



**MEDICAL  
PROTECTION**

# **AIA VOLUNTARY HEALTH INSURANCE FLEXI SCHEME (AVF)**

**Lifetime protection for those who matter most**



**AIA Vitality**

AIA International Limited  
(Incorporated in Bermuda with limited liability)



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**HEALTHIER, LONGER,  
BETTER LIVES**

# With quality medical protection as your safety net, you can chase your dreams with confidence

In addition to the essential medical cover required by Voluntary Health Insurance Scheme, AIA Voluntary Health Insurance Flexi Scheme also provides supplemental major medical benefits, Personal Medical Case Management Services with Rehabilitation Management, network specialists service and more.

What's more, lifetime renewal is guaranteed, with no annual benefit limit or lifetime benefit limit. With three

plan options to choose from, you can budget according to your medical needs. This plan also includes a no-claim discount on premium of up to 25% if you make no claim, plus an instant 10% premium discount for the first year for AIA Vitality members embarking on their healthy-living journey.

AIA Voluntary Health Insurance Flexi Scheme is a Certified Plan under Voluntary Health Insurance Scheme (VHIS) with premiums that are eligible to be deducted from your annual taxable income. Taxpayer who is the policyholder can apply for a tax deduction<sup>#</sup> of up to HKD8,000 per insured person, which the insured person of the Certified Plan should be the taxpayer himself or any specified relatives\*, in each assessment year, and there is no cap on the number of specified relatives\*. This way, you can enjoy quality medical cover that meets your needs, with tax deduction benefits.

## Cover at a glance

Type of the Certified Plan	Flexi Plan	
Name of the Certified Plan	AIA Voluntary Health Insurance Flexi Scheme	
Certification Number and Plan Option	HKD	USD
Ward Plan:	F00022-01-000-03	F00022-04-000-03
Semi-Private Plan:	F00022-02-000-03	F00022-05-000-03
Standard Private Plan:	F00022-03-000-03	F00022-06-000-03
Product Nature	Medical protection insurance plan (Reimbursement)	
Plan Type	Basic Plan and add-on plan	
Premium Payment Mode	Basic plan: annually / semi-annually / quarterly / monthly Add-on plan: follow the corresponding basic plan	
Insured Person's Age at Application	15 days to age 80	
Guaranteed Renewal	Whole Life	

<sup>#</sup> Tax deductions is one of the allowable deductions from assessable income, it does not equate to a direct deduction from total tax payable. For details of tax deductions, please visit Inland Revenue Department (IRD) of HKSAR website and consult your tax and accounting advisors for tax advice.

\* Specified relatives are defined under Inland Revenue Ordinance (Chapter 112).

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

<b>Geographical Cover</b>	Worldwide (except for psychiatric treatments and worldwide emergency assistance services)
<b>Lifetime Benefit Limit</b>	Nil
<b>Annual Benefit Limit</b>	Nil
<b>Core Benefits</b>	<ul style="list-style-type: none"> <li>• confinement benefits including room &amp; board and attending doctor’s visit fee, etc.</li> <li>• inpatient and day case procedure</li> <li>• prescribed diagnostic imaging tests</li> <li>• prescribed non-surgical cancer treatments</li> <li>• outpatient care before and after confinement or day case procedure</li> <li>• long term treatment for dialysis</li> </ul>
<b>Other Benefits</b>	<ul style="list-style-type: none"> <li>• supplemental major medical benefits (per disability per policy year)</li> <li>• Personal Medical Case Management Services with Rehabilitation Management</li> <li>• worldwide emergency assistance services*</li> </ul>
<b>No Claim Discount</b>	No claim in 3 or more consecutive policy years entitles you with a premium discount on the next policy anniversary, up to 25% of the total premiums paid for the preceding policy year.
<b>Network Privileges</b>	<p>If you select the service provided from our medical network, you can enjoy the following privileges:</p> <ul style="list-style-type: none"> <li>• higher benefit limits</li> <li>• lower coinsurance percentage for supplemental major medical benefits</li> <li>• medical expense pre-approval application</li> <li>• add-on cashless arrangement for day case procedure</li> </ul>

For more information, please read the “Benefit schedule for **AIA Voluntary Health Insurance Flexi Scheme**” in this brochure.



\* Worldwide emergency assistance services are additional benefit and do not form part of the VHIS Certified Plan, the policyholder can remove this additional benefit by sending a written notice to the Company.



## Government certified for your peace of mind

**AIA Voluntary Health Insurance Flexi Scheme** is a **Certified Plan under the Voluntary Health Insurance Scheme (VHIS)** that offers you quality medical cover, helping you access private healthcare services for a wide range of treatment needs while applying for tax deduction to enjoy attractive tax advantages.

In addition to the essential medical cover required by Voluntary Health Insurance Scheme, valuable privileges of **AIA Voluntary Health Insurance Flexi Scheme** include supplemental major medical benefits, Personal Medical Case Management Services with Rehabilitation Management, network specialists service and much more. Value-added tax (VAT) and goods and services tax (GST) incurred for medical services overseas are also covered. Because it is certified by the Health Bureau, you can trust in the level of protection you'll be receiving.

For further details on VHIS, please visit [www.vhis.gov.hk](http://www.vhis.gov.hk).



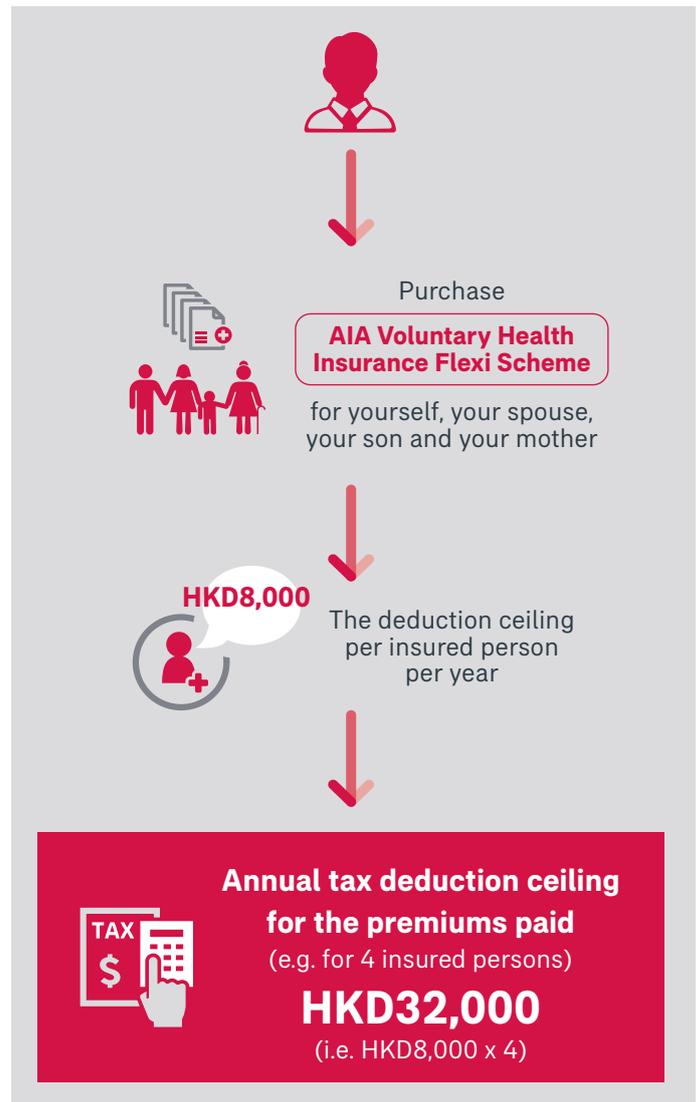
## Protect your whole family and apply for a higher tax deduction amount

To help you budget smarter, the premiums you pay for **AIA Voluntary Health Insurance Flexi Scheme** is eligible to be deducted from your annual taxable income. Taxpayer who is the policyholder can apply for a tax deduction of up to HKD8,000 per insured person, which the insured person of the Certified Plan should be the taxpayer himself or any specified relatives\*, in each assessment year.

**There is no cap on the number of specified relatives\* that a taxpayer can use to claim tax deductions as long as all the policies are held by the same taxpayer and cover yourself and / or your specified relatives\*.** Specified relatives\* include your spouse or child, or a parent, grandparent or sibling of you or your spouse.

In other words, if you take up **AIA Voluntary Health Insurance Flexi Scheme** for yourself, your spouse, your son and your mother as an example (i.e. four insured persons) and pay the required premiums in the same taxable year, the annual tax deduction amount for you would be up to HKD32,000 (i.e. HKD8,000 x 4).

The illustration below shows the tax deduction amount you could claim if you were the policyholder for four insured persons, for example.



For details on tax deductions, please visit [www.vhis.gov.hk](http://www.vhis.gov.hk) and consult your own tax and accounting advisors for tax advice.

\* Specified relatives are defined under Inland Revenue Ordinance (Chapter 112).

## Lifetime guaranteed renewal

**AIA Voluntary Health Insurance Flexi Scheme** provides cover immediately right after the policy becomes effective and 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 for life. Renewal premium will be based on the prevailing premium rates at the time of renewal. (For details on the first year's premium, please refer to the Standard Premium Schedule provided by your financial planner, or available online through [www.aia.com.hk](http://www.aia.com.hk) and [www.vhis.gov.hk](http://www.vhis.gov.hk).)

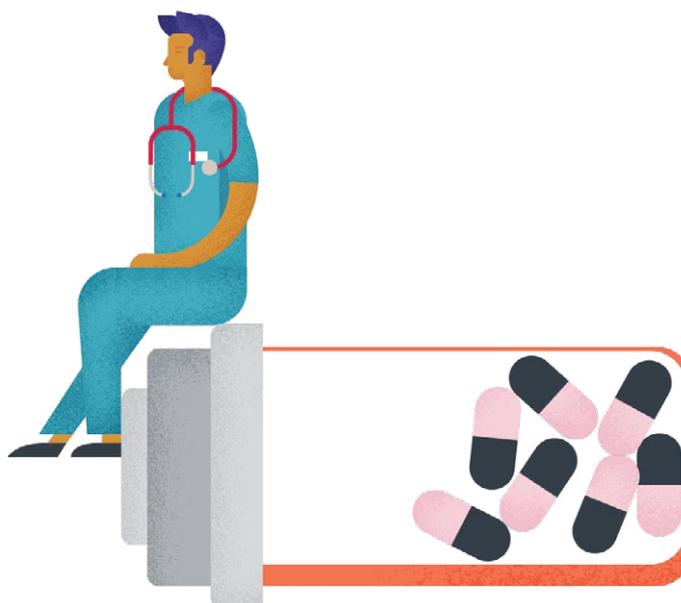
## Steadfast protection with no annual benefit limit or lifetime benefit limit

**AIA Voluntary Health Insurance Flexi Scheme** stays with you through the ups and downs of life. There is no annual benefit limit or lifetime benefit limit, so you can get the treatment you need, without worrying about losing your protection in the future.

## Cover on unknown pre-existing conditions

At present, pre-existing conditions unknown to insurance applicants are commonly excluded from benefit cover. However, you can trust in your protection under **AIA Voluntary Health Insurance Flexi Scheme** even if you turn out to have a pre-existing condition that you were reasonably unaware of at the time of insurance application. This plan provides full cover starting from the 31st day of the 1st policy year, which is shorter than the minimum requirement of 3-year waiting period under VHIS.

Days after policy commences	Protection for unknown pre-existing conditions
First 30 days	0% cover
31st day and onwards	100% cover





## Supplemental cover for major medical benefits

On top of the maximum benefits for confinement, surgery and other medical benefits, **AIA Voluntary Health Insurance Flexi Scheme** offers you extra support through supplemental major medical benefits (SMM). The benefit limits of SMM will reset each policy year. It will also reset if you receive specified medical services (confinement, day case procedure and day case prescribed diagnostic imaging tests) for different sicknesses or injuries. That way, you can have extra peace of mind in the face of multiple medical challenges.

Within the same policy year, if you receive a specified medical service for the same disability again 90 days after you received a specified medical service, SMM benefit limits will also reset.



## No claim discount

AIA believes in maintaining healthy living habits, and we encourage you to maintain yours by rewarding you with a no claim discount on premium, up to 15% of the total premium paid for the preceding policy year. Being our loyal customer (i.e. the policy of this plan has been effective for 30 years and the insured person is aged 65 or above), the relevant discount can be up to 25%.

If no claim is made for 3 consecutive policy years or more, you will be eligible for this premium discount on the next policy anniversary. Please refer to the following table for no claim discount.

Claims Free Years	No Claim Discount	No Claim Discount for Loyal Customer
3 consecutive policy years	5%	5%
4 consecutive policy years	10%	10%
5 or more consecutive policy years	15%	<b>25%</b>

Even if you received a day case procedure at any of our network clinics and day case procedure centre, made a claim for top-up subsidy benefit, or used Personal Medical Case Management Services and worldwide emergency assistance services (see benefit schedule, benefit items II (c), (h) and (i) for details), your eligibility for this premium discount will not be affected.





## 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.

With your electronic network surgery card, you can enjoy all 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:

- higher benefit limits
- lower coinsurance percentage for supplemental major medical benefits
- medical expense pre-approval application
- add-on cashless arrangement for day case procedure



### Personal Medical Case Management Services with Rehabilitation Management

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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### Hassle-free medical payment at home and overseas

When you are facing a health challenge, the last thing you want is the hassle of paying your medical bills, especially in a foreign country. Through AIA, you can enjoy the total convenience of cashless hospitalisation even while in designated hospitals in Asia, including Singapore, Malaysia and Thailand, as well as the United States and Europe.

Once this service has been approved, we will settle the medical expenses incurred during your stay at a private hospital on your behalf, allowing you to focus on your recovery without the stress of paying hospital bills and making subsequent claims. Any shortfall payment resulting from your hospital stay will be settled 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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## Options to suit your needs

You have the option to take up **AIA Voluntary Health Insurance Flexi Scheme** as either a stand-alone insurance plan or as an add-on plan of specified basic plans.



## 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.

## 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 **AIA Voluntary Health Insurance Flexi Scheme**. 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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## Example

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

Policyholder and insured person: William (age 40, non-smoker)  
 Occupation: Senior IT Manager  
 Family status: Married with two children



**Guaranteed lifetime renewal**

William is a working professional with heavy pressure at work, which is why he wants both himself and family to stay ahead of any potential health threats. He purchases **AIA Voluntary Health Insurance Flexi Scheme (Ward)** for himself, his wife and his children.

In addition to the essential medical cover required by Voluntary Health Insurance Scheme, **AIA Voluntary Health Insurance Flexi Scheme** also offers supplemental major medical benefits and Personal Medical Case Management Services with flexibility to reduce the financial impact when something unpredictable happens.

### Insured person's age at policy application

Age 40

**Purchasing AIA Voluntary Health Insurance Flexi Scheme**  
 Enjoying both **medical protection** and applying for **tax deductions**

**William has symptoms that might be from severe headache after purchased the plan, he is recommended for an MRI scan followed by a biopsy.**

Unfortunately, William is diagnosed with **Benign Brain Tumor**, 2 months after purchasing **AIA Voluntary Health Insurance Flexi Scheme**. He is recommended for **removal of brain tumor**.

**Estimated cost:**

- Room and board: HKD5,037
- Attending doctor's visit fee: HKD11,000
- Surgeon's fee, anaesthetist's fee and operating theatre charges: HKD216,030
- Intensive care: HKD3,000
- Miscellaneous charges: HKD53,469

**Total fees: HKD288,536**

With **AIA Voluntary Health Insurance Flexi Scheme**, **total claimable amount is HKD204,567** (including HKD100,000 claimable amount from supplemental major medical benefits), protecting him against financial burdens.



Unfortunately, in the same year, William is diagnosed **coronary artery disease** and is recommended for **angioplasty**.

**Estimated cost:**

- Room and board: HKD1,320
- Surgeon's fee, anaesthetist's fee and operating theatre charges: HKD97,200
- Miscellaneous charges: HKD39,251

**Total fees: HKD137,771**

With **AIA Voluntary Health Insurance Flexi Scheme**, **total claimable amount is HKD118,980.8** (including HKD75,160.8 claimable amount from supplemental major medical benefits), this gives William a peace of mind and well protected to the road of recovery.

Note: Case assumption - Policy anniversary date and date of birth of insured person is 1st January.

- With **supplemental major medical benefits** protection per disability per policy year, William is protected from the treatment of both diagnoses.
- With **AIA Voluntary Health Insurance Flexi Scheme**, William may choose to access private healthcare services for quality medical care and receive adequate treatments.
- **AIA Voluntary Health Insurance Flexi Scheme** provides **full cover** on unknown pre-existing conditions starting from the 31st day after policy commences. William is protected under **AIA Voluntary Health Insurance Flexi Scheme** even **he is unaware during application and diagnosed** with **Benign Brain Tumor** 2 months after purchased the plan.

Source of Information: This material was designed and produced by AIA by searching internal data and information for information provision and reference purposes only. The content should not be considered to be the invitation, advice or offer of any mentioned insurance products.

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# Benefit schedule for AIA Voluntary Health Insurance Flexi Scheme

 Recommendation by attending doctor or registered medical practitioner in writing is required.

## Overview

<b>Lifetime benefit limit</b> Applies to benefit items I (a) - (o) and II (a) - (c) and (i)	Nil
<b>Annual benefit limit</b> Applies to benefit items I (a) - (o) and II (a) - (c) and (i)	Nil
<b>Geographical cover</b>	Worldwide (except for psychiatric treatments and worldwide emergency assistance services)

## I. Core Benefits

Benefit Items <sup>1,7</sup>	Network benefit <sup>8,10</sup> (benefit limit)						Non-network benefit <sup>9,10</sup> (benefit limit)					
	Ward		Semi-Private		Standard Private		Ward		Semi-Private		Standard Private	
	USD	HKD	USD	HKD	USD	HKD	USD	HKD	USD	HKD	USD	HKD
<b>a. Room and board</b> (per day)	138	1,100	300	2,400	550	4,400	125	1,000	275	2,200	500	4,000
	Maximum 180 days per policy year											
<b>b. Miscellaneous charges</b> (per policy year)	1,975	15,000	2,813	22,500	3,750	30,000	1,840	14,000	2,625	21,000	3,500	28,000
<b>c. Attending doctor's visit fee</b> (per day)	138	1,100	300	2,400	550	4,400	125	1,000	275	2,200	500	4,000
	Maximum 180 days per policy year											
 <b>d. Specialist's fee<sup>2</sup></b> (per policy year)	605	4,600	675	5,400	1,338	10,700	565	4,300	625	5,000	1,250	10,000
<b>e. Intensive care</b> (per day)	560	4,480	925	7,400	1,450	11,600	468	3,740	770	6,160	1,210	9,680
	Maximum 25 days per policy year											
<b>f. Surgeon's fee</b> (per surgery)												
Complex	7,240	55,000	10,750	86,000	15,000	120,000	6,580	50,000	9,375	75,000	12,500	100,000
Major	3,620	27,500	5,375	43,000	7,500	60,000	3,290	25,000	4,688	37,500	6,250	50,000
Intermediate	1,810	13,750	3,225	25,800	4,500	36,000	1,645	12,500	2,813	22,500	3,750	30,000
Minor	724	5,500	1,075	8,600	1,500	12,000	658	5,000	938	7,500	1,250	10,000
	 <b>Surgical Procedure of AIA Voluntary Health Insurance Flexi Scheme</b> Subject to surgical category for the surgery / procedure in the schedule of surgical procedures. You may browse the website to understand surgical procedure for reference purpose: <a href="https://www.aia.com.hk/content/dam/hk/en/pdf/product-brochure/individuals/vhis-flexi/AVF_surgical_procedure_en.pdf">https://www.aia.com.hk/content/dam/hk/en/pdf/product-brochure/individuals/vhis-flexi/AVF_surgical_procedure_en.pdf</a>											
<b>g. Anaesthetist's fee</b>	35% of surgeon's fee payable <sup>5</sup>											
<b>h. Operating theatre charges</b>	35% of surgeon's fee payable <sup>5</sup>											
 <b>i. Prescribed diagnostic imaging tests<sup>2,3</sup></b> (per policy year)	2,895	22,000	4,125	33,000	5,500	44,000	2,630	20,000	3,750	30,000	5,000	40,000
	Subject to 30% coinsurance, except for CT scan (limited to Coronary Arteries), MRI (limited to cervical spine, lumbar spine and brain) & PET											

# Benefit schedule for AIA Voluntary Health Insurance Flexi Scheme (continued)

 Recommendation by attending doctor or registered medical practitioner in writing is required.

Benefit Items <sup>1,7</sup>	Network benefit <sup>8,10</sup> (benefit limit)						Non-network benefit <sup>9,10</sup> (benefit limit)					
	Ward		Semi-Private		Standard Private		Ward		Semi-Private		Standard Private	
	USD	HKD	USD	HKD	USD	HKD	USD	HKD	USD	HKD	USD	HKD
<b>j. Prescribed non-surgical cancer treatments<sup>4</sup></b> (per policy year)	12,630	96,000	15,000	120,000	22,500	180,000	10,525	80,000	12,500	100,000	18,750	150,000
 <b>k. Pre- and post- confinement / day case procedure outpatient care<sup>2</sup></b> (per policy year)	447	3,400	470	3,760	500	4,000	395	3,000	413	3,300	438	3,500
	<ul style="list-style-type: none"> <li>1 prior outpatient visit or emergency consultation under benefit item I (k)(i) below per confinement / day case procedure</li> <li>3 follow-up outpatient visits per confinement / day case procedure under benefit item I (k)(ii) below (within 90 days after discharge from hospital or completion of day case procedure)</li> </ul>											
<b>(i) Prior outpatient visit or emergency consultation</b> (per visit)	112	848	117	936	125	1,000	76	580	80	640	84	670
<b>(ii) Follow-up outpatient visit</b> (per visit)												
1. consultation, western medication, dressings, diagnostic tests	112	848	117	936	125	1,000	76	580	80	640	84	670
2. other follow-up outpatient visits: e.g. physiotherapy, occupational therapy, speech therapy, chiropractic treatment	84	640	88	700	93	740	76	580	80	640	84	670
<b>l. Psychiatric treatments</b> (per policy year)	4,340	33,000	4,750	38,000	4,950	39,600	3,945	30,000	4,313	34,500	4,500	36,000
 <b>m. Long term treatment - dialysis<sup>2</sup></b> (per policy year)	7,500	60,000	15,000	120,000	22,500	180,000	6,250	50,000	12,500	100,000	18,750	150,000
 <b>n. Daily post-surgery home nursing benefit<sup>2</sup></b> (per policy year)												
(per visit)	1,035	8,280	2,040	16,320	4,650	37,200	863	6,900	1,700	13,600	3,875	31,000
	53	424	106	848	238	1,904	44	353	88	704	198	1,584
	Maximum 15 visits within 31 days after discharge from hospital											
<b>o. Emergency outpatient treatment benefit (accident only)</b> (per injury)	990	7,920	1,650	13,200	2,375	19,000	825	6,600	1,375	11,000	1,980	15,840

# Benefit schedule for AIA Voluntary Health Insurance Flexi Scheme (continued)



Recommendation by attending doctor or registered medical practitioner in writing is required.

## II. Other Benefits

Benefit Items <sup>1,7</sup>	Network benefit <sup>8,10</sup> (benefit limit)						Non-network benefit <sup>9,10</sup> (benefit limit)					
	Ward		Semi-Private		Standard Private		Ward		Semi-Private		Standard Private	
	USD	HKD	USD	HKD	USD	HKD	USD	HKD	USD	HKD	USD	HKD
<b>a. Hospital companion bed benefit</b> (per day)	40	320	80	640	95	760	23	180	35	280	48	380
	Maximum 90 days per policy year											
<b>b. Supplemental major medical benefits (SMM)</b> (per disability per policy year)	Specified eligible expenses in excess of the maximum payable under benefit items I and II (a)											
	Subject to 15% coinsurance <sup>11</sup>						Subject to 20% coinsurance <sup>12</sup>					
	15,000	120,000	30,000	240,000	60,000	480,000	12,500	100,000	25,000	200,000	50,000	400,000
<b>(i) Room &amp; board</b> (per day)	138	1,100	300	2,400	550	4,400	125	1,000	275	2,200	500	4,000
	Payable after exceeding the 180 days per policy year as stated under benefit item I (a)											
<b>(ii) Miscellaneous charges</b> (per policy year)	Payable after exceeding						Payable after exceeding					
	1,975	15,000	2,813	22,500	3,750	30,000	1,840	14,000	2,625	21,000	3,500	28,000
<b>(iii) Attending doctor's visit fee</b> (per day)	138	1,100	300	2,400	550	4,400	125	1,000	275	2,200	500	4,000
	Payable after exceeding the 180 days per policy year as stated under benefit item I (c)											
<b>(iv) Specialist's fee</b> <sup>2</sup> (per policy year)	Payable after exceeding						Payable after exceeding					
	605	4,600	675	5,400	1,338	10,700	565	4,300	625	5,000	1,250	10,000
<b>(v) Intensive care</b> (per day)	560	4,480	925	7,400	1,450	11,600	468	3,740	770	6,160	1,210	9,680
	Payable after exceeding the 25 days per policy year as stated under benefit item I (e)											
<b>(vi) Surgeon's fee</b>	Payable after exceeding the benefit amount payable under benefit item I (f)											
<b>(vii) Anaesthetist's fee</b>	Payable after exceeding the benefit amount payable under benefit item I (g)											
<b>(viii) Operating theatre charges</b>	Payable after exceeding the benefit amount payable under benefit item I (h)											
<b>(ix) Prescribed diagnostic imaging tests</b> <sup>2,3</sup> (per policy year)	Payable after exceeding						Payable after exceeding					
	2,895	22,000	4,125	33,000	5,500	44,000	2,630	20,000	3,750	30,000	5,000	40,000
<b>(x) Post-confinement / day case procedure outpatient care</b> <sup>2</sup> Follow-up outpatient visit: physiotherapy, occupational therapy, speech therapy, and chiropractic treatment only (per visit)	84	640	88	700	93	740	76	580	80	640	84	670
	Payable from 4th visits to 31st visits within 90 days after discharged from hospital or completion of day case procedure											
<b>(xi) Daily post-surgery home nursing benefit</b> <sup>2</sup> (per visit)	53	424	106	848	238	1,904	44	353	88	704	198	1,584
	Payable for 1 visit per day from 16th visits to 31st visits within 31 days after discharged from hospital											
<b>(xii) Emergency outpatient treatment benefit (accident only)</b> (per injury)	Payable after exceeding						Payable after exceeding					
	990	7,920	1,650	13,200	2,375	19,000	825	6,600	1,375	11,000	1,980	15,840
<b>(xiii) Hospital companion bed benefit</b> (per day)	40	320	80	640	95	760	23	180	35	280	48	380
	Payable after exceeding the 90 days per policy year as stated under benefit item II (a)											

# Benefit schedule for AIA Voluntary Health Insurance Flexi Scheme (continued)

 Recommendation by attending doctor or registered medical practitioner in writing is required.

Benefit Items <sup>1,7</sup>	Network benefit <sup>8,10</sup> (benefit limit)						Non-network benefit <sup>9,10</sup> (benefit limit)					
	Ward		Semi-Private		Standard Private		Ward		Semi-Private		Standard Private	
	USD	HKD	USD	HKD	USD	HKD	USD	HKD	USD	HKD	USD	HKD
<b>c. Top-up subsidy benefit</b> (per day)  Payable if a claim is successfully reimbursed by other insurance companies before remaining amounts are claimed under this plan	38	300	75	600	150	1,200	38	300	75	600	150	1,200
	Maximum 90 days per policy year											
<b>d. Compassionate death benefit</b>	1,100	8,800	2,200	17,600	4,400	35,200	1,100	8,800	2,200	17,600	4,400	35,200
<b>e. Accidental death benefit</b>	1,100	8,800	2,200	17,600	4,400	35,200	1,100	8,800	2,200	17,600	4,400	35,200
<b>f. Blood donation benefit for death</b> An extra death benefit payable to be beneficiary if the insured person donated blood at least 3 times in the past 2 years prior to death	550	4,400	1,100	8,800	2,200	17,600	550	4,400	1,100	8,800	2,200	17,600
<b>g. 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	22,000	176,000	44,000	352,000	11,000	88,000	22,000	176,000	44,000	352,000
<b>h. Personal Medical Case Management Services</b>	Applicable											
<b>i. Worldwide emergency assistance services <sup>6</sup></b> (per life)	USD625,000/HKD5,000,000											
<b>(i) Emergency medical evacuation</b>												
<b>(ii) Repatriation of remains</b>												
<b>(iii) 24-hour worldwide telephone enquiring services</b>	Included											

**Notes:**

- Unless otherwise specified, eligible expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above.
- We shall have the right to ask for proof of recommendation e.g. written referral or testifying statement on the claim form by the attending doctor or registered medical practitioner.
- Tests covered here only include computed tomography ("CT" scan), magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan), PET-CT combined and PET-MRI combined.
- Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
- The percentage here applies to the surgeon's fee actually payable or the benefit limit for the surgeon's fee according to the surgical categorisation, whichever is the lower.
- Worldwide emergency assistance services are additional benefit and do not form part of the VHIS Certified Plan, the policyholder can remove this additional benefit by sending a written notice to the Company.
- Benefit items l (a) - (l) are provided under VHIS with another set of benefit limits as stated in the VHIS Standard Plan Terms and Benefits. For further details, please visit [www.vhis.gov.hk](http://www.vhis.gov.hk).
- Per policy year limit of benefit item applicable to network benefit only.
- Per policy year limit of benefit item applicable to non-network benefit only.
- In any event, the sum of per policy year limit used under network benefit and non-network benefit shall not exceed the limit of network benefit.
- Coinsurance is a percentage of eligible expenses that you need to pay. For example, for the eligible expenses of HKD10,000 with 15% coinsurance, you are responsible for HKD1,500 (i.e. 15% of eligible expenses), while we pay the remaining HKD8,500 (i.e. 85% of eligible expenses).
- Coinsurance is a percentage of eligible expenses that you need to pay. For example, for the eligible expenses of HKD10,000 with 20% coinsurance, you are responsible for HKD2,000 (i.e. 20% of eligible expenses), while we pay the remaining HKD8,000 (i.e. 80% of eligible expenses).



## 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 Hong Kong only.

## Key Product Risks

1. You need to pay the premium for this plan for life as long as you renew for this plan. If you do not pay the premium within 30 days of the premium due date, the policy will be terminated and you / the insured person 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 person will lose the cover when one of the following happens:
  - the insured person passes away;
  - you do not pay the premium within 30 days after the premium due date;
  - the company has ceased to have the requisite authorization under the Insurance Ordinance to write or continue to write the plan; or
  - when taking this plan as an add-on plan of any basic plan which has been terminated. For continuation of the cover, you may apply to convert this add-on plan to a stand-alone plan by giving us a written notice.
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 person 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.

## Key Exclusions

Under this plan, we will not pay any benefits in relation to or arising from the following expenses:

- treatments, procedures, medications, tests or services which are not medically necessary
- solely for the purpose of diagnostic procedures or allied health services, including but not limited to physiotherapy, occupational therapy and speech therapy
- HIV and its related disability, which is contracted or occurs before the policy effective date, except for sexual assault, medical assistance, organ transplant, blood transfusions or blood donation, or infection at birth
- the dependence, overdose or influence of drugs, alcohol, narcotics or similar drugs or agents, self-inflicted injuries or attempted suicide, illegal activity, or venereal and sexually transmitted disease or its sequelae
- services for beautification or cosmetic purposes, unless necessitated by injury caused by an accident, or correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens, including but not limited to LASIK
- prophylactic treatment or preventive care, including but not limited to general check-ups, routine tests, screening procedures for asymptomatic conditions
- dental treatment and oral and maxillofacial procedures performed by a dentist except for emergency treatment and surgery during confinement arising from an accident
- medical services and counselling services relating to maternity conditions and its complications, including but not limited to abortion or miscarriage, birth control or reversal of birth control
- purchase of durable medical equipment or appliances including but not limited to wheelchairs, hearing aids and over-the-counter drugs
- traditional Chinese medicine treatment including but not limited to herbal treatment, bone-setting and acupuncture, and other forms of alternative treatment including but not limited to qigong, massage therapy and aromatherapy
- experimental or unproven medical technology or procedure
- congenital condition(s) which have manifested or been diagnosed before the insured person attained the age of 8 years
- eligible expenses which have been reimbursed under any law, or medical program or insurance policy provided by any government, company or other third party
- war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power.

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 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 terms and benefits upon renewal by giving a 30 days advance notice. As long as we maintain the registration as a VHIS provider, we guarantee you the terms and benefits will not be less favourable than the existing version and the latest version of the Standard Plan terms and benefits published by the Government at the time of renewal.

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

### Benefits Covered

Cover of this plan will be effective on the following dates:

Items	Effective Date (after the policy commences)
Injury	Immediately
Network service	Immediately
Sickness / Disease	Immediately

## Product Limitation

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

"Medically Necessary" means the need to have medical service for the purpose of investigating or treating the relevant disability in accordance with the generally accepted standards of medical practice and such medical service must:

- require the expertise of, or be referred by, a registered medical practitioner;
- be consistent with the diagnosis and necessary for the investigation and treatment of the disability;
- be rendered in accordance with standards of good and prudent medical practice, and not be rendered primarily for the convenience or the comfort of the insured person, his family, caretaker or the attending registered medical practitioner;
- be rendered in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice for the medical services; and
- be furnished at the most appropriate level which, in the prudent professional judgment of the attending registered medical practitioner, can be safely and effectively provided to the insured person.

"Reasonable and customary" means in relation to a charge for medical service, such level which does not exceed the general range of charges being charged by the relevant service providers in the locality where the charge is incurred for similar treatment, services or supplies to individuals with similar conditions, e.g. of the same sex and similar age, for a similar disability, as reasonably determined by the Company in utmost good faith. The reasonable and customary charges shall not in any event exceed the actual charges incurred.

In determining whether a charge is reasonable and customary, we shall make reference to the followings (if applicable):

- treatment or service fee statistics and surveys in the insurance or medical industry;
  - internal or industry claim statistics;
  - gazette published by the government; and / or
  - other pertinent source of reference in the locality where the treatments, services or supplies are provided.
2. The maximum limit of surgeon's fee is subject to the relevant surgical category and the categorization of such surgical procedure.
  3. Only the eligible expenses charged on the psychiatric treatments during confinement in Hong Kong as recommended by a specialist is payable under psychiatric treatments (see benefit schedule, benefit item I (l)).
  4. Worldwide emergency assistance services are covered during trip only (except for 24-hour worldwide telephone enquiring services), which are additional benefits and do not form part of the VHIS Certified Plan, the policyholder can remove this additional benefit by sending a written notice to the Company. A trip refers to a journey where the insured person departing

Effective from 1 January 2018, all policy owners are required to pay a levy on each premium payment made for both new and in-force Hong Kong policies to the Insurance Authority (IA). For levy details, please visit our website at [www.aia.com.hk/useful-information-ia-en](http://www.aia.com.hk/useful-information-ia-en) or IA's website at [www.ia.org.hk](http://www.ia.org.hk).

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.

- SMM shall be payable for the eligible expenses which are incurred in excess of the benefit limits as stated in Part I Core Benefits (a) to (i), (k)(ii)(2), (n) and (o), and Part II Other Benefits (a).

SMM benefit limits of benefit item II(b) are on per disability per policy year basis, except where any specified medical service involves more than 1 disability, 1 SMM benefit limit shall be applied.

Within the same policy year, SMM benefit limits shall be counted afresh for the same disability involved in the specified medical service, which is separated by at least 90 days from the immediately preceding specified medical service involving the same disability.

Specified medical service shall mean any payable confinement, or day case procedure or prescribed diagnostic imaging tests performed on the insured person as a day patient.

- Adjustment factor is applied to the calculation of the benefit payable for supplemental major medical benefits, benefit item II(b), when the insured person is confined in a type of room in a hospital which is at a higher level than the ward class corresponding to the plan level chosen ("selected room type"), according to the table below, except in the case of:

- unavailability of the selected room type for emergency treatment as a result of the capacity shortfall of that hospital
- isolation reasons that require a specific class of accommodation; or
- other reasons not involving personal preference of you and /or the insured person.

Ward class of the confinement	Selected Room Type		
	Ward	Semi-Private Room	Standard Private Room
Ward	N/A	N/A	N/A
Semi-Private Room	60%	N/A	N/A
Standard Private Room	40%	60%	N/A
Any room with amenities upgraded beyond a Standard Private Room	20%	40%	60%

- 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 will not be reimbursable by us under this policy.
- Rehabilitation management, Credit Facility Service for Hospitalisation and Medical Expense Pre-approval Service are additional benefits and do not form part of the VHIS Certified Plan. Credit Facility Service for Hospitalisation is provided by third party service provider(s). AIA reserves the right to amend, suspend or terminate the service without further notice.
- Medical network services are provided by network doctor. AIA shall not be responsible for any act or omission of network doctor in the provision of medical network services.

### Claim Procedure

If you wish to make a claim, you must send us the appropriate forms and proofs within 90 days after discharge from hospital or the date on which relevant medical services are performed and completed. You can get the appropriate claim forms from your financial planner, by calling the AIA Customer Hotline (852) 2232 8888 in Hong Kong 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).

### Cancellation Right

You have the right to cancel and obtain a refund of any premiums and any levy 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 12/F, AIA Tower, 183 Electric Road, North Point, Hong Kong within 21 calendar days immediately following either the day of delivery of the policy or the Cooling-off Notice to Policyholder or Policyholder's nominated representative, whichever is the earlier. After the cooling-off period, you can request cancellation of this policy by giving 30 days prior written notice to us, provided that there has been no benefit payment under this policy during the relevant policy year.

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

Hong Kong  (852) 2232 8888  
 [aia.com.hk](http://aia.com.hk)





