊醫生**或**註冊視光師**所收取的費用 -
- (i) 診症費；
 - (ii) 由**註冊醫生**或**註冊視光師**進行之眼科檢查或檢驗；及
 - (iii) 矯正視力的隱形眼鏡或一(1)副眼鏡。
- 為免存疑，本保障不適用於任何眼鏡框或太陽眼鏡、非矯正視力的隱形眼鏡、雷射矯視手術及/或其他相類服務項目。若本保障所賠償的眼科檢查或檢驗費用亦受保於第 2 節（如已投保），同一項目的**合資格費用**或受保障之費用不可獲多於一個自選保障項目的賠償。

4. 釋義

本**自選保障條文**中使用的字詞及表述必須按照以下所述解釋 -

「**自選保障表**」 是指自選保障條款及細則所附的保障表，當中必須列明所涵蓋的保障項目及最高賠償限額。

- 「**脊醫**」是指符合以下資格的脊醫 -
- 具有正式資格並已按香港法例第 428 章《脊醫註冊條例》在香港脊醫管理局註冊，或在 **香港**境外的司法管轄區內由 **本公司**絕對真誠及合理地認為具有同等效力的團體註冊；及
 - 在 **香港**或 **香港**境外的司法管轄區，經當地法例許可向 **受保人**提供脊醫治療或服務，
- 下列人士在任何情況下均不得包括在內 - **受保人**、**保單持有人**、保險中介人、或 **保單持有人**及/或 **受保人**的僱主、僱員、直系親屬或業務夥伴（除非事先經 **本公司**的書面批准）。若該脊醫未能按 **香港**法例或在 **香港**以外的司法管轄區具有同等效力的團體註冊（由 **本公司**絕對真誠及合理地決定），**本公司**必須作出合理的判斷，以決定該脊醫是否仍被視為符合資格及已註冊。
- 「**整骨治療師**」是指符合以下資格的整骨治療師 -
- 具有正式資格並在香港 The Hong Kong Osteopathic Association 註冊，或在 **香港**境外的司法管轄區內由 **本公司**絕對真誠及合理地認為具有同等效力的團體註冊；及
 - 在 **香港**或 **香港**境外的司法管轄區，經當地法例許可向 **受保人**提供整骨治療或服務，
- 下列人士在任何情況下均不得包括在內 - **受保人**、**保單持有人**、保險中介人、或 **保單持有人**及/或 **受保人**的僱主、僱員、直系親屬或業務夥伴（除非事先經 **本公司**的書面批准）。若該治療師未能按 **香港**法例或在 **香港**以外的司法管轄區具有同等效力的團體註冊（由 **本公司**絕對真誠及合理地決定），**本公司**必須作出合理的判斷，以決定該治療師是否仍被視為符合資格及已註冊。
- 「**物理治療師**」是指符合以下資格的物理治療師 -
- 具有正式資格並已按香港法例第 359 章《輔助醫療業條例》在香港輔助醫療業管理局註冊，或在 **香港**境外的司法管轄區內由 **本公司**絕對真誠及合理地認為具有同等效力的團體註冊；及
 - 在 **香港**或 **香港**境外的司法管轄區，經當地法例許可向 **受保人**提供物理治療或服務，
- 下列人士在任何情況下均不得包括在內 - **受保人**、**保單持有人**、保險中介人、或 **保單持有人**及/或 **受保人**的僱主、僱員、直系親屬或業務夥伴（除非事先經 **本公司**的書面批准）。若該治療師未能按 **香港**法例或在 **香港**以外的司法管轄區具有同等效力的團體註冊（由 **本公司**絕對真誠及合理地決定），**本公司**必須作出合理的判斷，以決定該治療師是否仍被視為符合資格及已註冊。
- 「**足病治療師**」是指符合以下資格的足病治療師 -
- 於獲取足病學學位後，具有正式資格從事足病治療並在香港國際足病治療師協會或香港足病治療師協會註冊，或在 **香港**境外的司法管轄區內由 **本公司**絕對真誠及合理地認為具有同等效力的團體註冊；及
 - 在 **香港**或 **香港**境外的司法管轄區，經當地法例許可向 **受保人**提供足病治療或服務，
- 下列人士在任何情況下均不得包括在內 - **受保人**、**保單持有人**、保險中介人、或 **保單持有人**及/或 **受保人**的僱主、僱員、直系親屬或業務夥伴（除非事先經 **本公司**的書面批准）。若該治療師未能按 **香港**法例或在 **香港**以外的司法管轄區具有同等效力的團體註冊（由 **本公司**絕對真誠及合理地決定），**本公司**必須作出合理的判斷，以決定該治療師是否仍被視為符合資格及已註冊。
- 「**精神科醫生**」是指符合以下資格的精神科醫生 -
- 具有正式資格並已按香港法例第 161 章《醫療註冊條例》在香港醫務委員會註冊，或在 **香港**境外的司法管轄區內由 **本公司**絕對真誠及合理地認為具有同等效力的團體註冊；及
 - 在 **香港**或 **香港**境外的司法管轄區，經當地法例許可向 **受保人**提供精神科治療或服務，
- 下列人士在任何情況下均不得包括在內 - **受保人**、**保單持有人**、保險中介人、或 **保單持有人**及/或 **受保人**的僱主、僱員、直系親屬或業務夥伴（除非事先經 **本公司**的書面批准）。若該醫生未能按 **香港**法例或在 **香港**以外的司法管轄區具有同等效力的團體註冊（由 **本公司**絕對真誠及合理地決定），**本公司**必須作出合理的判斷，以決定該醫生是否仍被視為符合資格及已註冊。
- 「**心理學家**」是指符合以下資格的心理學家 -
- 於獲取心理學學位後，具有正式資格從事情緒及行為失調予以評估及提供服務，並擁有最少等同香港心理學會下的註冊心理學家資格；及
 - 在 **香港**或 **香港**境外的司法管轄區，經當地法例許可向 **受保人**提供臨床心理輔導或服務，
- 下列人士在任何情況下均不得包括在內 - **受保人**、**保單持有人**、保險中介人、或 **保單持有人**及/或 **受保人**的僱主、僱員、直系親屬或業務夥伴（除非事先經 **本公司**的書面批准）。若該醫生未能按 **香港**法例或在 **香港**以外的司法管轄區具有同等效力的團體註冊（由 **本公司**絕對真誠及合理地決定），**本公司**必須作出合理的判斷，以決定該心理學家是否仍被視為符合資格及已註冊。
- 「**註冊牙齒衛生員**」是指符合以下資格的牙齒衛生員 -
- 具有正式資格並已按香港法例第 156 章，附屬法例 B《牙科輔助人員（牙齒衛生員）規例》在香港牙齒衛生員協會註冊，或在 **香港**境外的司法管轄區內由 **本公司**絕對真誠及合理地認為具有同等效力的團體註冊；及
 - 在 **香港**或 **香港**境外的司法管轄區，經當地法例許可向 **受保人**提供牙科服務，
- 下列人士在任何情況下均不得包括在內 - **受保人**、**保單持有人**、保險中介人、或 **保單持有人**及/或 **受保人**的僱主、僱員、直系親屬或業務夥伴（除非事先經 **本公司**的書面批准）。若該牙齒衛生員未能按 **香港**法例或在 **香港**以外的司法管轄區具有同等效力的團體註冊（由 **本公司**絕對真誠及合理地決定），**本公司**必須作出合理的判斷，以決定該牙齒衛生員是否仍被視為符合資格及已註冊。
- 「**註冊牙醫**」是指符合以下資格的牙醫 -
- 具有正式資格並已按香港法例第 156 章《牙醫註冊條例》在香港牙醫管理委員會註冊，或在 **香港**境外的司法管轄區內由 **本公司**絕對真誠及合理地認為具有同等效力的團體註冊；及
 - 在 **香港**或 **香港**境外的司法管轄區，經當地法例許可向 **受保人**提供牙科治療或服務，

下列人士在任何情況下均不得包括在內 - **受保人**、**保單持有人**、保險中介人、或**保單持有人**及/或**受保人**的僱主、僱員、直系親屬或業務夥伴（除非事先經**本公司**的書面批准）。若該牙醫未能按**香港**法例或在**香港**以外的司法管轄區具有同等效力的團體註冊（由**本公司**絕對真誠及合理地決定），**本公司**必須作出合理的判斷，以決定該牙醫是否仍被視為符合資格及已註冊。

「**註冊視光師**」

是指符合以下資格的視光師 -

- (a) 具有正式資格並已按香港法例第 359 章《輔助醫療業條例》及香港法例第 359 章附屬法例 F《視光師（註冊及紀律處分程序）規例》在香港輔助醫療業管理局註冊，或在**香港**境外的司法管轄區內由**本公司**絕對真誠及合理地認為具有同等效力的團體註冊；及
- (b) 在**香港**或**香港**境外的司法管轄區，經當地法例許可向**受保人**提供治療或服務，

下列人士在任何情況下均不得包括在內 - **受保人**、**保單持有人**、保險中介人、或**保單持有人**及/或**受保人**的僱主、僱員、直系親屬或業務夥伴（除非事先經**本公司**的書面批准）。若該視光師未能按**香港**法例或在**香港**以外的司法管轄區具有同等效力的團體註冊（由**本公司**絕對真誠及合理地決定），**本公司**必須作出合理的判斷，以決定該視光師是否仍被視為符合資格及已註冊。

「**西藥**」

是指已按法例在**香港**衛生署藥劑事務部或於招致西藥及外科服務費用的任何其他地方內在同等法定機構註冊的藥物。

自選保障表

1)	門診保障 ¹	賠償限額 (港幣)
	保障地區	全球
	每年最高賠償額	\$300,000
a	普通科醫生	全數賠償 (只限診症費/治療費)
b	專科醫生	
c	家中應診	
d	物理治療師 ² ○ 須獲註冊醫生書面轉介	
e	脊醫 ² ○ 須獲註冊醫生書面轉介	
f	中醫師	每次診治\$600 (包括診症費、基本中藥費用、針灸治療及推拿；亦支付由註冊中醫師處方並由合法來源(不論是否於該註冊中醫師的門診診所)取得之基本醫療所需中藥費用)
g	跌打醫師	每保單年度\$36,000 (包括診症費、醫療所需西藥費用、基本中藥費用、針灸治療、診斷成像及化驗)
h	精神科相關治療 ³	
i	臨床心理輔導 ² ○ 須獲精神科醫生書面轉介	每保單年度\$33,000
j	整骨治療師	每次診治\$1,200 (只包括診治肌肉、骨骼和關節的費用)
k	足病治療師 ² ○ 須獲註冊醫生書面轉介	每次診治\$1,200 (包括診症費、醫療所需外塗藥物、矯形機械服務及治療等醫療費用)
l	診斷成像及化驗 ² ○ 須獲註冊醫生(適用於所有診斷成像及化驗)或註冊中醫師/脊醫 ⁴ (只適用於X光及化驗)書面轉介	全數賠償
m	處方西藥	每保單年度\$50,000 (經由註冊醫生處方並由合法來源取得之醫療所需西藥費用)
n	接種疫苗	每保單年度\$9,500 (包括乙型肝炎、卡介苗、小兒麻痺、白喉、百日咳、破傷風混合、麻風、流行性乙型腦炎、腦膜炎、甲型肝炎、麻疹、流行感冒及其他由香港政府或世界衛生組織不時推薦的疫苗接種)
	每保單年度內有關上文1(a) - 1(k)項之診治次數上限合共為60次，其中項目1(f) - 1(g)及項目1(j) - 1(k)之診治次數上限合共為每保單年度各20次。每一項目以每日最多一次為限。	

註解

1 關於門診保障

- 使用「保柏尊貴貴卡」於保柏尊貴特選服務供應商接獲保障的門診治療可免找數服務。請登入本公司的客戶服務網站查閱最新的特選服務供應商名單。此名單可能會不時更改。
- 門診保障下的普通科醫生、專科醫生及中醫師亦涵蓋由視像診症服務供應商的普通科、專科醫生及中醫師的醫療診症服務的診症費。此保障亦涵蓋指定的視像診症服務供應商的藥物運送費用(包括普通科醫生)。指定的視像診症服務供應商名單可於本公司的網站查閱，本公司會不時更改及更新此名單。

2 於轉介信發出日起計6個月內，可就相同或相關病症使用該轉介信。若須診治全新或不相關的病症，則須提交新的轉介信。

3 此保障適用於精神、心理、情緒或行為症狀、認知障礙症(包括阿茲海默氏症)及帕金森病的門診診治(因濫用藥物及酗酒而引致或相關的症狀或疾病除外)。若此保障下的費用亦同時受保於門診保障下的其他項目，有關費用只可獲此項目h的賠償，而不會獲得其他項目之賠償。

4 部分診斷影像中心或不接受由註冊中醫及/或脊醫轉介的某些X光及化驗。如有疑問，請直接聯絡有關中心。

2)	牙科及視力保障	賠償限額 (港幣)
	牙科保障	
	<ul style="list-style-type: none"> 洗牙 定期口腔檢查 口腔X光及藥物 補牙及脫牙 膿瘡排放 齒尖或齒邊修復 牙髓治療(杜牙根) 牙周手術 緊急意外治療(包括X光、緊急牙痛舒緩、臨時補牙、藥物、膿瘡切割及排放) 活動假牙、牙冠及牙橋(只適用於因意外而導致) 	每保單年度\$9,000
	你必須連續受保於此保障6個月或以上，方可獲得以下項目之賠償。	
	<ul style="list-style-type: none"> 牙冠及牙橋 根尖切除術 鑲牙 部分或全軟組織阻生 牙骨阻生 牙齒矯正 全視牙照 牙膠 	每保單年度\$15,000
	視力保障	
	<ul style="list-style-type: none"> 此保障將支付由註冊醫生或註冊視光師進行之診症費、眼科檢查或檢驗，以及矯正視力的隱形眼鏡或一副眼鏡。 醫療必需的眼科檢查或檢驗之合資格費用只可於門診保障或視力保障兩者其中之一下賠償。 	每保單年度\$3,000

Global Prestige VHIS Plan
(1 January 2024 Edition)

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Terms and Conditions for Optional Benefits

1. General provisions

- (a) The terms and conditions for optional benefits (“Optional Benefit Provisions”) are attached to and form part of the Policy of Global Prestige VHIS Plan. The Optional Benefit Provisions are optional benefits and do not form part of the Certified Plan.
- (b) Benefits payable under this Optional Benefit Provisions are only applicable to a Policy Holder and/or Insured Person who has opted for the optional benefit by payment of additional premium and the relevant benefit is shown on the Policy Schedule.
- (c) Except as otherwise specified in this Optional Benefit Provisions, all Terms and Benefits applied to the Certified Plan shall have full force and effect. To the extent that any exclusion applied to the Terms and Benefits is inconsistent with the benefits expressly provided in the Optional Benefit Provisions, the provisions in the Optional Benefit Provisions shall prevail to resolve such inconsistency. For the avoidance of doubt, the following exclusions do not apply to the benefits covered under this Optional Benefits Provisions -
 - (i) Section 8 of the general exclusions under Part 7 of the Terms and Benefits does not apply to the benefits payable under Sections 2(h) and 2(i) below;
 - (ii) Section 10 of the general exclusions under Part 7 of the Terms and Benefits does not apply to the benefits payable under Sections 2(f), 2(g), 2(h) and 2(i) below; and
 - (iii) Section 12 of the general exclusions under Part 7 of the Terms and Benefits does not apply to the benefits payable under Sections 2(h) and 2(i) below.
- (d) Unless otherwise defined, capitalised terms used in this Optional Benefit Provisions shall have the meanings ascribed to them under Part 8 of the Terms and Benefits, Section 4 of Supplement 1 and Section 4 below.
- (e) Subject to the Terms and Benefits and this Optional Benefit Provisions, the Company shall reimburse the expenses which are Reasonable and Customary in accordance with the benefit items set out in Sections 2 to 3 below. Benefits payable under this Optional Benefit Provisions are not subject to any Deductible (if applicable). The amount of expenses payable shall not exceed the actual costs of the services provided.
- (f) If the Company reimburses the Policy Holder or Insured Person for any expense which has exceeded the applicable maximum limits under the Benefit Schedule of Optional Benefits; 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 from the issuance of an invoice from the Company.
- (g) Any premium paid in respect of the benefits under this Optional Benefit Provisions are not subject to any discount under Supplement 3 of the Terms and Benefits and will not be eligible for tax deduction.

2. Clinical benefit

Subject to the terms below, the amount of expenses payable under this Section 2 shall be subject to the maximum limits and maximum number of visits as stated in Benefit Schedule of Optional Benefits.

(a) General practitioner

This benefit shall be payable for the consultation fee charged by a Registered Medical Practitioner when the Insured Person is treated by a Registered Medical Practitioner on an outpatient basis at the Registered Medical Practitioner’s clinic.

This benefit shall be payable for the consultation fee charged by a Registered Medical Practitioner of a video consultation service provider. This benefit shall also cover the medication delivery charge incurred by designated video consultation service providers. The list of designated video consultation service providers can be found at the Company’s website. The list may be updated and amended by the Company from time to time.

(b) Specialist

This benefit shall be payable for the consultation fee charged by a Specialist when the Insured Person is treated by a Specialist on an outpatient basis at the Specialist’s clinic.

This benefit shall be payable for the consultation fee charged by a Specialist of a video consultation service provider. For the avoidance of doubt, any medication delivery charge must be borne by the Insured Person and such fees shall not be payable under this benefit.

(c) Home consultation

This benefit shall be payable for the consultation fee charged by a Registered Medical Practitioner when the Insured Person is treated by the attending Registered Medical Practitioner at the Insured Person’s home.

(d) Physiotherapist

This benefit shall be payable for the treatment expense charged by a Physiotherapist when the Insured Person is treated by a Physiotherapist on an outpatient basis and such visit is recommended in writing by the attending Registered Medical Practitioner.

(e) Chiropractor

This benefit shall be payable for the treatment expense charged by a Chiropractor when the Insured Person is treated by a Chiropractor on an outpatient basis and such visit is recommended in writing by the attending Registered Medical Practitioner.

(f) Chinese herbalist

If the Insured Person is treated by a Registered Chinese Medicine Practitioner on an outpatient basis at the Registered Chinese Medicine Practitioner’s clinic, this benefit shall be payable for the consultation fee and charges for basic Medically Necessary Chinese Medicines prescribed at the time of consultation by such practitioner and obtained at a legitimate source on the same day of consultation. The benefit shall be payable when the Insured Person incurs charges for basic Medically Necessary Chinese Medicines prescribed by a Registered Chinese Medicine Practitioner and obtained at a legitimate source

(at or outside the treating Registered Chinese Medicine Practitioner's clinic). This benefit shall also be payable for acupuncture and tui na performed by a Registered Chinese Medicine Practitioner on an out-patient basis.

This benefit shall be payable for the consultation fee charged by a Registered Chinese Medicine Practitioner of a video consultation service provider and charges for basic Medically Necessary Chinese Medicines prescribed by the Registered Chinese Medicine Practitioner of the video consultation service provider and obtained at his clinic. For the avoidance of doubt, any medication delivery and brewing charges must be borne by the Insured Person and such fees shall not be payable under this benefit.

(g) Chinese bonesetter

If the Insured Person is treated by a Registered Chinese Medicine Practitioner for bonesetting treatment on an outpatient basis at the Registered Chinese Medicine Practitioner's clinic, this benefit shall be payable for the consultation fee and charges for basic Medically Necessary Chinese Medicines prescribed at the time of consultation by such practitioner and obtained at a legitimate source on the same day of consultation. The benefit shall be payable when the Insured Person incurs charges for basic Medically Necessary Chinese Medicines prescribed by a Registered Chinese Medicine Practitioner and obtained at a legitimate source (at or outside the treating Registered Chinese Medicine Practitioner's clinic). This benefit shall also be payable for acupuncture and tui na performed by a Registered Chinese Medicine Practitioner on an outpatient basis.

(h) Psychiatric-related treatments

This benefit shall be payable if the Insured Person receives medical treatment for psychiatric, psychological, mental, or behavioural conditions, senile dementia (including Alzheimer's disease) and Parkinson's diseases at the clinics of Registered Medical Practitioner or Registered Chinese Medicine Practitioner on an outpatient basis. This benefit shall reimburse the medical expenses incurred at the time of consultation for consultation, Medically Necessary Western Medication, diagnostic imaging and laboratory tests prescribed by the Registered Medical Practitioner or consultation, Chinese Medicines, acupuncture, X-ray only and laboratory tests prescribed by the Registered Chinese Medicine Practitioner.

For the avoidance of doubt, if the expenses under this benefit are also covered under other benefit items under this Section 2, the expenses for such items shall be exclusively paid under this Section 2(h) and no benefit shall be payable under other benefit items of this Section 2. Notwithstanding anything to the contrary as stated under general exclusions of Part 7 of the Terms and Benefits, this benefit shall also cover psychiatric, psychological, mental, or behavioural conditions arising from Congenital Conditions and maternity conditions (including its complications) but all conditions caused by or related to drug abuse and alcoholism are expressly excluded.

(i) Psychological counselling

If the Insured Person is treated by a Psychologist at his clinic on the account of psychiatric, psychological, mental, or behavioural conditions on an outpatient basis and such visit is recommended in writing by the attending Psychiatrist, this benefit shall be payable for the psychological counselling fee charged by the Psychologist for rendering psychological counselling treatment to the Insured Person.

Notwithstanding anything to the contrary as stated under general exclusions of Part 7 of the Terms and Benefits, this benefit shall also cover psychiatric, psychological, mental, or behavioural conditions arising from Congenital Conditions and maternity conditions (including their complications) but all conditions caused by or related to drug abuse and alcoholism are expressly excluded.

(j) Osteopath

This benefit shall be payable when the Insured Person is treated by an Osteopath on an out-patient basis and incurs medical expenses, provided that such osteopathy treatment or service is to improve joint mobility, relieve muscle tension, increase blood flow and encourage healing for condition(s) that affects muscles, bones and joints only by means of physical manipulation, stretching and massage.

(k) Podiatrist

This benefit is payable if an Insured Person is treated by a Podiatrist on an out-patient basis at such Podiatrist's clinic and incurs medical expenses which include consultation fee and charges for Medically Necessary topical medicament, orthomechanical services and procedures prescribed at the time of consultation by such Podiatrist and obtained at a legitimate source on the same day of consultation, provided that such visit is recommended in writing by the attending Registered Medical Practitioner.

(l) Diagnostic imaging and laboratory tests

This benefit shall be payable for the costs of imaging or laboratory examination when the Insured Person undergoes diagnostic tests on an outpatient basis. The examination must be consistent with the symptoms or diagnosis and subject to written recommendation from the attending Registered Medical Practitioner for all diagnostic imaging and laboratory tests or written recommendation from a Registered Chinese Medicine Practitioner or Chiropractor for X-ray only and laboratory tests.

(m) Prescribed Western Medication

This benefit shall be payable for the costs of Medically Necessary Western Medication prescribed to the Insured Person by a Registered Medical Practitioner and obtained at a legitimate source.

This benefit shall also be payable for the Medically Necessary Western Medication prescribed by a Registered Medical Practitioner or Specialist of a video consultation service provider and obtained at his clinic. For the avoidance of doubt, any medication delivery charge must be borne by the Insured Person and such fees shall not be payable under this Benefit.

(n) Vaccination

This benefit shall be payable for the following covered vaccinations received by the Insured Person and performed by a

Registered Medical Practitioner -

Hepatitis B vaccine, Bacillus Calmette-Guerin (BCG) vaccine, polio (poliomyelitis) vaccine, diphtheria-pertussis-tetanus vaccine, Leprosy vaccine, Japanese encephalitis vaccine, Meningitis vaccine, Hepatitis A vaccine, Measles vaccine, Influenza vaccine, and other vaccinations recommended by the Hong Kong Government or World Health Organisation.

3. Dental and optical benefit

(a) Dental benefit

The amount of expenses payable under this Section 3(a) shall be equal to the actual charges of such services described below subject to the applicable maximum limits and maximum number of visits as stated in Benefit Schedule of Optional Benefits.

This benefit shall be payable when the Insured Person is treated by a Registered Dentist at the Registered Dentist's clinic and incurs fees for the following treatments or procedures -

- (i) scaling and polishing;
- (ii) routine oral examination;
- (iii) intraoral X-ray and medications;
- (iv) fillings and extractions;
- (v) drainage of abscesses;
- (vi) pins for cusp restoration;
- (vii) root canal treatment;
- (viii) periodontal surgery;
- (ix) accident emergency treatment (including X-ray, temporary pain relief, temporary fillings, medication, incision and drainage of abscess); and
- (x) dentures, crowns and bridges (only if necessitated by an Accident).

This benefit shall also be payable when the Insured Person is treated by a Registered Dental Hygienist and incurs fees for scaling and polishing only.

The following benefits are payable only when the Insured Person has been continuously covered under this benefit for a period of six (6) months or above -

- (xi) crowns and bridges;
- (xii) apicoectomy;
- (xiii) gold inlay;
- (xiv) partial and complete soft-tissue impaction;
- (xv) bony impaction;
- (xvi) orthodontic treatment;
- (xvii) panoramic film; and
- (xviii) night-guard or mouth-guard.

(b) Optical benefit

The amount of expenses payable under this Section 3(b) shall be equal to the actual charges of such services described below or items rendered and subject to the applicable maximum limits as stated in Benefit Schedule of Optional Benefits.

This benefit shall be payable when the Insured Person is treated by a Registered Medical Practitioner or a Registered Optometrist on an out-patient basis at the Registered Medical Practitioner or Registered Optometrist's clinic and incurs fees for the following services or items -

- (i) Consultation fee;
- (ii) Eye-check or examination performed by a Registered Medical Practitioner or Registered Optometrist; and
- (iii) Contact lenses or one pair of glasses for optical correction.

For the avoidance of doubt, this benefit shall not be payable for the cost of any frames or sunglasses, non-corrective contact lenses, laser eye surgery and/or similar items or services. If the eye-check or examination expenses under this benefit is also payable under Section 2 (if opted), Eligible Expenses or covered expenses incurred in respect of the same item shall not be recoverable under more than one (1) optional benefit Section.

4. Definitions

Under this Optional Benefits Provisions, words and expressions used shall have the following meanings -

"Benefit Schedule of Optional Benefits" shall mean a schedule of benefit attached to the terms and conditions of optional benefit which set out, among others, the benefit items and maximum benefits covered.

"Chiropractor" shall mean a chiropractor,
(a) who is duly qualified and is registered with the Chiropractors Council of Hong Kong pursuant to Chiropractors Registration Ordinance (Cap. 428 of the Laws of Hong Kong) or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith); and
(b) legally authorised for rendering chiropractor treatment or service in Hong Kong or the relevant jurisdiction outside Hong Kong where the treatment or service is provided to the Insured Person,
but in no circumstances shall include the following persons - the Insured Person, the Policy Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder and/or the Insured Person (unless approved in advance by the Company in writing). If the practitioner is not duly qualified or registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall exercise reasonable judgment to determine

whether such practitioner shall nonetheless be considered qualified and registered.

“Osteopath”

shall mean an osteopath,

- (a) who is duly qualified and is registered with the Hong Kong Osteopathic Association or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith); and
- (b) legally authorised for rendering osteopathy treatment or service in Hong Kong or the relevant jurisdiction outside Hong Kong where the treatment or service is provided to the Insured Person,

but in no circumstances shall include the following persons – the Insured Person, the Policy Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder and/or the Insured Person (unless approved in advance by the Company in writing). If the practitioner is not duly qualified or registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall exercise reasonable judgment to determine whether such practitioner shall nonetheless be considered qualified and registered.

“Physiotherapist”

shall mean a physiotherapist,

- (a) who is duly qualified and is registered with the Supplementary Medical Professions Council of Hong Kong pursuant to Supplementary Medical Professions Ordinance (Cap. 359 of the Laws of Hong Kong) or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith); and
- (b) legally authorised for rendering physiotherapy service in Hong Kong or the relevant jurisdiction outside Hong Kong where the treatment or service is provided to the Insured Person,

but in no circumstances shall include the following persons – the Insured Person, the Policy Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder and/or the Insured Person (unless approved in advance by the Company in writing). If the practitioner is not duly qualified or registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall exercise reasonable judgment to determine whether such practitioner shall nonetheless be considered qualified and registered.

“Podiatrist”

shall mean a podiatrist,

- (a) who is duly qualified to practise as a podiatrist for rendering podiatric therapy following completion of a degree in podiatry and is registered with the Hong Kong Podiatrists Association or International Podiatrists Association of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith); and
- (b) legally authorised for rendering podiatric therapy in Hong Kong or the relevant jurisdiction outside Hong Kong where the treatment or service is provided to the Insured Person,

but in no circumstances shall include the following persons – the Insured Person, the Policy Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder and/or the Insured Person (unless approved in advance by the Company in writing). If the practitioner is not duly qualified or registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall exercise reasonable judgment to determine whether such practitioner shall nonetheless be considered qualified and registered.

“Psychiatrist”

shall mean a psychiatrist,

- (a) who is duly qualified and is registered with the Medical Council of Hong Kong pursuant to Medical Registration Ordinance (Cap. 161 of the Laws of Hong Kong) or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith); and
- (b) legally authorised for rendering psychiatric treatment or service in Hong Kong or the relevant jurisdiction outside Hong Kong where the treatment or service is provided to the Insured Person,

but in no circumstances shall include the following persons – the Insured Person, the Policy Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder and/or the Insured Person (unless approved in advance by the Company in writing). If the practitioner is not duly qualified or registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall exercise reasonable judgment to determine whether such practitioner shall nonetheless be considered qualified and registered.

“Psychologist”

shall mean a psychologist,

- (a) who is duly qualified to practise as a clinical psychologist for rendering services for emotional and behavioural disorder following completion of a degree in psychology and has qualifications at least equivalent to those of a psychologist registered with the Hong Kong Psychological Society; and
- (b) legally authorised for rendering psychological counselling or service in Hong Kong or the relevant jurisdiction outside Hong Kong where the counselling or service is provided to the Insured Person.

but in no circumstances shall include the following persons – the Insured Person, the Policy Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder and/or the Insured Person (unless approved in advance by the Company in

writing). If the practitioner is not duly qualified or registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall exercise reasonable judgment to determine whether such practitioner shall nonetheless be considered qualified and registered.

“Registered Dental Hygienist”

shall mean a dental hygienist,

- (a) who is duly qualified and is registered with the Hong Kong Dental Hygienists’ Association pursuant to Ancillary Dental Workers (Dental Hygienists) Registrations (Cap. 156B of the Laws of Hong Kong) or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith); and
- (b) legally authorised for rendering dental services in Hong Kong or the relevant jurisdiction outside Hong Kong where the treatment or service is provided to the Insured Person, but in no circumstances shall include the following persons – the Insured Person, the Policy Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder and/or the Insured Person (unless approved in advance by the Company in writing). If the practitioner is not duly qualified or registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall exercise reasonable judgment to determine whether such practitioner shall nonetheless be considered qualified and registered.

“Registered Dentist”

shall mean a dentist,

- (a) who is duly qualified and is registered with the Dental Council of Hong Kong pursuant to Dentists Registration Ordinance (Cap. 156 of the Laws of Hong Kong) or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith); and
- (b) legally authorised for rendering dental treatment or service in Hong Kong or the relevant jurisdiction outside Hong Kong where the treatment or service is provided to the Insured Person, but in no circumstances shall include the following persons – the Insured Person, the Policy Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder and/or the Insured Person (unless approved in advance by the Company in writing). If the practitioner is not duly qualified or registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall exercise reasonable judgment to determine whether such practitioner shall nonetheless be considered qualified and registered.

“Registered Optometrist”

shall mean an optometrist,

- (a) who is duly qualified and is registered with the Supplementary Medical Professions Council of Hong Kong pursuant to Supplementary Medical Professions Ordinance (Cap. 359 of the Laws of Hong Kong) and the Optometrists (Registration and Disciplinary and Procedure) Regulation (Cap. 359F of the Laws of Hong Kong) or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith); and
- (b) legally authorised for rendering optical service in Hong Kong or the relevant jurisdiction outside Hong Kong where the treatment or service is provided to the Insured Person, but in no circumstances shall include the following persons – the Insured Person, the Policy Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder and/or the Insured Person (unless approved in advance by the Company in writing). If the practitioner is not duly qualified or registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall exercise reasonable judgment to determine whether such practitioner shall nonetheless be considered qualified and registered.

“Western Medication”

shall mean medication legally registered with the Pharmaceutical Service of Department of Health in Hong Kong or the equivalent legal authority of any other place where expenses are incurred to render western medicine and surgical services.

Benefit Schedule of Optional Benefits

1)	Clinical benefit ¹	Benefit limit (in HKD)
Area of cover		Worldwide
Overall annual limit		\$300,000
a	General practitioner	Full cover (Consultation fee/Treatment fee only)
b	Specialist	
c	Home consultation	
d	Physiotherapist ² o subject to written referral from a Registered Medical Practitioner	
e	Chiropractor ² o subject to written referral from a Registered Medical Practitioner	
f	Chinese herbalist	\$600 per visit (including consultation fee, basic Chinese Medicines, acupuncture and tui na; also payable for basic Medically Necessary Chinese Medicines prescribed by a Registered Chinese Medicine Practitioner and obtained at a legitimate source (at or outside the treating Registered Chinese Medicine Practitioner's clinic))
g	Chinese bonesetter	\$36,000 per Policy Year (including consultation fee, Medically Necessary Western Medication, basic Chinese Medicines, acupuncture, diagnostic imaging and laboratory tests)
h	Psychiatric-related treatments ³	
i	Psychological counselling ² o subject to written referral from a Psychiatrist	\$33,000 per Policy Year
j	Osteopath	\$1,200 per visit (Includes treatment fee for muscles, bones and joints only)
K	Podiatrist ² o subject to written referral from a Registered Medical Practitioner	\$1,200 per visit (Includes consultation fee and charges for Medically Necessary topical medicament, orthomechanical services and procedures)
l	Diagnostic imaging and laboratory tests ² o subject to written referral from a Registered Medical Practitioner for all diagnostic imaging and laboratory tests, or from a Registered Chinese Medicine Practitioner or Chiropractor ⁴ for X-ray only and laboratory tests	Full cover
m	Prescribed Western Medication	\$50,000 per Policy Year (Medically Necessary Western Medication prescribed by a Registered Medical Practitioner and obtained at a legitimate source)
n	Vaccination	\$9,500 per Policy Year (covers vaccinations for Hepatitis B, Bacillus Calmette-Guerin (BCG), polio (poliomyelitis), diphtheria-pertussis-tetanus, Leprosy, Japanese encephalitis, Meningitis, Hepatitis A, Measles, Influenza and other vaccinations recommended by the Hong Kong Government or World Health Organisation from time to time)
Maximum number of visits per Policy Year for items 1(a) – 1(k) above in aggregate is 60 in total, with a sub-limit of 20 visits per Policy Year for items 1(f) – 1(g) and items 1(j) – 1(k) respectively. Subject to a maximum of one visit per item per day.		

Notes

1 About Clinical Benefit

- o The Bupa Gold Card can also be used to enjoy cashless service for covered clinical expenses incurred at Bupa Gold Appointed Services Providers. Please log in to the Company's customer service portal to view the latest list of providers. This list is subject to change from time to time.
- o General practitioner, Specialist and Chinese herbalist under Clinical Benefit also cover consultation fee charged by the general practitioners, Specialists and Chinese herbalists of video consultation service providers. This benefit shall also cover the medication delivery charge incurred by the designated video consultation service providers (general practitioner only). The list of designated video consultation service providers can be found at the Company's website. The list may be updated and amended by the Company from time to time.

2 A referral letter is valid for the same or related medical condition for 6 months from the issue date. Another referral letter is required for treatment of a new or unrelated medical condition.

3 This benefit is applicable to treatment for psychiatric, psychological, mental or behavioural conditions, senile dementia (including Alzheimer's disease) and Parkinson's disease (except for conditions caused by or related to drug abuse and alcoholism). If the expenses under this benefit are also covered under other benefit items in this clinical benefit, the expenses for such items shall be exclusively paid under this item h and no benefit shall be payable under other benefit items.

4 Some diagnostic centres may not accept referrals from a Registered Chinese Medicine Practitioner and/or Chiropractor for certain X-ray and laboratory tests. If you have any queries, please contact the centres directly.

2)	Dental and optical benefit	Benefit limit (in HKD)
Dental benefit		
	<ul style="list-style-type: none"> • Scaling and polishing • Routine oral examination • Intraoral X-ray and medications • Fillings and extractions • Drainage of abscesses • Pins for cusp restoration • Root canal treatment • Periodontal surgery • Accident emergency treatment (including X-ray, temporary pain relief, temporary fillings, medication, incision and drainage of abscess) • Dentures, crowns and bridges (Only if necessitated by an Accident) 	\$9,000 per Policy Year
The following items are payable provided that you have been continuously covered under this Benefit for 6 months or more.		
	<ul style="list-style-type: none"> • Crowns and bridges • Apicoectomy • Gold inlay • Partial and complete soft-tissue impaction • Bony impaction • Orthodontic treatment • Panoramic film • Night-guard or mouth-guard 	\$15,000 per Policy Year
Optical benefit		
	<ul style="list-style-type: none"> • This benefit shall cover the expenses incurred for consultation, eye-check or examinations performed by a Registered Medical Practitioner or Registered Optometrist, as well as contact lenses or one pair of glasses for optical correction. • Eligible expenses for Medically Necessary eye check-up or examinations can be covered under Clinical Benefit or Optical Benefit but not both. 	\$3,000 per Policy Year

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