



An easy tool to enhance the medical protection of employees

EC2 MediCare – Employee Top-up Supplementary Major Medical Benefits (SMM) allows employees to enhance the medical protection on top of the existing group medical insurance plan based on their own needs, giving them additional support.

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AIA International Limited
(Incorporated in Bermuda with limited liability)



We understand that a single basic group medical insurance plan is not going to satisfy various protection needs of employees through different stages of life. That's why we have EC2 MediCare – Employee Top-up Supplementary Major Medical Benefits (SMM), an ideal solution for employers to provide attentive protection for each employee, so as to attract and retain talents.

EC2 MediCare provides 6 plan options for employees. With a simple application procedure and affordable premiums, they can enhance the medical protection of their existing group medical insurance plan based on their own needs. Meanwhile, employers can better control the costs of employee benefits for a win-win situation.

Cover at a glance

Product Nature	<i>Medical protection insurance plan</i>	
Eligibility	Members under an AIA group medical insurance scheme	
Issue Age	Employee / Spouse	Unmarried children
	Minimum and maximum issue age: Same as the existing AIA group medical insurance scheme of the employee	
Protection up to Age	Same as the existing AIA group medical insurance scheme of the employee	
Medical underwriting	No medical underwriting requirement	
Plan Option	<ul style="list-style-type: none"> Plan 1, 2 – Ward plan Plan 3, 4 – Semi-Private plan Plan 5, 6 – Standard Private plan 	
Core Benefits	<ul style="list-style-type: none"> Supplementary Major Medical Benefits (SMM), providing cover beyond the maximum hospitalisation and surgical benefits of the group medical insurance scheme 	

For more information, please read the “Benefits schedule for the **EC2 MediCare**” in this brochure.





Simple and easy application

Existing members under an AIA group medical insurance scheme can apply for this plan with no medical underwriting required. Also, employees can submit application simply and easily through the EC2 online platform, obtaining additional protection with ease.

Enhance existing medical protection

EC2 MediCare offers extra medical protection for members under an AIA group medical insurance scheme. The plan provides cover for medical expenses beyond the maximum benefit of the existing group medical insurance scheme, up to HK\$1.2 million per disability, helping them deal with unexpected medical expenses.

Flexibility to suit employees' needs

We understand each employee's medical needs are different. That's why we offer 6 plan options of cover for different room types and maximum benefits. Employees can choose the one that best suits their needs flexibly.

Option for family protection*

To give employees extra peace of mind, they can extend the cover to their family members, ensuring both employees and their loved ones enjoy comprehensive protection at affordable premiums.

* If the company offers AIA group medical insurance scheme to employees' dependants.



Quick and easy to set up

It takes only 10 working days to set up the EC2 online platform. Employees can then start to apply for top-up benefit anytime and anywhere during the application submission periods.

No extra cost and administrative burden

We provide a full support service from platform set-up to communications with employees. Therefore, employer can provide a voluntary option of additional medical benefit for employees at no extra cost and with no administrative burden.

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.)

Insured member:	Mrs. Chan (aged 42)
Occupation:	Senior Administrative Manager
Marital status:	Married with a son and a daughter
Current cover:	AIA group medical insurance scheme (Maximum benefit: HK\$48,000)

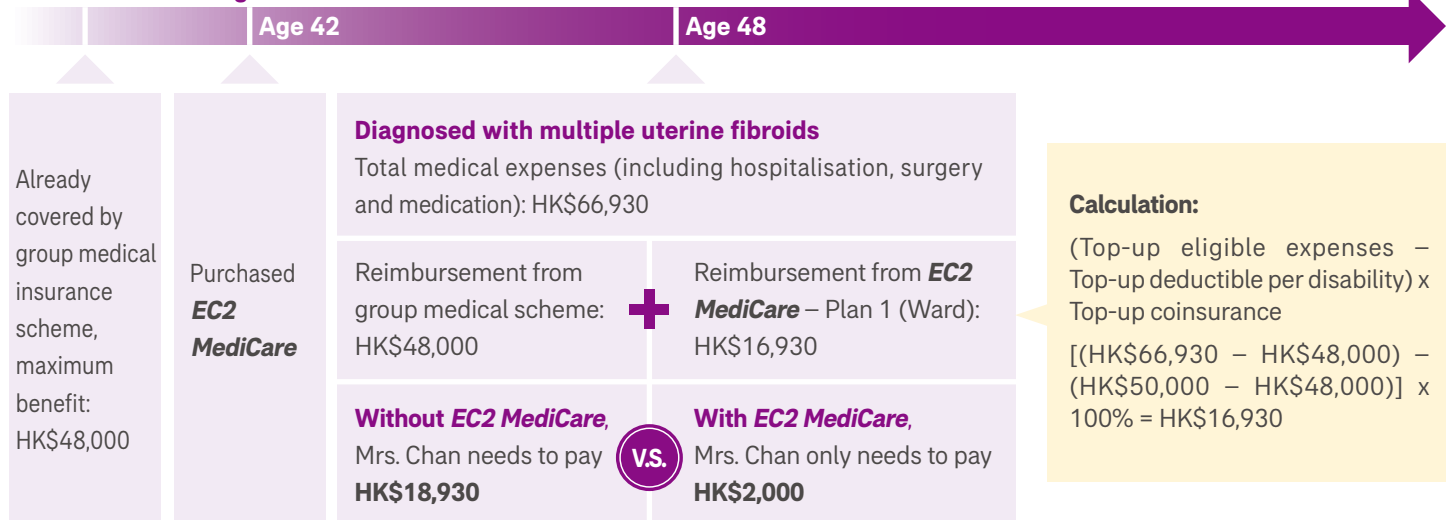


Mrs. Chan understands she should always prepare for an unexpected medical expense, so she purchases **EC2 MediCare** – Plan 1 (Ward), for additional medical protection on top of her existing company’s group medical insurance scheme.

After purchasing **EC2 MediCare**, Mrs. Chan suffers from multiple uterine fibroids. She follows medical advice and decides to undergo surgery with a 5-day stay in hospital.

Even though the total medical expenses exceed the cover of her group medical insurance scheme, she can still receive reimbursement for the remaining eligible expenses covered in **EC2 MediCare**, obtaining more comprehensive support.

Insured member’s age



EC2 MediCare works in tandem with other existing group medical insurance plans which provide full cover for basic medical needs and minor medical claims. In situations where expenses are not fully covered by a group medical insurance plan, part of the outstanding amount can be covered by **EC2 MediCare**.

Benefits schedule for EC2 MediCare

Only “Reasonable and customary charges” are covered. For more information, please refer to point 1 of the “Product Limitation” section under “Important Information”.

	Maximum Benefit (HK\$)					
Plan	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Room Type Entitlement	Ward		Semi-Private		Standard Private	
Per disability limit	150,000	300,000	300,000	600,000	600,000	1,200,000
Top-up daily room and board limit ¹	750	750	1,800	1,800	3,500	3,500
Top-up deductible ² per disability	50,000	50,000	100,000	100,000	150,000	150,000
Top-up coinsurance	100%	100%	100%	100%	100%	100%

Company participation guideline

Suitable for companies with:

1. a minimum of 10 full-time employees; and
2. an AIA group medical insurance scheme (not including voluntary or top-up policies)

Member enrolment guideline and plan selection rule

	Application submission period (must be submitted within one of the below periods)	Plan selection rule
Members under an AIA group medical insurance scheme	New join employees and their dependants* (i) Within 14-day enrolment period upon joining an AIA group medical insurance scheme	<ul style="list-style-type: none"> • No restriction on plan choice for employees • If the insured employee chooses to enrol the family members in this plan, all eligible family members of the employee must join at the same time as the employee • Eligible family members of the insured employee must join the plan at the same or lower level of the insured employee
	Existing employees and their dependants* (ii) Within 14-day enrolment period upon the policy anniversary of an AIA group medical insurance scheme	

* If the company offers AIA group medical insurance scheme to employees' dependants.

1. For the calculation of “Top-up adjustment factor” only. “Top-up adjustment factor” is applied to the calculation of the benefit payable when the insured member’s “Average daily room and board charges” incurred during such hospitalisation are higher than the “Top-up daily room and board limit” stated in the benefits schedule. It is calculated by dividing the “Top-up daily room and board limit” by the “Average daily room and board charges” incurred.

2. “Top-up deductible” is the relevant amount stated in the benefits schedule as “Top-up deductible” less the “Aggregate paid benefits”. “Aggregate paid benefits” means the total benefit amount paid under the group medical insurance scheme and the voluntary top-up hospitalisation benefit. Any deductible and coinsurance previously borne by the insured member under the group medical insurance scheme for the same disability shall not be counted towards the “Top-up deductible” calculation.

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

Important Information

1. This brochure is for reference only. 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. 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.
2. This plan is an insurance plan without any savings elements. All premiums are paid for the insurance and related costs.
3. Policyholder refers to the participating company.
4. Insured members refer to the insured employees, and their insured family members (if applicable).

Excluded industry / organisation

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

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

Key Product Risks

1. The insured employee needs to pay the premium for this plan upon renewal every year.
2. We will terminate the cover of the insured member when one of the following happens:
 - the insured member passes away; or
 - the insured employee does not pay the premium within 31 days of the premium due date.
3. We will terminate the policy of the policyholder and all the insured members will lose their cover when one of the following happens:
 - the number of insured full-time employees falls below 10;
 - the AIA group medical insurance scheme of the company is terminated;
 - the nature of the company's business changes to another nature that we shall cease to provide cover. For the latest list of the excluded industries / organisations, please visit our website aia.com.hk; or
 - the company provides incorrect information or is unable to disclose important information regarding the insured members.
4. The insured member may lose the cover when he or she no longer resides in Hong Kong.
5. We reserve the right to terminate the policy of the policyholder and all the insured members will lose their cover when the company transfers to operate out of Hong Kong.
6. We underwrite the plan and the insured members are subject to our credit risk. If we are unable to satisfy the financial obligations of the policy:
 - the insured members may lose the cover; and
 - the insured employees may lose the remaining premium for that policy year.
7. 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 adjusted to reflect the inflation.
8. The current planned benefit may not be sufficient to meet the future needs of the insured member since the future cost of living may become higher than they are today due to inflation. Where the actual rate of inflation is higher than expected, the insured member may receive less in real terms even if we meet all of our contractual obligations.

Key Exclusions

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

1. Pre-existing conditions, except covered under the group medical insurance scheme and only after the insured member has ceased to show symptoms or receive any medical treatment, diagnosis, consultation or prescribed drugs for such disability or sickness for a continuous period of 90 days from the last treatment date.
2. Investigation and treatment of psychological, emotional, mental or behavioural conditions; alcoholism or drug addiction; rest cure or sanatoria care; treatment of an optional nature; intentionally self-inflicted injuries while sane or insane.
3. Injuries arising directly or indirectly from war, declared or undeclared.
4. Special nursing care; general physical or medical check-ups or tests not incidental to treatment or diagnosis of an actual sickness or injury or any treatment which is not medically necessary; immunisation, vaccination or inoculation.
5. Procurement or use of special braces, any appliances, any equipment or prosthetic devices, any implants, contact lenses, eye glasses, hearing aids or the fitting of the same and non-medical services such as television, telephone and the like.
6. Any dental or eye examination/treatment, surgical procedure for correction of eye refraction, cosmetic procedures or plastic surgery except to the extent that such surgery is necessary for the repair of damage caused solely by accidental injury covered under the policy.
7. Any investigation, treatment or surgery for congenital defect that gives rise to signs or symptoms, or is diagnosed, before the insured member reaches the age of 17.
8. Birth control measures, investigation or treatment pertaining to infertility, genetic testing or counseling, treatment occasioned by or resulting from pregnancy, childbirth or abortion.
9. Non-medically necessary health services.
10. Experimental, investigational or unproven services except when authorised by the Company.
11. Services and supplies for smoking cessation programmes and the treatment of nicotine addiction.
12. Services rendered by a Physician, Surgeon or Chinese Herbalist (whether legally registered or not) with the same legal residence as the insured member or who is a member of the insured member's family, including spouse, brother, sister, parent or child; or services delivered by an agent of the Company.
13. Chinese herbal medicine, bone-setting, acupuncture, tui na, hypnotism, massage therapy, aroma therapy; and other forms of alternative treatments.
14. Clinical home care; custodial care in any setting; day care; hospice, private duty nursing; respite care unless prior approval is obtained from the Company.
15. Other education services such as speech improvement, diabetic classes and nutritional services, or group support services.

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

Premium Adjustment and Product Features Revision

1. Premium Adjustment

In order to provide continuous protection, we will annually review and adjust the premium of the plan accordingly at the end of policy year if necessary. During the review, we may consider factors including but not limited to the following:

- claim costs incurred from all policies under this plan and the expected claim outgo in the coming year which reflects the impact of medical trend, medical cost inflation and product feature revisions;
- expenses directly related to the policy and indirect expenses allocated to this product.

2. Product Features Revision

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

We will give the policyholder and / or the insured employee a written notice of any revision before any policy anniversary or upon renewal.

Product Limitation

1. We only cover the "Reasonable and customary charges".

"Reasonable and customary charges" means that the charges are determined by the Company to be:

- not more expensive than the usual level of charges for similar treatment in the locality of such service delivered.

"Medically necessary" means that the medical services, diagnosis and / or treatments are:

- necessary to meet the basic health needs of the insured member;
- consistent with the diagnosis of the condition;
- provided in the most cost-effective manner; and type of setting appropriate for the delivery of the health service; and of demonstrated medical value; and
- required for reasons other than the convenience of the insured member or his physician.

Experimental, screening, and preventive services or supplies are not considered medically necessary. We may adjust any and all benefits payable in relation to any hospital / medical charges which is not a reasonable and customary charge.

2. "Top-up adjustment factor" is applied to the calculation of the benefit payable when the insured member's "Average daily room and board charges" incurred during such hospitalisation are higher than the "Top-up daily room and board limit" stated in the benefits schedule. It is calculated by dividing the "Top-up daily room and board limit" by the "Average daily room and board charges" incurred.

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

3. If the plan is terminated by the insured employee/ insured dependant (if applicable), the insured employee/ insured dependant (if applicable) may not rejoin, even if the insured employee remains in continuous employment with the company.
4. If the plan is terminated by any one of the insured dependants of the insured employee, the cover for all the other insured dependants of that insured employee will be terminated as well (except the event of death of an insured dependant).
5. Cover for the insured employee and the insured dependants (if applicable) continues until the end of the policy year in which the insured employee leaves the company.

Claim Procedure

If the insured member wishes to make a claim, the insured member must send us the appropriate form and relevant proof within 90 days of the date the covered event happened. The appropriate claim form can be downloaded from our website: aia.com.hk or obtained from the financial planner.

Cancellation Right

The policyholder has the right to cancel the policy or the insured employee has the right to cancel the cover by giving no less than 31 days' prior written notice to us. However this will result in the insured member losing the cover, the insured employee losing the remaining premium and the policyholder losing the levy for that policy year. We also reserve the right to cancel the policy upon the policy renewal by giving the policyholder and/or the insured employee no less than 31 days' prior written notice.

Please contact your financial planner or call our hotline for details

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