

保柏自願醫保計劃 (標準計劃) 及保柏非凡自願醫保計劃 (靈活計劃) 產品比較

Comparison of Bupa MyBasic VHIS Plan (Standard Plan) and Bupa Hero VHIS Plan (Flexi Plan)



下表所列金額為個別計劃之賠償限額 (港元) 。 The amounts shown below are the benefit limits of Bupa's VHIS plans in HKD.

| 計劃 Plan | 保柏自願醫保計劃 Bupa MyBasic VHIS Plan | 保柏非凡自願醫保計劃 Bupa Hero VHIS Plan | | | |
|-----------------------------|--|---|--|--|--|
| 計劃選項 Plan options | — | 倍尊尚 Deluxe Pro | 尊尚 Deluxe | 倍智選 Advance Pro | 智選 Advance |
| 保障地域範圍 Area of cover | 全球 Worldwide | 全球但不包括美國 Worldwide excluding the United States | 亞洲、澳洲及新西蘭 Asia, Australia and New Zealand | 全球但不包括美國 Worldwide excluding the United States | 亞洲、澳洲及新西蘭 Asia, Australia and New Zealand |
| 病房級別 Ward class | 您可自選病房級別 (標準私家房、半私家房、大房等) Ward class of your choice (Standard Private, Semi-private, Ward Room, etc.) | 標準私家房 (全球但不包括美國) Standard Private Room (Worldwide excluding the United States) | 標準私家房 (亞洲、澳洲及新西蘭) Standard Private Room (For Asia, Australia and New Zealand) | 半私家房 (香港、澳門、台灣及中國大陸) Semi-private Room (For Hong Kong, Macau, Taiwan and mainland China) 標準私家房 (全球其他地方但不包括美國) Standard Private Room (For other areas worldwide excluding the United States) | 半私家房 (香港、澳門、台灣及中國大陸) Semi-private Room (For Hong Kong, Macau, Taiwan and mainland China) 標準私家房 (其他亞洲、澳洲及新西蘭地區) Standard Private Room (For other areas in Asia, Australia and New Zealand) |
| 自付費選擇 Deductible options | 不適用 Not available | \$0 / \$12,000 / \$40,000 / \$80,000 | | | |

| 1) 基本保障 Basic Benefits | | | |
|------------------------|--|--|--|
| a | 病房及膳食 Room and board | 每日 \$750 per day (每保單年度最多 180 日 maximum 180 days per Policy Year) | 全數賠償 Full cover |
| b | 雜項開支 Miscellaneous charges | 每保單年度 \$14,000 per Policy Year | 全數賠償 Full cover (受「人工裝置」的賠償限額所規限) (Subject to benefit limit of Prosthetic Device) |
| c | 主診醫生巡房費 Attending doctor's visit fee | 每日 \$750 per day (每保單年度最多 180 日 maximum 180 days per Policy Year) | 全數賠償 Full cover |
| d | 專科醫生費 Specialist's fee | 每保單年度 \$4,300 per Policy Year | |
| e | 深切治療 Intensive care | 每日 \$3,500 per day (每保單年度最多 25 日 maximum 25 days per Policy Year) | |
| f | 外科醫生費 Surgeon's fee | 每項手術·按手術表劃分的手術分 類： Per surgery, subject to surgical category for the surgery/procedure in the Schedule of Procedures: <ul style="list-style-type: none"> • 複雜 Complex \$50,000 • 大型 Major \$25,000 • 中型 Intermediate \$12,500 • 小型 Minor \$5,000 | |
| g | 麻醉科醫生費 Anaesthetist's fee | 賠償外科醫生費的 35%·您須自負 65% 35% of Surgeon's fee paid by Bupa, 65% paid by you | |
| h | 手術室費 Operating theatre charges | 外科醫生費的 35%·您須自負 65% 35% of Surgeon's fee paid by Bupa, 65% paid by you | |

| | | |
|--|---|--|
| i 訂明診斷成像檢測 Prescribed Diagnostic Imaging Tests | 每保單年度 \$20,000 per Policy Year | 全數賠償 Full cover |
| j 訂明非手術癌症治療 Prescribed Non-surgical Cancer Treatments | 每保單年度 \$80,000 per Policy Year | |
| k 入院前或出院後 / 日間手術前後之門診護理 Pre-and post-Confinement / Day Case Procedure outpatient care | <p>每次 \$580 · 每保單年度最多\$3,000</p> <ul style="list-style-type: none"> • 住院 / 日間手術前最多 1 次門診或急症診症 • 出院 / 日間手術後 90 日內最多 3 次跟進門診 <p>\$580 per visit, up to \$3,000 per Policy Year</p> <ul style="list-style-type: none"> • 1 prior outpatient visit or Emergency consultation per Confinement/Day Case Procedure • 3 follow-up outpatient visits per Confinement/Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure) | <p>全數賠償以下列明的診症：</p> <ul style="list-style-type: none"> • 住院/日間手術前超過 90 日所進行的一次門診或急症診症； • 住院/日間手術前 90 日內所進行的所有門診或急症診症；及 • 出院/日間手術後 365 日內的所有跟進門診 <p>Full cover for the following specified visits:</p> <ul style="list-style-type: none"> • 1 prior outpatient visit or Emergency consultation per Confinement/Day Case Procedure taking place more than 90 days before admission or Day Case Procedure; • All prior outpatient visits or Emergency consultations per Confinement/Day Case Procedure taking place within 90 days before admission or Day Case Procedure; and • All follow-up outpatient visits per Confinement/Day Case Procedure (within 365 days after discharge from Hospital or completion of Day Case Procedure) |
| l 精神科治療 Psychiatric treatments | 每保單年度 \$30,000 per Policy Year | 全數賠償 Full cover |
| 2) 額外保障 Enhanced Benefits | | |
| | | a 私家看護費 Private nursing |
| | | 全數賠償 Full cover (每保單年度最多 90 日 Maximum 90 days per Policy Year) |
| | | b 陪床費 Companion bed |
| | | 全數賠償 Full cover |

| | | | | |
|---|---|--|--|--|
| c | 急症意外門診保障 Emergency outpatient treatment for Accidents | | | |
| | 全數賠償 Full cover | | | |
| d | 日症病人洗腎 Day Patient kidney dialysis | | | |
| | 全數賠償 Full cover | | | |
| e | 懷孕併發症 Complications of pregnancy | | | |
| | 每保單年度 \$230,000 per Policy Year | 每保單年度 \$180,000 per Policy Year | 每保單年度 \$165,000 per Policy Year | 每保單年度 \$150,000 per Policy Year |
| f | 康復治療 Rehabilitation | | | |
| | 每日 \$3,300 per day | 每日 \$3,150 per day | 每日 \$2,300 per day | 每日 \$2,000 per day |
| | (每保單年度每病症最多 90 日 maximum 90 days per Disability per Policy Year) (必須取得本公司之預先批准 Subject to pre-approval by the Company) | | | |
| g | 善終服務及緩和治療 Hospice and palliative care | | | |
| | 每保單年度 \$150,000 per Policy Year | 每保單年度 \$120,000 per Policy Year | 每保單年度 \$110,000 per Policy Year | 每保單年度 \$100,000 per Policy Year |
| h | 住院或指定治療後由註冊中醫師提供之診症或針灸 Consultation or acupuncture by a Registered Chinese Medicine Practitioner after Confinement or specific treatments | | | |
| | 每次 \$850 per visit | 每次 \$750 per visit | 每次 \$700 per visit | 每次 \$650 per visit |
| | (每保單年度最多 20 次 Maximum 20 visits per Policy Year) | | | |
| i | 人工裝置 Prosthetic Device | | | |
| | 每保單年度每項裝置 \$150,000 per item per Policy Year | 每保單年度每項裝置 \$120,000 per item per Policy Year | 每保單年度每項裝置 \$110,000 per item per Policy Year | 每保單年度每項裝置 \$100,000 per item per Policy Year |

| | | | | |
|--|--|---|--|--|
| | j 因中風而提升家居設備 Home facility enhancement due to Stroke | | | |
| | 每保單年度 \$100,000 per Policy Year | 每保單年度 \$80,000 per Policy Year | 每保單年度 \$60,000 per Policy Year | 每保單年度 \$50,000 per Policy Year |
| | (須於中風出院後緊接其後的 180 日內完成) (Completed within 180 days after discharge from Hospital due to Stroke) | | | |
| | k 非住院睡眠窒息症測試 Non-Confinement sleep apnea test | | | |
| | <p>全數賠償非住院睡眠窒息症測試及以下列明的診症：</p> <ul style="list-style-type: none"> • 非住院睡眠窒息症測試前超過 90 日所進行的一次門診； • 非住院睡眠窒息症測試前 90 日內所進行的所有門診；及 • 非住院睡眠窒息症測試後 365 日內的所有跟進門診。 <p>Full cover for non-Confinement sleep apnea test and the following specified visits:</p> <ul style="list-style-type: none"> • 1 prior outpatient visit per non-Confinement sleep apnea test taking place more than 90 days before such sleep apnea test; • All prior outpatient visits per non-Confinement sleep apnea test taking place within 90 days before such sleep apnea test; and • All follow-up outpatient visits per non-Confinement sleep apnea test (within 365 days after completion of such sleep apnea test). | | | |
| 3) 身體檢查保障 Medical Check-up Benefit | | | | |
| 由第二年起，每保單年度 享免費身體檢查服務一次 或多次 (高達\$4,800) One or more free medical check-up service(s) per Policy Year from the 2 nd year onwards (up to \$4,800) | 由第二年起，每保單年度 享免費身體檢查服務一次 或多次 (高達\$4,000) One or more free medical check-up service(s) per Policy Year from the 2 nd year onwards (up to \$4,000) | 無 Nil | | |
| 2) 其他限額 Other Limits | | 4) 其他限額 Other Limits | | |
| 1) 基本保障保障項目(a) – (l)的每年保障限額 Annual Benefit Limit for benefit items (a) – (l) under 1) Basic Benefits | | 1) 基本保障及 2) 額外保障下所有保障項目的每年保障限額 Annual benefit limit for all items under 1) Basic Benefits and 2) Enhanced Benefits | | |
| 每保單年度 \$420,000 per Policy Year | 每保單年度 \$40,000,000 per Policy Year | 每保單年度 \$35,000,000 per Policy Year | 每保單年度 \$30,000,000 per Policy Year | 每保單年度 \$25,000,000 per Policy Year |

| 1) 基本保障保障項目(a) – (l)的終身保障限額 Lifetime Benefit Limit for benefit items (a) – (l) under 1) Basic Benefits | 1) 基本保障及 2) 額外保障下所有保障項目的終身保障限額 Lifetime benefit limit for all items under 1) Basic Benefits and 2) Enhanced Benefits | | | |
|--|---|--|---|---|
| 無 Nil | 無 Nil | | | |
| | 於所選保障地域範圍 (香港除外) 進行的器官移植手術並取得本公司的預先批准。其 1) 基本保障下保障項目 (a) – (i)及(k) · 以及 2) 額外保障下保障項目(a) · (b) · (f) · (g) · (h)及(i)的總保障限額 Aggregate benefit limit for benefit items (a) – (i) and (k) under 1) Basic Benefits and (a), (b), (f), (g), (h) and (i) under 2) Enhanced Benefits for organ transplant surgery performed in the chosen area of cover (except Hong Kong) | | | |
| | 每保單年度 \$1,800,000 per Policy Year | 每保單年度 \$1,500,000 per Policy Year | 每保單年度 \$1,200,000 per Policy Year | 每保單年度 \$1,000,000 per Policy Year |
| | 免費保障及服務 Free Benefits and Services | | | |
| | 「保柏非凡卡」及免找數服務 Bupa Hero Card and cashless service | | | |
| | 健康支援服務 Health Coaching Services | | | |
| | 24 小時情緒解碼熱線 24-hour Mental Health Service Hotline | | | |
| | 保柏國際援助計劃 Bupa Worldwide Assistance Programme | | | |
| | 其他自選保障 Other Optional Benefits | | | |
| | 門診保障 (高達每年\$250,000 保障額) Clinical Benefit (up to an annual limit of \$250,000) | 門診保障 (高達每年\$200,000 保障額) Clinical Benefit (up to an annual limit of \$200,000) | 門診保障 (高達每年\$150,000 保障額) Clinical Benefit (up to an annual limit of \$150,000) | 門診保障 (高達每年\$100,000 保障額) Clinical Benefit (up to an annual limit of \$100,000) |
| | 牙科及視力保障 (高達每年\$22,000 保障額) Dental and Optical Benefit (up to an annual limit of \$22,000) | 牙科及視力保障 (高達每年\$19,000 保障額) Dental and Optical Benefit (up to an annual limit of \$19,000) | 牙科保障 (高達每年\$6,500 保障額) Dental Benefit (up to an annual limit of \$6,500) | 牙科保障 (高達每年\$5,000 保障額) Dental Benefit (up to an annual limit of \$5,000) |

| | | | | |
|--|--|--|--|--|
| | 產科保障 (高達每年\$80,000 保障額) Maternity Benefit (up to an annual limit of \$80,000) | 產科保障 (高達每年\$75,000 保障額) Maternity Benefit (up to an annual limit of \$75,000) | 產科保障 (高達每年\$46,000 保障額) Maternity Benefit (up to an annual limit of \$46,000) | 產科保障 (高達每年\$42,000 保障額) Maternity Benefit (up to an annual limit of \$42,000) |
| | 折扣優惠 Discount | | | |
| | 終生家庭折扣高達 85 折 Lifetime family discount up to 15% off | | | |

*於所選保障地域範圍以外所產生的合資格費用，受自願醫保標準計劃條款及細則保障。

Eligible expenses incurred outside the chosen area of cover shall be covered according to the VHIS Standard Plan Terms and Benefits.

以上資料只供參考，詳情請參閱有關計劃的保單及保障資料。

The above information is for reference only. Please refer to the Policy and Benefit Information of the respective plans for details.

Feb 2023