



**MEDICAL
PROTECTION**

FUTURESHIELD CANCER DRUG PLAN (FS)

Cancer drug protection within reach



AIA Vitality

AIA International Limited
(Incorporated in Bermuda with limited liability)



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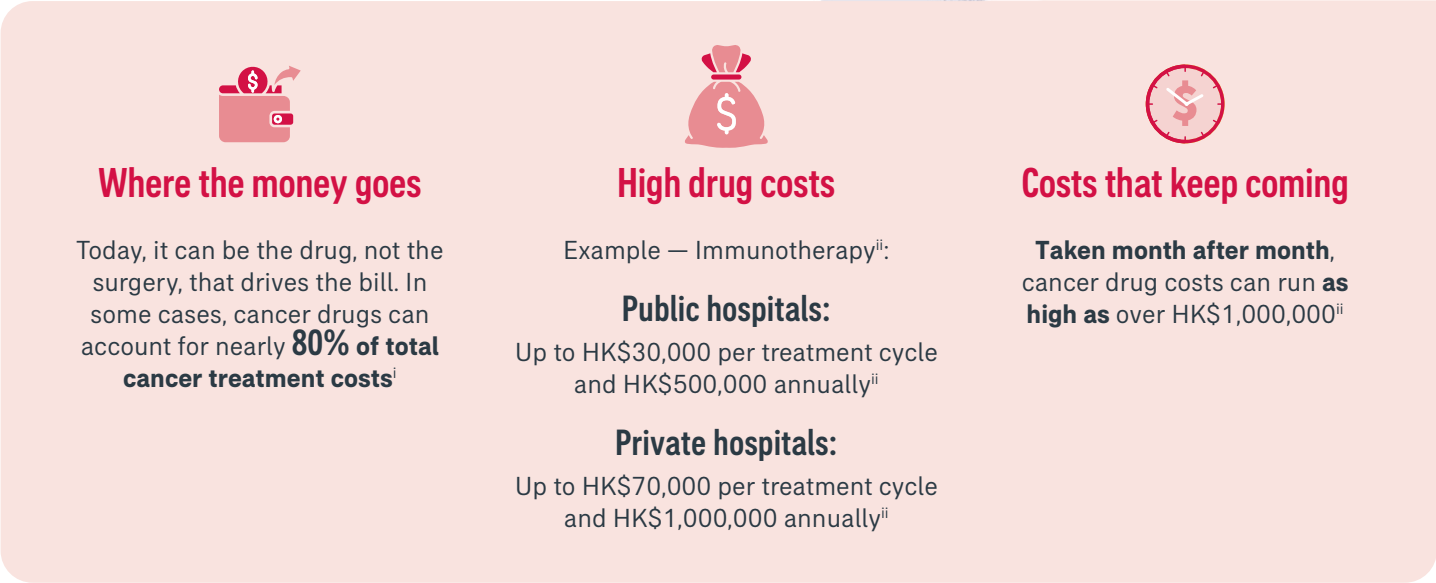
**HEALTHIER, LONGER,
BETTER LIVES**

WHEN CANCER CLOSES IN, THE RIGHT COVER HELPS YOU STAY READY FOR TOMORROW'S DRUG OPTIONS

FutureShield Cancer Drug Plan is built around the promise: to ease the financial burden of **accessing cancer-drug treatments**. If the insured is diagnosed with Covered Cancer¹, the plan will reimburse eligible expenses incurred for the Covered Cancer Drugs² and Supportive Medications³ prescribed to the insured, as long as such medications are prescribed to and received by the insured in a public hospital in Hong Kong or Macau, or in a hospital in Chinese Mainland. The plan is designed to enable future-approved⁴ Covered Cancer Drugs² to be covered down the road.

The hidden drug cost of modern cancer treatment

Advancements in cancer drugs are making cancers more treatable or manageable than ever before, but the technological breakthroughs come at a cost.



“AIA”, “the Company”, “We”, “our” or “us” herein refers to **AIA International Limited** (Incorporated in Bermuda with limited liability). “Chinese Mainland” herein refers to the People's Republic of China excluding Hong Kong and Macau. “Hong Kong” and “Macau” herein refer to “Hong Kong Special Administrative Region” and “Macau Special Administrative Region” respectively.

Did you know some drugs are self-financed — even in public hospitals in Hong Kong?

In Hong Kong's public hospitals, some drugs are self-financedⁱ. Assistance programmes support those who qualify but are means-tested and may still require out-of-pocket costs — so some families can still face substantial costsⁱ.



Are you aware of the cancer drug options in Chinese Mainland?

Hospitals across Chinese Mainland may offer cancer drugs at a lower cost^v. Patients may also gain earlier access to some innovative cancer treatments that have already been approved in Chinese Mainland, before they become available in Hong Kong^v.



Sources (data collection date: September 2026):

ⁱ 《香港癌症治療費用2026 | 公私營醫院治癌費用外還有什麼要注意?》(Unofficial English translation: Hong Kong cancer treatment costs 2026: Key considerations beyond public and private hospital expenses), am730, 2026

ⁱⁱ 《癌症免疫治療費用幾錢?一文看清免疫治療原理、費用及資助資格》(Unofficial English translation: How much does cancer immunotherapy cost? Understanding how it works, what it costs, and who qualifies for financial assistance), Hong Kong Economic Journal, 2025

ⁱⁱⁱ “Hospital Authority's drug procurement and prescription” Press Releases, Hong Kong government, 2024

^{iv} 《公營醫療收費改革 改革公營資助 加強醫療保障》(Unofficial English translation: Public healthcare fees and charges reform, Reforming public healthcare subsidies to enhance medical protection), Hong Kong Health Bureau, 2025

^v 《藥費差距10倍 創新藥香港無得用! 港人北上求醫實錄》(Unofficial English translation: Tenfold gap in drug prices: Innovative drugs unavailable in Hong Kong drive residents to seek cross-boundary healthcare), HK01, 2026

^{vi} 《調查: 三成受訪港人曾赴內地就醫! 惟逾八成對內地醫療缺乏認識》(Unofficial English translation: Survey: 30% of Hong Kong respondents have sought medical care in Chinese Mainland, yet over 80% lack understanding of healthcare in Chinese Mainland), Hong Kong Business Times, 2024

Plan highlights

More cancer drug treatment options within reach — today and tomorrow



Simplified underwriting, affordable cancer drug protection, lifetime renewal⁵



Cross-boundary cancer benefits to help you access the cancer drug treatments you need

Coverage for Future-Approved⁴ Covered Cancer Drug²



Resettable limits⁶ for Covered Cancer¹ that keep pace over the years and support you throughout your treatment journey



Value-Added Service

Cross-boundary Cancer Drug Support⁷ facilitates access to your prescribed cancer drug across Hong Kong and the Mainland Greater Bay Area (GBA)⁸



Simplified underwriting, affordable cancer drug protection, lifetime renewal⁵

The plan is available to individuals aged 15 days to 75 years.

Simplified underwriting

Answer simple health-related questions, with no medical examination required

Affordable cancer drug protection

Affordable cancer drug protection with million-dollar-level cover for Covered Cancer Drug² and Supportive Medication³

Lifetime renewal

Regardless of the insured's health condition, the cover can be renewed every year for life, based on the Company's prevailing premium rate and the insured's attained age at the time of renewal⁵



Cross-boundary cancer benefits to help you access the cancer drug treatments you need

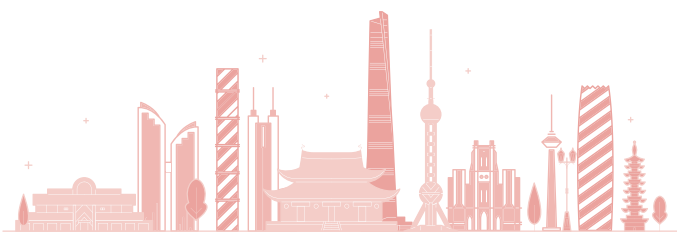
Designed to support your choice of cancer treatment journey, the plan reimburses the eligible expenses of Covered Cancer Drug² and Supportive Medication³ prescribed to and received by the insured in a public hospital in Hong Kong or Macau, or in a hospital in Chinese Mainland, subject to the Covered Cancer Limit, Covered Cancer Sub-limits, Lifetime Cancer Limit, the Lifetime Cancer Sub-limits and the maximum limits shown in the Benefits Schedule of the plan.

Covered areas

Public hospitals in Hong Kong or Macau



Hospitals in Chinese Mainland



If the insured is diagnosed with Covered Cancer¹ more than 1 year after the later of the issue date and the latest commencement date of the policy, the plan will reimburse the eligible expenses under:



Cancer Drug Reimbursement Benefit

Covered Cancer Drug² prescribed to the insured for medically necessary Active Treatment⁹ or Palliative Treatment¹⁰ of the insured's Covered Cancer¹, provided that the Covered Cancer Drug² is prescribed to and received by the insured in a public hospital in Hong Kong or Macau, or in a hospital in Chinese Mainland.



Supportive Medication Reimbursement Benefit

Supportive Medication³ prescribed to the insured due to medically necessary Active Treatment⁹ or Palliative Treatment¹⁰ of the insured's Covered Cancer¹, provided that the Supportive Medication³ is prescribed to and received by the insured in a public hospital in Hong Kong or Macau, or in a hospital in Chinese Mainland.

All eligible expenses incurred by the insured and reimbursed by us under the Cancer Drug Reimbursement Benefit and the Supportive Medication Reimbursement Benefit will be counted towards and are subject to the Covered Cancer Limit, Covered Cancer Sub-limits, Lifetime Cancer Limit¹¹, the Lifetime Cancer Sub-limits and the maximum limits shown in the Benefits Schedule.

Once the total amount(s) paid under the Cancer Drug Reimbursement Benefit and the Supportive Medication Reimbursement Benefit reaches the Lifetime Cancer Limit¹¹, the policy will terminate.

Examples of Covered Cancer Drugs² and Supportive Medications³:

Covered Cancer Drugs²

Any pharmaceutical or biological medicinal product that is labelled as anti-cancer drug, and which has been approved by a recognised drug regulatory authority of such place where the cancer drug is prescribed to and received by the insured that the cancer drug is for the purposes of medically necessary Active Treatment⁹ or Palliative Treatment¹⁰ and for targeting a Covered Cancer¹ and any related complications (if applicable).



Chemotherapy



Hormonal therapy



Targeted therapy



Immunotherapy



Future-Approved⁴
Covered Cancer Drug²

As cancer medicine continues to advance, the plan is designed to keep pace with Covered Cancer Drugs² that may be developed in the future

✗ Excluded from coverage:

- Any drug which is not labelled as an anti-cancer drug
- Any drug prescribed to the insured which is not for the purpose of medically necessary Active Treatment⁹ or Palliative Treatment¹⁰ of the insured's Covered Cancer¹
- Any pharmaceutical or biological product used in surgery, radiotherapy, proton therapy or Car-T therapy
- Experimental drugs or off-label use drugs

Supportive Medications³

Any pharmaceutical or biological medicinal product, other than the Covered Cancer Drug², which is prescribed to the insured due to medically necessary Active Treatment⁹ or Palliative Treatment¹⁰ of the insured's Covered Cancer¹, and which has been approved for such use by a recognised drug regulatory authority of such place where the Supportive Medication³ is prescribed to and received by the insured.



- anti-nausea drugs
- anti-rejection drugs
- anti-vertigo drugs
- anti-anodyne
- long-term medications required by the insured following the Active Treatment⁹ or Palliative Treatment¹⁰ of the insured's Covered Cancer¹ (for example, hormone replacement therapy)

✗ Excluded from coverage:

- Any drug which is a Covered Cancer Drug²
- Any drug prescribed to the insured which is not due to medically necessary Active Treatment⁹ or Palliative Treatment¹⁰ of the insured's Covered Cancer¹
- Experimental drugs or off-label use drugs

For detailed list of items excluded from coverage under the Cancer Drug Reimbursement Benefit and the Supportive Medication Reimbursement Benefit, please refer to the section under "Key Exclusions" of this brochure and the definitions of "Covered Cancer Drug" and "Supportive Medication".



Resettable limits⁶ for Covered Cancer¹ that keep pace over the years and support you throughout your treatment journey

Covered Cancer Limit and Covered Cancer Sub-limits are applicable to all Covered Cancers¹ suffered by the insured.

Cancer treatment may continue for an extended period, and cancer can sometimes return. The Covered Cancer Limit and Covered Cancer Sub-limits therefore **replenish every 3 consecutive years** beginning from the date of first diagnosis of the first Covered Cancer¹ suffered by the insured. After the 3-year period ends, the Covered Cancer Limit and Covered Cancer Sub-limits will be replenished for the next 3 years, and so on, until the total amount(s) paid under the Cancer Drug Reimbursement Benefit and the Supportive Medication Reimbursement Benefit reaches the Lifetime Cancer Limit¹¹. Covered Cancer Limit and Covered Cancer Sub-limits shall become zero when the total amount(s) paid under the Cancer Drug Reimbursement Benefit and the Supportive Medication Reimbursement Benefit during the lifetime of the insured reaches the Lifetime Cancer Limit¹¹.

Any unused limits of the Covered Cancer Limit and the Covered Cancer Sub-limits cannot be carried forward to the next 3-year period, and the total amount(s) paid out under the Cancer Drug Reimbursement Benefit and the Supportive Medication Reimbursement Benefit within each 3-year period cannot exceed the Lifetime Cancer Limit¹¹.

The policy will terminate once the total amount(s) paid under the Cancer Drug Reimbursement Benefit and the Supportive Medication Reimbursement Benefit reaches the Lifetime Cancer Limit¹¹.



Other Benefits



Additional Caring Benefits: Support beyond cancer drugs treatment

The plan provides Additional Caring Benefits to support the insured's recovery journey.

- Transportation fee subsidy
- Medical appliances
- Wig and voice box expenses (appearance and speech support)

Please refer to the Benefits Schedule on page 10 of the brochure for further details.



First Year Cancer Benefit: A thoughtful backup for a peace of mind

If the insured is diagnosed with Cancer¹² within the first year after the policy issue date or the latest commencement date of the policy, whichever is later, we will pay the First Year Cancer Benefit, which is equal to 100% of the Total Basic Premiums Paid¹³. We will deduct all amounts you owe us and policy debt (if any) before we make the payment of the First Year Cancer Benefit. In this case, we will not pay the Cancer Drug Reimbursement Benefit, Supportive Medication Reimbursement Benefit, Additional Caring Benefits and the Compassionate Death Benefit. Upon payment of the First Year Cancer Benefit, the policy will be terminated.



Value-Added Service

Cross-boundary Cancer Drug Support⁷

Dedicated navigation support facilitates access to your prescribed cancer drug across Hong Kong and the Mainland GBA⁸

Cross-boundary Cancer Drug Support⁷ helps guide your way forward — identifying the designated medical providers and registered medical practitioners in Hong Kong and the Mainland GBA^{8, 14} that can provide your prescribed cancer drug and coordinating your appointment — so you can focus on your treatment rather than figuring out what to do next.

For details and the applicable terms and conditions, please refer to the service leaflet.



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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 **FutureShield Cancer Drug Plan**. As long as you keep up a healthy lifestyle, you can even enjoy a minimum 10% premium discount each year, while at the same time earning **AIA Vitality** Points and enjoying an array of rewards and offers to help you live a healthier lifestyle.

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

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



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Remarks

- The term “Covered Cancer(s)” refers to “Cancer” (as stated in remark 12) which (a) have been occurring for more than 1 year after the issue date or the latest commencement date of the policy, whichever is later, and (b) have been investigated, diagnosed, or treated or when its signs or symptoms have manifested. For details of the definition of “Covered Cancer”, please refer to the policy contract.
- The term “Covered Cancer Drug(s)” means any pharmaceutical or biological medicinal product that is labelled as anti-cancer drug, and which has been approved by a recognised drug regulatory authority of such place where the cancer drug is prescribed to and received by the insured that the cancer drug is for the purposes of Active Treatment or Palliative Treatment and for targeting a Covered Cancer and any related complications (if applicable). Covered Cancer Drug shall specifically exclude any pharmaceutical or biological product used in surgery, radiotherapy, proton therapy or cell therapy. For details of the definition of “Covered Cancer Drug(s)”, please refer to the policy contract.
- The term “Supportive Medication” means any pharmaceutical or biological medicinal product, other than the Covered Cancer Drug, which (a) is prescribed to the insured due to the medically necessary Active Treatment or Palliative Treatment of the insured’s Covered Cancer, and (b) has been approved for such use by a recognised drug regulatory authority of such place where the Supportive Medication is prescribed to and received by the insured. Supportive Medication includes anti-nausea drugs, anti-rejection drugs, anti-vertigo drugs, anti-anodyne, and long-term medications which are required by the insured following the Active Treatment or Palliative Treatment of the insured’s Covered Cancer such as hormone replacement therapy. For details of the definition of “Supportive Medication”, please refer to the policy contract.
- FutureShield Cancer Drug Plan** only covers Covered Cancer Drugs and Supportive Medications which have been approved for such use by a recognised drug regulatory authority of the place where the medications are prescribed to and received by the insured.
- The plan is renewable annually for life. Renewal premium will be based on the Company’s prevailing premium rates and the insured’s attained age at the time of renewal. We reserve the right to revise the terms and benefits and / or premiums of this plan upon renewal of the policy by giving a 31-days prior written notice. For details, please refer to the section under "Premium Adjustment and Product Features Revision" of this product brochure.
- Covered Cancer Limit and Covered Cancer Sub-limits are applicable to all Covered Cancers suffered by the insured and such limits will be replenished every 3 consecutive years, commencing from the date of first diagnosis of the first Covered Cancer suffered by the insured. Covered Cancer Limit and Covered Cancer Sub-limits shall become zero and the policy will terminate when the total amounts paid under Cancer Drug Reimbursement Benefit and Supportive Medication Reimbursement Benefit during the lifetime of the insured reaches the Lifetime Cancer Limit.
- The Cross-boundary Cancer Drug Support (the “Service”) is a value-added service and does not form part of the contractual terms and benefits of any insurance policy, and is non-guaranteed. The Service is provided by the designated third-party service provider (the “Service Provider”), subject to the terms and conditions applicable to the Service. The Service is provided in Hong Kong and the designated cities within the Mainland GBA and not applicable in Macau. AIA reserves the right to amend, suspend or terminate the Service, any part thereof, service provider(s), or to change any terms and conditions relating thereto at any time without prior notice at its absolute discretion. For applicable limitations, please refer to “Limitations of Cross-boundary Cancer Drug Support” section. For details, please contact AIA for enquiry.
- “Greater Bay Area (GBA)” refers to the Guangdong-Hong Kong-Macau Greater Bay Area. “Mainland GBA” refers to the Guangdong-Hong Kong-Macau Greater Bay Area, excluding Hong Kong and Macau.
- The term “Active Treatment” means any therapeutic intervention with the aim of prolonging the insured’s life, for example, radiotherapy, chemotherapy, targeted therapy, hormonal therapy, immunotherapy, proton therapy and surgery approved for targeting a Covered Cancer and any related complications (if applicable). It does not include any treatment given solely as Palliative Treatment.
- The term “Palliative Treatment” means treatment intended only to improve the quality of the insured’s life in the case of a life threatening Covered Cancer by relieving pain or alleviating other symptoms of the Covered Cancer and any related complications (if applicable), or the side effects of its / their treatment, without any attempt at its / their cure.
- The Lifetime Cancer Limit is the maximum aggregate amount paid and / or payable during the lifetime of the insured under the Cancer Drug Reimbursement Benefit and the Supportive Medication Reimbursement Benefit in respect of eligible expenses incurred in public hospitals in Hong Kong and Macau, and in hospitals in Chinese Mainland.
- The term “Cancer” means all stages of malignant cancer and carcinoma-in-situ, but will specifically exclude the following: (a) any tumour which is histologically classified as pre-malignant; (b) abnormal lesions of cervix uteri classified as cervical intra-epithelial neoplasia grade I (CIN I) and grade II (CIN II); and (c) any cancer where HIV infection is also present. The cancer must be confirmed by the insured’s attending registered medical practitioner in writing and supported by clinical, radiological, histological or laboratory evidence reasonably acceptable to us. Please refer to the policy contract for details and the claim conditions.
- “Total Basic Premiums Paid” means the total amount of due and payable premium(s) which have been paid to the basic policy and received by the Company from the issue date or the latest commencement date of the policy, whichever is later, up to the end of the current policy year. Total Basic Premiums Paid does not include any prepaid premiums or overpayment of premiums.
- The designated medical providers and registered medical practitioners referred to above are those within the Service Provider’s medical network in Hong Kong and the Mainland GBA that are available under the Cross-boundary Cancer Drug Support. For details, please refer to the service leaflet or contact the Service Provider’s customer service hotline at (852) 2607 9655.

Benefits Schedule for FutureShield Cancer Drug Plan

The Cancer Drug Reimbursement Benefit, Supportive Medication Reimbursement Benefit and the Additional Caring Benefit item 2(b) are reimbursed on medically necessary and reasonable and customary basis. The Additional Caring Benefit item 2(c) is reimbursed on a reasonable and customary basis. For more information, please refer to the “Product Limitation” section under “Important Information” of this brochure.

 Recommendation by a registered medical practitioner in writing is required

Overview		Maximum Limit (HK\$)	
Lifetime Cancer Limit The maximum aggregate amount paid and / or payable during the lifetime of the insured under benefit items 1(a) and 1(b) for eligible expenses incurred in public hospitals in Hong Kong and Macau, and in hospitals in Chinese Mainland		5,000,000 per life	
Covered Cancer Limit The maximum aggregate amount paid and / or payable under benefit items 1(a) and 1(b) for eligible expenses incurred in public hospitals in Hong Kong and Macau, and in hospitals in Chinese Mainland, for every 3 consecutive years (commencing from the date of first diagnosis of the first Covered Cancer suffered by the insured)		1,000,000 for every 3 consecutive years	
Benefit items		Maximum Limit (HK\$)	
1. Cancer Benefits		Eligible expenses incurred in public hospitals in Hong Kong and Macau	Eligible expenses incurred in hospitals in Chinese Mainland
Lifetime Cancer Sub-limits Applicable to benefit items 1(a) and 1(b)		4,000,000 per life	5,000,000 per life
Covered Cancer Sub-limits Applicable to benefit items 1(a) and 1(b)		800,000 for every 3 consecutive years	1,000,000 for every 3 consecutive years
 (a) Cancer Drug Reimbursement Benefit Reimbursement of expenses incurred for Covered Cancer Drugs prescribed to the insured which are for medically necessary Active Treatment or Palliative Treatment of the insured's Covered Cancer		90% of eligible expenses payable	95% of eligible expenses payable
 (b) Supportive Medication Reimbursement Benefit Reimbursement of expenses incurred for Supportive Medication prescribed to the insured due to medically necessary Active Treatment or Palliative Treatment of the insured's Covered Cancer, including anti-nausea drugs, anti-rejection drugs, anti-vertigo drugs, anti-anodyne, and long-term medications required by the insured following the Active Treatment or Palliative Treatment of the insured's Covered Cancer		90% of eligible expenses payable	95% of eligible expenses payable
(c) First Year Cancer Benefit Payable if the insured is diagnosed with Cancer within 1 year after the later of the issue date and the latest commencement date of the policy		(Maximum 5,000 per policy year)	
(c) First Year Cancer Benefit Payable if the insured is diagnosed with Cancer within 1 year after the later of the issue date and the latest commencement date of the policy		100% of Total Basic Premiums Paid	
2. Additional Caring Benefits			
(a) Transportation fee subsidy Payable for each day on which the insured incurred transportation costs for the purposes of receiving medications or purchasing or renting medical appliances or supplies for which a benefit under benefit items 1(a), 1(b), 2(b) or 2(c) is payable		500 per day (Maximum 20 days per policy)	
 (b) Medical appliances Reimbursement of expenses incurred for the purchase and / or rental of medically necessary medical appliances directly related to the insured's Covered Cancer		5,000 per policy	
(c) Wig and voice box expenses Reimbursement of expenses incurred for the purchase of a wig and / or voice box directly related to the insured's Covered Cancer, provided that benefit item 1(a) is paid or payable		2,000 per policy	
3. Compassionate Death Benefit Payable to the beneficiary if the insured passes away		10,000	

Benefits Schedule for FutureShield Cancer Drug Plan (continued)

- Notes**
- The term “Covered Cancer(s)” refers to “Cancer” (as stated below) which (a) have been occurring for more than 1 year after the issue date or the latest commencement date of the policy, whichever is later, and (b) have been investigated, diagnosed, or treated or when its signs or symptoms have manifested. For details of the definition of “Covered Cancer”, please refer to the policy contract.
 - The term “Cancer” means all stages of malignant cancer and carcinoma-in-situ, but will specifically exclude the following: (a) any tumour which is histologically classified as pre-malignant; (b) abnormal lesions of cervix uteri classified as cervical intra-epithelial neoplasia grade I (CIN I) and grade II (CIN II); and (c) any cancer where HIV infection is also present. The cancer must be confirmed by the insured's attending registered medical practitioner in writing and supported by clinical, radiological, histological or laboratory evidence reasonably acceptable to us. Please refer to the policy contract for details and the claim conditions.
 - The term “Covered Cancer Drug(s)” means any pharmaceutical or biological medicinal product that is labelled as anti-cancer drug, and which has been approved by a recognised drug regulatory authority of such place where the cancer drug is prescribed to and received by the insured that the cancer drug is for the purposes of Active Treatment or Palliative Treatment and for targeting a Covered Cancer and any related complications (if applicable). Covered Cancer Drug shall specifically exclude any pharmaceutical or biological product used in surgery, radiotherapy, proton therapy or cell therapy. For details of the definition of “Covered Cancer Drug(s)”, please refer to the policy contract.
 - The term “Supportive Medication” means any pharmaceutical or biological medicinal product, other than the Covered Cancer Drug, which (a) is prescribed to the insured due to the medically necessary Active Treatment or Palliative Treatment of the insured's Covered Cancer, and (b) has been approved for such use by a recognised drug regulatory authority of such place where the Supportive Medication is prescribed to and received by the insured. Supportive Medication includes anti-nausea drugs, anti-rejection drugs, anti-vertigo drugs, anti-anodyne, and long-term medications which are required by the insured following the Active Treatment or Palliative Treatment of the insured's Covered Cancer such as hormone replacement therapy. For details of the definition of “Supportive Medication”, please refer to the policy contract.
 - “Covered Cancer Sub-limit(s)” is the maximum aggregate amount paid and / or payable under benefit items 1(a) and 1(b) for (i) eligible expenses incurred in public hospitals in Hong Kong and Macau, for every 3 consecutive years (commencing from the date of first diagnosis of the first Covered Cancer suffered by the insured) or (ii) eligible expenses incurred in hospitals in Chinese Mainland, for every 3 consecutive years (commencing from the date of first diagnosis of the first Covered Cancer suffered by the insured).
 - “Lifetime Cancer Sub-limit(s)” is the maximum aggregate amount paid and / or payable during the lifetime of the insured under benefit items 1(a) and 1(b) for (i) eligible expenses incurred in public hospitals in Hong Kong and Macau or (ii) eligible expenses incurred in hospitals in Chinese Mainland.
 - “Total Basic Premiums Paid” means the total amount of due and payable premium(s) which have been paid to the basic policy and received by the Company from the issue date or the latest commencement date of the policy, whichever is later, up to the end of the current policy year. Total Basic Premiums Paid does not include any prepaid premiums or overpayment of premiums.
 - If the insured, whether sane or insane, commits suicide within 1 year from the issue date or the latest commencement date of the policy, whichever is later, we will not pay the Compassionate Death Benefit and our liability under the policy will be limited to the refund of the Total Basic Premiums Paid (without interest) after deducting all amounts you owe us and policy debt (if any).
 - We will deduct all amounts you owe us and policy debt (if any) before we make any payment or proceeds under the policy.

Plan Summary

Product Nature	Medical protection insurance plan (Reimbursement)
Plan Type	Basic plan
Insured's Age at Application	15 days to age 75
Medical Underwriting	Simplified underwriting
Benefit Term	Whole life (renewable each policy year)
Policy Currency	HK\$
Premium Payment Mode	Annually / Semi-annually / Quarterly / Monthly

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.

*You have the right to purchase **FutureShield Cancer Drug Plan** as a standalone plan without purchasing other insurance products at the same time.*

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. This plan is a basic plan. You need to pay the premium for this plan for life of the insured. If you do not pay the premium within 31 days from the premium due date, the policy will be terminated and you / the insured will lose the cover.
2. We will terminate your policy and you / the insured will lose the cover on the occurrence of the earliest of the following:
 - the insured passes away;
 - you do not pay the premium within 31 days from the premium due date;
 - the date the total amount(s) paid under the Cancer Drug Reimbursement Benefit and Supportive Medication Reimbursement Benefit of the policy reaches the Lifetime Cancer Limit; or
 - the date we pay the First Year Cancer Benefit if the insured is diagnosed with Cancer within 1 year after the later of the issue date and the latest commencement date of the policy.

If Covered Cancer Drug is being administered to the insured for medically necessary Active Treatment or Palliative Treatment of the insured's Covered Cancer on the date when the plan is terminated because you do not pay the premium within 31 days from the premium due date, we will extend the cover of the policy while the insured is being treated by such Covered Cancer Drug, for a maximum of 30 days starting from the premium due date, without the need for you to make any premium payments, subject to the same limitations and benefit limits which apply to your original plan, including the exclusions, the Covered Cancer Limit, Covered Cancer Sub-limits, Lifetime Cancer Limit, Lifetime Cancer Sub-limits and the maximum limits shown in the Schedule Of Benefits. Please note that the grace period of 31 days for payment of the premium will not be extended.

3. We underwrite this plan and you are subject to our credit risk. If we are unable to satisfy the financial obligations of the policy, you / the insured may lose the cover and you may lose the remaining premium for that policy year.
4. 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, except for Compassionate Death Benefit, we will not cover any of the following events or conditions:

1. Covered Cancer relating to or resulting directly or indirectly from any of the following events:
- any tumour which is histologically classified as pre-malignant;

abnormal lesions of cervix uteri classified as cervical intra-epithelial neoplasia grade I (CIN I) and grade II (CIN II);

any drug or alcohol abuse;

any pre-existing conditions;

nuclear, biological or chemical contamination (NBC); and

any cancer where HIV infection is also present.
2. Any treatment and / or charges relating to or caused directly or indirectly by any of the following events:
- any treatments or supplies which is not medically necessary or any charges which exceed the reasonable and customary charges;

any congenital Covered Cancer that has been found or is diagnosed before the insured reaches the age of 17;

any experimental, unproven or unconventional medical technology / procedure / therapy or novel drugs / medicines / stem cell therapy not yet approved by the government, relevant authorities and / or recognised medical association of the country or region where the treatment is sought;

mental disorder, psychological or psychiatric conditions, behavioural problems or personality disorder; and

over-the-counter medication not prescribed by a registered medical practitioner.

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 at the end of the policy year if necessary. There could be overall premium adjustment on the policies of this plan. During the reviews, we may consider factors including but not limited to the following:

- claim costs incurred from policies under this plan and any other similar plans as determined by us, and the expected claim outgo in the coming policy year of such policies, which reflects the impact of medical trend, medical cost inflation, cancer drug advancement and product feature revisions

historical investment returns and the future outlook of this plan's backing assets

policy surrenders and lapses of this plan

expenses directly related to the policy and indirect expenses allocated to this plan

2. Product Features Revision

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

In respect of premium adjustment and / or product features revision, we will give you a written notice of such adjustment and / or revision 31 days before the end of the policy year or renewal of the policy.

Product Limitation

1. We only cover the charges and / or expenses of the insured on medically necessary and reasonable and customary basis.
- “Medically necessary” means that the medical services and / or treatments are:

delivered according to standards of good medical practice;

necessary; and

cannot be safely delivered in a lower level of medical care.
- Experimental, screening, and preventive services or supplies are not considered medically necessary.
- “Reasonable and customary” means:
- the medical services and / or treatments are medically necessary and delivered according to standards of good medical practice;

the costs of your medical services are within the usual level of charges or duration for similar treatment in the locality of such services delivered; and

does not include charges that would not have been made if no insurance existed.

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

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 or IA's website at www.ia.org.hk.

2. The below specified item of this plan will be effective on the following date:

Item	Effective Date (after the later of the issue date and the latest commencement date of the policy)
Covered Cancer	1 year

3. If the eligible expenses incurred under the Cancer Drug Reimbursement Benefit and the Supportive Medication Reimbursement Benefit have been compensated or reimbursed under any law or medical program or insurance policy provided by any government, company, other insurance company or other third party, such expenses will not be reimbursed by us under the policy.
4. Under the Cancer Drug Reimbursement Benefit, except for the eligible expenses incurred solely and directly for the Covered Cancer Drug prescribed to the insured, we will not reimburse any other expenses or charges arising from the Covered Cancer or the Covered Cancer Drug, including but not limited to (i) consultation fees and laboratory tests charges incurred for prescribing the Covered Cancer Drug to the insured; (ii) hospital confinement charges; and (iii) expenses incurred for any other services or supplies.
5. Under the Supportive Medication Reimbursement Benefit, except for the eligible expenses incurred solely and directly for the Supportive Medication prescribed to the insured, we will not reimburse any other expenses or charges arising from the Covered Cancer or the Supportive Medication, including but not limited to (i) consultation fees and laboratory tests charges incurred for prescribing the Supportive Medication to the insured; (ii) hospital confinement charges; and (iii) expenses incurred for any other services or supplies.

Limitations of Cross-boundary Cancer Drug Support

1. Cross-boundary Cancer Drug Support (referred to above as the “Service”), provided by the designated third-party service provider (referred to above as the “Service Provider”), is a value-added service and does not form part of the contractual terms and benefits of any insurance policy, and is non-guaranteed. The Service is provided in Hong Kong and the designated cities within the Mainland GBA and not applicable in Macau. AIA reserves the right to amend, suspend or terminate the Service, any part thereof, service provider(s), or to change any terms and conditions relating thereto at any time without prior notice at its absolute discretion. For details, please contact AIA for enquiry.

2. AIA is not the Service Provider, or the agent of the Service Provider, of the Service. AIA makes no representation, warranty or undertaking as to the quality, availability, continuity, timeliness or outcome of the Service, and shall not be responsible or liable for the Service provided by the Service Provider, to the fullest extent permitted by applicable law. Under no circumstances shall AIA be responsible or liable, to the fullest extent permitted by applicable law, for the acts, omission or negligence of (i) the Service Provider in the provision of the Service; or (ii) any of the designated medical providers and registered medical practitioners within the Service Provider's medical network in the provision of any services, including but not limited to diagnosis, treatment and medical and healthcare services.
3. The Service provides administrative and coordination support for accessing the prescribed cancer drug and does not provide medical diagnosis, advice, prescription or treatment. The Service is not intended for emergency care or urgent medical situations.
4. Any medication-related service is not guaranteed and remains subject to drug availability and the attending doctor's independent clinical judgment and assessment of the insured's medical condition. The Service is subject to the eligibility of the insured, the availability of the Service and the relevant terms and conditions of the Service. For details of the Service, please refer to the service leaflet.
5. For the details of the designated medical providers and registered medical practitioners within the Service Provider's medical network in Hong Kong and the Mainland GBA under the Service, please refer to the service leaflet or contact the Service Provider's customer service hotline at (852) 2607 9655.

Claim Procedure

If you wish to make a claim, you must notify us in writing within 20 days after the date the covered event happened, and send us the appropriate forms and relevant proof within 90 days of the same date. You can get the appropriate claim forms from your financial planner, by calling the AIA Customer Hotline (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.

Cancellation Right

You have the right to cancel the policy 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 you or your nominated representative, whichever is the earlier.

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

Hong Kong

(852) 2232 8888

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AIA Hong Kong and Macau

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