

EMPLOYEE VOLUNTARY SOLUTIONS – MEDICAL PROTECTION
STEPUP MEDICAL PROTECTION PLAN 2

PORTABLE MEDICAL PROTECTION FOR YOUR FAMILY'S HEALTHY FUTURE

StepUp Medical Protection Plan 2 provides a comprehensive solution for medical protection beyond employment, with essential features that fill the gap for a lifetime of security.



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AIA Corporate Solutions
— Your Pension and Group Insurance Partner



**HEALTHIER, LONGER,
BETTER LIVES**

Rising healthcare costs are set to impact your plans for the future

Additional medical protection can help you safeguard your loved ones for the longer term.

That's why we designed a comprehensive solution for you to boost your medical cover in addition to your company's group medical insurance scheme so that you can face the future with peace of mind.

Available to members of AIA group medical insurance schemes, the **StepUp Medical Protection Plan 2 ("StepUp 2")** enhances your medical protection in addition to your company's group medical insurance scheme to protect you for a lifetime, even if you leave your company or enter retirement. The plan's comprehensive cover fills the protection gap for you to face with unexpected medical expenses and focus on your future goals. What's more, application is simple with no medical underwriting required¹, enabling you to offer extra assurance to you and your loved ones.

1. Medical underwriting is required for enrolment in a higher room type than what the insured is entitled to under an AIA group medical insurance scheme during the designated application submission periods. For more information, please read the "Member Enrolment Guidelines" in this brochure.

"AIA", "the Company", "we", "our" or "us" herein refers to **AIA International Limited** (Incorporated in Bermuda with limited liability).

Important to consider...



Medical Insurance Gap

32% of Hong Kong people only have group medical insurance cover and have not purchased additional personal medical insurance²



Advanced Medical Technology

The increasing use of advanced medical technology has contributed to rising medical costs⁴



Insufficient Group Medical Insurance Cover

On average, group medical insurance only covers about **64% to 75%** of medical and surgical expenses in private hospitals³



Aging Population

In 2069, elderly aged 65 or above are expected to account for **38.4%** of Hong Kong's total population⁵. Medical costs continue to rise amid greater healthcare needs from elderly population

Sources:

2. Hong Kong Census and Statistics Department, "Thematic Household Survey Report No. 74", December 2021

3. The Hong Kong Federation of Insurers, "Medical Claims Statistics 2019", 2019

4. Aon, "2020 Global Medical Trend Rates Report (Global Benefits)", 2020

5. Hong Kong Census and Statistics Department, "Hong Kong Population Projections 2020-2069", September 2020



Plan Highlights



Portable protection to fill your protection gap

Comprehensive medical cover that lasts for a lifetime even when you leave the company or retire



No medical underwriting required⁶

Application is simple and convenient so that you can stay protected with ease



Comprehensive medical cover

Reimbursements for a range of medical expenses including hospitalisation, intensive care, surgery, treatment for mental or nervous disorder and advanced diagnostic imaging (including imaging performed on an outpatient basis) etc.



Quality medical network privileges

Enjoy additional per disability limit and higher reimbursement percentage as Network Benefits if select to use medical network services



Cover for pre-existing conditions

Your pre-existing conditions will be covered if you have been protected under AIA group medical insurance scheme and / or **StepUp 2** for a total of at least 12 continuous months beforehand



AIA "Health and Wellness 360"

- Access a high-quality medical network⁷
- Hassle-free medical payment at home and overseas⁸
- Personal Medical Case Management Services with Rehabilitation Management^{7,9}

6. Medical underwriting is required for enrolment in a higher room type than what the insured is entitled to under an AIA group medical insurance scheme during the designated application submission periods. For more information, please read the "Member Enrolment Guidelines" in this brochure.

7. This service is provided in Hong Kong by the designated service provider engaged by AIAHK and is not applicable to Macau Region.

8. Local cashless hospitalisation is applicable to all plan levels, while overseas cashless hospitalisation is applicable to Plan 2 to Plan 4.

9. Personal Medical Case Management Services with Rehabilitation Management is only applicable to Plan 3 and Plan 4.



**10% premium discount
for the first policy year[^]**

You can enjoy **10% premium discount for the first policy year[^]** for application submitted during the below designated periods:

- i) Employees and their dependants newly joined AIA group medical insurance scheme[^]: Within 60 days after their coverage effective date of an AIA group medical insurance scheme; or
- ii) Employees and their dependants currently covered under AIA group medical insurance scheme[^]: Within 60 days after the policy anniversary of an AIA group medical insurance scheme

[^] Enrolment for dependants is only available if the company offers AIA group medical insurance scheme to employees' dependants (not including voluntary dependant cover). This premium discount is applicable to the premiums of core benefits and optional outpatient benefit (if any). For the avoidance of doubt, if the optional outpatient benefit is not applied together with the core benefits at policy application, the optional outpatient benefit that applied after the policy is effective will not be entitled to the above premium discount. In case of any disputes, the decision of AIA shall be final and conclusive. For more information about enrolment, please read the "Member Enrolment Guidelines" in this brochure.



Portable protection for extra peace of mind

In life, it's good to have an extra safety net. When you join **StepUp 2**, you can renew your cover every year for life. The renewal premium will be based on the prevailing premium at the time of renewal. Even if you leave the company, your group medical cover ends or you retire, your cover under this plan will continue, giving you protection at all times.

Simple application with no medical underwriting required

Application for this plan is convenient and simple with no medical underwriting requirement, except if you enrol in a higher room type than what you are entitled to under your AIA group medical insurance scheme during the designated application submission periods. For more information, please read the "Member Enrolment Guidelines" in this brochure.

Comprehensive cover for your medical expenses

StepUp 2 offers you reimbursement for a range of medical expenses. This includes expenses such as hospital room and board, intensive care, surgery, treatment for mental or nervous disorder, advanced diagnostic imaging (including imaging performed on an outpatient basis) as well as outpatient consultation for pre- and post-hospitalisation / day surgery.

Additional benefits such as rehabilitation benefit, hospice care benefit and reconstructive surgery benefit are also available exclusively to Plan 4 (VIP plan), giving you a choice of more extensive medical cover.

For more information, please read the "Benefits schedule for the **StepUp Medical Protection Plan 2**" in this brochure.

Cover for pre-existing conditions

If you have been covered under AIA group medical insurance scheme and / or **StepUp 2** for a total duration of at least 12 continuous months, the pre-existing conditions you have will be covered under **StepUp 2** subsequently, giving you comprehensive protection.

Extended care support for designated cancer and renal dialysis treatment

If you are unfortunately diagnosed with cancer or kidney failure, you will be in need of additional support. We therefore provide the extended caring protection for designated cancer treatment and renal dialysis to ease your worries and financial burden, helping you on the road to recovery.

Enhanced protection for medical expenses in Hong Kong or Macau government hospitals¹⁰

To provide you with flexibility to arrange your medical treatment that best suits your needs, we cover your medical expenses from confinement to outpatient treatment in Hong Kong or Macau government hospitals. In addition, you can enjoy reimbursement and deductible of Network Benefits (except network day surgery benefit) for the eligible medical expenses in Hong Kong or Macau government hospitals to obtain a more comprehensive support.

Note: The reimbursement and deductible of Network Benefits (except network day surgery benefit) for the eligible medical expenses in Hong Kong or Macau government hospitals will only be applicable to the insured who are Hong Kong identity card holders (for expenses incurred in Hong Kong) or Macau identity card holders (for expenses incurred in Macau) at the time of the expenses incurred. Please refer to remark 10 for details.

Flexibility to suit your needs

We understand that everyone's situation is different. That's why we offer a wide range of plan options and an optional outpatient benefit to suit your personal medical needs. If you apply for this plan together with the optional outpatient benefit, there is no medical underwriting requirement on optional outpatient benefit¹¹, allowing you to obtain a more comprehensive protection with ease.

Core Benefits

- Plan 1 – Ward plan
- Plan 2 – Semi-Private plan
- Plan 3 – Standard Private plan
- Plan 4 (VIP plan) – Standard Private plan

Optional Outpatient Benefit

- Plan 1 to Plan 4

Choice of core benefits plans will be subject to your existing AIA group medical insurance scheme cover, if any. For more information, please read the "Member Enrolment Guidelines" in this brochure.

10. Hong Kong or Macau government hospitals refer to hospitals under the administration of the Hong Kong Hospital Authority or Macau Health Bureau (Serviços de Saúde). You must confine in the public ward and / or receive treatment at the outpatient department in the public section, and are charged according to the Public Charges, then we will make reimbursement of such charges in respect of Network Benefits (except network day surgery benefit) subject to the maximum limits and deductible as shown in the benefits schedule for core benefits. "Public Charges" means, as the case may be, (i) the applicable charges specified in the list of charges under "Public Charges – Eligible Persons" as determined by the Hong Kong Hospital Authority; or (ii) when referring to hospitals under the administration of Macau Health Bureau (Serviços de Saúde), the level of charge for holders of Macau SAR Resident Identity Card.

11. After the policy is effective, you can apply for the optional outpatient benefit within 30 days before the policy anniversary date. Medical underwriting will be required. "Hong Kong" and "Macau" herein refer to "Hong Kong Special Administrative Region" and "Macau Special Administrative Region" respectively.



AIA “Health and Wellness 360” Taking care of your needs comprehensively from prevention, protection, treatment to recovery

AIA understands that health has become more and more important to you. We strive to do more for you to look out for your health. As your all-round health guardian, we offer an array of extra health and medical services and are there with you to live Healthier, Longer, Better Lives.

We encourage you to build a healthy lifestyle to prevent getting sick. Even if you feel unwell, AIA offers you diverse value-added medical services from treatment to recovery, partnering with top medical specialists and professional service providers around the globe to support you for faster recovery.

Access a high-quality medical network*

Our medical network gives you exclusive access to quality medical services for greater peace of mind. It comprises carefully selected medical specialists with multi-disciplinary expertise, as well as advanced day case medical centres that are a safe and convenient alternative to hospitals.

Simply by presenting your electronic network surgery card before you receive the medical service, you can enjoy the benefits offered under the plan's medical network. Once this plan is in effect, you can book day case procedure at network clinics and day case procedure centres. The network doctor will apply for the medical expense pre-approval service on your behalf.



You can also enjoy the convenience of cashless hospitalisation (also known as Credit Facility Service for Hospitalisation), and a dedicated hotline for centralised booking.

Other additional benefits within this network include:

- additional per disability limit and higher reimbursement percentage as Network Benefits
- medical expense pre-approval application
- Reimbursement percentage of 100% for 4 designated day surgeries at network clinics on a cashless basis:
 1. lens operation including cataract removal and prosthetic monofocal intraocular lens insertion
 2. colonoscopy, with or without biopsy or papilloma removal
 3. upper endoscopy up to the level of duodenum
 4. excision of skin lumps or tumour of subcutaneous tissue, including lipoma, neurofibroma or its variants, sebaceous cysts and malignant melanoma etc.

The cashless arrangement is subject to the applicable benefit limits (e.g. the relevant per disability limit and additional per disability limit for Network Benefits), and you are required to settle the shortfall (if any). For more

information, please read the “Benefits schedule for the **StepUp Medical Protection Plan 2**” in this brochure.

For more information, please call our Network Booking Enquiry Hotline at (852) 2232 8770.

You can select the network service providers provided under an AIA group medical insurance scheme (if applicable) and **StepUp 2** if you are covered under both at the same time. The network service providers under AIA group medical insurance scheme (if applicable) and **StepUp 2** can be different. The use of AIA group medical insurance scheme (the scheme's) medical network service is only applicable to the medical network protection of the scheme and reimbursable under the scheme. The use of **StepUp 2's** medical network service is only applicable to the medical network protection of **StepUp 2** and reimbursable under **StepUp 2**.



Hassle-free medical payment at home and overseas

(Local cashless hospitalisation: applicable to all plan levels
Overseas cashless hospitalisation: applicable to Plan 2 to Plan 4)

Should you face a health challenge, especially in a foreign country, you can enjoy the convenience of cashless hospitalisation with AIA. This service covers designated private hospitals locally in Hong Kong, Macau and Mainland China and in overseas countries such as Singapore, Malaysia and Thailand, as well as the US and Europe. Upon approval, you can simply focus on your recovery without the stress of paying hospital bills and making subsequent claims. You can settle the shortfall resulting from your hospital stay after your treatment. Once the final claim amount has been settled, any related benefit limits will be reduced accordingly.

For more information and the list of designated hospitals, please refer to our Credit Facility Service for Hospitalisation leaflet.



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* This service is provided in Hong Kong by the designated service provider engaged by AIAHK and is not applicable to Macau Region.



Personal Medical Case Management Services with Rehabilitation Management*

(Applicable to Plan 3 and Plan 4)

If you are unfortunately diagnosed with a serious illness, an expert team is here to help. Through Personal Medical Case Management Services with Rehabilitation Management, our designated service provider will get you the medical support you need with ongoing updates on your condition, and tailor a personalised rehabilitation plan for you.

Your diagnosis and treatment will be assessed by a specialist, so you can count on additional medical expertise to overcome your health challenges with confidence.

For more information, please refer to the Personal Medical Case Management Services with Rehabilitation Management leaflet.



Worldwide emergency assistance

A worldwide assistance hotline is open 24/7 for any emergency support you might need, especially while you are abroad. Help is always just one call away.

Cover at a glance

Product Nature	Medical protection insurance plan (Reimbursement)	
Plan Type	Basic plan	
Eligibility	Members under an AIA group medical insurance scheme	
Issue Age (of the insured)	15 days to age 69	
Renewal	Whole life	
Medical Underwriting	No medical underwriting requirement <small>(Medical underwriting is required for enrolment in a higher room type than what the insured is entitled to under an AIA group medical insurance scheme during the designated application submission periods. For more information, please read the "Member Enrolment Guidelines" in this brochure.)</small>	
Plan Option	<ul style="list-style-type: none"> Plan 1 – Ward plan Plan 2 – Semi-Private plan 	<ul style="list-style-type: none"> Plan 3 – Standard Private plan Plan 4 (VIP plan) – Standard Private plan
Geographic Cover	Worldwide	
Premium Payment Mode	Annually / Monthly	
Core Benefits	<ul style="list-style-type: none"> Comprehensive hospitalisation and surgical care Extended care protection for renal dialysis and cancer treatment – including chemotherapy, radiotherapy, targeted therapy, hormonal therapy, immunotherapy, proton therapy, and diagnostic tests for the latter Pre- and post-hospitalisation / day surgery outpatient consultation Other benefits include mental or nervous disorder benefit, covers for private nurse's fee and advanced diagnostic imaging (including imaging performed on an outpatient basis) etc. 	
Additional Benefits Exclusive for Plan 4 (VIP plan)	<ul style="list-style-type: none"> Rehabilitation benefit Hospice care benefit Reconstructive surgery benefit 	<ul style="list-style-type: none"> Hospital cash benefit Day surgery cash benefit
Optional Benefit	<ul style="list-style-type: none"> Outpatient – Plan 1 to Plan 4 	
Value-added Medical Services	Services	Applicable to
	<ul style="list-style-type: none"> High-quality medical network* 	All plan levels
	<ul style="list-style-type: none"> Hassle-free medical payment at home and overseas 	Local cashless hospitalisation: all plan levels Overseas cashless hospitalisation: Plan 2 to Plan 4
	<ul style="list-style-type: none"> Personal Medical Case Management Services with Rehabilitation Management* 	Plan 3 and Plan 4
	<ul style="list-style-type: none"> Worldwide emergency assistance 	All plan levels

For more information, please read the "Benefits schedule for the **StepUp Medical Protection Plan 2**" in this brochure.

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EXAMPLE

(The following example is hypothetical and for illustrative purposes only. It assumes no previous claim has been made. It does not constitute any medical advice. You should seek independent professional advice before making any decision on this matter.)



Policy owner and insured:	John (aged 35)
Occupation:	Project Manager
Family status:	Married, with a daughter
Current cover:	AIA group medical insurance scheme

As the sole breadwinner in the family, John has been seeking more medical protection in addition to his company's group medical insurance scheme. He purchases **StepUp Medical Protection Plan 2** for himself, his wife and their daughter.

Covered under Plan 4 (VIP plan) of **StepUp 2**, John enjoys enhanced protection with a per disability limit of HK\$/MOP1,000,000 and an additional per disability limit for Network Benefits of HK\$/MOP200,000 besides his company's group medical insurance scheme. What's more, **StepUp 2** provides an additional annual limit of HK\$/MOP450,000 in total for renal dialysis and designated cancer treatment, giving John extra peace of mind.

Scenario: John is diagnosed with colorectal cancer before retirement and confined in standard private room for treatment. He makes claims for the medical expenses of pre, during and post-hospitalisation.

Insured's Age:

Age 35

Covered under:
Group medical insurance scheme provided by his company
+
StepUp Medical Protection Plan 2 – Plan 4 (VIP plan) purchased by himself

Age 40

Diagnosed with colorectal cancer:
The group medical insurance scheme reimburses part of his eligible medical expenses.
StepUp 2 covers part of his outstanding eligible medical expenses, including but not limited to:

- Pre-hospitalisation outpatient consultation
- Confinement and reverse colostomy surgery
- Targeted therapy

along with Personal Medical Case Management Services with Rehabilitation Management provided by our designated service provider

Age 41

During recovery:
StepUp 2 covers his eligible medical expenses for:

- Private nursing service
- Post-hospitalisation outpatient consultation
- Stay and treatment in rehabilitation centre

Age 42

Fully recovered

The **StepUp Medical Protection Plan 2** can work in tandem with other existing group medical insurance schemes, which can provide cover for basic medical needs and minor medical claims. In situations where expenses cannot be covered in full by a group medical insurance scheme, part of the outstanding amount can be settled through **StepUp 2**.

Benefits schedule for the StepUp Medical Protection Plan 2

Benefit items are reimbursed on medically necessary and reasonable and customary basis. For more information, please refer to point 1 of the “Product Limitation” section under “Important Information”.

Core Benefits



Recommendation by a registered doctor in writing is required.



Confinement and treatment must be recommended by a registered psychiatric specialist.

Plan	Maximum Benefit (HK\$/MOP)							
	Plan 1		Plan 2		Plan 3		Plan 4 (VIP plan)	
Room Type Entitlement	Ward		Semi-Private		Standard Private		Standard Private	
Per disability limit								
Applies to								
• items 1 to 16; and	100,000		200,000		500,000		1,000,000	
• items 20 to 24 (additional benefits exclusive for Plan 4 (VIP plan))								
Additional per disability limit for Network Benefits								
Applies to								
• items 1 to 16; and	50,000		100,000		100,000		200,000	
• items 20 to 24 (additional benefits exclusive for Plan 4 (VIP plan))								
Reimbursement percentage¹²	Network		Non-Network		Network		Non-Network	
Applies to								
• items 1 to 15; and	90%		80%		90%		80%	
• items 17 to 18; and	90%		80%		90%		80%	
• items 20 to 22 (additional benefits exclusive for Plan 4 (VIP plan))	90%		80%		90%		80%	
Deductible¹² (per disability)								
Applies to								
• items 1 to 14; and	0		5,000		0		15,000	
• items 17 to 18; and	0		15,000		0		28,000	
• items 20 to 23 (additional benefits exclusive for Plan 4 (VIP plan))	0		45,000		0		45,000	
Reimbursement percentage	100%		N/A		100%		N/A	
Applies to item 16	100%		N/A		100%		N/A	
Deductible	0		N/A		0		N/A	
Applies to item 16	0		N/A		0		N/A	
I. Confinement Benefits								
1. Hospital daily room and board benefit								
2. Physician's visit								
3. Specialist's fee								
4. Miscellaneous hospital expenses benefit								
5. Intensive care benefit								

12. “Deductible” shall mean a fixed amount of eligible expenses you must pay before the company shall reimburse the remaining eligible expenses. For example, if there is a HK\$/MOP5,000 deductible, for the eligible expenses of HK\$/MOP100,000 with a reimbursement percentage at 80% for non-network, you are firstly responsible for HK\$/MOP5,000 (i.e. the deductible amount), and secondly responsible for HK\$/MOP19,000 (i.e. 20% of the remaining eligible expenses after deducting the deductible amount), while we pay for the remaining HK\$/MOP76,000 (i.e. 80% of the remaining eligible expenses after deducting the deductible amount).

Core Benefits (continued)



Recommendation by a registered doctor in writing is required.



Confinement and treatment must be recommended by a registered psychiatric specialist.

Plan	Maximum Benefit (HK\$/MOP)			
	Plan 1	Plan 2	Plan 3	Plan 4 (VIP plan)
Room Type Entitlement	Ward	Semi-Private	Standard Private	Standard Private
I. Confinement Benefits (continued)				
6. Private nurse's fee	Nursing service provided by a maximum of 1 licensed or graduate nurse after surgery or discharge from Intensive Care Unit and during the insured's hospital stay (Up to 30 days per disability)			
7. Hospital companion bed benefit	Expenses for one companion bed during the insured's hospital stay			
II. Surgical Benefits				
8. Surgery benefit	Including surgeon's fee, anaesthetist's fee and operating theatre charge			
9. Day surgery benefit	Including surgeon's fee, anaesthetist's fee and operating theatre charge			
10. Medical appliances benefit	Cover specified items including: i. pace maker ii. stents for Percutaneous Transluminal Coronary Angioplasty iii. monofocal intraocular lens iv. artificial cardiac valve v. metallic or artificial joints for joint replacement vi. prosthetic ligaments for replacement or implantation between bones vii. prosthetic intervertebral disc Only applicable when item 8 or 9 is payable for the same procedure			
III. Pre- and Post-hospitalisation / Day Surgery Outpatient Consultation				
11. Pre-hospitalisation / day surgery outpatient consultation	Including consultation, medication prescribed for a maximum of 30 days and diagnostic tests for such consultation within 30 days before hospital stay or day surgery (Up to 1 visit per disability)			
12. Post-hospitalisation / day surgery outpatient consultation	Including follow-up consultation, medication prescribed for a maximum of 7 days and diagnostic tests for such consultation, and wound care after surgery within 31 days after the discharge from hospital or day surgery			
IV. Other Benefits				
13. Advanced diagnostic imaging (including imaging performed on an outpatient basis)	Including Magnetic Resonance Imaging, Computerised Tomography Scan and Positron Emission Tomography Scan			
14. Mental or nervous disorder benefit	For stay in a mental or psychiatric hospital, or in the mental or psychiatric unit of a hospital for treatment (Up to 30 days per disability)			
15. Emergency outpatient treatment benefit	If the insured sustains a covered injury and is treated as an outpatient in the outpatient department of a hospital within 24 hours of the accident resulting in such covered injury			
V. Network Day Surgery Benefit				
16. For these designated day surgeries conducted under our medical network, cashless arrangement service can be arranged, and no deductible will apply:	i. lens operation including cataract removal and prosthetic monofocal intraocular lens insertion ii. colonoscopy, with or without biopsy or papilloma removal iii. upper endoscopy up to the level of duodenum iv. excision of skin lumps or tumour of subcutaneous tissue, including lipoma, neurofibroma or its variants, sebaceous cysts and malignant melanoma etc.			

Core Benefits (continued)



Recommendation by a registered doctor in writing is required.



Confinement and treatment must be recommended by a registered psychiatric specialist.

Plan	Maximum Benefit (HK\$/MOP)			
	Plan 1	Plan 2	Plan 3	Plan 4 (VIP plan)
Room Type Entitlement	Ward	Semi-Private	Standard Private	Standard Private
VI. Special Benefits for Cancer and Renal Dialysis Treatment				
17. Cancer treatment including chemotherapy, radiotherapy, targeted therapy, hormonal therapy, immunotherapy, proton therapy and diagnostic tests				
18. Renal dialysis treatment				
Annual limit Applies to items 17 to 18	100,000	200,000	300,000	450,000
VII. Accidental Death Benefit				
19. If the insured passes away due to an accident within 90 days after the date of the accident, we will pay a lump sum amount	10,000	20,000	30,000	60,000
VIII. Additional Benefits Exclusive for Plan 4 (VIP plan)				
20. Rehabilitation benefit For stay and treatment in rehabilitation centre				80,000 per disability (up to 60 days per disability)
21. Hospice care benefit For stay in hospice with care and nursing service				80,000 (maximum once)
22. Reconstructive surgery benefit For restoration of function of a body part, appearance, or breast		N/A		160,000 per covered injury / illness
23. Hospital cash benefit ¹³ For stay in a government hospital or in a hospital without charge				800 per day (up to 90 days per disability)
24. Day surgery cash benefit Applicable when item 9 of day surgery benefit is payable for the same procedure				1,600 per procedure (Up to 1 procedure per disability)
IX. Worldwide Emergency Assistance Services				
a. Emergency medical evacuation				
b. Repatriation of remains				
c. Compassionate visit by one immediate family member For staying in hospital more than 5 consecutive days				Maximum aggregate limit of HK\$/MOP1,000,000 (per life)
d. Return of children under aged 18 to Macau For staying in hospital more than 5 consecutive days				
e. 24-hour worldwide telephone enquiry services				Included

13. Deductible can be waived for cases of confinement in Hong Kong and Macau government hospitals.

Core Benefits (continued)

Adjustment Factor

If the insured is confined in a hospital room of a type that is at a higher level than the room type corresponding to the plan option chosen, the benefit payable shall be paid according to the benefits schedule, and subject to adjustment by a percentage indicated in the column of "Adjustment Factor" below:

Room Type Entitlement	Received Treatment In	Adjustment Factor
Ward	Semi-Private	50%
Ward	Standard Private	25%
Ward	VIP / Deluxe / Suite	0%
Semi-Private	Standard Private	50%
Semi-Private	VIP / Deluxe / Suite	0%
Standard Private	VIP / Deluxe / Suite	50%

Optional Benefit – Outpatient



Recommendation by a registered doctor in writing is required.



Consultation must be rendered by a registered psychiatric specialist.

Outpatient Benefit	Maximum Benefit (HK\$/MOP)			
	Plan 1	Plan 2	Plan 3	Plan 4
Reimbursement percentage	80%	80%	80%	80%
1. Outpatient consultation (Including medication per visit)	150	250	350	500
 2. Outpatient specialist fee (Including medication per visit)	400 10 visits per policy year	600 10 visits per policy year	800 10 visits per policy year	1,000 10 visits per policy year
 3. Physiotherapy and Chiropractic treatment (per visit)	220 20 visits per policy year	260 20 visits per policy year	380 20 visits per policy year	500 20 visits per policy year
4. Registered Chinese Medicine Practitioner consultation (Including Chinese medicine per visit)	150 10 visits per policy year	250 10 visits per policy year	350 10 visits per policy year	500 20 visits per policy year
 5. Psychiatric treatment (Including medication per policy year)	2,500	3,000	4,000	5,000
 6. Diagnostic procedures and laboratory test (per policy year)	2,500	3,000	4,000	5,000
 7. Prescribed medicines, other than doctor's and hospital's clinic (per policy year)	2,500	3,000	4,000	5,000

The aggregate number of visit under items 1 to 4 is limited to 50 per policy year.

Member Enrolment Guidelines

Eligibility

- Suitable for members under an AIA group medical insurance scheme (AIA group medical insurance scheme does not include voluntary or top-up policies and the company with the AIA group medical insurance scheme is required to have a minimum of 8 full-time employees at policy application and / or on the latest policy anniversary date.)

Identity

- Members under an AIA group medical insurance scheme must be the holders of one of the following identity proofs at the time of application:
 - Macau identity card; or
 - Work permit or student visa
 - Valid for 3 months or above; and permit to stay in Macau for 1 year or above (Short-term work contract or student visa is not accepted)

- Notes:
- The identity proofs of work permit and student visa are not applicable to the insured dependants under an AIA group medical insurance scheme.
 - The holders of student visa must not be insured under an AIA group medical insurance scheme as an employee.

Application submission period and plan selection rule

Members under an AIA group medical insurance scheme:

Application submission period (must be submitted within one of the below periods)	Plan selection rule	
	Core benefits	Optional outpatient benefit
Employees and their dependants ¹⁴ newly joined AIA group medical insurance scheme	<ul style="list-style-type: none"> No restriction on plan choice and no medical underwriting requirement for enrolment in Plan 1 to Plan 3 Medical underwriting is required for enrolment in Plan 4 (VIP plan) if the insured is entitled to a room type which is lower than standard private room under an AIA group medical insurance scheme 	<ul style="list-style-type: none"> The optional outpatient benefit has to be applied together with the core benefits¹⁵ No restriction on plan choice and no medical underwriting requirement for enrolment in Plan 1 to Plan 4 of optional outpatient benefit
(i) Within 60 days after their coverage effective date of an AIA group medical insurance scheme		
(ii) Within 60 days after the policy anniversary of an AIA group medical insurance scheme		
(iii) Within 30 days prior to or after termination of their coverage under an AIA group medical insurance scheme		
(iv) Within 60 days prior to the insured reaching the age of 70	<ul style="list-style-type: none"> No medical underwriting is required for enrolment in the room type which is same as or lower than what the insured is entitled to under an AIA group medical insurance scheme Medical underwriting is required for enrolment in the room type which is higher than what the insured is entitled to under an AIA group medical insurance scheme 	

Conversion on daily room and board limit for core benefits

If the room type the insured is entitled to under an AIA group medical insurance scheme is not specified, the following conversion on daily room and board limit will apply¹⁶.

Daily room and board limit entitlement under an AIA group medical insurance scheme	Corresponding room type entitlement under StepUp 2
HK\$/MOP1,399 or below	Ward
HK\$/MOP1,400 - 2,999	Semi-Private
HK\$/MOP3,000 or above	Standard Private

Note: Each individual can only be insured under **StepUp Medical Protection Plan 2**, **StepUp Medical Protection Plan** or **Journey Protect Medical Plan** once per lifetime, therefore if an individual is currently insured or was previously insured under **StepUp Medical Protection Plan 2**, **StepUp Medical Protection Plan** or **Journey Protect Medical Plan** and / or terminated his / her cover, he / she cannot be insured under **StepUp Medical Protection Plan 2**, **StepUp Medical Protection Plan** or **Journey Protect Medical Plan** again.

14. If the company offers AIA group medical insurance scheme to employees' dependants (not including voluntary dependant cover).

15. After the policy is effective, you can apply for the optional outpatient benefit within 30 days before the policy anniversary date. Medical underwriting will be required.

16. The above is an administrative arrangement. The above information is for reference only, and may vary from time to time. Please call our hotline at (853) 8988 1926 for more information.

Important Information

1. This brochure does not contain the full terms and conditions of the policy. It is not, and does not form part of, a contract of insurance and is designed to provide an overview of the key features of this product. The precise terms and conditions of this plan are specified in the policy contract. Please refer to the policy contract for the definitions of capitalised terms, and the exact and complete terms and conditions of cover. In case you want to read policy contract sample before making an application, you can obtain a copy from AIA. This brochure should be read along with the illustrative document (if any) and other relevant marketing materials, which include additional information and important considerations about this product. We would like to remind you to review the relevant product materials provided to you and seek independent professional advice if necessary.
2. This plan is an insurance plan without any savings element. All premiums are paid for the insurance and related costs.
3. This brochure is for distribution in Macau only.

Key Product Risks

1. You need to pay the premium for this plan for life. If you do not pay the premium within 31 days of the due date, the policy will be terminated and you / the insured will lose the cover.
2. You may request for the termination of your policy by notifying us in written notice. Also, we will terminate your policy and you / the insured will lose the cover when one of the following happens:
 - the insured passes away;
 - you do not pay the premium within 31 days of the due date.

We reserve the right to cancel this policy at any time by giving a 30-day prior written notice without cause to the policy owner. The unearned portion of the premium paid by you at the time of cancellation without interest shall be returned to you after deducting any debt owed by you to us under the policy.

3. We underwrite the plan and you are subject to our credit risk. If we are unable to satisfy the financial obligations of the policy, you may lose your cover and the remaining premium for that policy year.
4. Future medical costs will be higher than they are today due to inflation. Hence, the benefit amounts and the future premium of this plan may be adjusted to reflect inflation.

Key Exclusions

Under this plan, we will not cover the expenses that result from any of the following events:

- Any treatment, investigations, services or supplies which are not medically necessary.
- Any pre-existing conditions for which the insured received medical treatment, diagnosis, consultation or prescribed medicines / drugs during 90 days preceding the effective date of the coverage of **StepUp 2** unless the insured affected by these conditions has been insured under the AIA group medical policy and / or **StepUp 2** for a total duration of at least 12 continuous months.
- Any congenital defect that appears or is diagnosed before the insured reaches the age of 17.
- Self-destruction, intentional self-inflicted injury or drug abuse.

- War or warlike operations, civil commotion, any violation or attempted violation of law or resisting arrest, acts of terrorism where the insured is a terrorist, the use of atomic, biological or chemical contamination due to any act of terrorism, when the insured travels to a country at war, or where there is warlike operation, mutiny, riot, civil commotion, martial law or a state of siege, or a war zone as recognised by the United Nations.
- Pregnancy, miscarriage, child birth, voluntary termination of pregnancy, or complications of them, mental or nervous disorder, except for the mental or nervous disorder benefit (see benefits schedule, item 14 for details) and Psychiatric treatment (see benefits schedule of optional outpatient benefit, item 5 for details), AIDS or any complications associated with HIV infection.
- Cosmetic or plastic surgery, dental care or surgery, corrective aids and the treatment of refractive errors unless necessitated by injury caused by an accident, body check-up, gradual recovery of health or rest care.

Under this plan, for the accidental death benefit, we will not cover accidents that result from any of the following events:

- Assault or murder.
- Racing on wheels or on horse.
- Accident occurring while or because the insured is under the influence of alcohol or any non-prescribed drug.
- Entering, exiting, operating, servicing, or being transported by any aerial device or conveyance except when the insured is on a commercial passenger airline on a regular scheduled passenger trip over its established passenger route.

The above-mentioned are for reference only. Please refer to your policy contract for the complete list and details of exclusions.

Premium Adjustment and Product Features Revision

1. Premium Adjustment

In order to provide you with continuous protection, we will annually review and adjust the premium of your plan accordingly at the end of policy year if necessary. During the review, we may consider factors including but not limited to the following:

- claim costs incurred from all policies under this plan and the expected claim outgo in the coming year which reflects the impact of medical trend, medical cost inflation and product feature revisions
- historical investment returns and the future outlook of the product's backing asset
- policy surrenders and lapses
- expenses directly related to the policy and indirect expenses allocated to this product

2. Product Features Revision

We reserve the right to revise the benefit structure, terms and conditions and / or product features, so as to keep pace with the times for medical advancement and to provide you with continuous protection.

We will give you a written notice of any revision 30 days before the end of policy year or upon renewal.





Product Limitation

1. We only cover the charges and / or expenses of the insured on medically necessary and reasonable and customary basis.

“Medically necessary” means that the medical services, diagnosis and / or treatments are:

- delivered according to standards of good medical practice;
- necessary; and
- cannot be safely delivered in a lower level of medical care,

but excludes experimental, screening, and preventive services or supplies.

“Reasonable and customary” means:

- the medical services, diagnosis and / or treatments are medically necessary and delivered according to standards of good medical practice; and
- the costs of your medical services and the duration of your hospital stay are within the usual level of charges or duration for similar treatment in the locality of such service delivered.

We may adjust any and all benefits payable in relation to any hospital / medical charges which is not a reasonable and customary charge.

2. If the insured is covered by both AIA group medical insurance scheme and **StepUp 2**, where the contract terms and / or claim approach vary between two covers, we will make reference to the contract terms and / or claim approach of AIA group medical insurance scheme and assess the claim under **StepUp 2** at the Company's discretion. After membership termination in an AIA group medical insurance scheme / not covering in an AIA group medical insurance scheme, we will assess the claim application in accordance with the contract terms of **StepUp 2**.
3. If any confinement, surgery and / or medical treatment covered by **StepUp 2** is also covered by other group medical policy (if any), benefits under **StepUp 2** will be paid only after all such group medical policies have been claimed.
4. An “adjustment factor” is applied to the calculation of the benefit payable when the insured is confined in a hospital room of a type that is at a higher level than the room type corresponding to the plan option chosen, the benefit payable shall be paid according to the benefits schedule, and the adjustment factor will also apply. For details, please refer to the “Adjustment Factor” in this brochure.
5. If the eligible expenses have been reimbursed under any law, or medical programme or other insurance policy provided by any government, company, other third party or us, such will not be reimbursable by us under this policy.
6. All services under worldwide emergency assistance services are covered during the trip only (except that 24-hour worldwide telephone enquiring services are covered before and during the trip), which are additional benefits. A trip refers to a journey where the insured departing abroad from either Hong Kong, Macau or Mainland China (of which the insured is the permanent resident at the time of departure). The services are provided by third party service provider(s). AIA shall not be responsible for any act, negligence or omission of medical advice, opinion, service or treatment on the part of them. AIA reserves the right to amend, suspend or terminate the service without further notice.

7. Credit Facility Service for Hospitalisation and Medical Expense Pre-approval Service are not contractual services and non-guaranteed, but the administrative arrangements offered in our absolute discretion. AIA reserves the right to amend, suspend or terminate these services without further notice.
8. The Personal Medical Case Management Services with Rehabilitation Management is not contractual services and non-guaranteed, but the administrative arrangements offered in our absolute discretion. The Personal Medical Case Management Services with Rehabilitation Management is provided by third party service provider(s). AIA shall not be responsible for any act, negligence or omission of medical advice, opinion, service or treatment on the part of them. AIA reserves the right to amend, suspend or terminate the service without further notice.
9. Medical network services are provided by network doctor. You have the right to request us for providing the list of network doctor, subject to the regulatory requirements and / or code of practice in the locality where the provider is in practice. AIA shall not be responsible for any act or omission of network doctor in the provision of medical network services. AIA reserves the right to amend, suspend or terminate the list of network doctor without further notice. Please seek independent advice from doctors before receiving any medical treatment to ensure such treatment is suitable to your health condition.
10. If you would like to change your benefits or coverage after policy inception, such a request shall be subject to AIA's approval. Upgrade of plan level is not allowed after policy inception.

Claim Procedure

If you wish to make an enquiry on the eligibility of a claim, claimable amount estimate and reimbursement limit before undergoing a treatment or procedure, or our service pledge on the response time to such enquiries, please contact us via (853) 0800 516.

If you wish to make a claim, you must send us the appropriate forms and proof within 90 days of the date on which the covered event happened. You can get the appropriate claims forms from your financial planner, or by calling the AIA Customer Hotline on (853) 8988 1822 in Macau, or by visiting any AIA Customer Service Centre. If you wish to know more about claim related matter, you may visit “File A Claim” section under our company website www.aia.com.hk.

Cancellation Right

You have the right to cancel and obtain a refund of any premiums paid by giving written notice to us. Such notice must be signed by you and submitted to the Customer Service Centre of AIA International Limited at Unit 201, 2F, AIA Tower, 251A-301 Avenida Comercial de Macau, Macau within 21 calendar days immediately following either the day of delivery of the policy or the Cooling-off Notice to you or your nominated representative, whichever is earlier.

Please call our hotline for details of Employee Voluntary Solutions

Macau  (853) 8988 1926

 aia.com.hk



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AIA International Limited

(Incorporated in Bermuda with limited liability)

Frequently Asked Questions About "Reasonable and Customary" Charges

Q1. How is the "Reasonable and Customary" charge determined?

The "Reasonable and Customary" charge refers to charges for the reimbursement benefit items including physician's visit fee, surgeon's fee and anaesthetist's fee. The "Reasonable and Customary" charge will be calculated based on the customer's admission room type as shown below:

Item Charge	Based on "Reasonable and Customary" Reference Charge
Physician's Visit Fee	Equal to or less than the admission room charge
Surgeon's Fee	References the "List of Surgery Fees" published on the attending hospital's website
Anaesthetist's Fee	35% of the Surgeon's fee

Q2. How is the "Reasonable and Customary" charge determined if you're admitted to a lower room type than what is covered in the plan?

If you opt to be admitted to a lower room type than what is covered in the plan, we will reimburse eligible expenses subject to the "Reasonable and Customary" charge of your plan level chosen / covered room type. Examples are as follows:

Plan Level Chosen / Covered Room Type	Customer's Admission Room Type	"Reasonable and Customary" Reference Charge
Standard Private Room	Semi-Private Room or Ward Room	Standard Private Room
Semi-Private Room	Ward Room	Semi-Private Room

Q3. How is the "Reasonable and Customary" charge determined if the billed surgeon's fee exceeds the "Reasonable and Customary" charge?

If the billed surgeon's fee exceeds the "Reasonable and Customary" charge, we will obtain hospital records and operation records from the attending hospital to determine the complexity of the surgery or any surgery complication resulting in the high surgeon's fee.

- If the records reveal the reason behind the high surgeon's fee, we will calculate the eligible surgeon's fee / anaesthetist's fee according to the billed amount.
- If the records do not reveal any reason behind the high surgeon's fee, we will adjust the eligible surgeon's fee / anaesthetist's fee according to the "Reasonable and Customary" charge.

Q4. Are there other factors that determine the "Reasonable and Customary" charge?

Other than the factors mentioned above, when we assess the claim, we will also check for a "List of Surgery Fees" on the website of the attending hospital.

- If it is available, we will use the "List of Surgery Fees" on the hospital's website to determine the "Reasonable and Customary" charge.
- If it is not available, we will use the "Reference Fee Table on Charges for Common Surgical Procedures" published within our Company to determine the "Reasonable and Customary" charge.

For more information, please refer to the "Reasonable and Customary" charge example outlined overleaf.

Frequently Asked Questions About "Reasonable and Customary" Charges

Q5. Where can I find information about the "Reasonable and Customary" charge in advance?

You can apply for the "Pre-approval Service" (applicable to products with this service), and will be informed of:

- whether the medical procedure / surgery will be covered;
- whether the physician's visit fees are reasonable; and
- what the eligible claim amount for the medical procedure / surgery will be under the policy.

This will help you understand and plan your treatment, so you can focus on getting better.

In case there are further queries on "Reasonable and Customary" charge, please contact your financial planner or call AIA Customer Hotline.

"Reasonable and Customary" Charge Example

(The following example is hypothetical and for illustration purposes only. If there are any changes in the values, no separate announcement will be made.)

Case Background

Reason for admission :	Breast Carcinoma-in-situ
Type of room :	Standard Private Room
Length of hospitalisation :	5 days
Surgery :	Modified Radical Mastectomy
Total presented amount :	HK\$384,000
Coverage :	A medical plan with full cover for major benefit items

This insert contains general information and is for illustrative purpose only, and may include benefits/ benefit amounts that are not applicable to the relevant specific insurance products. For the details of the relevant specified insurance products, including its product features, terms and conditions, exclusions and key product risks, you may refer to the product brochure and policy contract of relevant products.

"Reasonable and Customary" Charge

Benefit Items	The "Reasonable and Customary" Charge for Standard Private Room (HK\$)
Surgeon's Fee	94,000
Anaesthetist's Fee 35% of the Surgeon's Fee	32,900

Benefit Items	Presented Amount (HK\$)	Reimbursement Amount (adjusted to "Reasonable and Customary" Charge) (HK\$)
Room & Board	19,500	19,500
Physician's Visit	19,500	19,500
Hospital Expenses	35,000	35,000
Surgeon's Fee	200,000	94,000
Anaesthetist's Fee	70,000	32,900
Operating Theatre Fee	40,000	40,000
Total	384,000	240,900

TOTAL Reimbursement Amount (HK\$)	240,900
Remaining Balance Not Reimbursed (HK\$)	143,100

Note:

- All eligible claims will be reimbursed according to the benefit limits outlined in the benefit schedule. The eligible claim will be reimbursed on a medically necessary and reasonable and customary basis and subject to the terms, conditions, exclusions and limitations of the policy.

To understand the historical premium increase rates of our products, you may browse the website <https://www.aia.com.hk/en/our-products/further-product-information/macau-medical-products/medical.html> for reference purpose.

Please contact your financial planner or call AIA Customer Hotline for details

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