



PRIVILEGE ULTRA PEARL MEDICAL PLAN (PUP)

Privileged medical protection bolsters your health shield

AIA Vitality

AIA International Limited
(Incorporated in Bermuda with limited liability)



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HEALTHIER, LONGER,
BETTER LIVES

HIGHER AND WIDER PROTECTION AGAINST MEDICAL INFLATION

GIVE YOU A BOOST OF ASSURANCE FOR THE NEW CHALLENGES IN HEALTH THREATS AND ACCESS TO APPROPRIATE HIGH-QUALITY TREATMENT

Health threats continue to evolve. Quality healthcare services are becoming much sought-after, especially in the face of increasing prevalence of cancer, and the rising cost of medical expenses and innovative treatments. By having a wide range of medical protection, it gives you access to medical treatment quickly and conveniently.

We understand the challenges you are facing...



Medical inflation

- From 2012 to 2022, the medical service price index and drug price index increased cumulatively by about **39%**¹ and **27%**¹ respectively
- Room charge (semi-private room) of private hospitals costs up to **HKD3,800** per day²



Costly new cancer treatment

- Clinical trial drugs bring new hopes to cancer treatment but are **more costly** and are **not covered** by other individual medical plans³
- A 3-year targeted therapy for breast cancer and lung cancer is around **HKD1.13 million** and **HKD1 million** respectively⁴



Insufficient protection and awareness on health check-up

- Nearly **50%** of people in Hong Kong who had consulted a doctor do not have employee medical benefits⁵
- **70%** of people in Hong Kong aged 15 or above do not have regular health check-up⁶ even though different health risks occur during different life stages

Plan Highlights



Cover of a wider safety net with higher coverage limit

Lifetime limit of up to HKD/MOP60 million and annual limit of up to HKD/MOP12 million



First-in-market⁹

Extension of cancer support with clinical trial drugs benefit

Up to HKD/MOP0.5 million per policy year cover for phase 3 clinical trial drugs benefit for stage III and stage IV designated cancers and incurable haematological malignancy



Full cover for a wide range of medical expenses

Full cover⁷ for key medical expenses with no itemised benefit sublimit



Elderly cancer support – waiver of deductible for designated cancer

Annual deductible will be waived for medical services arising from designated cancer received by an insured aged 75 or above



Newly added choices of geographical cover and annual deductible amount

2 geographical cover choices of either Asia or Worldwide (excluding United States) and 4 annual deductible amount choices for each policy currency to select from to suit your needs



New lifestage check-up benefit

Receive a designated check-up service once every 3 consecutive policy years to keep your health on track



A wide range of medical protection to help you focus on recovery

Privilege Ultra Pearl Medical Plan provides up to a lifetime limit of HKD/MOP60 million or USD7.5 million and an annual limit of HKD/MOP12 million or USD1.5 million and it covers key medical expenses with no itemised benefit sublimit. From diagnostic tests to post-treatment care, we fully cover⁷ a wide range of core benefits as follows:

Hospitalisation benefits

Room and board, specialist's fee, surgeon's fee, anaesthetist's fee, intensive care

Diagnostic benefits

Prescribed diagnostic imaging tests, including computed tomography ("CT" scan), magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan)

Prescribed non-surgical cancer treatments

Radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy

Pre- and post- confinement / day case procedure outpatient care

Outpatient visits within specified periods prior to and after confinement or day case procedure, including visits within 365 days after major or complex surgery

The above highlights the core benefits offered under this plan. Please refer to the Benefit Schedule on pages 11-14 and the Key Exclusions on pages 15-16 of this brochure for more details.



Options to suit your needs

We offer 2 geographical cover choices and 4 annual deductible amount choices for each policy currency for selection to suit your needs:

Geographical cover choices	
Asia	Worldwide (excluding United States)

Annual deductible amount choices				
HKD/MOP	0	16,000	25,000	New 50,000
USD	0	2,000	3,125	6,250

You can also choose to reduce your annual deductible amount once during the term of your policy to our specified amount upon the policy anniversary of your policy at the age of 50, 55, 60, 65, 70, 75 or 81 of the insured, without having to provide us with the current details of the insured's health condition. The premium will increase based on your reduced annual deductible amount, and your out-of-pocket limit for a claim will be reduced accordingly to suit your personal needs and affordability.





Extensive cancer support throughout difficult times

While medical advancement has broadened the range of medical treatments for cancer patients, it can be expensive with the soaring medical costs, which may especially lead to the financial stress among the elderly. This plan offers additional financial aid to help cancer patients fight along their cancer recovery journey.



Lifestage check-up benefit to suit your needs in different life stages

A designated check-up service is offered once every 3 consecutive policy years to help you keep your health on track during different stages of life.



Extended caring protection to safeguard the needs of stroke patients

This plan offers extended caring protection to address the daily needs and self-care capabilities of stroke patients, so that you may receive the proper care even in the comfort of your own home. These include:

- **home facility enhancements prescribed by occupational therapists** – widening of passageways, adapting bathroom facilities and provision of specialised furniture
- **professional medical support** – consultations, treatments and prescriptions from chiropractors, physiotherapists, speech therapists, occupational therapists, neurologist, neurosurgeons and Chinese medicine practitioners according to your personal needs
- **disability subsidy** – if you become unable to take care of yourself for at least 6 consecutive months, and you stay in premises other than a hospital during such period, we will provide you with a disability subsidy of HKD/MOP5,000 or USD625 per month for up to 24 months per incident

First-in-market³



Phase 3 clinical trial drugs⁸ benefit to bolster chances of recovery

Clinical trial drugs usually take time for registration, before being used as new drugs. They can be approved for “off label” use with doctor’s application for named patients with documentation proof. They could be effective⁹ yet more costly and unaffordable to many.

To enable the insured to access the latest cancer treatment, the phase 3 clinical trial drugs benefit for stage III and stage IV designated cancers and incurable haematological malignancy^{10, 11} offers coverage for phase 3 clinical trial drugs⁸ of up to HKD/MOP500,000 or USD62,500 per policy year¹².



Elderly cancer support – waiver of deductible for designated cancer

While the policy is in force, if you, as the insured, are aged 75 or above and are unfortunately diagnosed with designated cancer¹⁰ by a specialist, we will waive the remaining balance of annual deductible in relation to such medical services arising from your designated cancer to ease your financial burden¹³.

This plan also includes enhanced support for cancer patients with cover for radiotherapy, chemotherapy, targeted therapy, immunotherapy, hormonal therapy and the related consultations, medications and diagnostic tests.



Other plan highlights

Lifetime guaranteed renewal

You are guaranteed to renew your policy during the lifetime of the insured. Renewal premium will be based on the prevailing premium rates and the insured's attained age at the time of renewal, but it will not be based on any claim you have made, or any changes in the insured's health condition.

Cover on unknown pre-existing conditions

Full cover⁷ starting from the 31st day of the 1st policy year.

Please refer to the Benefit Schedule on pages 11-14 and the Key Exclusions on pages 15-16 of this brochure for more details.



- 1 Source: Census and Statistics Department - Consumer Price Index (published in February 2023), calculated based on the 2012 Consumer Price Index
- 2 Source: Hong Kong Sanatorium & Hospital - accommodation charges (Data collection: January 2024) (www.hksh-hospital.com/en/fees-and-charges/accommodation-charges)
- 3 As of 1 April 2024, compared against individual medical plans provided by major Hong Kong insurance companies
- 4 Assuming that the treatment period is 3 years, the cost of breast cancer and lung cancer treatment includes diagnosis, chemotherapy, radiotherapy and targeted therapy. Source: Union Hospital charges (updated on 15 May 2023), Hong Kong Sanatorium and Hospital price list (updated on 1 August 2023), Hong Kong Breast Cancer And Disease Centre, Hong Kong Cancer Fund and media reports.
- 5 Source: "Thematic Household Survey Report No. 78", Hong Kong Census and Statistics Department, January 2024 (www.censtatd.gov.hk/en/data/stat_report/product/C0000022/att/B11302782024XXXXB0100.pdf)
- 6 Source: Non-Communicable Disease Branch Centre for Health Protection, "Report of Population Health Survey 2020-22 (Part I)" (Data collection: November 2023)
- 7 Claim amount is subject to the annual benefit limit and the lifetime benefit limit of the policy, full cover shall mean no itemised benefit sublimit.
- 8 The prescribed phase 3 clinical trial drug must have been tested in the laboratory and has been approved by one of the following regulatory bodies for undergoing phase 3 of a clinical trial for testing and/or treatment in humans for the treatment of the designated cancer:
 - United States Food and Drug Administration (FDA)
 - European Medicines Agency (EMA)
 - National Medical Products Administration (NMPA) of China
 - Department of Health of Hong Kong
 - Health Bureau of Macau

and at the time of prescription, such phase 3 clinical trial drug must be undergoing phase 3 of a clinical trial that is approved by the relevant institutional review board in the location where the drug is administered, as being an effective treatment for such designated cancer upon preliminary review by such board.
- 9 Source: Healthcare Thinker, 26 December 2021, www.healthcarethinkers.com/2021/12/藥物進步助與癌共存
- 10 Please refer to item 16 of "Product Limitation" on page 18 of this brochure for the definition of designated cancer.
- 11 This benefit will be payable if the insured is diagnosed with a Stage III or IV malignant tumour, or terminal blood cancer which is deemed incurable with existing non-experimental treatment by a specialist, and with a medical certificate issued by a specialist to certify that the phase 3 clinical trial drug is prescribed by and is deemed by the specialist to be an appropriate or recommended active treatment or palliative treatment of the designated cancer of the insured. Any charges or expenses which are already covered by any other third parties (including sponsorship from the pharmaceutical company, manufacturer and/or marketer of the phase 3 clinical trial drug) shall not be covered by this benefit.
- 12 For any reasonable and customary charges incurred outside of Hong Kong, Macau and mainland China which are payable under phase 3 clinical trial drugs benefit for stage III and stage IV designated cancers and incurable haematological malignancy, such reasonable and customary charges incurred shall be reduced to 60% in the calculation of the total benefit amount payable, up to a maximum of HKD/MOP500,000 or USD62,500 per policy year.
- 13 This elderly cancer support - waiver of deductible is not applicable if the policyholder or the insured is aware of, or shall be reasonably aware of, such designated cancer within the first 90 days from the policy effective date. This waiver of deductible is not applicable to policy with \$0 annual deductible option.





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

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

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



Dedicated concierge support service⁺

It offers a suite of healthcare services that integrate dedicated concierge support for the insured and the medical home visit for the insured’s parents in Mainland China. From diagnosis, treatment to recovery, your medical needs are well taken care of as we bring you meticulous and personalised healthcare support.

For more information, please refer to the relevant leaflet.

Note: The value-added services are subject to change from time to time at our discretion. The services in Mainland China and Hong Kong are provided by different service providers with different scope of services.



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



[View e-copy](#)



Access a high-quality medical network^{*}

This is a value-added service designed to further enhance your peace of mind in a medical situation. Our medical network has a group of multi-disciplinary medical specialists and provides you with access to a number of advanced day case medical centres, a safe and convenient alternative to hospitals. You can book day case procedure at network clinics and day case procedure centres, the network doctor will apply for the Medical Expense Pre-approval Service on your behalf. You can also enjoy the convenience of cashless hospitalisation (also known as Credit Facility Service for Hospitalisation) and a dedicated hotline for centralised booking.

For more information, please refer to the specialist network leaflet.



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Personal Medical Case Management Services with Rehabilitation Management^{*}

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

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



Hassle-free medical payment at home and overseas

When you are facing a health challenge, the last thing you want is the hassle of paying your medical bills, especially in a foreign country. Through AIA, you can enjoy the total convenience of cashless hospitalisation (also known as

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

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



Credit Facility Service for Hospitalisation), even while in designated private hospitals in Asia, including Singapore, Malaysia and Thailand, as well as Europe and the United States (subject to geographical cover set out in the benefit schedule and as selected by you for your policy).

Once this service has been approved, we will settle the medical expenses incurred during your hospital stay on your behalf, allowing you to focus on your recovery without the stress of paying hospital bills and making subsequent claims. You are required to settle the shortfall resulting from your hospital stay after your treatment. Once the final claim amount has been settled, any related benefit limits will be reduced accordingly.

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



Worldwide emergency assistance

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

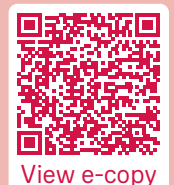
For more information of the services covered, please refer to the benefit schedule of this brochure.

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 **Privilege Ultra Pearl Medical 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.



Example

(The following example is hypothetical and for illustrative purposes only. If there are any changes in the values, no separate announcement will be made. It does not constitute any medical advice. You should seek independent professional advice before making any decision on this matter.)

Policyowner and insured: Jack (age 40, non-smoker)
Occupation: Business Development Director
Family status: Married, with a son
Current cover: Employer's group medical plan



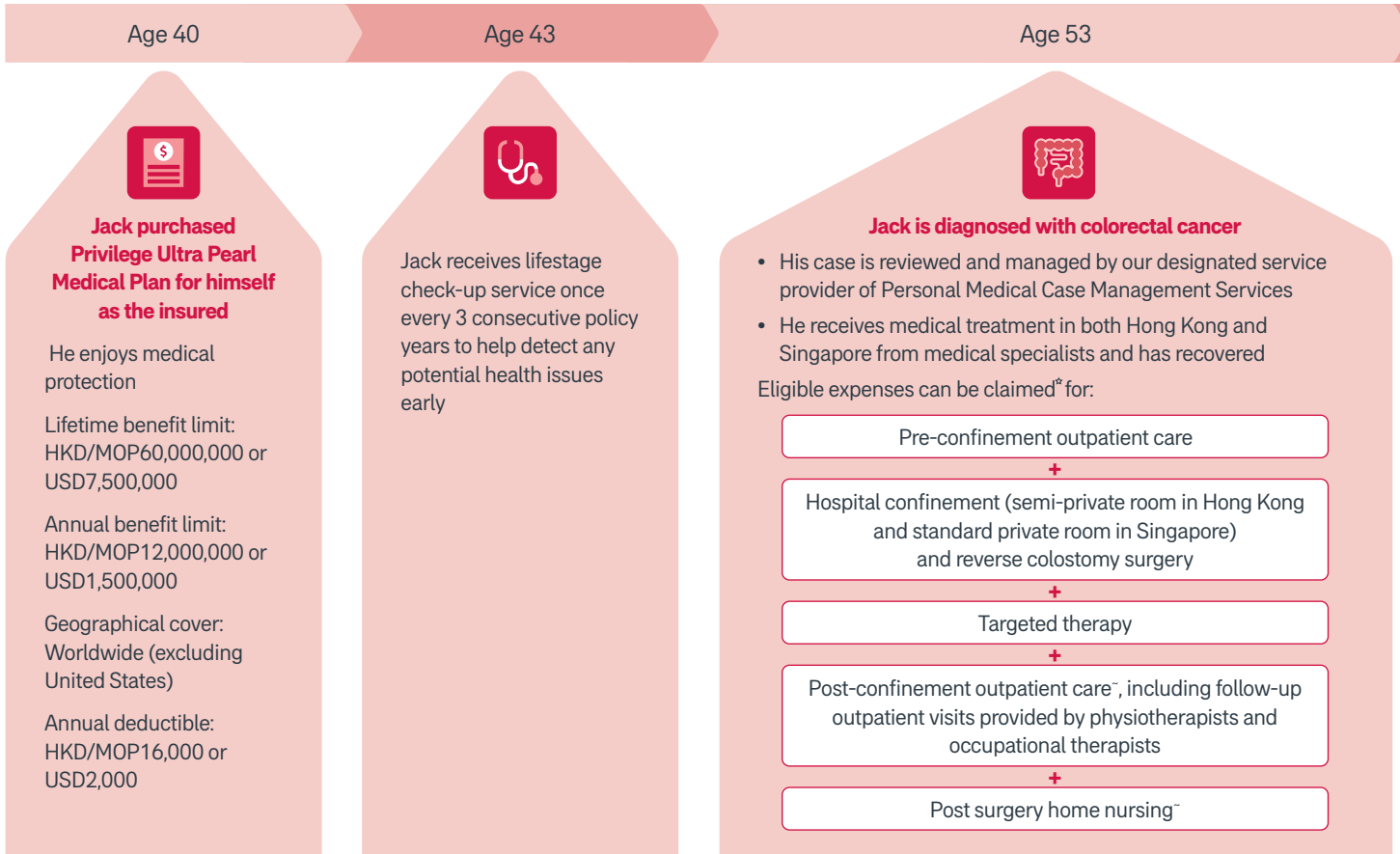
**Guaranteed
lifetime renewal**

As a successful business executive, Jack wants himself and his loved ones to have access to advanced and flexible medical protection. He decides to purchase three **Privilege Ultra Pearl Medical Plan** policies with worldwide (excluding United States) geographical cover and HKD/MOP16,000 or USD2,000 annual deductible and the insured of each of the 3 policies is himself, his wife and his son respectively.

Privilege Ultra Pearl Medical Plan offers Jack superb medical protection with a lifetime benefit limit of HKD/MOP60,000,000 or USD7,500,000 and an annual benefit limit of HKD/MOP12,000,000 or USD1,500,000 that will supplement his employer's group medical plan. This plan provides full reimbursement of major medical expenses with no itemised benefit sublimit, hospital stays in a semi-private or standard private room according to the geographical location of hospitalisation, full cover[^] for prescribed non-surgical cancer treatments, while also offering phase 3 clinical trial drugs benefit for stage III and stage IV designated cancers and incurable haematological malignancy and lifestage check-up benefit, ensuring sufficient and continuous cover during different stages in the recovery journey.

Scenario: Jack is diagnosed with cancer before his retirement and has cancer recurrence after his retirement. He makes claims for medical expenses incurred during pre-confinement, confinement, and post-confinement.

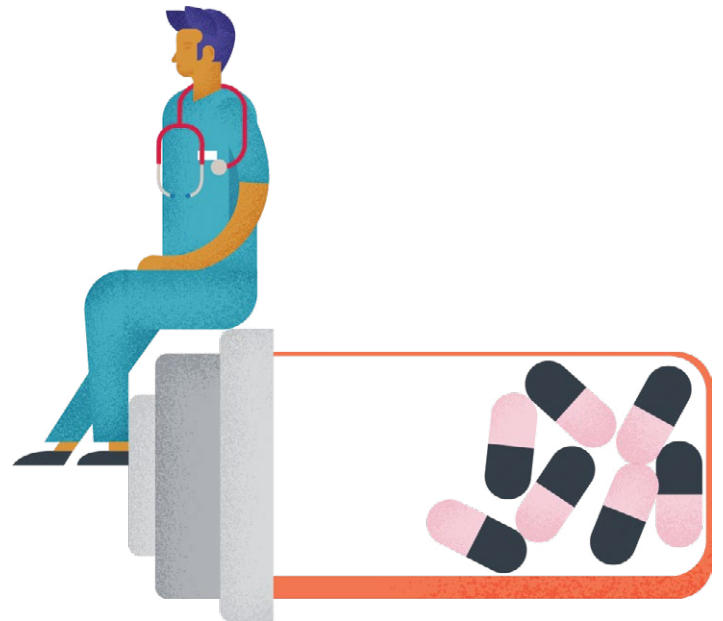
Insured's age



[^] Claim amount is subject to the annual benefit limit and the lifetime benefit limit of the policy, full cover shall mean no itemised benefit sublimit.

^{*} The claim amount is subject to the benefit limits as set out in the benefit schedule, which include both the annual benefit limit and the lifetime benefit limit.

[~] Proof of recommendation is required.



Age 55



Jack retires

His treatment for colorectal cancer has been completed and he has fully recovered

He continues to receive lifestage check-up service once every 3 consecutive policy years

Age 75



Jack suffers from recurrence of colorectal cancer

- Jack's colorectal cancer recurs and develops into Stage IV cancer
- His case is reviewed and managed by our designated service provider of Personal Medical Case Management Services
- He applies for Medical Expense Pre-approval Service to be treated with phase 3 clinical trial drugs[™] to improve his conditions at a semi-private room in a Hong Kong hospital according to doctor's advice
- For medical expenses arising from treatment of Jack's colorectal cancer incurred during the current policy year, the annual deductible is waived for the current policy year under the elderly cancer support – waiver of deductible for designated cancer

Eligible expenses can be claimed* for:

Pre-confinement outpatient care

+

Hospital confinement (semi-private room in Hong Kong)

+

Phase 3 clinical trial drugs[™]

+

Post-confinement outpatient care[™], including follow-up outpatient visits provided by physiotherapists and occupational therapists

Age 79



Jack fully recovers from colorectal cancer

He continues to receive lifestage check-up service once every 3 consecutive policy years

Plan Summary

Product Name	Privilege Ultra Pearl Medical Plan
Product Nature	Medical protection insurance plan (Reimbursement)
Plan Type	Basic plan / Add-on plan
Insured 's Age at Application	15 days to age 80
Guaranteed Renewal	Whole life
Premium Payment Mode	Annually / Semi-annually / Quarterly / Monthly

For more information of this plan, please read the **“Benefit schedule for Privilege Ultra Pearl Medical Plan”**.


Benefit schedule for Privilege Ultra Pearl Medical Plan

Overview	HKD/MOP	USD
Lifetime Benefit Limit Applies to benefit items I (a) to (r) and II (a) to (i), (k) and (m)	60,000,000 per life	7,500,000 per life
Annual Benefit Limit Applies to benefit items I (a) to (r) and II (a) to (i), (k) and (m)	12,000,000 per policy year	1,500,000 per policy year
Geographical Cover Choices¹	For non-emergency treatment	
	Asia or Worldwide (excluding United States) (except for psychiatric treatments and lower ward class cash benefit covered in Hong Kong and Macau only)	
	For emergency treatment	
	Worldwide (except for worldwide emergency assistance services covered during the trip)	
Room Type	Within geographical cover	
	Semi-private room (for Hong Kong, Macau (excluding the list of designated hospitals in Macau [#]) and mainland China)	
	Standard private room (for anywhere else within the plan's geographical cover (but excluding Hong Kong, Macau and mainland China) and/ or the list of designated hospitals in Macau [#])	
	Outside geographical cover (for emergency treatment only)	
Annual Deductible Choices Applies to benefit items I (a) to (r) and II (a) to (e), (h)(i), (h)(ii), (i), (k) and (m)	0 / 16,000 / 25,000 / 50,000 per policy year	0 / 2,000 / 3,125 / 6,250 per policy year
	Elderly Cancer Support - Waiver of Deductible for Designated Cancer² The remaining balance of annual deductible (if any) shall be reduced to \$0 in the relevant policy year for the medical services arising from the designated cancer ³ if the insured: <ul style="list-style-type: none"> • has attained age 75 or above; • suffers from designated cancer³; and • receives any medical services as a result of designated cancer³ 	








[#] The list of designated hospitals in Macau can be retrieved from AIA website (www.aia.com.hk) and may be varied, updated and amended from time to time at the Company's discretion.

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

Benefit schedule for Privilege Ultra Pearl Medical Plan (continued)

 Proof of recommendation is required.

I. Core Benefits

Benefit items ⁴	Benefit limit	
	HKD/MOP	USD
a. Room and board	Fully covered*	
b. Miscellaneous charges Including medical appliances		
c. Attending doctor's visit fee		
 d. Specialist's fee⁵		
e. Intensive care	Fully covered* regardless of the surgical category	
f. Surgeon's fee		
g. Anaesthetist's fee	Fully covered*	
h. Operating theatre charges		
 i. Prescribed diagnostic imaging tests^{5,6}		
j. Prescribed non-surgical cancer treatments⁷	Fully covered* <ul style="list-style-type: none"> • all visits (within 30 days before each confinement or day case procedure) • 1 visit (more than 30 days before each confinement or day case procedure) Fully covered* <ul style="list-style-type: none"> • all visits other than dietitian consultation visits (within 90 days after each hospital discharge/completion of day case procedure) • all visits other than dietitian consultation visits (within 365 days after each hospital discharge/completion of day case procedure for major or complex surgery) 	
 k. Pre- and post- confinement/day case procedure outpatient care⁵ (i) prior outpatient visits or emergency consultations		
(ii) follow-up outpatient visits		
	4 visits of dietitian consultations (within 90 days after each hospital discharge/completion of day case procedure)	
l. Psychiatric treatments For confinement in Hong Kong and Macau	40,000 per policy year	5,000 per policy year
 m. Private nurse's fee⁵ Nursing service for confinement after surgery or discharge from intensive care unit	Fully covered* maximum 30 days per policy year	
 n. Dialysis benefit⁵	Fully covered*	
 o. Post surgery home nursing benefit⁵ Nursing services within 196 days after discharge from hospital (after surgery / admission to intensive care unit)	Fully covered* maximum 196 days per policy year	
 p. Reconstructive surgery benefit⁵ For restoration of appearance of a body part or a breast	160,000 per accident / per mastectomy	20,000 per accident / per mastectomy
q. Medical appliances benefit for reconstructive surgery External, prosthetic devices or reconstructive materials implanted during reconstructive surgery	96,000 each item per policy year	12,000 each item per policy year
r. Emergency outpatient treatment benefit Treatments within 24 hours of the accident	Fully covered*	

Benefit schedule for Privilege Ultra Pearl Medical Plan (continued)



Proof of recommendation is required.

II. Other Benefits

Benefit items ⁴	Benefit limit	
	HKD/MOP	USD
a. Donor's benefit For organ transplantation of heart, kidney, liver, lung or bone marrow performed on the insured as recipient	30% of the sum of surgical expenses for organ transplantation ⁸	
b. Hospital companion bed benefit Expenses for one companion bed during the insured's confinement	Fully covered*	
c. Chinese medicine practitioner outpatient care Follow-up outpatient visit (within 90 days after each discharge from hospital or completion of day case procedure)	600 per visit	75 per visit
	1 visit per day, maximum 15 visits for each confinement / day case procedure	
d. Rehabilitation benefit⁵ For stay and treatment in rehabilitation centre	80,000 per policy year	10,000 per policy year
	maximum 60 days per policy year	
e. Hospice care benefit⁵ For admission in hospice with care and nursing service	80,000 per policy year	10,000 per policy year
f. Lower ward class cash benefit For staying in a room that is in a ward lower than the covered room type in private hospital of Hong Kong and Macau	1,200 per day	150 per day
	maximum 60 days per policy year	
g. Day surgery cash benefit Applicable when benefit item I (f) is payable for the same procedure	1,600 per procedure	200 per procedure
	maximum 1 procedure per policy year	
h. Stroke rehabilitation benefit After discharge from hospital		
(i) Home facility enhancement benefit⁵ Designated home facility enhancements such as widening passageways, adapting bathroom facilities and the provision of specialised furniture, which is prescribed by an occupational therapist	50,000 per incident	6,250 per incident
(ii) Stroke ancillary benefit 1. Chiropractor / physiotherapist / speech therapist / occupational therapist / neurosurgeon ⁵ • for consultation and / or treatment	1,000 per visit 100,000 per incident	125 per visit 12,500 per incident
2. Neurologist ⁵ • for consultation, treatment and / or medicines prescribed	maximum 30 visits per policy year	
3. Chinese medicine practitioner • for consultation, treatment and / or medicines prescribed		
(iii) Disability subsidy benefit For disability continued for 6 months	5,000 per month	625 per month
	maximum 24 months per incident	
i. Emergency dental benefit Treatments within 3 months of the accident	Fully covered*	
j. Compassionate death benefit Payable to the beneficiary if the insured passes away	10,000	1,250

Benefit items ⁴	Benefit limit	
	HKD/MOP	USD
k. Phase 3 Clinical Trial Drugs benefit for Stage III and Stage IV Designated Cancers³ and incurable haematological malignancy^{5,9}	500,000 per policy year	62,500 per policy year
	For any reasonable and customary charges incurred outside of Hong Kong, Macau and mainland China which are payable under this benefit item, such reasonable and customary charges incurred shall be reduced to 60% in the calculation of the total benefit amount payable, up to a maximum of HKD/MOP500,000 or USD62,500 per policy year	
l. Lifestage check-up benefit	Receive 1 check-up in the policy year immediately following every 3rd consecutive renewal of the policy	
m. Pregnancy complications benefit^{5,10} For confinement in hospital and/or surgical procedure (waiting period: 300 days after the policy commences)	Fully covered*	
n. Worldwide emergency assistance services (i) Emergency medical evacuation (ii) Repatriation of remains (iii) Compassionate visit For staying in hospital more than 5 consecutive days (iv) Return of minor For staying in hospital more than 5 consecutive days (v) 24-hour worldwide telephone enquiry services	5,000,000 per life	625,000 per life
	Included	

* Fully covered or full cover shall mean no itemised benefit sublimit. Claim amount is subject to the benefit limits as set out in the benefit schedule, which include both the annual benefit limit and the lifetime benefit limit.

Notes:

- For any non-emergency treatments performed outside the geographical cover of the chosen plan, (a) eligible expenses and / or other expenses payable for benefit items I (a) to (k) shall be subject to the benefit limits as stated in Base Plan Benefit Schedule (Please refer to item 9 of "Product Limitation" on page 17 of this brochure for details) and the annual deductible choices (if applicable); (b) no benefit shall be payable for benefit items I (l) to (r) and II (a) to (i), (k) and (m), and shall be subject to the applicable terms and conditions/benefits as stated in policy provision.
- Upon the recommendation of the attending specialist in writing, receives any medical services as a result of the designated cancer for which benefits are payable under benefit items I (a) to (r) and/or II (a) to (e), (h)(i), (h)(ii), (i) and/or (k). This waiver of deductible is not applicable if the policyholder or the insured is aware of, or shall be reasonably aware of, such designated cancer within the first 90 days from the commencement of the policy. If the insured is diagnosed with sickness other than designated cancer with eligible expenses incurred, such eligible expense is subject to the remaining balance of annual deductible amount (if any). The elderly cancer support – waiver of deductible for designated cancer is not applicable to policy with \$0 annual deductible option.
- Please refer to item 16 of "Product Limitation" on page 18 of this brochure for the definition of designated cancer.
- Unless otherwise specified, eligible expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above.
- The Company shall have the right to ask for proof of recommendation except for consultation, treatment and / or medicine prescribed by Chinese medicine practitioner under benefit item II (h)(ii)(3), e.g. written referral or testifying statement on the claim form by the attending doctor, registered medical practitioner, specialist or occupational therapist (if applicable).
- Tests covered here only include computed tomography ("CT" scan), magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan), PET-CT combined and PET-MRI combined.
- Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
- The benefit limit of this donor's benefit shall be equal to 30% of the sum of (a) the eligible expenses incurred for the surgery to remove the organ or bone marrow from the donor; and (b) the eligible expenses incurred for the surgery to transplant the organ or bone marrow into the insured as recipient. For avoidance of doubt, the benefit does not cover the expenses incurred for a surgery to remove the organ or bone marrow from the insured as the donor.
- Please refer to item 11 on page 6 of this brochure for more details.
- Payable according to the benefit limits of respective benefit items of I (a) to (i), (k), (m), (o) and/or II (b).



Base Plan Benefit Schedule

You may browse the website to understand base plan benefit schedule:

www.aia.com.hk/content/dam/hk/en/pdf/benefit-schedule/base-plan-benefit-schedule-en.pdf

Important Information

This brochure does not contain the full terms and conditions of the policy. It is not, and does not form part of, a contract of insurance and is designed to provide an overview of the key features of this product. The precise terms and conditions of this plan are specified in the policy contract. Please refer to the policy contract for the definitions of capitalised terms, and the exact and complete terms and conditions of cover. In case you want to read policy contract sample before making an application, you can obtain a copy from AIA. This brochure should be read along with the illustrative document (if any) and other relevant marketing materials, which include additional information and important considerations about this product. We would like to remind you to review the relevant product materials provided to you and seek independent professional advice if necessary.

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

This brochure is for distribution in Macau only.

Key Product Risks

1. This plan is a basic plan / add-on plan. You need to pay the premium for this plan for life of the insured. If you do not pay the premium within 30 days of the premium due date, the policy will be terminated and you / the insured will lose the cover.
2. You may request for the termination of your policy by notifying us in written notice. Also, we will terminate your policy and you / the insured will lose the cover when one of the following happens:
 - the insured passes away;
 - you do not pay the premium within 30 days after the premium due date;
 - the Company has ceased to have the requisite authorisation under the Insurance Ordinance to write or continue to write this plan; or
 - when taking this plan as an add-on plan of any basic plan which has been terminated. For continuation of the cover, you may apply to convert this add-on plan to a stand-alone plan by giving us a written notice.
3. We underwrite 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. You are subject to exchange rate risks for plans denominated in currencies other than the local currency. Exchange rates fluctuate from time to time. You may suffer a loss of your benefit values and the subsequent premium payments (if any) may be higher than your initial premium payment as a result of exchange rate fluctuations. You should consider the exchange rate risks and decide whether to take such risks.
5. The future medical costs will be higher than they are today due to inflation. Hence, the benefit amounts and the future premium rate of this plan may be revised to reflect the inflation.

Key Exclusions

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

- treatments, procedures, medications, tests or services which are not medically necessary
- solely for the purpose of diagnostic procedures or allied health services, including but not limited to physiotherapy, occupational therapy and speech therapy
- HIV and its related disability, which is contracted or occurs before the policy effective date, except for sexual assault, medical assistance, organ transplant, blood transfusions or blood donation, or infection at birth
- the dependence, overdose or influence of drugs, alcohol, narcotics or similar drugs or agents, self-inflicted injuries or attempted suicide, illegal activity, or venereal and sexually transmitted disease or its sequelae
- services for beautification or cosmetic purposes, unless necessitated by injury caused by an accident or covered by reconstructive surgery benefit and medical appliances benefit for reconstructive surgery (see benefit schedule, benefit items I (p) and (q) for details), or correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens, including but not limited to LASIK
- prophylactic treatment or preventive care, including but not limited to general check-ups, routine tests, screening procedures for asymptomatic conditions, unless they are covered by lifestage check-up benefit (see benefit schedule, benefit item II (l) for details)
- dental treatment and oral and maxillofacial procedures performed by a dentist except for emergency treatment and surgery during confinement arising from an accident or covered by emergency dental benefit (see benefit schedule, benefit item II (i) for details)
- medical services and counselling services relating to maternity conditions and its complications, including but not limited to abortion or miscarriage, birth control or reversal of birth control (unless they are covered by pregnancy complications benefit, see benefit schedule, benefit item II (m) for details)
- purchase of durable medical equipment or appliances including but not limited to wheelchairs, hearing aids and over-the-counter drugs, except covered by home facility enhancement benefit (see benefit schedule, benefit item II (h)(i) for details)
- traditional Chinese medicine treatment including but not limited to herbal treatment, bone-setting and acupuncture, and other forms of alternative treatment including but not limited to qigong, massage therapy and aromatherapy, except covered by Chinese medicine practitioner outpatient care and stroke ancillary benefit (see benefit schedule, benefit items II (c) and (h)(ii)(3) for details)

- experimental or unproven medical technology or procedure not approved by the government and relevant authorities of the country or region where the treatment is received (unless they are covered by phase 3 clinical trial drugs benefit for stage III and stage IV designated cancers and incurable haematological malignancy, see item II (k) in the benefit schedule for details)
- congenital condition(s) which have manifested or been diagnosed before the insured attained the age of 8 years
- eligible expenses which have been reimbursed under any law, or medical program or insurance policy provided by any government, company or other third party
- war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power

The above list is for reference only. Please refer to the policy contract of this plan for the complete list and details of exclusions.

Premium Adjustment and Product Features Revision

1. Premium Adjustment

In order to provide you with continuous protection, we will annually review and adjust the premium of your plan at the end of the policy year if necessary. There could be overall premium adjustment on the policies of this plan or policies of certain coverage options under 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 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 terms and benefits upon renewal by giving a not less than 30-day advance written notice. We guarantee you that the terms and benefits will not be less favourable than the prevailing version of the Base Plan terms and benefits at the time of renewal.

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

Benefits Covered

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

Items	Effective Date (after the policy commences)
Injury	Immediately
Sickness / Disease	Immediately
Specialist network service	Immediately
Pregnancy complications benefit	300 days

2. For the unknown pre-existing conditions, this plan will provide 100% cover from the 31st day of the 1st policy year and onwards. Such protection is not applicable for the first 30 days of the 1st policy year.
3. Eligible expenses under this plan will cover the value-added tax (VAT) and goods and services tax (GST) charged or imposed on the expenses incurred for medical services.

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

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

PRIVILEGE ULTRA PEARL MEDICAL PLAN

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

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

- treatment or service fee statistics and surveys in the insurance or medical industry;
 - internal or industry claim statistics;
 - gazette published by the government; and / or
 - other pertinent source of reference in the locality where the treatments, services or supplies are provided.
2. “Asia” means Afghanistan, Australia, Bangladesh, Bhutan, Brunei, Cambodia, mainland China, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, North Korea, Pakistan, the Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan, and Vietnam.
 3. “United States” means the United States of America and US Minor Outlying Islands.
 4. Semi-Private Room means a single or double occupancy room, with a shared bath/shower room, in a hospital.
 5. Standard Private Room means a basic single occupancy room with adjoining bathroom in a hospital. For the avoidance of doubt, Standard Private Room does not include any room with amenities upgraded beyond a basic single occupancy room with adjoining bathroom in a hospital.
 6. Hospitals offer various accommodation options with different facilities, and the categorisation used by the hospitals may be different from the definitions stated in this brochure. If you are unsure of whether a particular accommodation option meets the Semi-Private Room and Standard Private Room definitions under the policy, please contact the Company before confinement.
 7. The insured will be covered for any room type in which he stays at hospital, but there will be a reduction in his benefit pay-out amount in case the insured stays in a room type higher than the plan covers. In such a case, the benefit pay-out amount will be adjusted by multiplying the following factor:

Highest daily room charge of the covered room type
in the hospital admitted by the insured
(depends on which country / place the insured stays)

= _____
Actual daily room charge of the room the insured stays

Except when such confinement in a room of class above covered room is due to:

- unavailability of covered room for emergency treatment as a result of capacity shortfall in the hospital of confinement;
 - isolation reasons that require a specific class of accommodation; or
 - other reasons not involving personal preference of you and / or the insured.
8. If the insured is a United States citizen and has stayed in the United States for a period of or periods aggregating 182 days or more (including the day of arrival and departure) within the 12 consecutive months immediately prior to his receiving emergency treatment which takes place in United States in the calculation of total benefit pay-out amount, any eligible expenses and/or reasonable and customary charges incurred shall be reduced to 50%, subject to item (7) above. Such reduction applies to all benefit items in the benefit schedule except benefit items II(f), (g), (h)(iii), (j), (l) and (n). For the avoidance of doubt, in the case where both the reduction as referred to under benefit item II (k) above and the reduction as referred to in this item (8) apply, the total benefit amount payable will be reduced to 60% under benefit item II (k) above, and then will be further reduced by 50% under this item (8).
 9. After applying the benefit adjustment(s) of items (7) and / or (8) as stated above (before applying annual deductible balance), the benefits payable (before applying annual deductible balance) shall not be less than the benefits payable according to the remaining balance of limits in the Base Plan Benefit Schedule (before applying annual deductible balance).
 10. For any non-emergency treatments performed outside the geographical cover of the chosen plan, the maximum limit of surgeon's fee as stated in Base Plan Benefit Schedule is subject to the relevant surgical category and the categorisation of such surgical procedure (as listed in the Schedule of Surgical Procedure of the policy).
 11. Only the eligible expenses charged on the psychiatric treatments during confinement in Hong Kong and Macau as recommended by a specialist is payable under psychiatric treatments (see benefit schedule, benefit item I (l)).
 12. If the eligible expenses have been reimbursed under any law, or medical program or insurance policy provided by any government, company or other third party, such expenses will not be reimbursable by us under the policy.

13. Worldwide emergency assistance services are covered during the trip only (except for 24-hour worldwide telephone enquiring services), which are additional benefits and do not form part of the contractual service, the policyholder can remove this additional benefit by sending a written notice to the Company. A trip generally refers to a journey where the insured departs for abroad from Hong Kong, Macau or mainland China (of which the insured is a permanent resident at the time of departure) and then returns to the place of departure. The services are provided by third party service provider(s). AIA shall not be responsible for any act, negligence or omission of medical advice, opinion, service or treatment on the part of them. AIA reserves the right to amend, suspend or terminate the service without further notice.
14. Medical network services, Credit Facility Service for Hospitalisation, Medical Expense Pre-approval Service, and the dedicated concierge support service are additional benefits and do not form part of the contractual service. AIA reserves the right to amend, suspend or terminate these benefits without further notice. Medical network services are provided by network doctor. You have the right to request us for providing the list of network doctor, subject to the regulatory requirements and/or code of practice in the locality where the provider is in practice. AIA shall not be responsible for any act or omission of network doctor in the provision of medical network services. Credit Facility Service for Hospitalisation, Medical Expense Pre-approval Service, and the dedicated concierge support service are provided by third party service provider(s) and AIA shall not be responsible for any act, negligence or omission of medical advice, opinion, service or treatment on the part of them. Please refer to the respective leaflets for the complete terms and conditions of the value-added services.
15. Lifestage check-up benefit will be provided in the policy year immediately following every 3rd consecutive renewal of the policy, and the insured will be entitled to 1 designated check-up service which may be redeemed by the insured during the relevant policy year. Check-up redemption letter will be sent to the policyholder within 60 days from the relevant renewal date and 1 check-up service from the list of designated check-up services in the redemption letter can be selected for the insured. The list of designated check-up services shall be determined by AIA at its discretion based on the insured's age at the beginning of the relevant policy year. AIA has the right to change or replace any of the check-up services options provided for selection in the list of designated check-up services from time to time at its sole discretion. The check-up services shall be organised and implemented by third party service provider(s) as designated by AIA and shall be performed at medical clinics of such provider(s). AIA shall not be responsible for any act, negligence or omission of medical advice, opinion, service or treatment on the part of them.

16. The term "designated cancer(s)" shall mean all stages of malignant cancer and carcinoma-in-situ, but will specifically exclude any of 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 designated cancer must be confirmed by the insured's attending specialist 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.

Claim Procedure

If you wish to make an enquiry on the eligibility of a claim, claimable amount estimate and reimbursement limit before undergoing a treatment or procedure, or our service pledge on the response time to such enquiries, please contact us via (853) 8988 1822 in Macau.



If you wish to make a claim, you must send us the appropriate forms and proofs within 90 days after discharge from hospital or the date on which relevant medical services are performed and completed. You can get the appropriate claim forms from your financial planner, by calling the AIA Customer Hotline (853) 8988 1822 in Macau or by visiting any AIA Customer Service Centre. If you wish to know more about claim related matter, you may visit "File A Claim" section under our company website www.aia.com.hk.

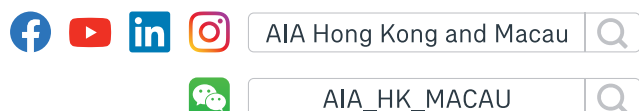
Cancellation Right

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

After the cooling-off period, you can request cancellation of the policy by giving 30 days prior written notice to us, provided that there has been no benefit payment under the policy during the relevant policy year.

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

Macau  (853) 8988 1822
 aia.com.hk







AIA International Limited

(Incorporated in Bermuda with limited liability)

Frequently Asked Questions About "Reasonable and Customary" Charges

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

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

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

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

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

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

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

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

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

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

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

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

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

Frequently Asked Questions About "Reasonable and Customary" Charges

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

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

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

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

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

"Reasonable and Customary" Charge Example

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

Case Background

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

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

"Reasonable and Customary" Charge

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

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

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

Note:


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

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

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

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