

GROUP INSURANCE – MEDICAL PROTECTION  
POWER MACAU

# POWER UP PROTECTION FOR YOUR EMPLOYEES

Easy entry starts from 3 full-time employees; no waiting period, medical underwriting or health declaration required. Comprehensive cover includes life, accident and hospitalisation benefits as well as optional outpatient and supplementary major medical benefits to fully protect your employees and their family members.



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



HEALTHIER, LONGER,  
BETTER LIVES

# Employees are the most valuable assets for your company's success

**POWER Macau offers comprehensive protection for your employees with reasonable premium, so that your company can attract and retain talent to build a productive team and keep them motivated.**

Apart from life, accident and hospitalisation benefits, the plan also offers optional outpatient and supplementary major medical benefits, as well as protection for employees' family members. Apply now to power up your workforce and drive your business forward.

## Cover at a glance

Product Nature	Medical protection insurance plan (Reimbursement)	
Plan Type	Basic plan	
Issue Age	Employee / Spouse	Unmarried children
	Age 64 or below	2 weeks to age 18, or up to age 22 for full-time students
Protection up to Age	Age 64	Age 18, or up to age 22 for full-time students
Eligibility	<ul style="list-style-type: none"> <li>The core benefits plan is applicable to the employer with 3 or more full-time employees</li> <li>All employees within the same class in the company must join the same core benefits</li> <li>If the employer wishes to add any of the optional benefits, the same optional benefits should be selected for all participating full-time employees within the same class</li> <li>If the plan includes family protection, all eligible family members of the employee must join the same plan as the employee</li> </ul>	
Medical Underwriting	No medical underwriting requirement	
Premium Payment Mode	Annually	
Benefit Term	1 year	
Core Benefits	<ul style="list-style-type: none"> <li>Life benefit (for insured employees only)</li> <li>Accident benefits (for insured employees only)</li> <li>Hospitalisation and surgical benefits</li> <li>Post-hospitalisation outpatient consultation</li> <li>Other protections include worldwide emergency assistance services and China Assist Card</li> </ul>	
Optional Benefits	<ul style="list-style-type: none"> <li>Supplementary major medical benefits</li> <li>Outpatient benefits (for insured employees only)</li> </ul>	

For more information, please read the "Benefits schedule for **POWER Macau**" in this brochure.



## Easy entry from 3 employees

**POWER Macau** is tailored for the company with 3 or more full-time employees. No health declaration, claim record or medical underwriting is required. The waiting period is also waived under this plan. It would be one of the quickest and simplest ways to offer protections for your valuable employees.



## Comprehensive protection for extra peace of mind

Core benefits include life, accident, hospitalisation and surgical cover, and you can also add optional outpatient and supplementary major medical benefits, giving your employees and their family members extra peace of mind.



## Flexible hospitalisation and surgical benefits

This plan has no minimum hours of confinement in hospital, and also covers day surgery, which is common nowadays.



## Free choice of doctors

Insured members are free to choose any doctor for service.



## Cover for pre-existing conditions

If an insured member has been continuously covered under **POWER Macau** for 12 months, the pre-existing medical conditions will be automatically covered thereafter under this plan, giving insured members comprehensive protection.



## Worldwide emergency assistance services

If an insured member is involved in a serious illness or accident abroad, AIA International Assistance Services (AIAS) can arrange emergency medical evacuation or repatriation for him / her.

For medically necessary hospitalisation, we provide hospital deposit guarantee or payment of hospital deposit (up to HK\$10,000) for the insured member when he / she presents the China Assist Card at any of our selected hospitals in Mainland China (except Hong Kong and Macau).



# Benefits schedule for POWER Macau

Benefit items are reimbursed on a “reasonable and customary” basis (except life and accident benefits). For more information, please refer to the “Product Limitation” section under “Important Information”.

## Core Benefits

	Maximum Benefit (MOP)		
Plan	Elementary plan	Standard plan	Superior plan
I. Life Insurance Benefit			
<b>Death benefit</b> <ul style="list-style-type: none"><li>Payable if the death of the insured employee occurs while the policy is in effect</li><li>Applicable to insured employees only</li></ul>	50,000	80,000	100,000
II. Accident Insurance Benefits			
<b>Accidental death &amp; disablement benefit (Sum Assured)</b> <ul style="list-style-type: none"><li>Payable if any of the injuries, which is caused solely by accident, covered in the benefits schedule for the accidental death and disablement benefit occurs within 12 months of an accident involving the insured employee, up to the percentage listed in the benefits schedule (as the case may be).</li><li>Applicable to insured employees only</li></ul>	100,000	200,000	300,000
III. Hospitalisation & Post-Hospitalisation Benefits (per disability)			
A. Hospitalisation benefits			
<b>1. Room &amp; board</b> (per day) Actual room and board charges	350	600	1,200
	Maximum 90 days		
<b>2. Intensive Care Unit</b> (per day) Actual charges for staying in the Intensive Care Unit (ICU)	900	1,200	2,400
	Maximum 7 days (included within the 90-day limit for room & board)		
<b>3. Other hospital services</b> Actual charges for the specified customary services provided by the hospital	6,000	9,000	12,000
<b>4. Consultation by in-hospital doctor</b> (per day) Actual charges for consultation by an in-hospital doctor during hospitalisation	350	600	1,200
	Maximum 90 days		
B. Post-hospitalisation benefit			
<b>5. Outpatient consultation</b> Actual charges for follow-up consultation within 180 days after discharge	750	1,200	2,000
IV. Surgical Benefits (per disability)			
<b>6. Surgeon's fee</b> Actual charges for surgeon's fee <ul style="list-style-type: none"><li>Complex</li><li>Major</li><li>Intermediate</li><li>Minor</li></ul>			
	21,000	30,000	45,000
	14,000	20,000	30,000
	7,000	10,000	15,000
	2,800	4,000	6,000

## Core Benefits (continued)

Plan	Maximum Benefit (MOP)		
	Elementary plan	Standard plan	Superior plan
<b>V. Extended Benefits</b>			
<b>Worldwide emergency assistance services</b>			
a. Emergency medical evacuation		100%	
b. Repatriation of remains		100%	
c. Worldwide hospitalisation deposit guarantee		Maximum 60,000 (per trip)	
d. Compassionate visit by one immediate family member (if the insured member is hospitalised for more than 7 consecutive days) - Return air ticket (economy class) - Visitor's accommodation expenses		Included Maximum 12,000 (per trip)	
e. Return of children (under 18 years of age) to the place of residence (if the insured member is hospitalised and the children under 18 are travelling with the insured member and are left unattended) - One-way air ticket (economy class) - Qualified escort when necessary		Included Included	
f. Overseas medical monitoring & repatriation after discharge from overseas hospitalisation		Included	
g. Hotel room accommodation for convalescence		Maximum 2,000 per day (maximum 5 days per trip)	
<b>China Assist Card</b> For medically necessary hospitalisation, we provide hospital deposit guarantee or payment of hospital deposit (up to MOP10,000) for the insured members, who are traveling in Mainland China (except Hong Kong and Macau) for less than 90 days, when they present the China Assist Card at any of our selected hospitals in Mainland China (except Hong Kong and Macau).		Included	

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

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



## Optional Benefits

Supplementary Major Medical Benefits (SMM)	Maximum Benefit (MOP)		
Plan	Elementary plan	Standard plan	Superior plan
<b>80% Reimbursement up to maximum benefit</b> (per disability) If the expenses exceed the maximum benefit under parts III A. and IV (i.e. "Eligible Expenses"), subject to the maximum benefit per disability, we will pay the actual reimbursement as follows:  $\text{Actual Reimbursement} = (\text{Eligible Expenses} \times \text{Adjustment Factor} - \text{Deductible}) \times \text{Reimbursement Rate (i.e. 80\%)}$  $\text{Adjustment Factor} = \frac{\text{Daily room \& board benefit}}{\text{Average daily room \& board charges incurred}}$	50,000	70,000	100,000
<b>Deductible<sup>^</sup></b> (per disability)	1,000	1,000	1,000

<sup>^</sup> "Deductible" shall mean a fixed amount of eligible expenses the insured member must pay before we shall reimburse the remaining eligible expenses. For example, with MOP1,000 deductible, for the eligible expenses of MOP50,000 with reimbursement percentage at 80%, the insured member is firstly responsible for MOP1,000 (i.e. the deductible amount), and secondly responsible for MOP9,800 (i.e. 20% of remaining eligible expenses after deducting the deductible amount), while we pay the remaining MOP39,200 (i.e. 80% of remaining eligible expenses after deducting the deductible amount).



Recommendation by a registered doctor in writing is required

Outpatient Benefits (Applicable to insured employees only)	Maximum Benefit (MOP)		
Plan	Elementary plan	Standard plan	Superior plan
<b>Reimbursement percentage applies to items 1 to 2</b>	80%	80%	80%
<b>Reimbursement percentage applies to item 3</b>	100%	100%	100%
<b>1. Outpatient consultation by a general doctor</b> (per visit) <ul style="list-style-type: none"> <li>Including charges for treatment &amp; medication</li> <li>Maximum 1 visit per day</li> </ul>	100 35 visits per policy year	150 35 visits per policy year	200 35 visits per policy year
<b>2. Chinese medicine</b> (per visit) Including Chinese herbal medicine, bone-setting, acupuncture and tui na <ul style="list-style-type: none"> <li>Maximum 1 visit per day</li> </ul>	100 5 visits per policy year	120 5 visits per policy year	150 5 visits per policy year
<b>3. X-ray and laboratory test</b> (per policy year)	800	1,000	1,500

## Benefits schedule for the accidental death & disablement benefit

Injury	% of Sum Assured
1. Loss of life	100%
2. Permanent total loss of sight of both eyes / one eye	100%
3. Loss of or the permanent total loss of use of two limbs / one limb	100%
4. Loss of speech and hearing	100%
5. Permanent and incurable insanity	100%
6. Permanent and incurable paralysis of all limbs	100%
7. Permanent total loss of hearing in	
a. both ears	75%
b. one ear	25%
8. Loss of speech	50%
9. Permanent total loss of the lens of one eye	50%
10. Loss of or the permanent total loss of use of four fingers and thumb of	
a. right hand	70%
b. left hand	50%
11. Loss of or the permanent total loss of use of four fingers of	
a. right hand	40%
b. left hand	30%
12. Loss of or the permanent total loss of use of one thumb	
a. both right phalanges / one right phalanx	30% / 15%
b. both left phalanges / one left phalanx	20% / 10%
13. Loss of or the permanent total loss of use of fingers	
a. three right phalanges / two right phalanges / one right phalanx	10% / 7.5% / 5%
b. three left phalanges / two left phalanges / one left phalanx	7.5% / 5% / 2%
14. Loss of or the permanent total loss of use of toes	
a. all – both feet	15%
b. great – both phalanges	5%
c. great – one phalanx	3%
d. other than great, each toe	1%
15. Fractured leg or patella with established non-union	10%
16. Shortening of leg by at least 5cm	7.5%
17. Third degree burns (full thickness skin destruction) covering 25% or more of total body surface area	100%

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





# Conditions

## Eligibility

### Number of employees

- The company must have a minimum of 3 full-time employees

### Age of employees

- Full-time employees: age 64 or below

### Age of employees' dependants

- Spouse: age 64 or below
- Unmarried dependant children: from the age of 2 weeks to 18 years; full-time students are eligible up to the age of 22 (proof of full-time education is required)

### Participation guidelines for core benefits

- All eligible employees of the company must join the plan.
- Employees of the same class must join the same core benefits plan.
- If the plan includes family protection, all eligible family members of the employee must join the same plan as the employee.

### Participation guidelines for optional benefits – outpatient and / or supplementary major medical benefits

- If the employer includes optional benefits, the employer should select the same optional benefits for the same class of all full-time employees.
- If the plan includes family protection, all eligible family members of the employee must join the same plan as the employee.

## 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)



## How to apply

Please submit the following completed and signed documents:

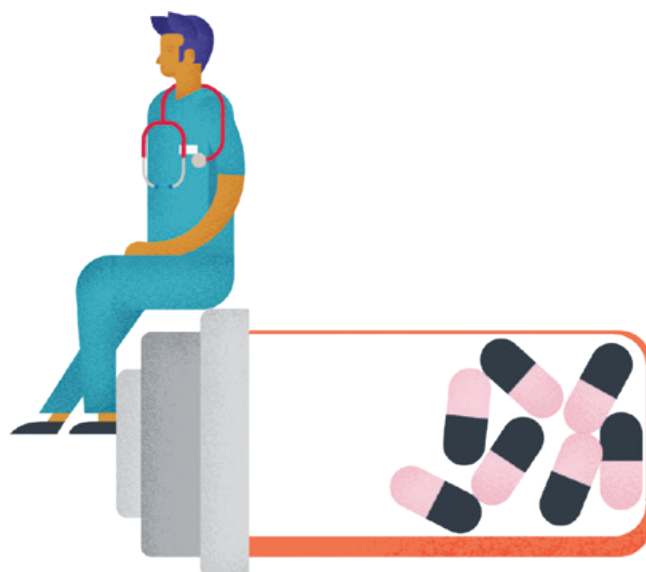
1. Application form
2. Data form of proposed insured members
3. Original of Informação por escrito do registo comercial (effective within 3 months from issue date)
4. Cheque for the first year's premium, payable to "AIA International Limited"
5. Documents required by "The Guidelines on Prevention and Combating Money Laundering and Financing of Terrorism in Insurance"



The policy will be effective on the date when we receive all the required documents or any subsequent date as specified by the policyholder, whichever is later.



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



## Important Information

1. *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.
2. This plan is an insurance plan without any savings element. All premiums are paid for the insurance and related costs.
3. Insured members refer to the insured employees and their insured family members (if applicable).
4. If the plan includes family protection, the benefits mentioned in this product brochure for employees apply to their dependants as well (excluding life, accident and optional outpatient benefits).
5. This brochure is for distribution in Macau only.

## Key Product Risks

1. You need to pay the premium for this plan upon renewal every year.
2. The insured member will lose the cover when the following happens:
  - the insured member passes away.
3. You may request for the termination of your policy by notifying us in written notice. Also, we will terminate your policy and all the insured members will lose their cover when one of the following happens:
  - you do not pay the premium within 30 days of the premium due date;
  - the number of insured full-time employees falls below 3;
  - the nature of the company's business changes to another nature that we shall cease to provide cover. For the latest list of the excluded industries / organisations, please visit our website [aia.com.hk](http://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 is no longer stationed in Macau.
5. We reserve the right to terminate your policy and all the insured members will lose their cover when the company transfers to operate out of Macau.

6. Cover renewal is based on the continuing availability of the plan to all existing policies.
7. We underwrite the plan and you are subject to our credit risk. If we are unable to satisfy the financial obligations of the policy, the insured members may lose their cover and you may lose the remaining premium for that policy year.
8. 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.
9. Your current planned benefit may not be sufficient to meet the future needs of the insured members 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 members may receive less in real terms even if we meet all of our contractual obligations.

## General Exclusions

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

### All benefits exclusions

Any claim directly or indirectly caused by AIDS or HIV.

### Life insurance benefit exclusions

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

### Accident insurance benefits exclusions

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

### Medical benefits exclusions

Medical benefits include hospitalisation and post-hospitalisation benefits, surgical benefits, extended benefits, optional supplementary major medical benefits and optional outpatient benefits.

1. any benefit not available under an insured member's plan or charges exceeding the maximum limits specified in the benefits schedule.
2. pre-existing conditions for which the insured member showed symptoms or received treatment, diagnosis, consultation or prescribed drugs within 12 months before the effective date of the policy, unless he / she has been insured under the policy continuously for 12 months.
3. health services that are not medically necessary.
4. special nursing care; general physical or medical check-ups or tests unrelated to treatment or diagnosis of an actual illness or injury, or are not medically necessary; immunisation, vaccination or inoculation.
5. Chinese herbal medicine, bone-setting, acupuncture, tui na massage (unless covered under optional benefits), hypnotism, massage therapy, aroma therapy, and other forms of alternative treatments.
6. psychological, emotional, mental or behavioural investigation and treatment; alcoholism or drug addiction; rest cure or sanatoria care; treatment of an optional nature; intentionally self-inflicted injuries while sane or insane.
7. any dental or eye examination or treatment, surgical procedure for correction of eye refraction, cosmetic procedures or plastic surgery, unless it is necessary for the repair of damage caused by an accidental injury covered under the policy.
8. services and supplies for quitting smoking and treatment of nicotine addiction.
9. birth control measures, investigation or treatment for infertility, genetic testing or counselling, and treatment due to pregnancy, childbirth or abortion.
10. purchase or use of special braces, appliances, equipment or prosthetic devices, implants, contact lenses, eye glasses, hearing aids or the fitting of the same and non-medical services such as television, telephone and the like.
11. clinical home care, custodial care in any setting, day care, hospice, private nursing, and respite care, unless approved by the Company in advance.

12. other education services such as speech improvement, diabetic classes and nutritional services, or group support services.
13. 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.
14. services given by a doctor, surgeon or Chinese medicine practitioner, whether legally registered or not, who shares the same legal residence as the insured member, or is a member of the insured member's family, including spouse, brother, sister, parent or child; or services delivered by a financial planner of the Company.
15. experimental, investigational or unproven services, unless approved by us already.
16. injuries directly or indirectly caused by war, declared or undeclared.

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

## Premium Adjustment and Product Features Revision

### 1. Premium Adjustment

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

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

### 2. Product Features Revision

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

We will give the policyholder a written notice of any revision 31 days before any policy anniversary or upon renewal.



## Product Limitation

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

“Reasonable and customary” means:

- the medical services, diagnosis and / or treatments are medically 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 services delivered; 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:

- 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. If the eligible expenses have been reimbursed under any law, or medical program or other insurance policy provided by any government, company, other third party or us, such will not be reimbursable by us under this policy.
3. Worldwide emergency assistance services (except for 24-hour worldwide telephone enquiring services) and China Assist Card are covered during the trip only, 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.

4. Notice of any addition or termination of employment and / or participation of insured member, or change in details or coverage relating to any insured member, must be given to us in the form prescribed by us within 31 days of the relevant addition, termination or change.

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

## Cancellation Right

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

Please contact your financial planner or call our hotline for details

Macau  **(853) 8988 1815**  
 **[hk.cs.enquiry@aia.com](mailto:hk.cs.enquiry@aia.com)**  
 **[aia.com.hk](http://aia.com.hk)**



AIA Hong Kong and Macau



AIA\_HK\_MACAU









HEALTHIER, LONGER,  
BETTER LIVES

SUPPLEMENT TO

## "REASONABLE AND CUSTOMARY" CHARGES

(Applicable to Macau Group Insurance with medical reimbursement benefits)

December 2021

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 insured member'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 the insured members are admitted to a lower room type than what is covered in the plan?

If they 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 their plan level chosen / covered room type. Examples are as follows:

Plan Level Chosen / Covered Room Type	Insured member'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?

The insured members 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 the insured members understand and plan their treatment, so they 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. The currency used in the example may be different from the policy currency under the plan. 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 :	HKD384,000
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 group insurance products. For the details of the relevant specified group 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 (HKD)
Surgeon's Fee	94,000
Anaesthetist's Fee 35% of the Surgeon's Fee	32,900

Benefit Items	Presented Amount (HKD)	Reimbursement Amount (adjusted to "Reasonable and Customary" Charge) (HKD)
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

<b>TOTAL Reimbursement Amount (HKD)</b>	240,900
<b>Remaining Balance Not Reimbursed (HKD)</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.

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

Macau  **(853) 8988 1822**  
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