## HONG KONG INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS PERSONAL HEALTH CARE PROGRAM DENTAL PLAN

To make available more advantageous deals for our Members, we have implemented with effect from 1 October 2025 a Dental Plan with the following Providers:

#### **Dental Plan:**

- ♦ UCMG Management Limited (UCMG);
- ♦ HMMP (Dental) Limited (HMMP)

#### Who May Enrol

Members and/or their family members, including Spouse, Children and Parents or Parents-in-law may participate.

#### **How To Enrol**

To enrol in the plans, please select the Provider and complete and return the attached Enrolment Form with a cheque for the total amount of Fee/Charges. You will be issued a Dental Card or a Dental Certificate for the services.

#### **How To Use the Services**

Member may call the Service Provider directly to arrange an appointment before visiting the Dental Clinic.

The validity of the Dental Card is for 12 months from its effective date.

#### Other Treatment/Examinations

The Providers have also offered other treatments or examinations not covered by the Program at preferential discounted rates. Please check with the Providers for details.

#### Enquiry

If you have any question, please contact Ms Daisy Cheuk / Mr Kent Leung of Insuright Employee Benefits Ltd at

Room 503 - 506 Alliance Building, 130 -136 Connaught Road Central, Hong Kong

Tel: 3443 9893 Fax: 3443 9889

Email: daisy.cheuk@insubest.com.hk / kent.leung@insubest.com.hk

#### **DENTAL PLAN**

Annual Dental Plan							
1.	General Examination 一般口腔檢查	FREE / 免費					
2.	Scaling & Polishing 洗 牙石/ 牙漬	2 visits per year / 每年2次					
3a	HMMP - Intra-oral small film radiograph as necessary □ 腔 X - 光 片 檢 查 (按需要)	FREE / 免費					
3b	UCMG - One Intra-oral X-ray at 1st consultation (except Panoramic film) 口腔 X - 光片檢查(限於首次檢查,不包括顎骨)	<b>1 visit</b> / 1 次					
4.	General Consultations 一般診症	FREE / 免費					
5.	Simple fillings (carious) 簡單補牙(適用於蛀牙)	FREE / 免費					
6.	Simple Extractions (excluding wisdom teeth & surgical extraction) 普通脫牙(不包智慧齒及手術脫牙)	FREE / 免費					
7.	Emergency Consultation & dressings for pain relief	FREE / 免 費					
	緊急治療及臨時補牙止痛服務	FNLLT先貝					
8.	Medications (pain killers) 藥 物 (止 痛 藥)	FREE / 免費					
9.	Oral Hygiene Instructions 口腔衛生指導	FREE / 免費					
10.	Drainage of abscesses (without surgery) 牙瘡治療(非手術)	FREE / 免 費					



# HONG KONG INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS PERSONAL HEALTH CARE PROGRAM (2025-2026) DENTAL PLAN

### **ENROLLMENT FORM**

Name of Member:		Membership No:			
Address:					
Contact Tel:  Effective Date (1st day of the		Fax:			
DETAILS OF COVERED PER	RSONS		Places ch	agge Broyider b	y Checking the Box Below
Name (same as HKID card)	Date of Birth (dd/mm/yyyy)	Relationship	Sex (M/F)	HKID No.	Dental HMMP HK\$1,300 UCMG HK\$800
					☐ HMMP / ☐ UCMG
					☐ HMMP / ☐ UCMG
					☐ HMMP / ☐ UCMG
					☐ HMMP / ☐ UCMG
Total					нк\$
to: Insuright Employee Be Room 503-6, Alliance Attention: Mr Kent Le Tel: 2541 1300, 3443 9  Declaration and Authorizati I confirm that I have read and of myself and my covered de to me or my covered dependence obtained, compiled or held by Insuright PIC. I acknowledge outside of Hong Kong SAR fo	enefits Ltd Building, 130-136 ung 9891 Fax: 3443 on I understood the Ir pendents (if applicated (if any) or many Insuright by any and consent to the purposes and the results of the purposes and the surrous and consent to the purposes and the surrous and	9889 Email: ireb@ nsuright's Personal cable), I declare and ny/our policy(ies) or means from time to the transfer of my	Information Cd agree that a investments to time may be personal data	cong  Collection Statements Contained in this percollected and used (and that of my tout in the Insuring tout in the Insuring tout in the Insuring the collected and used (and that of my tout in the Insuring the In	ent ("Insuright PIC"). On behalf and other information relating enrollment form or collected, utilized in accordance with the covered dependents, if any) ght PIC.
Remarks : "Insuright" refers to In		Signature o	of Member		

