



**MEDICAL  
PROTECTION**

# METRO-TRIO PEARL MEDICAL & CRITICAL ILLNESS PROTECTION PLAN (MTP)

Complete support when your health journey gets bumpy



**AIA Vitality**

AIA International Limited  
(Incorporated in Bermuda with limited liability)



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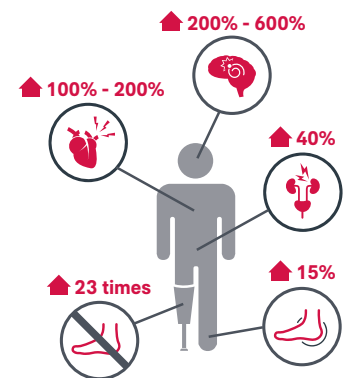
**HEALTHIER, LONGER,  
BETTER LIVES**

# Are you struggling with the financial strain of your diabetes, hypertension or hyperlipidaemia condition

**Diabetes, hypertension and hyperlipidaemia – known as the “three high” – are common lifestyle diseases in Hong Kong.**

Getting the right protection may not be easy with these conditions, and long-term treatment can strain your finances. However, neglecting your treatment can lead to even more serious consequences – including deadly critical illnesses.

- Diabetics suffer significant health risks:
  - **1 to 2 times** more likely to suffer heart disease<sup>1</sup>
  - **2 to 6 times** more likely to suffer stroke<sup>1</sup>
  - Account for about **40%** of end-stage chronic renal failure cases<sup>2</sup>
  - Up to **15%** suffer foot ulcers<sup>1</sup>
  - **23 times** more likely to undergo lower limb amputation<sup>1</sup>
- Hypertension and hyperlipidaemia are key contributors to conditions like stroke, coronary heart disease and more.
- A confirmed diagnosis of diabetes, hypertension and hyperlipidaemia together would increase the risk of cardiovascular disease **20-fold**<sup>3</sup>.



Diabetes, hypertension and hyperlipidaemia are difficult to live with, but the right preparation can help you limit the impact they have on your life.

#### Sources:

1. Centre for Health Protection, Hong Kong Department of Health ([http://www.chp.gov.hk/files/pdf/ncd\\_watch\\_oct2012.pdf](http://www.chp.gov.hk/files/pdf/ncd_watch_oct2012.pdf))
2. Hospital Authority, Hong Kong ([http://www21.ha.org.hk/smartpatient/en/chronicdiseases\\_zone/details.html?id=120](http://www21.ha.org.hk/smartpatient/en/chronicdiseases_zone/details.html?id=120))
3. Hong Kong Medical Association, 2010 ([http://www.hkma.org/CommunityNetwork/hkecn/2010\\_booklet\\_cover.pdf](http://www.hkma.org/CommunityNetwork/hkecn/2010_booklet_cover.pdf))

The above information was gathered from external sources on a general basis and is for reference only. The information is extracted from AIA's Research of Critical Illness Trends and Medical Expenses by GfK Hong Kong, an independent market research company (data collected in August 2017).



## First in the market

AIA introduces the innovative **Metro-Trio Pearl Medical & Critical Illness Protection Plan**, the **first** in the market to offer individuals with diabetes, hypertension and hyperlipidaemia an all-round solution encompassing medical, critical illness and life protection. This comprehensive plan is for non-smokers only and can be renewable up to the insured's age of 85, and individuals with HbA1c as high as 10% also has a chance to be covered, giving you targeted support when you need it most.

## Medical

This plan offers more than just reimbursement for medical expenses to cover your treatment costs. You can also take real steps towards better health by joining our wellness programme, AIA Vitality. Once you join AIA Vitality, we will reward you for your healthy living.

As an AIA Vitality member, you will also be entitled to an additional Super Medical Reward to enhance your medical benefits as your health improves.

## Critical Illness and Life protection

In the event of critical illness or if the worst should happen, we will also provide a lump-sum payment to ease you and your family's worries. So relax, knowing AIA has your back.

## Cover at a glance

<b>Product Nature</b>	<b>Medical and critical illness protection insurance plan (Reimbursement and lump sum payment )</b>
<b>Plan Type</b>	Basic plan and add-on plan
<b>Insured's Smoking Status</b>	For non-smokers to apply only
<b>Insured's Age at Application</b>	Age 40 - 60
<b>Benefit Term</b>	Up to the insured's age of 85
<b>Premium Payment Mode</b>	Basic plan: annually / semi-annually / quarterly / monthly Add-on plan: follow the corresponding basic plan
<b>Plan Option</b>	<ul style="list-style-type: none"> <li>• Ward plan</li> <li>• Standard Private plan</li> </ul>
<b>Geographical Medical Cover</b>	Worldwide
<b>Medical Benefit (Reimbursement Benefit)</b>	<ul style="list-style-type: none"> <li>• total maximum medical benefit (per confinement / covered surgical procedure / covered injury) <ul style="list-style-type: none"> <li>- Ward plan: US\$62,500 or HK\$ / MOP 500,000</li> <li>- Standard Private plan: US\$187,500 or HK\$ / MOP 1,500,000</li> </ul> </li> <li>• confinement benefits including room &amp; board and physician's visit, etc.</li> <li>• inpatient and day surgery</li> <li>• extended medical benefits for emergency outpatient treatment and rehabilitation purposes, etc.</li> <li>• other benefits including pre- and post-surgery outpatient consultation, long term treatment and worldwide emergency assistance services, etc.</li> </ul>
<b>Critical Illness Protection and Life Protection (Lump Sum Benefit)</b>	<ul style="list-style-type: none"> <li>• critical illness protection - cover 6 critical illnesses and 3 early stage critical illnesses including the complications related to chronic diseases, cancer and carcinoma-in-situ, etc.</li> <li>• death benefit</li> </ul>

For more information, please read the benefits schedules for medical benefit and critical illness benefits in this brochure.

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



## All-round care • Medical protection • Critical illness protection • Life insurance

**Metro-Trio Pearl Medical & Critical Illness Protection Plan** is an **all-in-one protection plan** that provides medical, critical illness and life insurance. It is designed specifically for individuals with diabetes, hypertension and / or hyperlipidaemia.



## Renewable regardless of your health condition

**Metro-Trio Pearl Medical & Critical Illness Protection Plan** guarantees that your premium for renewal will not be raised for any claim you have made, or any changes in your health condition. You can renew your cover every year up to the age of 85 of the insured. Renewal premium will be based on the prevailing premium rates at the time of renewal. Please refer to the Annual Premium Table for the first year premium provided by your financial planner.



## Medical protection keeps you covered

As part of your all-round cover, the medical protection component provides you with a medical reimbursement benefit for confinement and day-surgery due to covered illness, disease or injury, including conditions unrelated to diabetes, hypertension and hyperlipidaemia.



## Super Medical Reward – advance your protection through proactive health management

**(Applicable to AIA Vitality Members ONLY)**

To reward you for every step you make on your journey to health, we will enhance your medical reimbursement benefit as your health improves.

From the second policy year onwards, the reimbursement percentage for the eligible expenses in Part II of the benefit

schedule for medical benefit, such as surgeon’s fee miscellaneous hospital expenses and specialist’s fees, etc. may increase from 55% to 70%, depending on your health status.

For more information regarding the medical benefit and Super Medical Reward, you may refer to “Benefits schedule for medical benefit” and “Enhance your medical reimbursement with healthier living” sections respectively for details.



## Critical illness cover to give you peace of mind

Diabetes, hypertension and hyperlipidaemia are common chronic diseases that can lead to many critical illnesses, including heart attack, stroke, kidney failure, etc.

**Metro-Trio Pearl Medical & Critical Illness Protection Plan** provides critical illness protection for the complications relating to these chronic diseases, giving you targeted cover tailored to your medical condition. The plan covers 9 illnesses. Cancer, being one of the top killers, is also covered under critical illness protection for extra peace of mind.

	Critical Illness	Early Stage Critical Illness
<b>Chronic Diseases-related complications</b>	<ul style="list-style-type: none"> <li>Stroke</li> <li>Heart Attack</li> <li>Coronary Artery Surgery</li> <li>Kidney Failure</li> <li>Blindness</li> </ul>	<ul style="list-style-type: none"> <li>Loss of One Limb</li> </ul>
<b>Cancer-related illnesses</b>	<ul style="list-style-type: none"> <li>Cancer</li> </ul>	<ul style="list-style-type: none"> <li>Carcinoma-in-situ</li> <li>Early Stage Malignancy</li> </ul>

If the insured is diagnosed with any covered critical illness and / or early stage critical illness, we will pay an advance payment of the benefit amount for the covered illness (see the Benefit schedule for critical illness benefits). The benefit amount will not be affected by any medical benefit paid.

All advance claim payments made in total for covered illnesses under the policy cannot exceed 80% of the Initial Sum Assured. Any advance payment(s) made for covered critical illness and / or early stage critical illness will reduce the Current Sum Assured of the critical illness and life protection. The premium for the critical illness and life protection will also be reduced proportionately.



## 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.



### Personal Medical Case Management Services with Rehabilitation Management\* (Applicable to Standard Private plan ONLY)

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 help you overcome your health challenges with confidence.

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

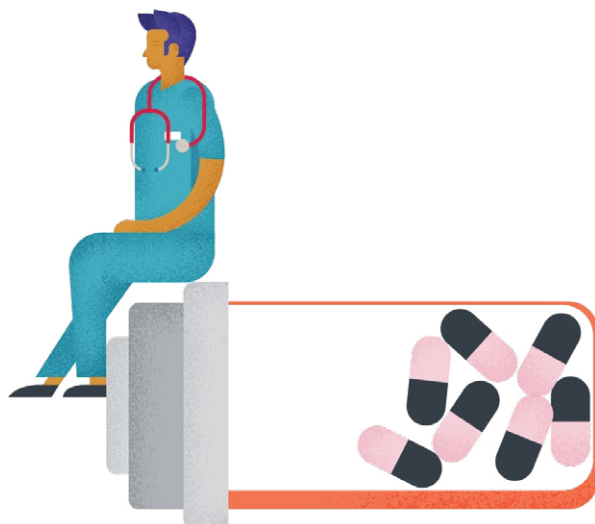


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### Worldwide emergency assistance

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



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



## If the worst should happen

If the insured, who is the person protected under the policy, passes away, we will pay the death benefit to the person whom you select in your policy as beneficiary. The death benefit will be equal to the Current Sum Assured of critical illness and life protection.

Current Sum Assured means the Initial Sum Assured left after deduction of all advance payment(s) made for the benefits for critical illness and / or early stage critical illness, while any medical benefit payable will not reduce the Current Sum Assured. The Initial Sum Assured means the protection amount that you have purchased.



## Flexibility to suit your needs

We understand that everyone's situation is different. That's why we offer 2 benefit combination choices to suit your personal medical needs:

Plan Option	
	<ul style="list-style-type: none"><li>• Ward plan</li><li>• Standard Private plan</li></ul>



## A currency that suits you

For your convenience, we offer this policy in US dollars and HK dollars. If the policy is issued in Macau, you can also choose Macau pataca as the currency.



## Join **AIA Vitality** and enjoy an instant 10% premium discount for the first year

We are excited to introduce **AIA Vitality**, a game changing wellness programme which redefines the traditional concept of insurance, aims to reward customer to live a healthy lifestyle.

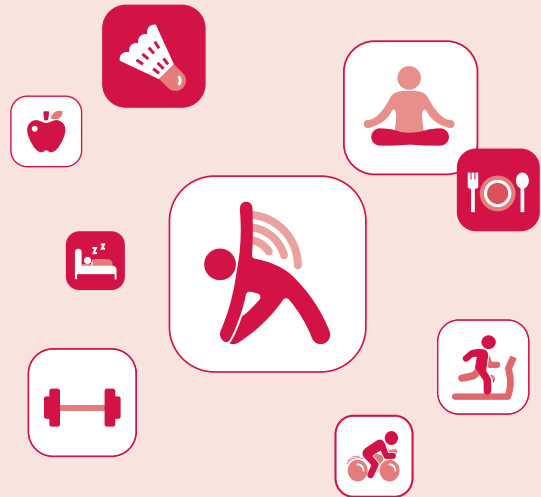
Once you join **AIA Vitality**, you can enjoy an instant 10% premium discount for the first year of your **Metro-Trio Pearl Medical & Critical Illness Protection Plan**. As long as you keep up a healthy lifestyle, you can even enjoy a minimum 10% premium discount each year, while at the same time earning **AIA Vitality** Points and enjoying an array of rewards and offers to help you live a healthier lifestyle.

For more information, please refer to the **AIA Vitality** leaflet.

Note: AIA Vitality is not an insurance product and annual membership fee is required for joining.



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METRO-TRIO PEARL MEDICAL & CRITICAL ILLNESS PROTECTION PLAN

## Example

(The following example is hypothetical and for illustrative purposes only.)

Policy owner and insured:	Tom (age 42, non-smoker)
Occupation:	Accountant
Family status:	Married with two children

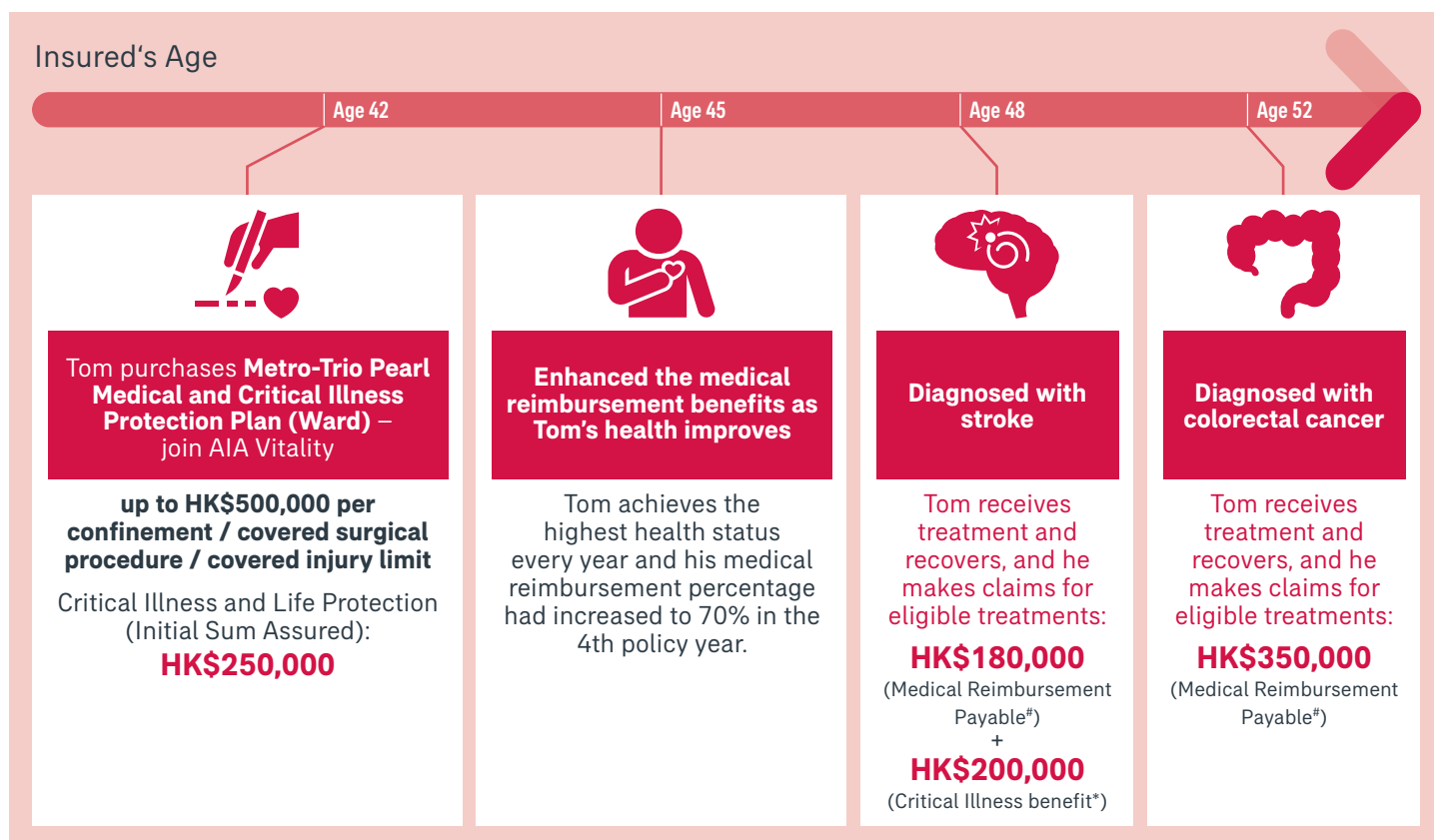


Tom was diagnosed with the “three high” – diabetes, hypertension and hyperlipidaemia in few years ago. Due to the chronic illness, his medical expenses have continued to go up. Worse still, his chronic conditions make him difficult to find suitable cover leaving a glaring gap in his medical and critical illness protection.

Fortunately, Tom has purchased AIA’s **Metro-Trio Pearl Medical and Critical Illness Protection Plan**, which offers innovative, all-round cover for his medical, critical illness and life protection needs. As an AIA Vitality member, Super Medical Reward gives him an opportunity to reimburse up to 70% of his surgical expenses and some of the confinement benefits, as well as a lump-sum payment to support his family’s finances if he is diagnosed with a critical illness or passes away.

**Scenario:**

Tom is diagnosed with stroke and colorectal cancer. He makes claims for the **medical expenses** and **critical illness benefit**.



Tom is entitled to medical reimbursement of up to **HK\$500,000** per confinement and critical illness cover of **HK\$200,000\***

**Note:**

# The reimbursement percentage will be adjusted upwards or downwards every year depending on the annual health assessment and Health Status achieved in the preceding policy year under Super Medical Reward. The reimbursement percentage can be adjusted up to 70%.

\* Equivalent to 80% of the Initial Sum Assured. The advance claim payment for critical illness benefit and early stage critical illness benefit cannot exceed 80% of the Initial Sum Assured, and is subject to 1 time in total for any critical illness and 1 time in total for any early stage critical illness.

For the calculation of Super Medical Reward, please refer to page 14 under “Enhance your medical reimbursement with healthier living”.



## Benefits schedule for medical benefit

Benefits items 1-15 are reimbursed on medically necessary and reasonable and customary basis. For more information, please refer to point 2 of the Product Limitation section under "Important Information".



Recommendation by a registered doctor in writing is required.

		Ward		Standard Private	
		US\$	HK\$ / MOP	US\$	HK\$ / MOP
<b>Applies to benefits items 1 to 15</b>	<b>Max. per confinement / covered surgical procedure / covered injury limit</b>	62,500	500,000	187,500	1,500,000
	<b>Lifetime Limit</b> (applicable where the insured is aged 75 or above as at the most recently reached policy anniversary)	150,000	1,200,000	450,000	3,600,000
<b>Geographical Cover</b>		Worldwide			





	Maximum Benefit			
	Ward		Standard Private	
	US\$	HK\$ / MOP	US\$	HK\$ / MOP
<b>I. Hospital Daily Room &amp; Board and Physician's Visit Benefits</b>				
<b>1. Hospital daily room &amp; board benefit</b> (per day)	63	504	238	1,904
	Maximum 90 days per confinement			
<b>2. Physician's visit</b> (per day)	63	504	238	1,904
	Maximum 90 days per confinement			
<b>II. Other Confinement Benefits and Surgical Benefits</b>				
 <b>3. Specialist's fee</b>	55% reimbursement for eligible medical expenses (Super Medical Reward – Join AIA Vitality and increase your reimbursement percentage up to 70% as your health status improves)			
<b>4. Miscellaneous hospital expenses benefit</b>				
 <b>5. Intensive care benefit</b>				
<b>6. Hospital companion bed benefit</b>				
<b>7. Surgeon's fees</b>				
<b>8. Anaesthetist's fees</b>				
<b>9. Operating Theatre fees</b>				



## Benefits schedule for medical benefit (continued)

Benefits items 1-15 are reimbursed on medically necessary and reasonable and customary basis. For more information, please refer to point 2 of the Product Limitation section under "Important Information".

 Recommendation by a registered doctor in writing is required.

	Maximum Benefit			
	Ward		Standard Private	
	US\$	HK\$ / MOP	US\$	HK\$ / MOP
<b>III. Other Medical Benefits</b>				
<b>10. Emergency out-patient treatment benefit</b> (Accident only) (per covered injury)	500	4,000	1,188	9,504
 <b>11. Daily post-surgery home nursing benefit</b> (per visit) - Within 31 days after hospital stay	31	248	125	1,000
	1 visit per day and max 15 visits per confinement			
 <b>12. Chiropractor / Physiotherapist Consultation</b> (per visit) - Within 90 days after hospital stay	25	200	50	400
	1 visit per day and max 10 visits per confinement			
<b>13. Pre- / Post- surgery out-patient consultation</b> (per visit)	63	504	300	2,400
	Maximum 1 visit within 14 days before confinement or covered day surgery Maximum 1 visit within 31 days after confinement or covered day surgery			
 <b>14. Mental or nervous disorder benefit</b> (per confinement)	1,250	10,000	1,875	15,000
	Maximum 30 days per confinement			
 <b>15. Long term treatment for chemotherapy (including targeted therapy), radiotherapy and dialysis</b> (per covered illness / covered injury)	5,000	40,000	15,000	120,000
<b>IV. Other Benefits</b>				
<b>16. Medical accident and incident extension benefit</b> Payable to the beneficiary if death occurs within 30 days as a direct result of medical negligence	11,000	88,000	44,000	352,000
<b>17. Worldwide emergency assistance services</b> (cover up to the age of 75 of the insured) a. Emergency medical evacuation b. Repatriation of remains	625,000 per life	5,000,000 per life	625,000 per life	5,000,000 per life

## Benefits schedule for critical illness benefits

Covered Illness	Advance Payment Benefit			
	Ward		Standard Private	
	US\$	HK\$ / MOP	US\$	HK\$ / MOP
<b>Initial Sum Assured of critical illness and life protection</b>	31,250	250,000	125,000	1,000,000
<b>6 Critical Illnesses (80% of the Initial Sum Assured)</b>				
<ul style="list-style-type: none"> <li>• Cancer</li> <li>• Stroke</li> <li>• Heart Attack</li> <li>• Coronary Artery Surgery</li> <li>• Kidney Failure</li> <li>• Blindness</li> </ul>	25,000	200,000	100,000	800,000
<b>3 Early Stage Critical Illnesses (16% of the Initial Sum Assured)</b>				
<ul style="list-style-type: none"> <li>• Carcinoma-in-situ</li> <li>• Early Stage Malignancy</li> </ul>	5,000	40,000	20,000	160,000
	Subject to a maximum of HK\$400,000 / US\$50,000 per life for each illness			
<ul style="list-style-type: none"> <li>• Loss of One Limb</li> </ul>	5,000	40,000	20,000	160,000

**Remark:**

- Cover for cancer under critical illnesses does not include early thyroid cancer (at TNM Classification T1N0M0 or a lower stage); early prostate cancer (at TNM Classification T1a or T1b or a lower stage); early chronic lymphocytic leukaemia classified as less than RAI Stage III; skin cancer (except malignant melanoma); any cancer where HIV infection is also present; and any pre-malignant or non-invasive cancer or Carcinoma-in-situ.
- Carcinoma-in-situ cover includes Carcinoma-in-situ in any one of the following covered organ groups: (a) breast; (b) uterus or cervix uteri; (c) ovary and / or fallopian tube; (d) vagina or vulva; (e) colon and rectum; (f) penis; (g) testis; (h) lung; (i) liver; (j) stomach and esophagus; (k) urinary tract or bladder; or (l) nasopharynx.
- Early Stage Malignancy shall mean the presence of one of the following early malignant conditions: (a) tumour of the thyroid classified as T1N0M0 according to the TNM classification; (b) tumour of the prostate classified as T1a or T1b according to the TNM classification system; (c) chronic lymphocytic leukaemia classified as RAI Stage I or II; or (d) non-melanoma skin cancer.
- The benefits paid for critical illnesses will be reduced by any advance payment for early stage critical illness. The advance claims payments made in total for benefits under the policy cannot exceed 80% of the Initial Sum Assured.
- An advance payment will be payable for 1 time in total for early stage critical illnesses and 1 time in total for critical illnesses.
- Please refer to the policy contract for the definitions of covered illnesses.

## Important Information

*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.*

This plan is an insurance plan without any savings element. All premiums are paid for the insurance and related costs.

This brochure is for distribution in Macau only.

## Key Product Risks

1. You need to pay the premium for this plan till the age of 85 or for this add-on plan until the basic plan attached to is terminated. If you do not pay the premium within 31 days of the premium 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 this plan 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 premium due date;
  - when you take this plan as an add-on plan of any basic plan which has been terminated; or
  - anniversary of your cover immediately following the insured's 85th birthday.

We will terminate your medical benefit and you / the insured will lose the medical cover when the aggregate medical benefit amounts paid by us on or after the anniversary of your cover immediately following the insured's 75th birthday under this plan reach the lifetime limit. Critical illness benefit, early stage critical illness benefit and death benefit will not be affected.
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, the insured may lose his cover and you may lose the remaining premium for that policy year.
4. You are subject to exchange rate risks for plans denominated in currencies other than the local currency. Exchange rates fluctuate from time to time. You may suffer a loss of your benefit values and the subsequent premium payments (if any) may be higher than your initial premium payment as a result of exchange rate fluctuations. You should consider the exchange rate risks and decide whether to take such risks.

5. The future medical costs will be higher than they are today due to inflation. Hence, the benefit amounts and the future premium rate of this plan may be revised to reflect the inflation. (Please refer to the Annual Premium Table for the first year premium provided by your financial planner.)
6. Total premiums payable may be greater than the benefit payable.

## Key Exclusions

Under the medical benefit of this plan, we will not cover any of the following events or conditions that result from any of the following events:

- any treatment, investigation, service or supplies which is not medically necessary
- any pre-existing condition unless such condition, illness or disease was (1) fully and truly disclosed in the application for insurance or health statement and (2) the Company did not impose any exclusions on such condition, illness or disease in the Exclusion Endorsement
- self-destruction, intentional self-inflicted injury or drug abuse
- war or warlike operations, strikes, riots and civil commotion, any violation or attempted violation of the law or resisting arrest
- 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)
- cosmetic or plastic surgery, dental care or surgery, corrective aids and treatments of refractive errors unless necessitated by injury caused by an accident, body checkup, gradual recovery of health or rest care

Under the critical illness protection of this plan, we will not cover any of the following events or conditions that result from any of the following events:

- any illnesses with signs / symptoms or surgeries triggered by the illnesses before the application of the policy unless such condition, illness or disease was (1) fully and truly disclosed in the application for insurance or health statement and (2) the Company did not impose any exclusions on such condition, illness or disease in the Exclusion Endorsement;
- any illnesses with signs / symptoms or surgeries triggered by the illnesses within 90 days after the policy is issued;
- cancer of the insured was due to AIDS or HIV Infection; and
- a self-inflicted injury.

The above list is for reference only. Please refer to the policy contract of this plan 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
  - applicable to the medical benefit: the impact of medical trend, medical cost inflation and product feature revisions
  - applicable to the critical illness and life protection: the impact of change in the incidence rate of deaths, covered illnesses and covered surgeries
- 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 of the medical benefits, 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

The below limitations are applicable to the medical benefit:

1. Cover for specific items will be effective on the following dates:

Items	Effective Date (after the cover commences)
Accidental injury	Immediately
Illness	30 days
Investigation / treatment / surgery for tonsils, adenoids, hernia or a disease peculiar to the female generative organs	120 days

2. 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.

Experimental, screening, and preventive services or supplies are not considered medically necessary.

"Reasonable and customary" means:

- the medical services, diagnosis and / or treatments are medically necessary and delivered according to standards of good medical practice;
- the costs of your medical services and the duration of your hospital stay are not more expensive or longer than the usual level of charges or duration for similar treatment in the locality of such services delivered; and
- does not include charges that would not have been made if no insurance existed.

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

3. Except for the "Emergency out-patient treatment benefits (Accident only)" (benefits schedule, item 10) and "Long term treatment benefit" (benefits schedule, item 15), unless otherwise stated, benefit limits apply to each of the same confinement and same surgical procedure.

"Same Confinement" refers to two or more admissions that are due to the same or related Covered Injury or Covered Illness, or to any complications arising therefrom. Such Confinements shall be regarded as one and the same Confinement if each of them is not separated by more than 90 days from the paid or payable Confinement, which immediately precedes it. Limits for Confinement benefits shall be determined based on the aforesaid terms.

"Same surgical procedure" refers to two or more surgical procedures which are due to the same or related Covered Injury or Covered Illness, or to any complications arising therefrom. Such surgical procedures shall be regarded as one and the same surgical procedure if each of them is not separated by more than 90 days from the paid or payable surgical procedure, which immediately precedes it.



- The insured will be covered for any room type in which he stays at hospital, but there will be a reduction in his benefit pay-out amount in case the insured stays in a room type which is at a higher level than the room type corresponding to the plan level chosen. In such a case, the benefit pay-out amount will be adjusted by multiplying the following factor:

$$= \frac{\text{Daily room charge of the room type in the hospital corresponding to the plan level chosen}}{\text{Daily room charge of the room the insured stays}}$$

- If the eligible expenses have been reimbursed under any law, or medical program or other insurance policy provided by any government, company, other third party or us, such expenses will not be reimbursable by us under this policy.
- Personal Medical Case Management Services with Rehabilitation Management (applicable to Standard Private plan only) is not contractual services but the administrative arrangements offered in our absolute discretion. It is subject to amendment or termination at any time without prior notice. AIA shall not be responsible for any act, negligence or omission of medical advice, opinion, service or treatment on the part of them.
- Worldwide emergency assistance services are additional benefits. 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 services without further notice.

## 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) 8988 1822 in Macau.

If you wish to make a medical claim under this plan, you must notify us in writing within 20 days of the date the covered event happened, and send us the appropriate forms and relevant proof within 90 days of the same date. You can get the appropriate claim forms from your financial planner, by calling the AIA Customer Hotline (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](http://www.aia.com.hk).

## Suicide

If the insured commits suicide within one year from the date on which the policy takes effect, our liability will be limited to the refund of premiums paid towards critical illness and life protection (without interest) less any outstanding debt.

## Incontestability






Except for fraud or non-payment of premiums, we will not contest the validity of the critical illness and life protection of this plan after it has been in force during the lifetime of the insured for a continuous period of two years from the date on which the policy takes effect. This provision does not apply to any add-on plan providing accident, hospitalisation or disability benefits.



## 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 the earlier.

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

Macau  (853) 8988 1822  
 [aia.com.hk](http://aia.com.hk)



# Enhance your medical reimbursement with healthier living

(Applicable to AIA Vitality Members ONLY)

As an AIA Vitality member, you will not only receive an instant 10% premium discount for the first year and array of rewards and discounts offered by our partners, but also be entitled to an additional Super Medical Reward. Super Medical Reward enhances your medical benefit as your health improves. Your medical reimbursement percentage is 55% for the first policy year, and we will adjust the reimbursement percentage<sup>^</sup> for your medical claims every year according to your health condition, as reflected in your annual health check. By keeping us regularly updated on your Health Status, you can boost your medical reimbursement percentage up to 70%. Here's how.

<sup>^</sup> Applicable to items 3-9 in the benefits schedule for medical benefit



Test your blood sugar, blood pressure, cholesterol and BMI levels and successfully upload your health report to earn the relevant points within 180 days before the end of each policy year

Type	Range	Health Points
<b>HbA1c</b> <small>(reflect your average blood glucose level over the past 3 months)</small>	< 7%	100
	7% – 9%	80
	> 9%	0
<b>Blood Pressure</b> <small>(mmHg)</small>	< 140/90	25
	<= 150/94	15
	Others	0
<b>Total Cholesterol</b> <small>(mmol/L)</small>	3.6 – 5.19	25
	5.2 – 6.2	15
	Others	0
<b>BMI</b>	18.5 – 27.9	25
	28 – 32	15
	Others	0

Add up all your points to determine your Health Status

Total Health Points	Health Status
< 75	★
75 – 134	★★
135 – 164	★★★
>= 165	★★★★

Based on your Health Status, your reimbursement percentage in the subsequent policy year will be adjusted according to the following table. Reimbursement percentage will not be lower than 55% or higher than 70%.

### Reimbursement percentage adjustment for the subsequent policy year

Current year Reimbursement Percentage	★	★★	★★★	★★★★
<b>55%</b>	0	+5%	+5%	+5%
<b>60%</b>	-5%	0	+5%	+5%
<b>65%</b>	-5%	-5%	0	+5%
<b>70%</b>	-5%	-5%	-5%	0

If no required document for the determination of the Health Status is submitted to us within the prescribed period of time prior to the policy anniversary, we will reduce the reimbursement percentage by 5% at such policy anniversary, while the reimbursement percentage will not be lower than 55%.

If your membership of **AIA Vitality** is terminated for any reason, your Super Medical Reward will terminate concurrently and the reimbursement percentage will be adjusted to 55%.

Super Medical Reward has its independent terms and conditions to govern the Health Status. AIA shall have the sole discretion to modify and change the rules, procedures, features and any terms and conditions of Super Medical Reward. The terms and conditions of Super Medical Reward are separate from, and in addition to, the terms and conditions of **AIA Vitality**.







**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 :	<b>A medical plan with full cover for major benefit items</b>

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
<b>Total</b>	<b>384,000</b>	<b>240,900</b>

<b>TOTAL Reimbursement Amount (HK\$)</b>	240,900
<b>Remaining Balance Not Reimbursed (HK\$)</b>	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**

**Macau**  **(853) 8988 1822**  
 **aia.com.hk**

