

EMPLOYEE VOLUNTARY SOLUTIONS – MEDICAL PROTECTION  
STEPUP MEDICAL PROTECTION PLAN

# PORTABLE MEDICAL PROTECTION FOR A LIFETIME OF SECURITY

**StepUp Medical Protection Plan** offers comprehensive medical protection, ensuring your future is protected at all times.



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**AIA Corporate Solutions**  
— Your Pension and Group Insurance Partner



**HEALTHIER, LONGER,  
BETTER LIVES**

# With a successful career to pursue and a family to raise

## It's more important than ever for you to take good care of yourself

That's why we designed an enhanced medical protection plan for you.

Available to existing members of the AIA group medical insurance scheme, the comprehensive

StepUp Medical Protection Plan (StepUp) is a lifetime plan that tops up your group medical insurance. Application is convenient and simple with no medical underwriting required, enabling you to enhance your cover and prepare for future protection needs for just an affordable premium.

Even if you leave the company or enter retirement, you will remain covered under StepUp, giving you and your loved ones the reassurance you need.

## Cover at a glance

Product Nature	Medical protection insurance plan (Reimbursement)
Plan Type	Basic plan
Eligibility	Members under an AIA group medical insurance scheme
Issue Age (of the insured)	15 days to age 65
Protection up to Age	Whole life
Medical Underwriting	No medical underwriting requirement
Plan Option	<ul style="list-style-type: none"> <li>Plan 1 – Ward plan</li> <li>Plan 2 – Semi-Private plan</li> <li>Plan 3 – Standard Private plan</li> </ul>
Geographic Cover	Worldwide
Premium Payment Mode	Annually / Monthly
Core Benefits	<ul style="list-style-type: none"> <li>Comprehensive hospitalisation and surgical care</li> <li>Extended care protection for renal dialysis and cancer treatment – including related tests, targeted therapy, chemotherapy and radiotherapy for the latter</li> <li>Other benefits include advanced diagnostic imaging (including tests performed in outpatient setting) and medical appliances</li> <li>Worldwide emergency assistance services, including emergency medical evacuation</li> </ul>
Optional Benefit	<ul style="list-style-type: none"> <li>Outpatient – Plan 1 to 4</li> </ul>
Medical Network Privileges	<p>By seeking treatment through AIA medical network, you can enjoy the following privileges:</p> <ul style="list-style-type: none"> <li>90% of reimbursement for eligible expenses with no deductible for core benefits</li> <li>Cashless arrangement service for designated clinical operations</li> </ul>

For more information, please read the “Benefits schedule for the **StepUp Medical Protection Plan**” in this brochure.



## Portable protection for extra peace of mind

In life, it's good to have an extra safety net. When you join **StepUp**, you can renew your cover every year for life. The renewal premium will be based on the prevailing premium rates at the time of renewal. Even if you leave the company, your group medical cover ends or you retire, your cover under this plan will continue, giving you protection at all times.



## Simple application with no medical underwriting required

Application for this plan is convenient and simple with no medical underwriting requirement, ensuring you can obtain the protection you need with ease.



## Cover for pre-existing conditions

If you have been covered under our group medical insurance scheme and **StepUp** for a total duration of at least 12 continuous months, the pre-existing conditions you have will be covered under **StepUp** in the subsequent cover period, giving you immediate comprehensive protection.



## Comprehensive cover for your medical expenses

**StepUp** offers you reimbursement for a range of medical expenses. This includes expenses such as hospital room and board, intensive care, surgery, hospital expenses, advanced diagnostic imaging (including tests performed in outpatient setting) and medical appliances.

For more information, please read the "Benefits schedule for the **StepUp Medical Protection Plan**" in this brochure.



## Extended care support for renal dialysis and cancer treatment

If you are unfortunately diagnosed with cancer or kidney failure, you will be in need of additional support. We therefore provide the extended caring protection for renal dialysis and cancer treatment to ease your worries and financial burden, helping you on the road to recovery.



## Enhanced protection for medical expenses in HA hospitals with network reimbursement

To provide you with flexibility to arrange your medical treatment that best suits your needs, we cover your medical expenses from confinement to outpatient treatment in a HA hospital<sup>1</sup>. In addition, you can enjoy reimbursement and deductible of network benefits to obtain a more comprehensive support.



## Quality medical network privileges

To serve you better, our medical network<sup>2</sup> comprises carefully selected medical service providers from across a range of medical disciplines.

To offer you flexibility in the medical service we provide, you can select the medical service providers provided under an AIA group medical insurance scheme (if applicable) and **StepUp** if you are covered under both at the same time<sup>3</sup>.

Even if you are no longer covered under AIA group medical insurance scheme, you can select the medical service providers provided under **StepUp**. Within this network, you can enjoy quality medical services and receive the following additional benefits in **StepUp**:

- **90% of reimbursement for eligible expenses with no deductible for core benefits**

If you seek treatment within our medical network, we will reimburse 90% of your eligible expenses, and no deductible will apply.

- **Cashless arrangement for 4 designated surgical procedures at designated outpatient clinics**

You can use your electronic network card to book a designated surgery at a designated network clinic of **StepUp**'s medical service providers on a cashless basis, freeing you from the hassle of settling bills and making a subsequent claim.

The 4 designated procedures are:

1. lens operation including cataract removal and prosthetic lens insertion
2. colonoscopy, with or without a biopsy or papilloma removal
3. upper endoscopy up to the level of the duodenum excisions of skin lumps or a tumour of subcutaneous
4. excisions of skin lumps or a tumour of subcutaneous tissue, including lipomas, neurofibromas or its variants, sebaceous cysts and malignant melanomas, etc.

The cashless arrangement is subject to a per disability limit and an additional per disability limit for network benefits, and you are required to settle the shortfall (if any).

For more information, please refer to our network services leaflet for **StepUp**.



<sup>1</sup> HA hospital refers to hospitals under the administration of the Hong Kong Hospital Authority (HA). You must confine in the public / general ward or receive outpatient treatment in the public / general section, and are charged according to the public charges for eligible persons, then we will make reimbursement of such charges in respect of network benefits subject to the maximum limits and deductible as shown in the benefits schedule for core benefits (except network clinical surgery benefit). Please refer to the definition of public charges and eligible persons on the HA website: [www.ha.org.hk](http://www.ha.org.hk).

<sup>2</sup> The insured must present the network card to network providers before receiving medical consultation/ treatments in order to be eligible for the network benefits.

<sup>3</sup> The network service providers under **StepUp** and AIA group medical insurance scheme (if applicable) are different. The use of **StepUp**'s medical network service is only applicable to the medical network protection under **StepUp**.



## Flexibility to suit your needs

We understand that everyone’s situation is different. That’s why we offer optional outpatient benefit to suit your personal medical needs.

When you apply for this plan together with the optional outpatient benefit, there is no medical underwriting requirement<sup>4</sup>, allowing you to obtain a more comprehensive protection with ease.

<b>Plan Option</b>	<ul style="list-style-type: none"> <li>• Plan 1 – Ward plan</li> <li>• Plan 2 – Semi-Private plan</li> <li>• Plan 3 – Standard Private plan</li> </ul>
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<b>Optional Benefit</b>	Plan 1 to 4 – Outpatient benefit
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Choice of plans will be subject to your existing AIA group medical insurance scheme cover, if any. For more information, please refer to “Plan selection rule” in this brochure.

<sup>4</sup> After the policy is effective, you can apply for the optional outpatient benefit on the policy anniversary date. Medical underwriting is required.

## 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.)

### Case 1:

Policy owner and insured: Alan (aged 28)  
Occupation: Assistant Administrative Manager  
Marital status: Single  
Current cover: AIA group medical insurance scheme



Alan has great ambitions for his life and career. He understands that youth is currently his greatest asset, so he decides to purchase the **StepUp Medical Protection Plan – Plan 2**, with no medical underwriting required, boosting the medical cover on top of his company's group medical insurance scheme.

**StepUp** provides Alan with a 'top-up' protection at an affordable premium, with a per disability limit of HK\$/MOP200,000 and an additional network limit of HK\$/MOP100,000 to supplement his employer's group medical insurance scheme.

What's more, if Alan is diagnosed with cancer or kidney failure, **StepUp** gives him an additional layer of cover of HK\$/MOP200,000 for treatment per covered disability.

### Insured's Age

Aged 28



Covered under the group medical insurance scheme provided by the employer



Purchased **StepUp Medical Protection Plan – Plan 2**



**Per disability limit**  
HK\$/MOP200,000 + HK\$/MOP100,000  
(additional network limit)

### **Additional benefits for cancer and renal dialysis treatment**

Receive an additional limit of HK\$/MOP200,000 for treatment per covered disability

The **StepUp Medical Protection Plan** works in tandem with other existing group medical insurance plans, which can provide full cover for basic medical needs and minor medical claims. In situations where expenses cannot be covered in full by a group medical insurance plan, part of the outstanding amount can be settled through **StepUp**.

## 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.)

### Case 2:

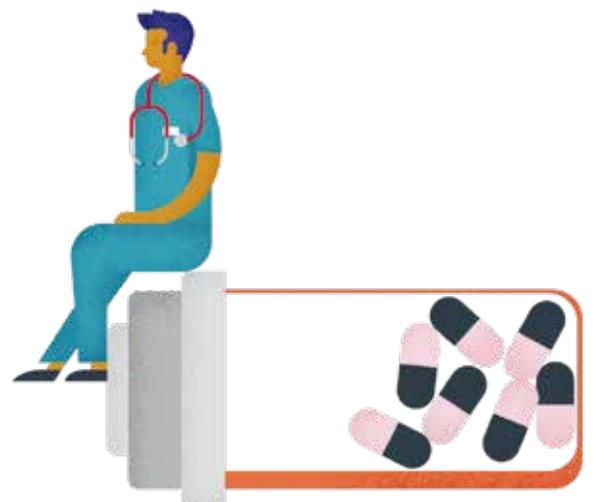
Policy owner and insured: Bonnie (aged 45)  
Occupation: Senior Customer Services Manager  
Marital status: Married with a son and a daughter  
Current cover: AIA group medical insurance scheme



Family comes first for Bonnie, who understands the impact of an unexpected medical expense can have on her family's finances. She purchases the **StepUp Medical Protection Plan – Plan 1** to supplement her company's group medical insurance plan, giving her additional financial support and peace of mind even in the face of the unexpected.

After purchasing **StepUp**, Bonnie visits a family physician for her digestive problems, and is advised to undergo a gastroscopy.

She uses her electronic **StepUp** network card to book an outpatient gastroscopy at a network clinic on a cashless basis, freeing her from the hassle of making a claim afterwards.





# Benefits schedule for the StepUp Medical Protection Plan

Benefit items are reimbursed on a “reasonable and customary” basis. For more information, please refer to point 1 of the “Product Limitation” section under “Important Information”.

## Core Benefits

	Maximum Benefit (HK\$/MOP)					
Plan	Plan 1		Plan 2		Plan 3	
Room Type Entitlement	Ward		Semi-Private		Standard Private	
Per disability limit applies to items 1 to 12	100,000		200,000		500,000	
Additional per disability limit for network benefits applies to items 1 to 12	50,000		100,000		100,000	
Reimbursement <sup>5</sup> percentage applies to items 1 to 11 and 13 to 14	Network	Non-Network	Network	Non-Network	Network	Non-Network
	90%	80%	90%	80%	90%	80%
Deductible <sup>5</sup> (per disability) applies to items 1 to 11 and 13 to 14	0	5,000	0	15,000	0	28,000
Reimbursement percentage applies to item 12	100%	N/A	100%	N/A	100%	N/A
Deductible applies to item 12	0	N/A	0	N/A	0	N/A
<b>I. Confinement Benefits</b>						
1. Hospital daily room and board benefit						
2. Physician’s visit						
3. Specialist’s fee						
4. Miscellaneous hospital expenses benefit						
5. Intensive care benefit						
<b>II. Surgical Benefits</b>						
6. Surgery benefit Including surgeon’s fee, anaesthetist’s fee and operating theatre charge						
7. Outpatient surgery benefit Including surgeon’s fee, anaesthetist’s fee and operating theatre charge						
8. Medical appliances benefit Specified items: Include: i. pace maker ii. stents for Percutaneous Transluminal Coronary Angioplasty iii. intraocular lens (standard) iv. artificial cardiac valve v. metallic or artificial joints for joint replacement vi. prosthetic ligaments for replacement or implantation between bones vii. prosthetic intervertebral disc						
<b>III. Post-hospitalisation / Outpatient Surgery Outpatient Consultation</b>						
9. Follow-up consultation and diagnostic tests within 31 days after confinement or outpatient surgery						

<sup>5</sup> “Deductible” shall mean a fixed amount of eligible expenses you must pay before the company shall reimburse the remaining eligible expenses. For example, if there is a HK\$5,000 deductible, for the eligible expenses of HK\$100,000 with a reimbursement percentage at 80% for non-network, you are firstly responsible for HK\$5,000 (i.e. the deductible amount), and secondly responsible for HK\$19,000 (i.e. 20% of the remaining eligible expenses after deducting the deductible amount), while we pay for the remaining HK\$76,000 (i.e. 80% of the remaining eligible expenses after deducting the deductible amount).

## Core Benefits (continued)

<b>IV. Other Benefits</b>			
<b>10. Advanced diagnostic imaging (including tests performed in outpatient setting)</b> Including Magnetic Resonance Imaging, Computerised Tomography Scan and Positron Emission Tomography Scan			
<b>11. Emergency outpatient treatment benefit</b> If the insured sustains a covered injury and is treated as an outpatient in the outpatient department of a hospital within 24 hours of the accident resulting in such covered injury			
<b>V. Network Clinical Surgery Benefit</b>			
<b>12. For these designated operations conducted under our medical network, cashless arrangement service can be arranged, and no deductible or coinsurance will apply:</b>			
<ul style="list-style-type: none"> <li>i. lens operation including cataract removal and prosthetic lens insertion</li> <li>ii. colonoscopy, with or without biopsy or papilloma removal</li> <li>iii. upper endoscopy up to the level of the duodenum</li> <li>iv. excision of skin lumps or tumours of subcutaneous tissue, including lipomas, neurofibromas or its variants, sebaceous cysts and malignant melanomas, etc.</li> </ul>			
<b>VI. Additional Benefits for Cancer and Renal Dialysis Treatment</b>			
<b>13. Cancer treatment including radiotherapy, chemotherapy, targeted therapy, diagnostic imaging tests, etc.</b>			
<b>14. Renal dialysis treatment</b>			
<b>Room Type Entitlement</b>	<b>Ward</b>	<b>Semi-Private</b>	<b>Standard Private</b>
<b>Per disability limit applies to items 13 to 14</b>	100,000 (Plan 1)	200,000 (Plan 2)	300,000 (Plan 3)
<b>VII. Emergency Treatment Benefits</b>			
<b>Worldwide emergency assistance services</b>	Maximum aggregate limit of HK\$/MOP1,000,000 (per trip per life)		
<b>a. Emergency medical evacuation</b>			
<b>b. Repatriation of remains</b>			
<b>c. Compassionate visit by one immediate family member</b> For staying in hospital more than 5 consecutive days			
<b>d. Return of children under aged 18 to Macau</b> For staying in hospital more than 5 consecutive days			
<b>e. 24-hour worldwide telephone enquiry services</b>	Included		

## Adjustment Factor

If the insured is confined in a hospital room of a type that is at a higher level than the room type corresponding to the plan level chosen, the benefit payable shall be paid according to the benefits schedule, and subject to adjustment by a percentage indicated in the column of "Adjustment Factor" below:

Room Type Entitlement	Received Treatment in	Adjustment Factor
Ward	Semi-Private	50%
Ward	Standard Private	25%
Ward	VIP / Deluxe / Suite	0%
Semi-Private	Standard Private	50%
Semi-Private	VIP / Deluxe / Suite	0%
Standard Private	VIP / Deluxe / Suite	50%

## Optional Benefit – Outpatient



Recommendation by a registered doctor in writing is required.



Consultation must be rendered by a registered psychiatric specialist.

Outpatient Benefit	Maximum Benefit (HK\$/MOP)			
	Plan 1	Plan 2	Plan 3	Plan 4
<b>Reimbursement percentage</b>	80%	80%	80%	80%
<b>1. Outpatient consultation</b> (Including Western medication per visit)	150	250	350	500
 <b>2. Outpatient specialist fee</b> (Including Western medication per visit)	400 10 visits per policy year	600 10 visits per policy year	800 10 visits per policy year	1,000 10 visits per policy year
 <b>3. Physiotherapy and Chiropractic treatment</b> (per visit)	220 20 visits per policy year	260 20 visits per policy year	380 20 visits per policy year	500 20 visits per policy year
<b>4. Registered Chinese Medicine Practitioner consultation</b> (Including Chinese medicine per visit)	150 10 visits per policy year	250 10 visits per policy year	350 10 visits per policy year	500 20 visits per policy year
 <b>5. Psychiatric treatment</b> (Including Western medication per policy year)	2,500	3,000	4,000	5,000
 <b>6. Diagnostic procedures and laboratory test</b> (per policy year)	2,500	3,000	4,000	5,000
 <b>7. Prescribed medicines, other than doctor's and hospital's clinic</b> (per policy year)	2,500	3,000	4,000	5,000

The number of visit under items 1 to 4 is limited to 50 visits per policy year.

## Company Participation Guidelines

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 Guidelines

### Eligibility

Suitable for members under an AIA group medical insurance scheme

### Identity

Members under an AIA group medical insurance scheme must be the holders of one of the following identity proofs at the time of application:

Region	Identity proof
Macau	<ol style="list-style-type: none"> <li>1. Macau identity card</li> <li>2. Work permit <ul style="list-style-type: none"> <li>• Valid for 3 months or above; and</li> <li>• Permit to stay in Macau for 1 year or above (Short-term work contract is not accepted)</li> </ul> </li> <li>3. Student visa <ul style="list-style-type: none"> <li>• Valid for 3 months or above; and</li> <li>• Permit to stay in Macau for 1 year or above (Short-term visa is not accepted)</li> </ul> </li> </ol>

Remark:

- The identity proofs of work permit and student visa are not applicable to the insured dependants under an AIA group medical insurance scheme.
- The holders of student visa must not be insured under an AIA group medical insurance scheme as an employee.

### Application submission period 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 <sup>6</sup> (i) Within 30 days after joining an AIA group medical insurance scheme	<ul style="list-style-type: none"> <li>• No restriction on plan choice</li> </ul>								
	(ii) Within 30 days after the policy anniversary of an AIA group medical insurance scheme	<ul style="list-style-type: none"> <li>• Must enrol in the same room type or lower as the AIA group medical insurance scheme.</li> <li>• If the room type is not specified in the group medical insurance scheme, the following conversion on daily room and board limit will apply<sup>7</sup>: <table border="1"> <thead> <tr> <th>Daily room and board limit</th> <th>Corresponding room type entitlement</th> </tr> </thead> <tbody> <tr> <td>HK\$/MOP1,399 or below</td> <td>Ward</td> </tr> <tr> <td>HK\$/MOP1,400 – 2,999</td> <td>Semi-Private</td> </tr> <tr> <td>HK\$/MOP3,000 or above</td> <td>Standard Private</td> </tr> </tbody> </table> </li> </ul>	Daily room and board limit	Corresponding room type entitlement	HK\$/MOP1,399 or below	Ward	HK\$/MOP1,400 – 2,999	Semi-Private	HK\$/MOP3,000 or above	Standard Private
	Daily room and board limit		Corresponding room type entitlement							
	HK\$/MOP1,399 or below		Ward							
HK\$/MOP1,400 – 2,999	Semi-Private									
HK\$/MOP3,000 or above	Standard Private									
(iii) Within 30 days prior to or after membership termination in an AIA group medical insurance scheme										
(iv) Within 30 days prior to the insured reaching the age of 66										

Remark:

- Individual (as insured or policyholder) can only be insured under **StepUp Medical Protection Plan** once per lifetime, therefore if an individual was previously insured under **StepUp Medical Protection Plan** or **Journey Protect Medical Plan** and / or terminated his / her cover, he / she cannot be insured again.
- Insured employee and insured dependant must enrol in the same plan, including core benefits and optional outpatient benefit, if applicable.
- Dependant child(ren) aged 15 days to 17 years must enrol in this plan together with his / her parent and they must enrol in the same plan.

<sup>6</sup> If the company offers AIA group medical insurance scheme to employees' dependants (not including voluntary dependant cover)

<sup>7</sup> The information is for reference only, and may vary from time to time. Please contact AIA Corporate Clients Department (Macau) for more information.



## 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

- You need to pay the premium for this plan for life. If you do not pay the premium within 31 days of the due date, the policy will be terminated and you / the insured will lose the cover.
- 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 31 days of the due date.

We reserve the right to cancel this policy at any time by giving a 30-day prior written notice without cause to the policy owner. The unearned portion of the premium at the time of cancellation without interest shall be returned to you after deducting any debt owed by you to us under the policy.

- We underwrite the plan and you are subject to our credit risk. If we are unable to satisfy the financial obligations of the policy, you may lose your cover and the remaining premium for that policy year.
- 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 inflation.
- Your current planned benefit may not be sufficient to meet your future needs 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, you 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:

- Any treatment, investigations, services or supplies which are not medically necessary.
- Any pre-existing conditions for which the insured received medical treatment, diagnosis, consultation or prescribed medicines / drugs during the ninety (90) days preceding the effective date of this coverage unless the insured affected by these conditions has been insured under the AIA group medical policy and this plan for a total duration of at least twelve (12) continuous months.
- Any congenital defect that appears or is diagnosed before the insured reaches the age of 17.
- Self-destruction, intentional self-inflicted injury or drug abuse.
- War or warlike operations, civil commotion, any violation or attempted violation of law or resisting arrest, acts of terrorism where the insured is a terrorist, the use of atomic, biological or chemical contamination due to any act of terrorism, when the insured travels to a country at war, or where there is warlike operation, mutiny, riot, civil commotion, martial law or a state of siege, or a war zone as recognised by the United Nations.
- Pregnancy, miscarriage, child birth, voluntary termination of pregnancy, or complications of them, mental or nervous disorder, except for mental illness and emotional disorder benefit (see benefits schedule of optional outpatient benefit, item 5 for details), AIDS or any complications associated with HIV infection.
- Cosmetic or plastic surgery, dental care or surgery, corrective aids and the treatment of refractive errors unless necessitated by injury caused by an accident, body check-up, gradual recovery of health or rest care.

The above-mentioned are for reference only. Please refer to your policy contract for the complete list and details of exclusions.

## Premium Adjustment and Product Features Revision

### 1. Premium Adjustment

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

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

### 2. Product Features Revision

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

We will give the policy owner a written notice of any revision 30 days before any policy anniversary or upon renewal.

## Product Limitation

1. We only cover the charges or expenses of the insured on a reasonable and customary basis.

“Reasonable and customary” means:

- the medical services, diagnosis and / or treatments are necessary and delivered according to standards of good medical practice;
- the costs of the medical services and the duration of the hospital stay are not more expensive or longer than the usual level of charges or duration for similar treatment in the locality of such service delivered;
- the medical procedure or treatment during hospital stay is not routinely performed on an outpatient basis and could not reasonably be performed on the insured member as an outpatient according to standards of good medical practice; and
- does not include charges that would not have been made if no insurance existed.

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

- delivered according to standards of good medical practice;
- necessary; and
- cannot be safely delivered in a lower level of medical care.

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. If the insured is covered by both AIA group medical insurance scheme and **StepUp**, where the contract terms and / or claim approach vary between two covers, we will make reference to the contract terms and / or claim approach of AIA group medical insurance scheme and assess the claim by **StepUp** on a special consideration basis. After membership termination in an AIA group medical insurance scheme / not covering in an AIA group medical insurance scheme, we will assess the claim application in accordance with the contract terms of **StepUp**.
3. If any confinement, surgery and / or medical treatment covered by **StepUp** is also covered by other group medical policy (if any), you need to make claims in all such group medical policy before claiming the remaining balance of eligible medical expenses from **StepUp**.
4. An “adjustment factor” is applied to the calculation of the benefit payable when the insured is confined in a hospital room of a type that is at a higher level than the room type corresponding to the plan level chosen, the benefit payable shall be paid according to the benefits schedule, and the adjustment factor will also apply. For details, please refer to the “Adjustment Factor” in this brochure.

5. An insured employee and insured dependant under an AIA group medical insurance scheme must enrol in the same plan, including core benefits and optional outpatient benefit, if applicable.
6. Worldwide emergency assistance services are covered during the trip only (except for 24-hour worldwide telephone enquiring services), which are additional benefits. 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.
7. If the eligible expenses have been reimbursed under any law, or medical program or other insurance policy provided by any government, company, other third party or us, such will not be reimbursable by us under this policy.
8. Medical network services and cashless arrangement are additional benefits and do not form part of the contractual service. Medical network services are provided by network doctor. You have the right to request us for providing the list of network doctor. AIA shall not be responsible for any act or omission of network doctor in the provision of medical network services. AIA reserves the right to amend, suspend or terminate these services without further notice.
9. If you would like to change your benefits or coverage after policy inception, such a request shall be subject to AIA's approval.

## 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) 0800 516.

If you wish to make a claim, you must send us the appropriate forms and proof within 90 days of the date on which the covered event happened. You can get the appropriate claims forms from your financial planner, or by calling the AIA Customer Hotline on (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](http://www.aia.com.hk).

## Cancellation Right

You have the right to cancel and obtain a refund of any premiums and any levy paid by giving written notice to us. Such notice must be signed by you and submitted to the Customer Service Centre of AIA International Limited at Unit 1903, 19/F, 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 you or your nominated representative, whichever is earlier.

Please contact AIA Voluntary Solutions Hotline for details

Macau  **(853) 8988 1815**  
 **aia.com.hk**



AIA Hong Kong and Macau 



AIA\_HK\_MACAU 





**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 :	<b>A medical plan with full cover for major benefit items</b>

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
<b>Total</b>	<b>384,000</b>	<b>240,900</b>

<b>TOTAL Reimbursement Amount (HK\$)</b>	240,900
<b>Remaining Balance Not Reimbursed (HK\$)</b>	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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