

FLEXI CHOICE GROUP INSURANCE PLAN 3

Enhanced flexibility for your
employees' healthcare



AIA Vitality

AIA Corporate Solutions

— Your Pension and Group Insurance Partner



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**HEALTHIER, LONGER,
BETTER LIVES**

Your business's wellbeing depends on your employees' wellbeing

Amid rising concerns about health and wellness in the workplace today, the right talent strategy is key – particularly for SMEs¹.

A public health crisis can impact your employees' wellbeing and mental health in many ways. As employers, it is important to level up your employee benefits strategy to ensure their total protection. To meet the different needs of a diverse workforce, an extra flexible group insurance plan can give your employees all the support they need to thrive while enabling you to manage costs effectively.

AIA's **Flexi Choice Group Insurance Plan 3** allows you to tailor over 100 benefit combinations from a range of benefit levels for hospitalisation and surgical protection as well as various optional benefits. What's more, you can opt for the Flexible Spending Arrangement for your employees. They can opt down their plan in exchange for Flex Dollars for reimbursements of check-ups, vaccinations, optical care, and more, so that their diverse wellbeing needs can be met. With the enhanced flexibility, you can enjoy peace of mind as you pursue success together, knowing they are well-protected – no matter your budget.

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

1. "SMEs" refers to small and medium enterprises.



Plan Highlights



Flexibility to customise your group insurance plan

Build your employees' packages with a wide range of benefit levels for core benefits and optional benefits, along with the Flexible Spending Arrangement



Cover for pre-existing conditions

Offer cover for pre-existing conditions of the insured persons² before the effective date of the cover if they were continuously covered under **Flexi Choice Group Insurance Plan 3** in the preceding 12 months



Portable employee voluntary medical protection

(for companies with 8 or more employees at policy application and / or on the latest policy anniversary date)

Allow your employees to purchase additional protection to supplement their existing group medical protection at affordable premiums



Extensive medical cover

Include reimbursements of hospitalisation and surgery-related expenses, as well as psychiatric treatments and cash incentives for designated clinical surgeries



Flexible Spending Arrangement

Enable your employees to opt down their plan in exchange for Flex Dollars for reimbursements of check-ups, vaccinations, optical care, and more based on their wellbeing needs at different life stages



WorkWell with AIA

Support your employees to live well with diverse value-added services including access to a high-quality medical network and credit facility service for hospitalisation under the medical network

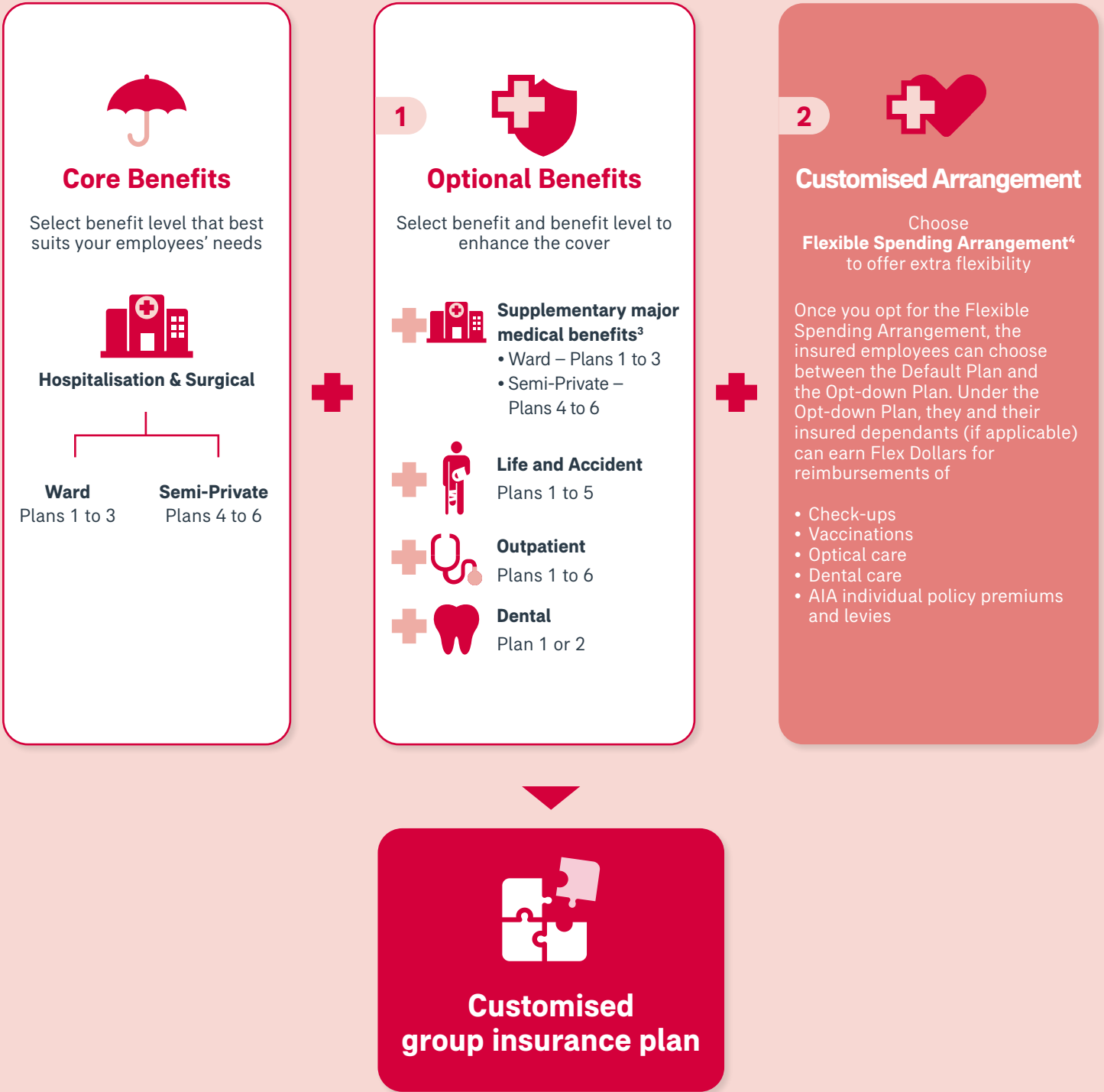
2. Insured persons refer to the insured employees and their insured family members (if applicable).



Flexible protection choice for your unique needs

We understand that every company's situation is different. **Flexi Choice Group Insurance Plan 3** gives you the flexibility to customise your group insurance plan to suit your budget and employees' needs. You can build your package by simply selecting your core benefit level, optional benefits and Flexible Spending Arrangement for a healthy and happy workforce.

How to customise your group insurance plan:



3. The benefit level of supplementary major medical benefits must be the same as core benefits.


4. For details of Flexible Spending Arrangement, please refer to the section of "Flexible Spending Arrangement offers extra flexibility".






Extensive cover for extra peace of mind

Your employees are your company's most important asset and their wellbeing is worth protecting. **Flexi Choice Group Insurance Plan 3** offers extensive medical cover including reimbursements of hospitalisation and surgery-related expenses, as well as psychiatric treatments and cash incentives for designated clinical surgeries.



Cover for pre-existing conditions

If the insured person has been continuously covered under **Flexi Choice Group Insurance Plan 3** for 12 months, the pre-existing conditions that he or she has before the effective date of the cover will be covered in the subsequent cover period.



Extra flexibility with Flexible Spending Arrangement

With the Flexible Spending Arrangement, you can meet your employees' diverse needs and protect their wellbeing while gaining cost benefits. Once you opt for the Flexible Spending Arrangement, the insured employees can choose between the Default Plan and the Opt-down Plan. Under the Opt-down Plan, they and their insured dependants (if applicable) can earn Flex Dollars to reimburse the expenses incurred from check-ups, vaccinations, optical care, dental care as well as AIA individual policy premiums and levies, at no extra cost to you.

For more details, please refer to the section of "Flexible Spending Arrangement offers extra flexibility".



Privilege offer for companies with 8 or more employees: Portable employee voluntary medical protection

If your company has 8 or more employees at policy application and / or on the latest anniversary date, you can give your employees and their dependants⁵ the option of purchasing a portable employee voluntary medical protection plan at their own expense – without any extra cost to you.

Portable employee voluntary protection⁶ enables your employees to supplement their existing group medical protection at affordable premiums. That way, they gain extra assurance knowing their protection will continue even after leaving the company or retiring.



Options to suit your workforce

We understand the need to balance employee benefits with your budget. That's why we offer a wide range of selectable benefit levels with both core and optional benefits, extendable to the dependants of your insured employees, allowing you to customise an extensive group insurance scheme which is suitable for your workforce and their loved ones.

Core benefits

- Plans 1 to 3 – Ward plan
- Plans 4 to 6 – Semi-Private plan

Customised arrangement

- Flexible Spending Arrangement**
- Default Plan or Opt-down Plan

Optional benefits

Supplementary major medical benefits

- Plans 1 to 3 – Ward plan
 - Plans 4 to 6 – Semi-Private plan
- The benefit level must be the same as core benefits.

Life and accident benefits


- Plans 1 to 5

Outpatient benefits

- Plans 1 to 6 – 80% or 100% reimbursement

Dental benefits

- Plan 1 or 2



Simple and convenient application

We make it easy to apply. For companies with 8 or more employees, no health declaration or medical underwriting is necessary. For those with 3 to 7 employees, only simple health declarations are required to be submitted to AIA for approval.

5. If your company offers AIA group medical insurance scheme to insured employees' dependants (not including voluntary dependant cover).
6. Subject to availability of the product. For more information about portable employee voluntary medical protection, please consult your financial planner or call our hotline.

WorkWell with AIA

Support your employees in achieving their overall wellbeing

AIA understands that a healthy workforce is the key to business success. Going beyond traditional employer-provided group insurance, we redefine employee benefits by combining it with workforce wellness, and environmental, social and governance (ESG) to support your employees in achieving an overall state of wellbeing across 4 key dimensions: physical, mental, financial and social.

We encourage your employees to build a healthy lifestyle to maintain their physical wellness. Even if they feel unwell, AIA offers them diverse value-added services from treatment to recovery, partnering with medical specialists and professional service providers to support them for faster recovery.



Access a high-quality medical network

This is a value-added service designed to further enhance the insured persons’ peace of mind in a medical situation. Our medical network has a group of multi-disciplinary medical specialists and healthcare service providers and provides the insured persons with access to a number of day case procedure centres. The insured persons can book day case procedure under our medical network, and the network doctor will assist them arranging the application for prior authorisation. The insured persons can also enjoy the convenience of credit facility service.

Credit facility service for hospitalisation under the medical network

When the insured persons are facing a health challenge, the last thing they want is the hassle of paying medical bills. Through AIA, they can enjoy the total convenience of credit facility service for hospitalisation under our medical network. Once the application to this service has been approved, we will settle the medical expenses incurred during their hospital stay on their behalf, allowing them to focus on the recovery without the stress of paying hospital bills and making subsequent claims. Any shortfall payment resulting from the hospital stay will be settled after the treatment. Once the final claim amount has been settled, any related benefit limits will be reduced accordingly.

Worldwide emergency assistance

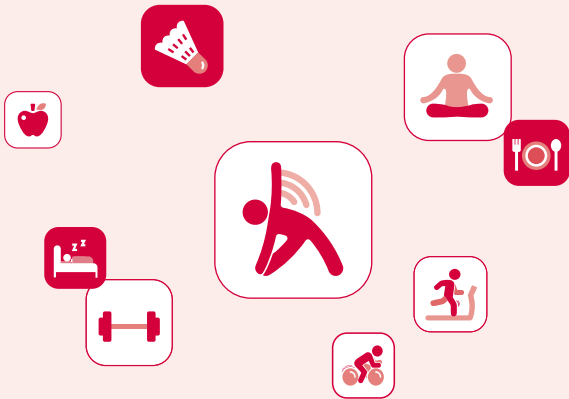
A worldwide assistance hotline is open 24/7 for any emergency support that the insured persons may need, especially when they are abroad. Help is always just one call away.

Join AIA Vitality

We are excited to introduce **AIA Vitality**, a game changing wellness programme which redefines the traditional concept of insurance, aims to reward your employees to live a healthy lifestyle. **AIA Vitality** helps your employees manage their health even as they strive to achieve career success. It also helps to improve productivity and bolster morale to build a healthy and motivated workforce for you.

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.



Cover at a glance

Product Nature	Medical protection insurance plan (Reimbursement)	
Plan Type	Basic plan	
Issue Age	Employee / Spouse	Unmarried children
	Age 64 or below	2 weeks to age 18, or up to age 22 for full-time students
Protection up to Age	Age 69	Age 18, or up to age 22 for full-time students
Eligibility	<ul style="list-style-type: none">The core benefit is applicable to employers with 3 to 100 full-time employeesAll full-time employees within the same group in the company must join the same benefit level of core benefitIf the employer wishes to add any of the optional benefits, all full-time employees within the same group must join the same benefit level of optional benefitIf the core and optional benefits include family protection, all eligible family members of the employee must join the same plans as the employeeIf the employer opts for the Flexible Spending Arrangement, all full-time employees and eligible family members will be entitled to this arrangement	
Medical Underwriting	Company with 3 to 7 full-time employees	Company with 8 or more full-time employees
	Health declaration is required and is subject to AIA's approval	No health declaration or medical underwriting requirement
Plan Option	Plans 1 to 3 – Ward plan Plans 4 to 6 – Semi-Private plan	
Geographic Cover	Network – Hong Kong Non-network – Worldwide	
Core Benefits	<ul style="list-style-type: none">Extensive hospitalisation and surgical coverConsultation by in-hospital specialist and special nursing feePre- / Post-hospitalisation outpatient consultationPsychiatric treatments on an in-patient basisCash incentive for designated clinical surgeries	
Optional Benefits	<ul style="list-style-type: none">Supplementary major medical benefits (The benefit level must be the same as core benefits)Life and accident benefitsOutpatient benefitsDental benefits	
Customised Arrangement	<p>Flexible Spending Arrangement</p> <ul style="list-style-type: none">Once this arrangement is opted for, the insured employees can choose between the Default Plan and the Opt-down Plan. Under the Opt-down Plan, they and their insured dependants (if applicable) can earn Flex Dollars for reimbursements of:<ul style="list-style-type: none">Check-upsVaccinationsOptical careDental careAIA individual policy premiums and leviesFor details of Flexible Spending Arrangement, please refer to the section of “Flexible Spending Arrangement offers extra flexibility”.	

This plan can only be purchased as a basic plan.


For more information, please read the sections of “Benefits schedule for **Flexi Choice Group Insurance Plan 3** (Default Plan)” and “Benefits schedule for **Flexi Choice Group Insurance Plan 3** (Opt-down Plan)” in this brochure.



Benefits schedule for Flexi Choice Group Insurance Plan 3

Default Plan

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


Core Benefits


 Recommendation by a registered doctor in writing is required.

Maximum Benefit (HK\$)						
Room Type Entitlement	Ward			Semi-Private		
Plan	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Medical Service Provider	Network and Non-Network					
I. Hospitalisation Benefits (Per Disability)						
1. Daily room and board (per day)	600	900	1,200	1,600	1,800	2,000
Maximum 180 days						
2. Intensive care unit (per day)	1,200	1,800	2,400	3,200	3,600	4,000
Maximum 10 days (which are a part of the maximum 180-day limit for daily room and board; application of any and all those days will deduct the 180-day limit accordingly)						
3. Other hospital services	8,000	13,000	18,000	22,000	30,000	34,000
4. Consultation by in-hospital doctor (per day)	600	900	1,200	1,600	1,800	2,000
Maximum 180 days						
 5. Consultation by in-hospital specialist	1,000	1,500	2,000	2,700	3,000	3,400
 6. Special nursing fee (per day) Actual charges for the specialised nursing care received during hospitalisation	600	900	1,200	1,600	1,800	2,000
Maximum 45 days						
7. Hospital companion bed benefit (per day) Expenses for one companion bed during hospitalisation of the insured person who is under age 16	600	900	1,200	1,600	1,800	2,000
Maximum 180 days						
II. Surgical Benefits (Per Disability)						
8. Surgeon's fee						
• Complex	30,000	50,000	70,000	100,000	120,000	140,000
• Major	15,000	25,000	35,000	50,000	60,000	70,000
• Intermediate	7,500	12,500	17,500	25,000	30,000	35,000
• Minor	3,000	5,000	7,000	10,000	12,000	14,000
9. Anaesthetist's fee						
• Complex	10,000	16,000	22,400	30,000	38,400	44,800
• Major	5,000	8,000	11,200	15,000	19,200	22,400
• Intermediate	2,500	4,000	5,600	7,500	9,600	11,200
• Minor	1,000	1,600	2,240	3,000	3,840	4,480
10. Operating room fee						
• Complex	10,000	16,000	22,400	30,000	38,400	44,800
• Major	5,000	8,000	11,200	15,000	19,200	22,400
• Intermediate	2,500	4,000	5,600	7,500	9,600	11,200
• Minor	1,000	1,600	2,240	3,000	3,840	4,480

The above information is for reference only. Please refer to the policy contract for the definitions of the capitalised terms and the exact and complete terms and conditions of the benefits. We reserve the right to revise the benefits schedule.

Core Benefits (continued)


 Recommendation by a registered doctor in writing is required.

Maximum Benefit (HK\$)						
Room Type Entitlement	Ward			Semi-Private		
Plan	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Medical Service Provider	Network and Non-Network					
III. Other Benefits (Per Disability)						
11. Emergency accident benefit Actual charges for emergency outpatient treatment in an outpatient department of a hospital within 24 hours of the accident resulting the covered injury of the insured person	600	900	1,200	1,600	1,800	2,000
12. Pre- / Post-hospitalisation outpatient consultation Actual charges for consultation within 60 days before hospitalisation or within 180 days after discharge from the hospital	2,000	3,000	4,000	6,000	8,000	10,000
13. Second claim incentive (per day) Payable if a claim is successfully reimbursed by other insurance companies before remaining amounts are claimed under this plan	600	900	1,200	1,600	1,800	2,000
Maximum 180 days						
14. Designated clinical surgery incentive Payable if the insured person undergoes gastroscopy, colonoscopy, bronchoscopy, cataract, cystoscopy, arthroscopy or colposcopy on an outpatient basis	600	900	1,200	1,600	1,800	2,000
15. Hospital cash benefit (per day) For stay in general ward / public ward of a government hospital or in a hospital without charge	600	900	1,200	1,600	1,800	2,000
Maximum 180 days						
 16. Psychiatric treatments (per policy year) Actual charges for psychiatric treatments on an inpatient basis	30,000	30,000	30,000	30,000	30,000	30,000
IV. Increased Overseas Hospitalisation Benefit (Due to Accident)						
<ul style="list-style-type: none">Maximum benefit under part I (Hospitalisation Benefits) and / or part II (Surgical Benefits) are doubled for hospitalisation due to an accident while the insured person is travelling overseasNot applicable to the Mainland China (including Hong Kong and Macau)Only applicable to non-network			Up to 200% of part I (Hospitalisation Benefits) and / or part II (Surgical Benefits) benefits payable			

The above information is for reference only. Please refer to the policy contract for the definitions of the capitalised terms and the exact and complete terms and conditions of the benefits. We reserve the right to revise the benefits schedule.

“Hong Kong” and “Macau” herein refer to “Hong Kong Special Administrative Region” and “Macau Special Administrative Region” respectively.

Core Benefits (continued)

 Recommendation by a registered doctor in writing is required.

Maximum Benefit (HK\$)						
Room Type Entitlement	Ward			Semi-Private		
Plan	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
V. Extended Benefits						
Worldwide emergency assistance services						
a. Emergency medical evacuation			100%			
b. Repatriation of remains			100%			
c. Worldwide hospitalisation deposit guarantee			Maximum 60,000 (per trip)			
d. Compassionate visit by one immediate family member (if the insured person is hospitalised for more than 7 consecutive days)						
- Return air ticket (economy class)			Included			
- Visitor's accommodation expenses			Maximum 12,000 (per trip)			
e. Return of children (under age 18) to the place of residence / origin (if the insured person is hospitalised and the children under age 18 are travelling with the insured person and are left unattended)						
- One-way air ticket (economy class)			Included			
- Qualified escort when necessary			Included			
f. Overseas medical monitoring & repatriation after discharge from overseas hospitalisation			Included			
g. Hotel room accommodation for convalescence			Maximum 2,000 per day (maximum 5 days per trip)			
China Assist Card For medically necessary hospitalisation, we provide hospital deposit guarantee or payment of hospital deposit (up to HK\$10,000) for the insured persons when they present the China Assist Card at any of our selected hospitals in Mainland China (except Hong Kong and Macau).			Included			

Optional Benefits

A. Supplementary Major Medical Benefits (SMM)

If SMM is selected, the benefit level must be the same as core benefits and it will be included as a part of core benefits.

Maximum Benefit (HK\$)						
Room Type Entitlement	Ward			Semi-Private		
Plan	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Medical Service Provider	Network and Non-Network					
80% Reimbursement up to the maximum benefit (per disability) If the expenses exceed the maximum benefit under part I (Hospitalisation Benefits) and / or part II (Surgical Benefits) (i.e. "Eligible Expenses") of the core benefits, subject to the maximum benefit per disability of SMM, we will pay the actual reimbursement as follows:						
	50,000	60,000	80,000	100,000	120,000	150,000
$\text{Actual reimbursement} = \frac{(\text{Eligible Expenses} - \text{Deductible}) \times \text{Reimbursement Rate (i.e. 80\%)}}{1}$						
Deductible [^] (per disability)	1,000					

^ "Deductible" shall mean a fixed amount of eligible expenses the insured person must pay before we shall reimburse the remaining eligible expenses. For example, with HK\$1,000 deductible, for the eligible expenses of HK\$50,000 with reimbursement percentage at 80%, the insured person is firstly responsible for HK\$1,000 (i.e. the deductible amount), and secondly responsible for HK\$9,800 (i.e. 20% of remaining eligible expenses after deducting the deductible amount), while we pay the remaining HK\$39,200 (i.e. 80% of remaining eligible expenses after deducting the deductible amount).

Adjustment Factor for SMM
If the insured person is confined in a hospital room of a type that is at a higher level than the room type corresponding to the plan level chosen, the benefit payable shall be paid according to the benefits schedule, subject to the maximum benefit per disability of SMM and the 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%

The actual reimbursement will be calculated as follows:
(Eligible Expenses x Adjustment Factor – Deductible) x Reimbursement Rate (i.e. 80%)

B. Life and Accident Benefits

Plan	Sum Assured (HK\$)				
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Death benefit <ul style="list-style-type: none">Payable if the death of the insured employee occurs while the policy is in effectApplicable to insured employees only	50,000	80,000	100,000	125,000	150,000
Accidental death and disablement benefits <ul style="list-style-type: none">Payable if any of the injuries, which is caused solely by accident, covered in the benefits schedule for the accidental death and disablement benefits occurs within 12 months of an accident involving the insured employee, up to the percentage listed in the benefits schedule (as the case may be)Applicable to insured employees only	150,000	240,000	300,000	375,000	450,000



The above information is for reference only. Please refer to the policy contract for the definitions of the capitalised terms and the exact and complete terms and conditions of the benefits. We reserve the right to revise the benefits schedule.

Benefits schedule for the accidental death and disablement benefits


Injury	% of Sum Assured
1. Loss of life	100%
2. Permanent total loss of sight of both eyes or one eye	100%
3. Loss of or the permanent total loss of use of two limbs or one limb	100%
4. Loss of speech and hearing	100%
5. Permanent and incurable insanity	100%
6. Permanent and incurable paralysis of all limbs	100%
7. Permanent total loss of hearing in <ul style="list-style-type: none">a. both earsb. one ear	75% 25%
8. Loss of speech	50%
9. Permanent total loss of the lens of one eye	50%
10. Loss of or the permanent total loss of use of four fingers and thumb <ul style="list-style-type: none">a. right handb. left hand	70% 50%
11. Loss of or the permanent total loss of use of four fingers <ul style="list-style-type: none">a. right handb. left hand	40% 30%
12. Loss of or the permanent total loss of use of one thumb <ul style="list-style-type: none">a. both right phalanges / one right phalanxb. both left phalanges / one left phalanx	30% / 15% 20% / 10%
13. Loss of or the permanent total loss of use of fingers <ul style="list-style-type: none">a. three right phalanges / two right phalanges / one right phalanxb. three left phalanges / two left phalanges / one left phalanx	10% / 7.5% / 5% 7.5% / 5% / 2%
14. Loss of or the permanent total loss of use of toes <ul style="list-style-type: none">a. all – both feetb. great – both phalangesc. great – one phalanxd. other than great, each toe	15% 5% 3% 1%
15. Fractured leg or patella with established non-union	10%
16. Shortening of leg by at least 5cm	7.5%
17. Third degree burns (full thickness skin destruction) covering 25% or more of total body surface area	100%






If the insured employee is left-handed, the percentage for the disablements of right hand and left hand listed in the benefits schedule will be transposed.

The above information is for reference only. Please refer to the policy contract for the definitions of the capitalised terms and the exact and complete terms and conditions of the benefits. We reserve the right to revise the benefits schedule.

C. Outpatient Benefits

Flexi Choice Group Insurance Plan 3 allows you to choose from 6 outpatient benefit levels. You may also choose a 80% or 100% reimbursement rate for outpatient benefits.

 Recommendation by a registered doctor in writing is required.

Maximum Benefit (HK\$)											
Plan	Plan 1	Plan 2A	Plan 2B	Plan 3A	Plan 3B	Plan 4A	Plan 4B	Plan 5A	Plan 5B	Plan 6A	Plan 6B
Medical Service Provider	Network only	Network and Non-Network									
Reimbursement Percentage	100%	80%	100%	80%	100%	80%	100%	80%	100%	80%	100%
 1. Outpatient consultation by a general doctor (per visit) <ul style="list-style-type: none">Including charges for treatment and medicationMaximum 1 visit per day	Covered	150		180		210		250		300	
	Copayment~ for network 30	Copayment~ for network 20		Copayment~ for network 20		Copayment~ for network 20					
 2. Outpatient consultation by a specialist (per visit) <ul style="list-style-type: none">Including charges for treatment and medicationMaximum 1 visit per day	Covered	300		360		420		500		600	
	Copayment~ for network 50	Copayment~ for network 40		Copayment~ for network 40		Copayment~ for network 40					
 3. Physiotherapy and Chiropractor Treatment (per visit) <ul style="list-style-type: none">Including charges for care and treatmentNon-network onlyMaximum 1 visit per day	N/A	150		180		210		250		300	
 4. Chinese medicine (per visit) <ul style="list-style-type: none">Including charges for care and treatment for Chinese herbal medicine, bonesetting, acupuncture and tui na onlyNon-network onlyMaximum 1 visit per day and 5 visits per policy year	N/A	100		120		150		200		250	
 5. Basic diagnostic test (per disability)	500	500		800		1,000		1,500		2,000	

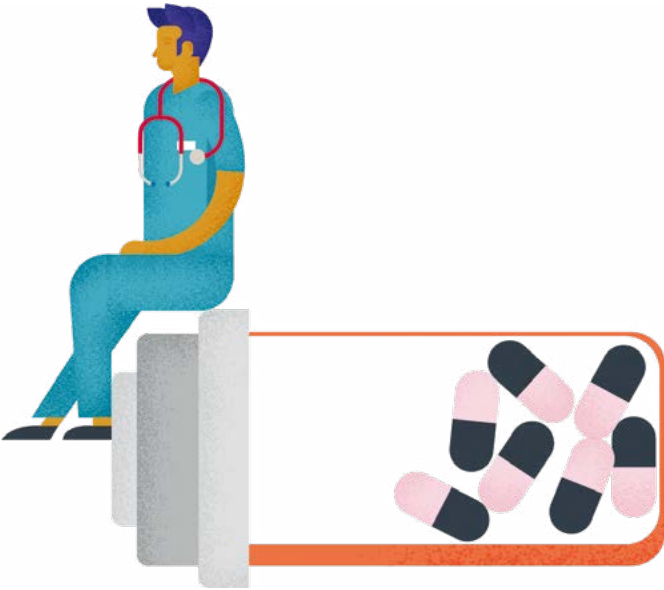
The aggregate number of visit under items 1 to 4 is limited to 30 per policy year.

~ Copayment shall mean a fixed amount that the insured person must pay for the outpatient benefits as specified in the above benefit schedule directly to the relevant network provider either after receiving medical services or when billed by such network provider (whichever is applicable). For example, for outpatient consultation with copayment of HK\$30, the insured person is responsible to pay HK\$30 to the relevant network provider directly.

The above information is for reference only. Please refer to the policy contract for the definitions of the capitalised terms and the exact and complete terms and conditions of the benefits. We reserve the right to revise the benefits schedule.

D. Dental Benefits

Maximum Benefit (HK\$)		
Plan	Plan 1	Plan 2
Medical Service Provider	Non-Network	
Reimbursement Percentage	80%	100%
1. Preventive oral examination, scaling and polishing <ul style="list-style-type: none">Maximum 2 visits per policy year		
2. Intra-oral x-ray and medication		
3. Fillings and extractions	2,000 per policy year	3,000 per policy year
4. Drainage of abscesses		
5. Pins for cusp restoration		
6. Dentures, crowns and bridges (due to accident)		



The above information is for reference only. Please refer to the policy contract for the definitions of the capitalised terms and the exact and complete terms and conditions of the benefits. We reserve the right to revise the benefits schedule.

Flexible Spending Arrangement offers extra flexibility

You can select the Flexible Spending Arrangement at no extra cost to give your employees more choices for maintaining their wellbeing. Under the Flexible Spending Arrangement, they can choose to opt down their benefits in exchange for Flex Dollars to spend on a range of benefits.



Build the Default Plan

The employer selects core benefits and optional benefits (if applicable) based on employees' groups



Select the Benefits

Employees can select to be covered under the Default Plan or the Opt-down Plan for themselves and their dependants (if applicable) for the policy year



Spend Flex Dollars

Under the Opt-down Plan, employees and their dependants (if applicable) will earn Flex Dollars, which they can spend on a list of covered items under the Flexible Spending Arrangement throughout the policy year



Expenses reimbursed by Flex Dollars			Amount (HK\$)
			Up to the Flex Dollars received from opting down the Default Plan (as the case may be, after deducting any used amount)
Check-ups	Optical care	Premiums and levies of AIA individual policy (issued by AIA International Limited) ⁷	
Vaccinations	Dental care		

A Service Acknowledgement for Flexible Spending Arrangement is required to be signed by employer. For the participation guidelines and limitations of Flexible Spending Arrangement, please refer to the sections of “Conditions” and “Important Information”.

7. Include insurance premiums and levies paid for an AIA individual policy purchased by the insured employees, insured dependants, dependants and / or parents of the insured employee, and / or parents of insured dependant.

Opt-down Plan



Benefits schedule for Flexi Choice Group Insurance Plan 3

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

The insured employee can only choose an Opt-down Plan that is corresponding to the level of Default Plan (e.g. if the insured employee is covered under Default Plan 1, he / she can only choose Opt-down Plan 1X) for themselves and their insured dependants (if applicable).


Core Benefits


Recommendation by a registered doctor in writing is required.

Maximum Benefit (HK\$)						
Room Type Entitlement	Ward			Semi-Private		
Plan	Plan 1X	Plan 2X	Plan 3X	Plan 4X	Plan 5X	Plan 6X
Flex Dollar (Per Policy Year)	210	300	350	750	870	1,030
Medical Service Provider	Network and Non-Network					
I. Hospitalisation Benefits (Per Disability)						
1. Daily room and board (per day)	420	630	840	1,120	1,260	1,400
	Maximum 180 days					
2. Intensive care unit (per day)	840	1,260	1,680	2,240	2,520	2,800
	Maximum 10 days (which are a part of the maximum 180-day limit for daily room and board; application of any and all those days will deduct the 180-day limit accordingly)					
3. Other hospital services	5,600	9,100	12,600	15,400	21,000	23,800
4. Consultation by in-hospital doctor (per day)	420	630	840	1,120	1,260	1,400
	Maximum 180 days					
 5. Consultation by in-hospital specialist	700	1,050	1,400	1,890	2,100	2,380
 6. Special nursing fee (per day) Actual charges for the specialised nursing care received during hospitalisation	420	630	840	1,120	1,260	1,400
	Maximum 45 days					
7. Hospital companion bed benefit (per day) Expenses for one companion bed during hospitalisation of the insured person who is under age 16	420	630	840	1,120	1,260	1,400
	Maximum 180 days					

The above information is for reference only. Please refer to the policy contract for the definitions of the capitalised terms and the exact and complete terms and conditions of the benefits. We reserve the right to revise the benefits schedule.

Core Benefits (continued)


 Recommendation by a registered doctor in writing is required.

Maximum Benefit (HK\$)						
Room Type Entitlement	Ward			Semi-Private		
Plan	Plan 1X	Plan 2X	Plan 3X	Plan 4X	Plan 5X	Plan 6X
Medical Service Provider	Network and Non-Network					
II. Surgical Benefits (Per Disability)						
8. Surgeon's fee						
• Complex	18,000	30,000	42,000	60,000	72,000	84,000
• Major	9,000	15,000	21,000	30,000	36,000	42,000
• Intermediate	4,500	7,500	10,500	15,000	18,000	21,000
• Minor	1,800	3,000	4,200	6,000	7,200	8,400
9. Anaesthetist's fee*						
• Complex						
• Major				N/A		
• Intermediate						
• Minor						
10. Operating room fee*						
• Complex						
• Major				N/A		
• Intermediate						
• Minor						
III. Other Benefits (Per Disability)						
11. Emergency accident benefit						
Actual charges for emergency outpatient treatment in an outpatient department of a hospital within 24 hours of the accident resulting the covered injury of the insured person	420	630	840	1,120	1,260	1,400
12. Pre- / Post-hospitalisation outpatient consultation						
Actual charges for consultation within 60 days before hospitalisation or within 180 days after discharge from the hospital	1,400	2,100	2,800	4,200	5,600	7,000
13. Second claim incentive (per day)						
Payable if a claim is successfully reimbursed by other insurance companies before remaining amounts are claimed under this plan	420	630	840	1,120	1,260	1,400
			Maximum 180 days			
14. Designated clinical surgery incentive						
Payable if the insured person undergoes gastroscopy, colonoscopy, bronchoscopy, cataract, cystoscopy, arthroscopy or colposcopy on an outpatient basis	420	630	840	1,120	1,260	1,400
15. Hospital cash benefit (per day)						
For stay in general ward / public ward of a government hospital or in a hospital without charge	420	630	840	1,120	1,260	1,400
			Maximum 180 days			
 16. Psychiatric treatments (per policy year)						
Actual charges for psychiatric treatments on an inpatient basis	21,000	21,000	21,000	21,000	21,000	21,000

* For Opt-down Plan only, the eligible expenses of anaesthetist's fee and operating room fee can be covered under other hospital services.

The above information is for reference only. Please refer to the policy contract for the definitions of the capitalised terms and the exact and complete terms and conditions of the benefits. We reserve the right to revise the benefits schedule.

Core Benefits (continued)

 Recommendation by a registered doctor in writing is required.

Maximum Benefit (HK\$)						
Room Type Entitlement	Ward			Semi-Private		
Plan	Plan 1X	Plan 2X	Plan 3X	Plan 4X	Plan 5X	Plan 6X
IV. Increased Overseas Hospitalisation Benefit (Due to Accident)						
<ul style="list-style-type: none">Maximum benefit under part I (Hospitalisation Benefits) and / or part II (Surgical Benefits) are doubled for hospitalisation due to an accident while the insured person is travelling overseasNot applicable to the Mainland China (including Hong Kong and Macau)Only applicable to non-network	Up to 200% of part I (Hospitalisation Benefits) and / or part II (Surgical Benefits) benefits payable					
V. Extended Benefits						
Worldwide emergency assistance services						
a. Emergency medical evacuation	100%					
b. Repatriation of remains	100%					
c. Worldwide hospitalisation deposit guarantee	Maximum 60,000 (per trip)					
d. Compassionate visit by one immediate family member (if the insured person is hospitalised for more than 7 consecutive days)						
- Return air ticket (economy class)	Included					
- Visitor's accommodation expenses	Maximum 12,000 (per trip)					
e. Return of children (under age 18) to the place of residence / origin (if the insured person is hospitalised and the children under age 18 are travelling with the insured person and are left unattended)						
- One-way air ticket (economy class)	Included					
- Qualified escort when necessary	Included					
f. Overseas medical monitoring & repatriation after discharge from overseas hospitalisation	Included					
g. Hotel room accommodation for convalescence	Maximum 2,000 per day (maximum 5 days per trip)					
China Assist Card						
For medically necessary hospitalisation, we provide hospital deposit guarantee or payment of hospital deposit (up to HK\$10,000) for the insured persons when they present the China Assist Card at any of our selected hospitals in Mainland China (except Hong Kong and Macau).			Included			

The above information is for reference only. Please refer to the policy contract for the definitions of the capitalised terms and the exact and complete terms and conditions of the benefits. We reserve the right to revise the benefits schedule.

Optional Benefits

A. Supplementary Major Medical Benefits (SMM)

If SMM is selected, the benefit level must be the same as core benefits and it will be included as a part of core benefits.

Maximum Benefit (HK\$)						
Room Type Entitlement	Ward			Semi-Private		
Plan	Plan 1X	Plan 2X	Plan 3X	Plan 4X	Plan 5X	Plan 6X
Flex Dollar (Per Policy Year)	115	130	130	145	155	190
Medical Service Provider	Network and Non-Network					
80% Reimbursement up to the maximum benefit (per disability) If the expenses exceed the maximum benefit under part I (Hospitalisation Benefits) and / or part II (Surgical Benefits) (i.e. "Eligible Expenses") of the core benefits, subject to the maximum benefit per disability of SMM, we will pay the actual reimbursement as follows: Actual reimbursement = (Eligible Expenses – Deductible) x Reimbursement Rate (i.e. 80%)	35,000	42,000	56,000	70,000	84,000	105,000
Deductible^ (per disability)	1,000					

^“Deductible” shall mean a fixed amount of eligible expenses the insured person must pay before we shall reimburse the remaining eligible expenses. For example, with HK\$1,000 deductible, for the eligible expenses of HK\$50,000 with reimbursement percentage at 80%, the insured person is firstly responsible for HK\$1,000 (i.e. the deductible amount), and secondly responsible for HK\$9,800 (i.e. 20% of remaining eligible expenses after deducting the deductible amount), while we pay the remaining HK\$39,200 (i.e. 80% of remaining eligible expenses after deducting the deductible amount).

Adjustment Factor for SMM

If the insured person is confined in a hospital room of a type that is at a higher level than the room type corresponding to the plan level chosen, the benefit payable shall be paid according to the benefits schedule, subject to the maximum benefit per disability of SMM and the 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%


The actual reimbursement will be calculated as follows:
(Eligible Expenses x Adjustment Factor – Deductible) x Reimbursement Rate (i.e. 80%)

The above information is for reference only. Please refer to the policy contract for the definitions of the capitalised terms and the exact and complete terms and conditions of the benefits. We reserve the right to revise the benefits schedule.

B. Life and Accident Benefits

Opt-down Plan is not applicable to life and accident benefits. For benefit details, please refer to the section of “Benefits schedule for **Flexi Choice Group Insurance Plan 3** (Default Plan)”.

C. Outpatient Benefits

 Recommendation by a registered doctor in writing is required.

Maximum Benefit (HK\$)										
Plan	Plan 2AX	Plan 2BX	Plan 3AX	Plan 3BX	Plan 4AX	Plan 4BX	Plan 5AX	Plan 5BX	Plan 6AX	Plan 6BX
Flex Dollar (Per Policy Year)	165	165	185	185	200	200	245	245	280	280
Medical Service Provider	Network and Non-Network									
Reimbursement Percentage	80%	100%	80%	100%	80%	100%	80%	100%	80%	100%
1. Outpatient consultation by a general doctor (per visit) • Including charges for treatment and medication • Maximum 1 visit per day	130		150		180		210		260	
2. Outpatient consultation by a specialist (per visit) • Including charges for treatment and medication • Maximum 1 visit per day	260		310		360		430		510	
3. Physiotherapy and Chiropractor Treatment (per visit) • Including charges for care and treatment • Non-network only • Maximum 1 visit per day	130		150		180		210		260	
4. Chinese medicine (per visit) • Including charges for care and treatment for Chinese herbal medicine, bonesetting, acupuncture and tui na only • Non-network only • Maximum 1 visit per day and 5 visits per policy year	80		100		120		160		200	
5. Basic diagnostic test (per disability)	400		640		800		1,200		1,600	

- The aggregate number of visit under items 1 to 4 is limited to 30 per policy year.
- Opt-down Plan is not applicable to Plan 1 of outpatient benefits. For benefit details, please refer to the section of “Benefits schedule for **Flexi Choice Group Insurance Plan 3** (Default Plan)”.

~ Copayment shall mean a fixed amount that the insured person must pay for the outpatient benefits as specified in the above benefit schedule directly to the relevant network provider either after receiving medical services or when billed by such network provider (whichever is applicable). For example, for outpatient consultation with copayment of HK\$30, the insured person is responsible to pay HK\$30 to the relevant network provider directly.

The above information is for reference only. Please refer to the policy contract for the definitions of the capitalised terms and the exact and complete terms and conditions of the benefits. We reserve the right to revise the benefits schedule.

D. Dental Benefits

Maximum Benefit (HK\$)		
Plan	Plan 1X	Plan 2X
Flex Dollar (Per Policy Year)	185	250
Medical Service Provider	Non-Network	
Reimbursement Percentage	80%	100%
1. Preventive oral examination, scaling and polishing <ul style="list-style-type: none">Maximum 2 visits per policy year		
2. Intra-oral x-ray and medication		
3. Fillings and extractions	1,500 per policy year	2,000 per policy year
4. Drainage of abscesses		
5. Pins for cusp restoration		
6. Dentures, crowns and bridges (due to accident)		



The above information is for reference only. Please refer to the policy contract for the definitions of the capitalised terms and the exact and complete terms and conditions of the benefits. We reserve the right to revise the benefits schedule.

Conditions

Eligibility

Number of employees

- The company must have 3 to 100 full-time employees.

Age of employees

- Full-time employees: age 64 or below
- Employees between the ages of 65 and 69 are not entitled to enrol to the plan, but are allowed to continue to participate in the plan if they have enrolled to the plan when they were below the age of 65.

Age of employees’ dependants

- Spouse: age 64 or below
- Spouses between the ages of 65 and 69 are not entitled to enrol to the plan, but are allowed to continue to participate in the plan if they have enrolled to the plan when they were below the age of 65.
- Unmarried dependant children: from the age of 2 weeks to 18 years; full-time students are eligible up to the age of 22 (proof of full-time education is required).

Grouping

- The company can divide eligible employees into different groups to participate in different plans and the groups can be divided by employees’ grade, contract type or years of service, subject to the maximum number of groups entitled to be divided as shown below:

Total number of full-time employees	Maximum number of groups
3	1
4 to 6	2
7 to 10	3
11 to 15	4
16 to 20	5
21 or above	6

- Except the top group in the company, all groups must have at least 3 full-time employees.

Participation guidelines for core benefits

- All eligible employees of the company must join the plan.
- The employer must select the same plan for participating employees of the same group.
- The benefits provided for the upper group must be the same or higher than the benefits provided for the lower group.
- If the plan includes family protection, all eligible family members of the employee must join the same plan as the employee.
- If the lowest group includes family protection, all other groups must include family protection as well.

Participation guidelines for optional benefits

i) Supplementary major medical benefits (SMM)

- If the plan includes optional supplementary major medical benefits, the employer must select the same plan level as the core benefits.
- The employer must select the same plan for participating employees of the same group.
- The benefits provided for the upper group must be the same or higher than the benefits provided for the lower group.
- If the plan includes family protection, all eligible family members of the employee must join the same plan as the employee.
- If the lowest group includes family protection, all other groups must include family protection as well.

ii) Life and accident benefits (Only applicable to employees)

- If the plan includes optional life and accident benefits, the employer must select the same plan for participating employees of the same group.
- The benefits provided for the upper group must be the same or higher than the benefits provided for the lower group.

iii) Outpatient and / or dental benefits

- If the plan includes optional outpatient and / or dental benefits, the employer must select the same plan for participating employees of the same group.
- The benefits provided for the upper group must be the same or higher than the benefits provided for the lower group.
- If the plan includes family protection, all eligible family members of the employee must join the same plan as the employee.
- If the lowest group includes family protection, all other groups must include family protection as well.

Participation guideline for Flexible Spending Arrangement

- If the company selects Flexible Spending Arrangement to be included in the plan, all eligible employees of the company will have the option to choose the Default Plan or the Opt-down Plan, and the chosen plan will be applied to their eligible family members (if applicable).
- All eligible employees must select their benefits plan within the enrolment window which will be open for each eligible employee once a policy year (except employees whose effective date of the cover will be 3 months before the next policy anniversary and employees whose enrolment dates are 2 months before the next policy anniversary. These employees and their eligible family members will be enrolled in Default Plan automatically).
- All eligible employees who do not select their benefits plan within the enrolment window will stay under the Default Plan.
- For eligible employees who choose the Opt-down Plan, all benefits (except where Opt-down Plans are not applicable) will be opted down together.

- All eligible employees are not allowed to change from Default Plan to Opt-down Plan or from Opt-down Plan to Default Plan within the policy year once the selection is made; even in the event of any change in circumstances such as career events (a job promotion / demotion); or upon the addition / deletion of eligible dependants.

Participation guideline for AIA Vitality
(Only applicable to employees)

- If the employer opts for “AIA Vitality”, all eligible employees of the company must join the programme.

Excluded Industry / Organisation

This plan is not applicable to the below industries / organisations:

- Group where other than a single employer or employee relationship exists
- Group where eligible employees include seasonal, unskilled, part-time or transient workers
- Association of individuals or companies
- Bus, taxi or truck driver (Risks involved with driving in Mainland China will be excluded)
- Construction group
- Labour union
- Hospital / doctor / nurse / medical or clinic group
- Political or religious group
- Sports team
- Underground mine worker
- Farmer / agriculture / animal processing
- Employee leasing firm or temporary agency
- Window and / or industrial cleaning service
- Spa, Turkish bath, massage parlor, gymnasium, health resort or similar enterprises
- Theatre, amusement park, dance hall, billiard parlor, and bowling alley or sports promoter
- Group which involves special hazards / risks
 - Commercial airline personnel
 - Nuclear power or chemical production plant
 - Police or security officer
 - Fireman
 - Manufacturer or user of ammunition or explosive
 - Military and military related group
 - Collective traveling group (e.g. Professional sports team, air crew, offshore worker, oil rig worker, ship crew, diver or driller (oil, water, underground coal), underground miner)

How to apply

Please submit the following completed and signed documents:

- Application form
- Data form of proposed insured persons
- Service Acknowledgement for Flexible Spending Arrangement (if applicable)
- Health declaration forms of proposed insured persons (if the company has 3 to 7 full-time employees)
- Photocopy of Hong Kong Business Registration Certificate
- Photocopy of pension contribution record showing names of eligible employees (if the company has 3 to 7 full-time employees)
- Cheque for the first year’s premium and levy, together with the first year’s membership fee for AIA Vitality (if applicable), payable to “AIA International Limited”
- Documents required by “The Guideline on Anti-Money Laundering and Counter-Terrorist Financing” (if applicable)



For company with 3 to 7 full-time employees, we will carry out individual simple medical underwriting for each proposed insured person. We may ask for further information (e.g. medical report) during the course of medical underwriting.



The policy will be effective upon approval of medical underwriting for a minimum of 3 employees on the underwriting approval date or any subsequent date specified by the policyholder, whichever is later. (In case some of your employees cannot pass the underwriting, you have the right to cancel your policy by giving written notice to us within 31 days after the delivery of the policy or of the written notice to you or our representative informing you that the policy is available, whichever is earlier.)



Our representative will deliver the group policy document to the successful applicant.

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, or will form the payment under Flexible Spending Arrangement (if applicable).
- Insured persons refer to the insured employees and their insured family members (if applicable).
- If the plan includes family protection, the benefits mentioned in this product brochure for employees apply to their dependants as well (excluding life benefit and accident benefit).
- If the policyholder has less than 8 insured full-time employees upon the policy anniversary, health declarations of all newly-joined employees and their dependants (if optional dependant cover is provided) must be submitted to AIA in the upcoming policy year. The cover of the relevant persons will subject to AIA’s review and approval.
- This brochure is for distribution in Hong Kong only.

Key Product Risks

- You need to pay the premium for this plan upon renewal every policy year.
- The insured person will lose the cover when the following happens:
 - the insured person passes away.
- You may request for the termination of your policy by notifying us in written notice. Also, we will terminate your policy and all the insured persons will lose their cover when one of the following happens:
 - you do not pay the premium within 31 days of the premium due date;
 - the number of the insured full-time employees falls below 3;
 - the nature of the company’s business changes to another nature that we shall cease to provide cover. For the latest list of the excluded industries / organisations, please visit our website aia.com.hk; or
 - the company provides incorrect information or is unable to disclose important information regarding the insured persons.
- The insured person may lose the cover when he or she no longer resides in Hong Kong.
- We reserve the right to terminate your policy and all the insured persons will lose their cover when the company transfers to operate out of Hong Kong.
- Cover renewal is based on the continuing availability of the plan to all existing policies.
- 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 persons may lose their cover and you may lose the remaining premium and levy for that policy year.

- 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.
- Your current planned benefit may not be sufficient to meet the future needs of the insured persons since the future cost of living may become higher than they are today due to inflation. Where the actual rate of inflation is higher than expected, the insured persons may receive less in real terms even if we meet all of our contractual obligations.

General Exclusions

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

All benefits exclusion

Any claim directly or indirectly, wholly or partly caused by AIDS or HIV.

Life benefit exclusions

- If the death was caused, directly or indirectly, wholly or partly, by a pre-existing condition for which the insured employee showed symptoms or received medical treatment, diagnosis, consultation or prescribed drugs during the 12 months preceding the effective date of the cover, unless the insured employee affected by such pre-existing condition has been insured under this policy continuously for 12 months.
- In case of suicide, whether while sane or insane, within 1 year from the effective date of the cover, we will only offer a refund limited to the total premiums paid for life insurance benefit for the insured employee. This also applies to any subsequent increase in life insurance benefit that comes into effect within 1 year.

Accident benefit exclusions

- Suicide, self-inflicted injuries or any attempt thereat, while sane or insane.
- War, declared or undeclared, revolution or any warlike operations.
- Riot and civil commotion, strikes or terrorist activities.
- Violation or attempted violation of the law or resistance to arrest.
- Entering, operating or servicing, riding in or on, ascending or descending from or with any aerial device, or conveyance except while the insured employee is a fare-paying passenger in an aircraft operated by a commercial passenger airline on a regular scheduled passenger trip over its established passenger route.
- Racing on horse or wheels.

Medical benefits exclusions

Medical benefits include hospitalisation and surgical benefits, other benefits, increased overseas hospitalisation benefit (due to accident), extended benefits, optional supplementary major medical benefits, optional outpatient benefits and optional dental benefits.

- Pre-existing conditions for which the insured person showed symptoms or received medical treatment, diagnosis, consultation or prescribed drugs within the 12 months preceding the effective date of the cover, unless the insured person has been insured under the policy continuously for 12 months.
- Investigation and treatment of psychological, emotional, mental or behavioural conditions; alcoholism or drug addiction; rest cure or sanatoria care; treatment of an optional nature; intentionally self-inflicted injuries while sane or insane.

3. Injuries arising directly or indirectly from war, declared or undeclared.
4. General physical or medical check-up or tests not incidental to treatment or diagnosis of an actual Sickness or Injury or any treatment which is not medically necessary; immunisation, vaccination or inoculation.
5. Procurement or use of special braces, any appliances, any equipment or prosthetic devices, any implants, contact lenses, eye glasses, hearing aids or the fitting of the same and non-medical services such as television, telephone and the like.
6. Any dental (except where and as covered under optional benefit) or eye examination / treatment, surgical procedure for correction of eye refraction, cosmetic procedures or plastic surgery except to the extent that such surgery is necessary for the repair of damage caused solely by accidental bodily injuries covered under the policy.
7. Any investigation, treatment or surgery for congenital defect that gives rise to signs or symptoms, or is diagnosed, before the insured person reaches the age of 17.
8. Birth control measures, investigation or treatment pertaining to infertility, genetic testing or counselling, treatment occasioned by or resulting from pregnancy, childbirth or abortion.
9. Non-medically necessary health services inclusive of treatment, investigation, supplies and admission.
10. Experimental, investigational or unproven services except when authorised by AIA.
11. Services and supplies for smoking cessation programmes and the treatment of nicotine addiction.
12. Services rendered by a Physician, Surgeon, or Chinese Medicine Practitioner (whether legally registered or not) with the same legal residence as the insured person or who is a member of the insured person's family, including spouse, brother, sister, parent or child; or services delivered by an agent of AIA.
13. Chinese Medicine Practitioner treatment, including Chinese herbal medicine, bonesetting, acupuncture and tui na (except where and as covered under optional benefit), hypnotism, massage therapy, aroma therapy, and other forms of alternative treatments.
14. Clinical home care; convalescence or custodial care in any setting; day care; hospice, private duty nursing; respite care unless prior approval is obtained from AIA.
15. Other education services such as speech improvement, diabetic classes and nutritional services, or group support services.

Additional dental benefits exclusions

1. Dental appliances.
2. Charges for any dental procedures which are not included in the Benefits Schedule.
3. Treatment by any person other than a dentist.
4. Charges for dentures (except when necessitated by an accident).
5. Charges for services and supplies that are partially or wholly cosmetic in nature, including charges for personalisation or characterisation of dentures, unless the services are recommended as necessary by a dentist.

Flexible Spending Arrangement exclusions

1. Exclusion for check-ups:

• Maternity check-up.
2. Exclusions for dental care:

• Dental appliances.

• Services and supplies which are partly or wholly cosmetic in nature.

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;
- 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 the policyholder a written notice of any revision 45 days before any policy anniversary or upon renewal.

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 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 the medical services and the duration of the hospital stay are within the usual level of charges or duration for similar treatment in the locality of such services delivered.
2. 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.
3. Medical network services refer to designated third party medical network service providers engaged by AIA. The medical network service providers are independent contractors and are not agents or employees or representatives of AIA. AIA does not guarantee the provision of services by a particular medical network/service provider or the number of medical network(s) /service provider(s) available. The scope and location of the medical network service shall be determined by AIA at its sole discretion and may be changed from time to time. AIA shall not be responsible for any act, negligence or omission of medical network(s) in the provision of medical network services, treatments, opinions and advice. AIA reserves the right to amend, suspend or terminate these services without further notice.

Effective from 1 January 2018, all policyholders 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 or IA's website at www.ia.org.hk.

4. Prior authorisation service and credit facility service are additional value-added services and do not form part of the contractual service. AIA reserves the right to amend, suspend or terminate any of these services any time without prior notice.
5. Worldwide emergency assistance services (except for 24-hour worldwide telephone enquiry service) and the services under China Assist Card are provided during the trip only. The services are provided by designated 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 the service providers.
6. 24-hour worldwide telephone enquiry service is additional value-added service and do not form part of the contractual service. The service is provided by designated 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 the service providers. AIA reserves the right to amend, suspend or terminate the service without further notice.
7. For Flexible Spending Arrangement:

• **The reimbursement on AIA individual policy premiums and levies is not an insurance item and Flex Dollar used for this item will be taxable to the insured employee. AIA will provide administrative service for the insured employee to reimburse premiums and levies paid for an AIA individual policy in Hong Kong with the use of Flex Dollar.**

• **Amount reimbursed for AIA individual policy premiums and levies will be excluded from the group policy insurance premium, but will be included as reimbursement to insured employees for this item under Flexible Spending Arrangement.**

• **Flex Dollar cannot be exchanged for cash. Any unused Flex Dollar at the end of the policy year shall be forfeited and shall not be refunded to you or the insured employees.**

• **Where an insured person is insured under the Opt-down Plan for less than a full policy year or experiencing Plan Change within the policy year due to career events, the Flex Dollar available shall be pro-rated according to the portion of the policy year for which such insured person is insured under the respective Opt-down Plan.**

• **The Flexible Spending Arrangement for an insured employee and his / her insured family members shall cease automatically once an insured employee ceases to be an employee of the policyholder. For the avoidance of doubt, any submission for claim under Flexible Spending Arrangement by the insured employee and his / her insured family members on or after the date of employment cessation of the insured employee will be declined.**

• **Proof of the expenses, including original copies of receipts, itemised bills and sufficient original supporting documents together with a fully completed reimbursement form supplied by AIA must be furnished by the insured person to AIA within 90 days after the expense incurred date. Otherwise, the reimbursement for the expenses shall be declined.**

8. In the event of any subsequent change to benefit amount(s) due to a change in Classification and Plan (“Plan Change”), the amount of insurance in effect as of the effective date of the Plan Change shall be based on the new benefit amount(s), except that the amount of insurance shall be based on the benefit amount(s) applicable prior to the Plan Change in the case of a covered loss arising from Sickness or Injury of the insured person which had been continually treated within 12 months before the effective date of Plan Change (“Prior Condition”).

Notwithstanding the foregoing, the amount of insurance in the case of a Prior Condition shall be based on the new benefit amount(s) after the Plan Change if:

i) the change to benefit amount(s) is due to a change from (a) Default Plan to Opt-down Plan, (b) Opt-down Plan to a downgraded Opt-down Plan or (c) Default Plan to a downgraded Default Plan, of the insured person; or

ii) despite there was a change from (a) Opt-down Plan to Default Plan, (b) Opt-down Plan to an upgraded Opt-down Plan or (c) Default Plan to an upgraded Default Plan, the insured person has been insured under the Default Plan, the upgraded Opt-down Plan or the upgraded Default Plan (as the case may be) continuously for 12 months after the Plan Change (regardless the insured person has been continually treated for the Prior Condition during this said 12 months); or

iii) the Prior Condition has not required any treatment for a continuous period of 90 days following the effective date of Plan Change from (a) Opt-down Plan to Default Plan, (b) Opt-down Plan to an upgraded Opt-down Plan or (c) Default Plan to an upgraded Default Plan. In this connection, the new benefit amount will be available to the insured person upon expiry of the said 90 days period.
9. All insurance applications are subject to AIA's underwriting and acceptance. AIA reserves the final right to approve any policy application. In case the policy application is declined, AIA will make full refund of the actual amount of premium and any levy paid by the customer without interest.
10. Any change in classification and plan shall only become effective on the policy anniversary immediately following the relevant application for change and that such change is subject to satisfactory evidence of insurability and AIA's approval.

Claim Procedure


If any of the insured persons wishes to make a claim, he / she must send us the appropriate form and relevant proof within 90 days of the date the covered event happened. The appropriate claim form can be downloaded from our website: aia.com.hk or obtained from the financial planner. If you wish to know more about claim related matter, you may visit “File A Claim” section under our company website aia.com.hk.

Cancellation Right


You have the right to cancel the policy by giving no less than 31 days' prior written notice to us, however this will result in the insured person losing his cover and you losing the remaining premium and levy for that policy year. We also reserve the right to cancel the policy upon the policy renewal by giving you no less than 31 days' prior written notice.

Please contact your financial planner or call our hotline for details


Hong Kong




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AIA Hong Kong and Macau





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Information about the Insurance Authority Collecting Levy on Insurance Premiums

Collection of levy on insurance premiums from policyholder by the Insurance Authority (effective 1 January 2018)

Background

The Insurance Authority (“IA”) has replaced the Office of the Commissioner of Insurance to regulate insurance companies since 26 June 2017. Under this new regulatory regime, with the gazette of the Insurance (Levy) Order (“the Order”) and the Insurance (Levy) Regulation (“the Regulation”), all new and in-force policies underwritten in Hong Kong are subject to levy, effective 1 January 2018.

The statutory requirement on levy

- All in-force policies are subject to levy with policy anniversary date on or after 1 January 2018.
- Levy payable is calculated as a percentage of premiums and shall be paid by policyholders along with premiums. Levy rates and the maximum levy are prescribed by the Order as below, which shall apply throughout the policy year.

Policy Effective Date or Policy Anniversary Date	Levy Rate	Maximum Levy (HK\$)	
		General Business*	Long Term Business#
From 1 April 2021 onwards (inclusive of that date)	0.1%	5,000	100

* Group medical policies and group life policies with medical protection or with benefits covering sickness will be subject to the maximum levy for “General Business”.
Pure group life policies and group life policies with Accidental Death & Disablement riders will be subject to the maximum levy for “Long Term Business”.

- Different levy rates and maximums will apply, depending on the policy effective date or anniversary date. The prescribed levy will be subject to change from time to time.
- The actual levy payable will always be subject to the final confirmation of the policy effective date and the exact premiums of the policy. The final amount will be confirmed and listed in our Levy Invoice.
- For **Flexi Choice Group Insurance Plan 3**, the levy payable to the IA will be borne by AIA.

If you have further questions on levy, please visit our website at aia.com.hk or IA's website at www.ia.org.hk.

