# Integrated Medical Scheme (IMS)

## Frequently Asked Questions

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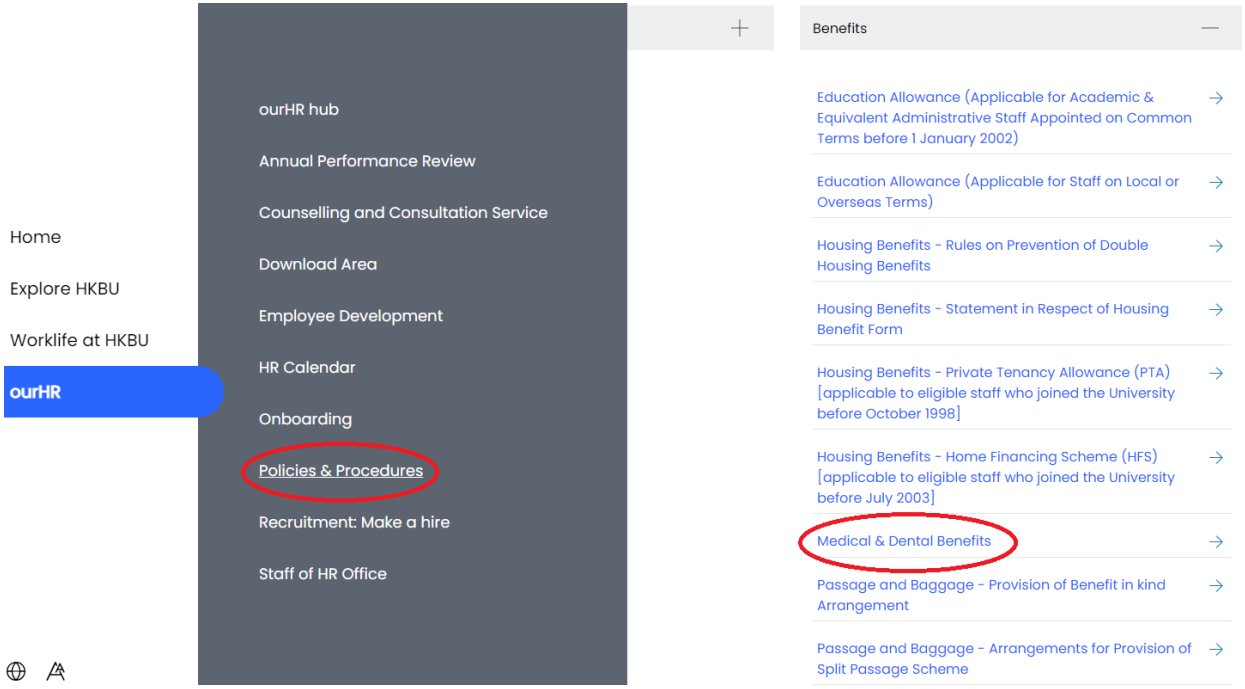
| **Q1** | **What kind of Medical Benefits are offered in the University?** |
|---|---|
| A1 | Integrated Medical Scheme, including:<br><br>✓ Out-patient Benefits (Western Medicine)<br>✓ Out-patient Benefits (Chinese Medicine)<br>✓ Hospitalisation Benefits<br>✓ Dental Benefits<br>✓ Maternity Benefits<br>✓ Preventive Care<br><br>and Campus Clinic at Discounted Rate are provided to eligible staff, subject to the staff category and appointment period. |

| **Q2** | **How do Staff know they are covered in the Integrated Medical Scheme and when they are covered?** |
|---|---|
| A2 | Staff's eligibility is determined by the appointment with our University and it is stated in the appointment letter. If a Staff Member is eligible and has registered via Human Resources System or through a registration form, he / she may participate in the Scheme on the date he / she assumes duty. If his / her spouse and dependent children are also eligible for the Scheme, they will become Scheme Members on the date the Staff Member assumes duty or on the actual date of registration, whichever is later.<br><br>Staff members should enroll their eligible family members into IMS during the said registration period, together with their own registration in one go. Otherwise, for spouse and dependent children enrolling in the Scheme subsequently, their Scheme effective date will commence on the start date of the next policy year, i.e. 1 July. However, this constraint does not apply to newly married spouses and newborn babies, who are allowed to join the Scheme during the policy year.<br><br>If the registration is submitted one month after the date of employment, the registration will become effective subject to special approval from our Underwriter and University Management. |

# Integrated Medical Scheme (IMS)

## Frequently Asked Questions

| Q3 | **Where can the Scheme Members find the information / details of the Integrated Medical Scheme?** |
|---|---|
| A3 | **Medical & Dental Benefits (← Click here)** can be found in HRO website.<br><br>*(Guide: OurHR > Policies & Procedures > Benefits > Medical & Dental Benefits)*<br><br>  |

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| **Q4** | **Who are the eligible family members?** |
|---|---|
| A4 | Eligible family members include:<br><br>✓ Legally married spouse as supported by a legal marriage certificate; and<br>✓ Dependent children<br><br>Dependent children, including stepchildren and adopted children, means:<br><br>✓ Any unmarried sons and unmarried daughters under the age of 21 years<br>✓ In the case of sons and daughters of 19 or 20 years of age:<br>o They must also be in full-time education or in full-time vocational training; or<br>o Dependent of the staff as a result of physical or mental infirmity |

| **Q5** | **How to update eligible family members' information?** |
|---|---|
| A5 | Please complete an **e-form (← Click here)** "Change / Update of Family Data" within one month from the date of change(s). |

| **Q6** | **If both Staff and his / her spouse are working in the University and both of them are eligible for the Scheme as staff, can they enjoy double membership, i.e., as staff and dependent at the same time?** |
|---|---|
| A6 | No, eligible staff can have only one membership status at a time, either as staff or as dependent. |

**Integrated Medical Scheme (IMS)**

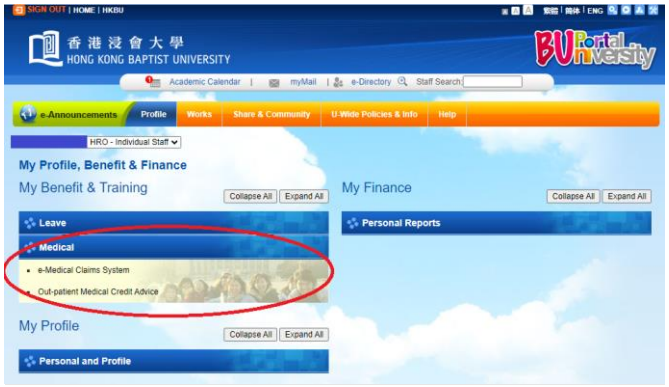
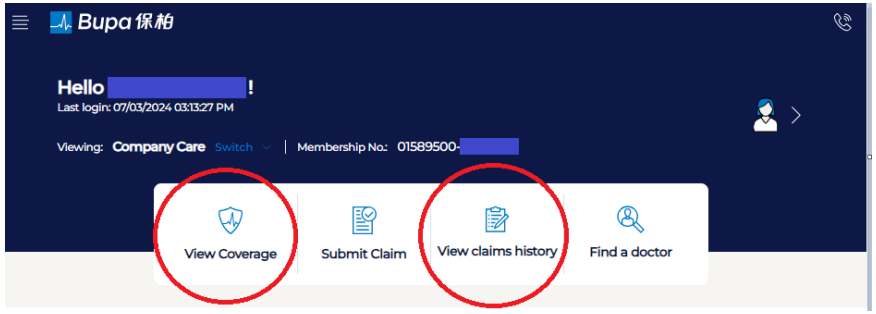
**Frequently Asked Questions**

| **Q7** | **What is the age limit for joining the Integrated Medical Scheme?** |
|---|---|
| A7 | Entry age for new Scheme Member should normally be under 65 while the coverage will be provided up to the age of 64. |

| **Q8** | **Is the entitlement for Integrated Medical Scheme afresh when there is a change of membership?** |
|---|---|
| A8 | When Scheme Members cease to be employed by our University, coverage under the Scheme ceases on the same date.<br><br>If for any reason a serving Scheme Member (and his / her eligible family members) will leave the Scheme for some time but re-join within the same financial year, the benefit entitlements will be the remaining balance left in the same financial year, i.e. the annual benefit limits or quotas will not be refresh as a result of re-joining the Scheme. The same arrangement applies when a member has his / her membership status changed from “staff” to “spouse” or vice versa. |

# Integrated Medical Scheme (IMS)

## Frequently Asked Questions

| **Q9** | **How to check the Medical Benefits records?** | |
|---|---|---|
| A9 | Out-patient Benefit records (except Out-patient (Chinese Medicine) and Hospitalisation Benefits) can be checked via BUniPort:<br><br>✓ Benefit Balances<br>✓ Claim Enquiry<br><br>*(Guide: Profile > My Benefit & Training > Medical)*<br><br>  <br> | Hospitalisation Benefits records can be checked via myBupa:<br><br>✓ Member Details<br>✓ Benefit Provision<br>✓ Schedule of Hospitalisation Benefits<br>✓ Claim History<br><br>  <br> |

| **Q10** | **When is the Integrated Medical Scheme year?** |
|---|---|
| A10 | From July to June of the next year. |

**Integrated Medical Scheme (IMS)**

**Frequently Asked Questions**

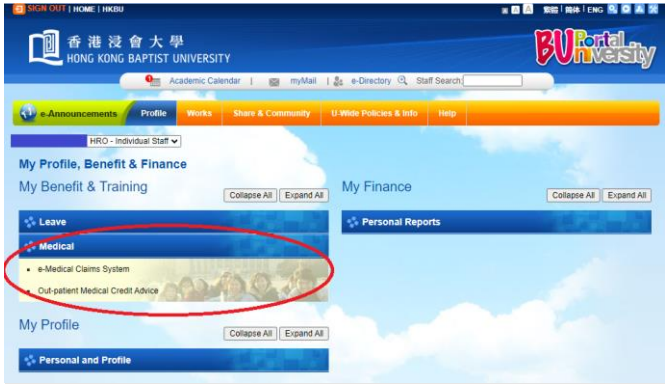
<table>
<tr><td>Q11</td><td>How to claim each benefits expense?</td></tr>
<tr><td>A11</td><td>The claim procedures for each benefit are summarized:
<table>
<tr><th colspan="4">Benefits</th><th>Claim Procedure</th></tr>
<tr><td>1</td><td colspan="3">Out-patient<br>(Western Medicine)</td><td>Submit via e-Medical Claims System (← Click here)</td></tr>
<tr><td>2</td><td colspan="3">Out-patient<br>(Chinese Medicine)</td><td>Not available</td></tr>
<tr><td>3</td><td colspan="3">Hospitalisation</td><td>Complete the claim form (← Click here) of our Underwriter, then may choose to submit online or in paper:<br>1. E-Claims:<br>Follow myBupa Member Portal User Guide (← Click here)<br>2. Paper Claims, if e-claim is not feasible:<br>Submit to our Underwriter directly by mail (Address can be found in the form)</td></tr>
<tr><td rowspan="2">4</td><td rowspan="2">Dental</td><td>a</td><td>Primary</td><td>Not available</td></tr>
<tr><td>b</td><td>Secondary</td><td>Complete the claim form (← Click here) of FO and submit via e-Medical Claims System</td></tr>
<tr><td>5</td><td colspan="3">Maternity</td><td rowspan="2">Submit via e-Medical Claims System</td></tr>
<tr><td>6</td><td colspan="3">Preventive Care</td></tr>
</table>
Claim submission for (1), (4b), (5) and (6):<br>
• Method 1: BUniPort<br>
  ○ Profile > My Benefit & Training > Medical > e-Medical Claims System<br>
• Method 2: HKBU Mobile<br>
  ○ Work > e-Medical Claims<br><br>
If Staff Members have any enquiries regarding the claim procedures, please contact Finance Office (Tel: 3411-2299 / email: fomedical@hkbu.edu.hk ).</td></tr>
</table>

# Integrated Medical Scheme (IMS)

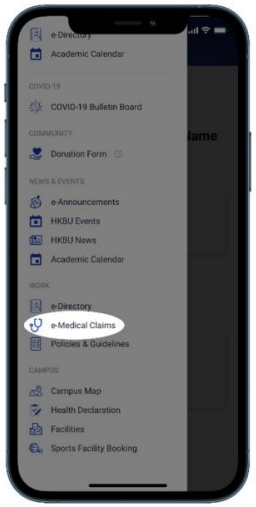
## Frequently Asked Questions

| **Q12** | **Where can Scheme Members check their Integrated Medical Scheme balances?** |
|---|---|
| A12 | Scheme Members can check their Integrated Medical Scheme balances in the **e-Medical Claims System (← Click here)** via BUniPort or HKBU Mobile. |

*BUniPort*
*Profile > My Benefit & Training > Medical > e-Medical Claims System*




*HKBU Mobile*
*Click e-Medical Claims from the left menu*




| **Q13** | **Can the medical expenses incurred outside Hong Kong be reimbursed?** |
|---|---|
| A13 | No, only the medical expenses incurred in Hong Kong are covered.<br><br>For other exclusion items, please refer to **General Exclusion (← Click here)** in HRO website. |

**Integrated Medical Scheme (IMS)**

**Frequently Asked Questions**

## Out-patient Benefits (Western Medicine)

| **Q14** | **What is the coverage of Out-patient Benefits (Western Medicine)?** |
|---|---|
| A14 | Out-patient Benefits (Western Medicine) covers expenses incurred while Scheme Members are being treated or examined at the out-patient department of a hospital, clinic, medical centre, and medical laboratory by:<br><br>✓ A Registered Medical Practitioner (i.e., medical doctor / physician in western medicine)<br>✓ Registered Physiotherapist / Chiropractor<br><br>The Scheme will provide out-patient benefits for:<br><br>✓ General / Specialist Consultation<br>✓ Physiotherapy / Chiropractic Treatments<br>✓ Diagnostic X-Ray Examination (including Advanced Scanning) and Laboratory Tests<br>✓ Long-term medications prescribed for 30 days or more |

| **Q15** | **Are Scheme Members free to choose which doctor to consult for Out-patient Benefits (Western Medicine)?** |
|---|---|
| A15 | Yes, Scheme Members are free to consult any registered medical practitioners of their choice, including physiotherapy / chiropractic treatment referred by registered medical practitioners. However, it is limited to one consultation per day unless justification can be provided to show there is a genuine need for the Members concerned to receive more than one consultation for one day. |

**Integrated Medical Scheme (IMS)**

**Frequently Asked Questions**

<table>
<tr><td>Q16</td><td>What is the Schedule of Out-patient Benefits (Western Medicine)?</td></tr>
<tr><td>A16</td><td>Scheme Members will contribute a percentage as specified in the same Benefit Schedule while the University will reimburse the remaining portion of each medical bill subject to the annual limit / sub-cap. The annual overall reimbursement limit for each Scheme member is listed below:
<table>
<tr><th rowspan="2">Type of Service</th><th colspan="2" rowspan="2">Annual Benefit Limit per member</th><th rowspan="2">Reimbursement Amount</th><th colspan="3">Referral Letter</th></tr>
<tr><th>Require</th><th>Visit</th><th>Validity</th></tr>
<tr><td>General / Specialist Consultation (Free choice of Doctors)</td><td rowspan="3"></td><td rowspan="5">Cap at HK$13,000</td><td rowspan="5">85% of the Medical Bill</td><td>No</td><td colspan="2">-</td></tr>
<tr><td rowspan="2">Physiotherapy / Chiropractic Treatment</td><td rowspan="2">Yes</td><td>1st visit</td><td>6 months from the letter issue date</td></tr>
<tr><td>Follow-up visits</td><td>6 months from the date of last visit for treatment of the exact same diagnosis</td></tr>
<tr><td>X-ray & Lab Test</td><td rowspan="2">Sub-cap at HK$6,000</td><td>Yes</td><td colspan="2">6 months from the letter issue date</td></tr>
<tr><td>Prescribed Long-term Medication</td><td>Yes (Prescription)</td><td colspan="2">6 months from the letter issue date</td></tr>
</table>
Expenses incurred for the injuries or sickness arising prior to the effective date of membership in the Scheme (including those presented signs or symptoms of which the Member was aware or should reasonably have been aware of) shall be considered covered expenses after a Scheme Member has enrolled the scheme for six months. Members can refer to List of Pre-existing Condition (← Click here) in HRO website.</td></tr>
</table>

**Integrated Medical Scheme (IMS)**

**Frequently Asked Questions**

## Out-patient Benefits (Chinese Medicine)

| **Q17** | **Are Scheme Members free to choose which registered Chinese medicine practitioner to consult for Out-patient Benefits (Chinese Medicine)?** |
|---|---|
| A17 | No, Scheme Members can only consult Chinese medicine practitioners at University appointed Chinese medicine clinics to enjoy the Out-patient Benefits (Chinese Medicine).<br><br>Scheme Members have to pay a registration fee as specified, plus any amount charged by the appointed Chinese medicine clinics which is over and above the maximum benefit limit, and any amount charged for the exclusion items.<br><br>Members should present their Staff / Affiliate Card as proof of identity. For Members aged below 15, they are required to bring along in their first visit, either one of the following identity documents: HKID, passport, or birth certificates on top of the Affiliate card for establishment of proper patient records.<br><br>**Location of appointed Chinese medicine clinics and details (← Click here)** can be found in HRO website. |

| **Q18** | **What services are covered by the appointed Chinese medicine clinics?** |
|---|---|
| A18 | The appointed Chinese medicine clinics provide the following services:<br><br>✓ Medical Consultation<br>✓ Herbal Medicine<br>✓ Medication in form of Granule<br>✓ Acupuncture<br>✓ Needles Application<br>✓ Bone-setting<br>✓ Special Medicine |

**Integrated Medical Scheme (IMS)**

**Frequently Asked Questions**

| **Q19** | **What is the Schedule of Out-patient Benefits (Chinese Medicine)?** |
|---|---|
| A19 | Each member is entitled to 20 visits per financial year at a registration fee of $30 for the 1st – 15th visits and $50 for the 16th – 20th visits. Coverage of one visit provided by the University will be defined as coverage up to a maximum benefit limit (currently at $280) equivalent in value to one medical consultation plus two packs of Chinese medicine.<br><br>Once the annual quota of 20 visits has been exceeded, members will be charged at the walked-in rates at the clinics. The Clinical Division of SCM, however, will give a discount of 30% on all basic consultations and treatments, except herbal medicine / granule, medications for external use, herbal brewing and additional treatment, etc. |

**Hospitalisation Benefits**

| **Q20** | **What are covered in the Schedule of Benefits?** |
|---|---|
| A20 | Scheme Members are divided into different benefit groups, subject to the appointment terms. Coverage of different benefit groups can be found in HRO website and are listed below:<br><br>• **Group I (← Click here)**<br>• **Group II (← Click here)**<br>• **Group III (← Click here)**<br><br>Each medical plan is inclusive of Part A – basic hospital and surgical benefits, and Part B – Supplementary Major Medical Benefits. Our Underwriter will pay medical benefits for medically necessary expenses in accordance with the provisions herein but subject to the maximum limits as specified in the Schedule. |

**Integrated Medical Scheme (IMS)**

**Frequently Asked Questions**

| **Q21** | **Is there any voluntary upgrade option for hospitalisation benefits?** |
|---|---|
| A21 | Yes, Scheme Members may on a voluntary basis, pay an additional premium at their own expense, opt for the Voluntary Plan – Sapphire Plan to upgrade their Hospitalisation Benefits. The Schedule of Benefits under Sapphire Plan are shown in HRO website:<br><br>• **Group I (← Click here)**<br>• **Group II (← Click here)**<br>• **Group III (← Click here)** |

| **Q22** | **Can Scheme Members enroll in Sapphire Plan on his / her own only?** |
|---|---|
| A22 | No. Participation in the Voluntary Plan – Sapphire Plan is on a family basis, i.e., Scheme Members and all eligible family member(s), if applicable, who have opted for medical benefits from the University will have to join the upgraded Plan altogether.<br><br>The required premium will be collected by salary deduction.<br><br>If a member is afflicted with an illness, it is the market norm that the upgrade of benefits will only take effect after a clean record of 90 days following the latest medical treatment for the same illness. Notwithstanding this, our Underwriter would exceptionally allow an upgrade of benefits from Basic to Sapphire Plan without the afore-mentioned restriction on annual enrolment during 2024-25.<br><br>All other terms and conditions applying to the Basic Plan are also applicable under the Sapphire Plan. |

| **Q23** | **Can Scheme Members withdraw from the Sapphire Plan whenever he / she wants?** |
|---|---|
| A23 | No. Participation in the Voluntary Plan – Sapphire Plan is on an annual basis, from 1 July (or from the date of assumption of duty in case of a new appointee) to 30 June of the following year.<br><br>Members cannot withdraw from Sapphire Plan during the Scheme Year. If the Staff Members leave our University service, or their eligible family members have to leave the Scheme, their membership in Sapphire Plan will lapse automatically and the remainder of the premium will not be refunded. |

**Integrated Medical Scheme (IMS)**

**Frequently Asked Questions**

| **Q24** | **Besides the group hospitalisation plan (Basic Plan and Sapphire Plan), is there any personal hospitalisation plan?** |
|---|---|
| A24 | Yes, personal hospitalisation plans are offered to Scheme Members by our appointed Underwriter at their own costs. There is 1 plan currently provided by our Underwriter, namely:<br><br>• Bupa VTop<br><br>Relevant information can be found in **Personal Plan (← Click here)** of HRO website. For more details and enrolment of personal hospitalisation plan, please contact our Underwriter.<br><br>* *This is entirely a personal medical plan. Members may wish to compare the Underwriter's medical insurance plan with other available medical insurance plans in the market before making a decision. Our University does not guarantee or make representations in regard to, and expressly disclaims responsibility for, the provisions of our underwriter's plan.* |

| **Q25** | **What is the difference between Sapphire Plan and personal top-up plan? Can Scheme Members purchase both at a time?** |
|---|---|
| A25 | Yes, and both are on a voluntary basis.<br><br>Sapphire Plan is a benefit upgrade plan of our University Group Plan. Personal top-up plan is a separate individual medical product offered by our Underwriter. They are not exclusive to each other. |

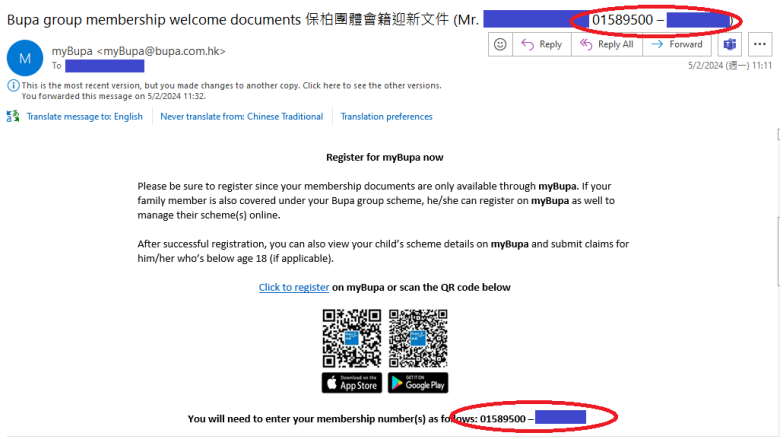
| **Q26** | **Should top-up plan be enrolled on a family basis?** |
|---|---|
| A26 | For Group Sapphire plan<br>• Must be enrolled on family basis<br><br>For Personal top-up / conversion plans<br>• Enrolment can be on individual basis |

# Integrated Medical Scheme (IMS)

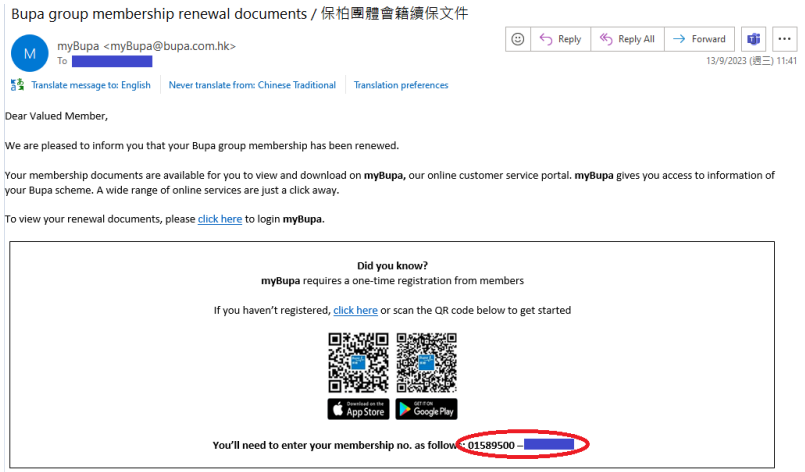
## Frequently Asked Questions

| Q27 | **What information is required when Scheme Members contact our Underwriter for enquiry?** |
|---|---|
| A27 | Upon enquiry, members are requested to quote Bupa Membership No. "01589500-xxxxxxxx", their name (in full) and the Staff ID / Affiliate number. The Bupa Membership No. can be accessed via myBupa, or the emails sent from Bupa: |

Bupa will send an email to **new join members** called [Bupa group membership welcome documents 保柏團體會籍迎新文件]




Bupa will send an email to **existing members** called [Bupa group membership renewal documents / 保柏團體會籍續保文件] annually



**Integrated Medical Scheme (IMS)**

**Frequently Asked Questions**

| **Q28** | **Why are Scheme Members not fully claimed for the treatment?** |
|---|---|
| A28 | To have a better idea of coverage of the members' scheduled operation / treatment, we suggest and encourage:<br>1. Members to communicate with the Underwriter before the operation / treatment to ensure whether it is covered in the scheme; and/or<br>2. Members to submit a **Pre-authorisation Form (← Click here)** to the Underwriter for prior assessment and further advice, at least 3 working days before the operation / treatment, and wait for the confirmation. It is **an optional procedure**. Members are free to choose whether to submit a pre-authorisation application or not.<br><br>The Underwriter will follow "**medically necessary**" and "**normal and customary**" when handling claims, adhere to the code and guidelines established by the Insurance Authority, and be regulated by the Insurance Ordinance (Cap. 41). **The Underwriter's interpretation of any specific provisions regarding hospitalisation benefits under the Scheme is final**.<br><br>**Definition of "Medically Necessary"**<br>The recommendation of the attending Registered Medical Practitioner is not the sole factor to be considered when determining whether a treatment, medical service or medication is Medically Necessary. Circumstances where a Hospital Confinement is considered Medically Necessary include, but are not limited to:<br>a. The Member is having an Emergency that requires urgent treatment which should be performed at a Hospital;<br>b. Surgical procedures which are medically required to be performed under general anaesthesia;<br>c. Equipment for surgical procedure is available in Hospital and procedure cannot be done on a Day Case basis;<br>d. There is significantly severe co-morbidity of the Member; and/ or<br>e. Taking into account the individual circumstances of the Member and for the safety of the Member, the medical service should only be conducted in Hospital.<br><br>**Definition of "Normal and Customary"**<br>In relation to fees, such level which does not exceed the general range of charges being charged by the relevant service providers in the locality where the charge is incurred for similar treatment, services or supplies to individuals with similar conditions, e.g. of the same sex and similar age, for a similar disability, as reasonably determined by the Underwriter in utmost good faith. The **Normal and Customary** charges shall not in any event exceed the actual charges incurred. In determining whether a charge is Normal and Customary, the Underwriter shall make reference to the following (if applicable):<br>a. Treatment or service fee statistics and surveys in the insurance or medical industry;<br>b. Internal or industry claim statistics;<br>c. Gazette published by the Hong Kong government; and/or<br>d. Other pertinent source of reference in the locality where the treatments, services or supplies are provided.<br><br>You may also refer to "**Understanding Medical Insurance – Tips on Making Claims**" **(← Click here)** published by Insurance Authority for reference. |

**Integrated Medical Scheme (IMS)**

**Frequently Asked Questions**

| **Q29** | **What is Second Claim Incentive?** |
|---|---|
| A29 | Second Claim Incentive is payable in respect of a Hospital Confinement under this Scheme and such reimbursement has been paid by an insurance company other than Bupa (Asia) Limited [Bupa] or any company within the Bupa group of companies, this Benefit shall be paid on a per day basis in which Room and Board Benefit shall be payable for such day of Hospital Confinement. Such provision is exceptionally arranged by Bupa during the policy year 2024-25. Details refer to "**Integrated Medical Scheme Information Session 2024**" **(← Click Here)**. |

| **Q30** | **How can Scheme Members receive the reimbursement?** |
|---|---|
| A30 | All allowable reimbursements will be credited to the Staff Member's medical claim reimbursement bank account via autopay within two weeks upon receipt by the Underwriter if adequate information is provided. If cases are being rejected, the reason for rejection will be conveyed to you in two weeks' time. Staff Members can update the medical claim reimbursement bank accounts via myBupa portal, while any subsequent updates to the HKBU payroll bank account will be sent to Bupa. These updated bank account details will replace the existing accounts used for receiving medical claim reimbursements. No notification about these changes will be sent to the Staff Member, as this is standard practice. |

# Integrated Medical Scheme (IMS)

## Frequently Asked Questions

### Dental Benefits

| Q31 | Are Scheme Members free to choose which dentist to consult for Dental Benefits? |
|---|---|
| A31 | No, Scheme Members can only visit our University appointed dental group to enjoy the Dental Benefits. Dental Benefits are divided into:<br>1. Primary dental care<br>2. Secondary dental care<br><br>Members may visit any dental clinics of the group for service subject to prior appointment be made with Staff ID / Affiliate card being presented at time of consultation. For members aged below 15, they are required to bring along an identity document with a photo (e.g. HKID, passport, school handbook) on top of the Affiliate card for verification.<br><br>**The location and contact number of the appointed dental group clinics** and items under **primary** and **secondary** **(← Click here)** dental care can be found in HRO website. |

| Q32 | Is Oral Prophylaxis performed by dentist? |
|---|---|
| A32 | Oral Prophylaxis may be performed by either Hygienist or Dentist. Scheme Members may check with the clinic concerned when making an appointment. |

| Q33 | What is quoted reference price for secondary dental care? |
|---|---|
| A33 | Only secondary dental treatment provided at the appointed dental group will be partially covered. The University will be responsible for **a maximum of 50% of the quoted reference prices listed or 50% of the actual amount charged by the service provider, whichever is lower**, and subject to an annual cap per member as specified. **Members should clarify with the attending dentist the service charge for the required services before committing to the treatment.**<br><br>Members are advised to compare the service charges by the appointed dental group with other dentists in the market before having treatment. The University does not guarantee or make representations in regard to, and expressly disclaims responsibility for, the provisions of appointed dental group. |

# Integrated Medical Scheme (IMS)

## Frequently Asked Questions

### Maternity Benefits

| Q34 | Who are covered in Maternity Benefits? |
|---|---|
| A34 | Maternity benefits are available to female Scheme Members, which include staff and their spouse.<br><br>Maternity benefits cover any cause, condition or complications resulting from any one pregnancy, childbirth, miscarriage, or legal abortion. The maximum reimbursement amount is subject to the medical group the staff belong to.<br><br>Details of **Maternity Benefits (← Click here)** can be found in HRO website. |

| Q35 | What is the eligibility for Maternity Benefits? |
|---|---|
| A35 | 1. Members should have completed 40 weeks of continuous service in the University prior to the expected date of her or his spouse's commencement of maternity leave.<br>2. The benefits limit will not be raised for multiple births.<br>3. For natural / spontaneous abortion (i.e., miscarriage) after 24 weeks of pregnancy, the hospital confinement benefit will be paid.<br>4. Members on no-pay maternity leave will not be eligible for any maternity benefits, including reimbursement for pre-natal & post-natal check-up. |

### Preventive Care

| Q36 | Who is eligible and what is included in Preventive Care? |
|---|---|
| A36 | The Scheme provides a modest subsidy towards physical check-up for all eligible staff members aged 35 or above (excluding family members).<br><br>Items include:<br>✓ A physical check-up; or<br>✓ gynecological check-up (for female staff)<br><br>Details of **Preventive Care (← Click here)** can be found in HRO website. |

**Integrated Medical Scheme (IMS)**

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| **Q37** | **Can Staff Members carry forward their Preventive Care entitlement if they have not used it this year?** |
|---|---|
| A37 | The total entitlement is subject to the same maximum reimbursable limit, i.e., HK$1,000 or 100% of the actual amount, whichever is lower.<br><br>The current mechanism has the flexibility of allowing claims in alternate years for a combined 2 years' benefit limit. |

Scheme Members are highly encouraged to read the **Scheme Regulations (← Click here)** of the Integrated Medical Scheme to get familiarise with the extent of protection offered as described in this set of regulations since understanding the Scheme will enable the University together with the service providers to render full and efficient service at all times and with minimum delay.

**Opinions are Welcomed!**

Your voice always means a lot to us!

The Integrated Medical Scheme aims to provide appropriate wellness support to eligible Members. Members are welcome to provide feedback on the Scheme and Underwriters for our review with our Medical Consultant and Underwriters for continuous improvement. Please share opinions and ideas with us through a designated email account: hro-medi@hkbu.edu.hk .

Your feedback will be kept confidential and the respective HR colleagues servicing your Faculty / School / Department / Office will revert to you.

(Jan 2025)