The Integrated Medical Scheme (the Scheme) is provided by Hong Kong Baptist University (the University) for all eligible employees and where applicable, their dependent family members, with the aim of easing their financial burden normally accompanying accidents and illnesses. The Scheme consists of six benefit modules and the provision of benefits under the Scheme are subject to a list of exclusion items. Main Features of the each benefit module under the Scheme are as follows:

a. Out-Patient (Western medicine)
   - Scheme members are free to consult doctors of their own choice. Staff will contribute 15% while the University will reimburse 85% of each medical bill, including those incurred for physiotherapy and chiropractic treatments referred by registered medical practitioner, subject to an annual overall reimbursement limit of $13,000 for each Scheme member. Within this limit, there is a sub-limit of $6,000 for laboratory tests (with referral letter) and long-term medication (with prescription).

b. Out-Patient (Chinese medicine)
   - Scheme members may consult Chinese medicine practitioners at University appointed Chinese medicine clinics. Each member will have an annual quota of 20 visits, and need to pay a registration fee for each visit which covers medical consultation plus two packs of herbal medicine (or other medical treatments of equivalent value). The registration fee for the 1st - 15th visit is $30 while that for the 16th - 20th visit is $50.

c. In-Patient
   - In-patient benefits will be provided through an insurance company, covering hospitalization and surgical benefits in accordance with a schedule of benefits (refer to as the “Basic Plan”). In addition, arrangements have been made with the appointed Insurer to offer optional voluntary plans with three different levels of benefits, namely, the “Sapphire Plan”, the “Ruby Plan” and the “Emerald Plan” for staff to choose from (The “Ruby Plan” and the “Emerald Plan” will be phased out by 30 June 2018). Please refer to BUniPort for the corporate membership number for hospitalization claims.

d. Dental
   - The University will appoint one dental group at an annual fee per head for all scheme members. Members may visit dentists of the appointed dental group for primary dental care service. As for secondary dental care items provided by the appointed dental group, the University will be responsible for up to 50% of the quoted reference price of the respective item, and subject to an annual limit of $3,800 per scheme member.

e. Maternity
   - Maternity will be treated as a physical condition rather than an illness. Its benefit limit is separate from those of out-patient and in-patient. Staff will need to contribute 15% of the maternity-related expenses, and the University will reimburse 85% of such expenses, subject to maximum benefit limits (in the form of a lump sum reimbursement) for different labour conditions.

f. Preventive Care
   - Staff members aged 35 and above may claim reimbursement for undertaking either one annual physical check-up or gynaecological check-up as appropriate, up to a ceiling of $800 per annum per staff member. Flexibility will be provided to combine 2 years’ limit (i.e. $1,600) to be used in alternate year. Any unused balance (subject to the annual entitlement of $800) can be carried forward to the next scheme year.

g. Area of Coverage/Exclusion Items
   - The age limit for medical coverage provided under the Integrated Scheme will be set at 15th day after birth up to the age of 64. A list of exclusion items as approved by the Council will be adopted for the entire Scheme.