



**GROUP
INSURANCE**

SMART CHOICE MACAU GROUP INSURANCE PLAN

Protect your employees with a selection of benefit options



AIA Vitality

AIA Corporate Solutions

— Your Pension and Group Insurance Partner



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**HEALTHIER, LONGER,
BETTER LIVES**

Smart Choice Macau Group Insurance Plan is a flexible group insurance package

Designed to suit the unique needs of SMEs with diverse benefit levels for hospitalisation and surgical protection

The plan also offers a series of optional benefits, including life and accident benefits, outpatient benefits, dental benefits and more, so you can tailor

a package with more than 100 possible benefit combinations. Application is simple with no medical underwriting required, making it convenient and easy to meet your employees' protection needs.

With appropriate protection for your employees, you and your team can set minds at ease and work together for the company's future.

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 69	Age 18, or up to age 22 for full-time students
Eligibility	<ul style="list-style-type: none"> The core benefit plan is applicable to employers with 8 to 100 full-time employees All full-time employees within the same group in the company must join the same core benefit plan If the employer wishes to add any of the optional benefits, all full-time employees within the same group must join the same optional benefit plan If the core and optional benefits include family protection, all eligible family members of the employee must join the same plans as the employee 	
Medical Underwriting	No health declaration or medical underwriting required	
Plan Option	Plans 1 to 6	
Geographic Cover	Worldwide	
Premium Payment Mode	Annually	
Benefit Term	1 year	
Core Benefits	<ul style="list-style-type: none"> Comprehensive hospitalisation and surgical cover Consultation by in-hospital specialist and special nursing fee Pre- / Post-hospitalisation outpatient consultation Time-saving and convenient day surgeries Choice to include supplementary major medical benefits 	
Optional Benefits	<ul style="list-style-type: none"> Life and accident benefits Outpatient benefits Dental benefits 	

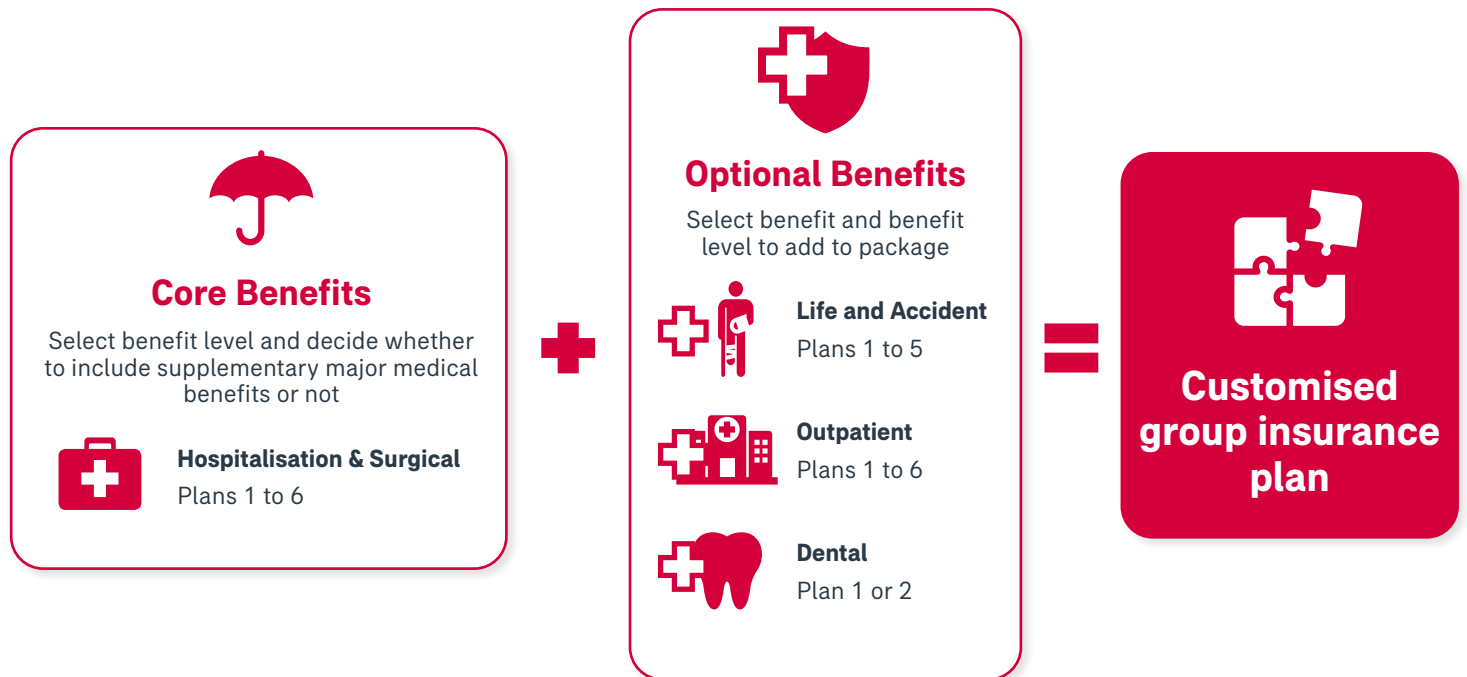
For more information, please read the section of "Benefits schedule for **Smart Choice Macau Group Insurance Plan**" in this brochure.

"AIA", "the Company", "we", "our" or "us" herein refers to **AIA International Limited** (Incorporated in Bermuda with limited liability).



A selection of protection options to meet your needs

Every company has unique protection needs, which is why **Smart Choice Macau Group Insurance Plan** is different from most group package plans on the market. You can customise your package to best fit your budget as well as your employees' needs. Simply select the suitable core benefit level and optional benefits to foster a healthy and happy workforce.





Comprehensive cover for extra peace of mind

Your employees are your company's most important asset and their wellbeing is worth protecting. **Smart Choice Macau Group Insurance Plan** offers comprehensive medical cover including reimbursement for hospitalisation and surgery-related expenses, as well as emergency accident treatments and day surgeries.



Simple application with no medical underwriting

We make it easy and convenient to apply, with no health declaration or medical underwriting required.



Extra cover for pre-existing conditions

If the insured member has been continuously covered under **Smart Choice Macau Group Insurance Plan** for 12 months, his or her pre-existing conditions will be covered in the subsequent cover period.



Extra option for companies with 8 or more employees: Portable employee voluntary medical protection

If your company has 8 or more employees at policy application and / or on the latest anniversary date, you can give your employees and their dependants* the option of purchasing a portable employee voluntary medical protection plan at their own expense – without any extra cost to you.

Portable employee voluntary protection[#] enables your employees to supplement their existing group medical protection at affordable premiums. That way, they gain extra assurance knowing their protection will continue even after leaving the company or retiring.



Options to suit your workforce

We understand the need to balance employee satisfaction with your budget. That's why we offer a wide range of selectable benefit levels with both core and optional benefits, extendable to the dependants of your insured employees. This way, you can customise a comprehensive group insurance scheme for your workforce and their loved ones.

Core Benefits and Supplementary Major Medical Benefits

- Plans 1 to 6

Optional Benefits

Life and accident benefits

- Plans 1 to 5

Outpatient benefits

- Plans 1 to 6 – 80% or 100% reimbursement

Dental benefits

- Plan 1 or 2

* If your company offers an AIA group medical insurance scheme to insured employees' dependants (not including voluntary dependant cover).

[#] Subject to the availability of the product. For more information about portable employee voluntary medical protection, please consult your financial planner or call our hotline.



Free choice of doctors

Insured members are free to choose any doctor they prefer.



High-quality and convenient network outpatient services

If you select optional outpatient benefits, your employees can enjoy both network and non-network medical services according to their needs. We have carefully selected medical service providers from different specialties to form the AIA medical network in Hong Kong and Macau. Simply by presenting the HealthCard at network clinics and paying a small amount of copayment, if applicable, insured members can access network outpatient services conveniently without the need to file a subsequent claim.



Join **AIA Vitality**

We are excited to introduce **AIA Vitality**, a game changing wellness programme which redefines the traditional concept of insurance, aims to reward your employees to live a healthy lifestyle. **AIA Vitality** helps your employees manage their health even as they strive to achieve career success. It also helps to improve productivity and bolster morale to build a healthy and motivated workforce for you.

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

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



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Benefits schedule for Smart Choice Macau Group Insurance Plan

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

Core Benefits

 Recommendation by a registered doctor in writing is required.

	Maximum Benefit (MOP)					
Plan	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Medical Service Provider	Non-Network					
I. Hospitalisation Benefits (Per Disability)						
1. Daily room and board (per day)	400	600	800	1,200	1,400	1,600
	Maximum 180 days					
2. Intensive care unit (per day)	800	1,200	1,600	2,400	2,800	3,200
	Maximum 10 days (which are a part of the maximum 180-day limit for daily room and board; application of any and all those days will deduct the 180-day limit accordingly)					
3. Other hospital services	5,800	8,000	13,000	18,000	20,000	22,000
4. Consultation by in-hospital doctor (per day)	400	600	800	1,200	1,400	1,600
	Maximum 180 days					
 5. Consultation by in-hospital specialist	720	1,000	1,500	2,000	2,240	2,700
 6. Special nursing fee (per day) Charges for the specialised nursing care received during hospitalisation	400	600	800	1,200	1,400	1,600
	Maximum 45 days					
7. Hospital companion bed benefit (per day) Expenses for one companion bed during hospitalisation of the insured member who is under age 16	160	240	320	480	560	640
	Maximum 180 days					
II. Surgical Benefits (Per Disability)						
8. Surgeon's fee <ul style="list-style-type: none">ComplexMajorIntermediateMinor	19,200	28,800	38,400	57,600	67,200	76,800
	9,600	14,400	19,200	28,800	33,600	38,400
	4,800	7,200	9,600	14,400	16,800	19,200
	1,920	2,880	3,840	5,760	6,720	7,680
9. Anaesthetist's fee <ul style="list-style-type: none">ComplexMajorIntermediateMinor	5,600	8,600	11,500	17,200	20,000	23,000
	2,800	4,300	5,750	8,600	10,000	11,500
	1,400	2,150	2,875	4,300	5,000	5,750
	560	860	1,150	1,720	2,000	2,300
10. Operating room fee <ul style="list-style-type: none">ComplexMajorIntermediateMinor	5,600	8,600	11,500	17,200	20,000	23,000
	2,800	4,300	5,750	8,600	10,000	11,500
	1,400	2,150	2,875	4,300	5,000	5,750
	560	860	1,150	1,720	2,000	2,300

Core Benefits (continued)

	Maximum Benefit (MOP)					
Plan	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Medical Service Provider	Non-Network					
III. Other Benefits (Per Disability)						
11. Emergency accident benefit Charges for emergency outpatient treatment in an outpatient department of a hospital within 24 hours of the accident resulting the covered injury of the insured member	400	600	800	1,200	1,400	1,600
12. Pre- / Post-hospitalisation outpatient consultation Charges for consultation within 60 days before hospitalisation or within 180 days after discharge from the hospital	800	1,200	1,600	2,400	2,800	3,200
13. Second claim incentive (per day) Payable if a claim is successfully reimbursed by other insurance companies before remaining amounts are claimed under this plan	400	600	800	1,200	1,400	1,600
	Maximum 180 days					
14. Hospital cash benefit (per day) For stay in general ward / public ward of a government hospital or in a hospital without charge	200	300	400	600	700	800
	Maximum 180 days					
15. Emergency cash benefit <ul style="list-style-type: none">Payable if the death of the insured employee occurs while the policy is in effectApplicable to insured employees only	10,000	10,000	10,000	10,000	10,000	10,000
IV. Increased Overseas Hospitalisation Benefit (Due to Accident)						
<ul style="list-style-type: none">Maximum benefit under part I (Hospitalisation Benefits) and/or part II (Surgical Benefits) are doubled for hospitalisation due to an accident while the insured member is travelling overseasNot applicable to the Mainland China (including Hong Kong and Macau)	Up to 200% of part I (Hospitalisation Benefits) and/or part II (Surgical Benefits) benefits payable					
V. Extended Benefits						
Worldwide emergency assistance services						
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) <ul style="list-style-type: none">Return air ticket (economy class)Visitor's accommodation expenses	Included Maximum 12,000 (per trip)					
e. Return of children (under age 18) to the place of residence/origin (if the insured member is hospitalised and the children under age 18 are travelling with the insured member and are left unattended) <ul style="list-style-type: none">One-way air ticket (economy class)Qualified escort when necessary	Included 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.

Core Benefits (continued)

	Maximum Benefit (MOP)					
Plan	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Medical Service Provider	Non-Network					
V. Extended Benefits (continued)						
Worldwide emergency assistance services (continued) f. Overseas medical monitoring & repatriation after discharge from overseas hospitalisation g. Hotel room accommodation for convalescence	Included					
	Maximum 2,000 per day (maximum 5 days per trip)					
China Assist Card 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					

Supplementary Major Medical Benefits (SMM) (If selected to include into Core Benefits)

	Maximum Benefit (MOP)					
Plan	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Medical Service Provider	Non-Network					
80% Reimbursement up to the maximum benefit (per disability) If the expenses exceed the maximum benefit under part I (Hospitalisation Benefits) and/or part II (Surgical Benefits) (i.e. "Eligible Expenses") of the core benefits, subject to the maximum benefit per disability of SMM, we will pay the actual reimbursement as follows: $\text{Actual reimbursement} = \frac{(\text{Eligible Expenses} \times \text{Adjustment Factor} - \text{Deductible}) \times \text{Reimbursement Rate (i.e. 80\%)}}{\text{Adjustment Factor}^*}$ $\text{Adjustment Factor}^* = \frac{\text{Daily room \& board benefit}}{\text{Average daily room \& board charges incurred}}$ *An Adjustment Factor shall apply to the calculation of the actual reimbursement if the insured member's average daily room and board charges incurred during the confinement shall be higher than the eligible Daily Room & Board Benefit stated in the Benefits Schedule.	35,000	50,000	60,000	80,000	90,000	100,000
Deductible[^] (per disability)	1,000					

[^] "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).

Optional Benefits

A. Life and Accident Benefits

	Sum Assured (MOP)				
Plan	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Death benefit <ul style="list-style-type: none"> Payable if the death of the insured employee occurs while the policy is in effect Applicable to insured employees only 	50,000	80,000	100,000	125,000	150,000
Accidental death and disablement benefits <ul style="list-style-type: none"> Payable if any of the injuries, which is caused solely by accident, covered in the benefits schedule for the accidental death and disablement benefits 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) Applicable to insured employees only 	150,000	240,000	300,000	375,000	450,000



Benefits schedule for the accidental death and disablement benefits

Injury	% of Sum Assured
1. Loss of life	100%
2. Permanent total loss of sight of both eyes or one eye	100%
3. Loss of or the permanent total loss of use of two limbs or 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 b. one ear	75% 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 a. right hand b. left hand	70% 50%
11. Loss of or the permanent total loss of use of four fingers a. right hand b. left hand	40% 30%
12. Loss of or the permanent total loss of use of one thumb a. both right phalanges / one right phalanx b. both left phalanges / one left phalanx	30% / 15% 20% / 10%
13. Loss of or the permanent total loss of use of fingers a. three right phalanges / two right phalanges / one right phalanx b. three left phalanges / two left phalanges / one left phalanx	10% / 7.5% / 5% 7.5% / 5% / 2%
14. Loss of or the permanent total loss of use of toes a. all – both feet b. great – both phalanges c. great – one phalanx d. other than great, each toe	15% 5% 3% 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.

B. Outpatient Benefits

Smart Choice Macau Group Insurance Plan allows you to choose from 6 outpatient benefit levels. You may also choose a 80% or 100% reimbursement rate for outpatient benefits.



Recommendation by a registered doctor in writing is required.

	Maximum Benefit (MOP)											
Plan	Plan 1A	Plan 1B	Plan 2A	Plan 2B	Plan 3A	Plan 3B	Plan 4A	Plan 4B	Plan 5A	Plan 5B	Plan 6A	Plan 6B
Medical Service Provider	Network and Non-Network											
Reimbursement Percentage	80%	100%	80%	100%	80%	100%	80%	100%	80%	100%	80%	100%
1. Outpatient consultation by a general doctor (per visit) <ul style="list-style-type: none"> Including charges for treatment and medication Maximum 1 visit per day 	100		120		150		180		200			
	Copayment* for network (Macau) 40		Copayment* for network (Macau) 20		Copayment* for network (Macau) 0		Copayment* for network (Macau) 0		Copayment* for network (Macau) 0			
	Copayment* for network (Hong Kong) 80		Copayment* for network (Hong Kong) 60		Copayment* for network (Hong Kong) 30		Copayment* for network (Hong Kong) 20		Copayment* for network (Hong Kong) 20			
											240	
2. Outpatient consultation by a specialist (per visit) <ul style="list-style-type: none"> Including charges for treatment and medication Maximum 1 visit per day 	200		240		300		360		400			
	Copayment* for network (Macau) 40		Copayment* for network (Macau) 10		Copayment* for network (Macau) 0		Copayment* for network (Macau) 0		Copayment* for network (Macau) 0			
	Copayment* for network (Hong Kong) 180		Copayment* for network (Hong Kong) 140		Copayment* for network (Hong Kong) 80		Copayment* for network (Hong Kong) 40		Copayment* for network (Hong Kong) 40			
											480	
3. Physiotherapy and Chiropractor Treatment (per visit) <ul style="list-style-type: none"> Including charges for care and treatment Non-network only Maximum 1 visit per day 	N/A		120		150		180		200		240	
4. Chinese medicine (per visit) <ul style="list-style-type: none"> Including charges for care and treatment for Chinese herbal medicine, bonesetting, acupuncture and tui na only Non-network only Maximum 1 visit per day and 5 visits per policy year 	N/A		100		120		150		180		220	
5. Basic diagnostic test (per disability) Non-network only	500		500		500		800		1,000		1,500	

- Copayment for Macau network and Hong Kong network under items 1 to 2 is denominated in Macau dollars and Hong Kong dollars, respectively.
- The total number of visit under items 1 to 4 is limited to 30 per policy year.

* Copayment shall mean a fixed amount that the insured member must pay for the outpatient benefits as specified in the above benefit schedule directly to the relevant network provider either after receiving medical services or when billed by such network provider (whichever is applicable). For example, for outpatient consultation with copayment of MOP40, the insured member is responsible to pay MOP40 to the relevant network provider directly.

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.

C. Dental Benefits

	Maximum Benefit (MOP)	
Plan	Plan 1	Plan 2
Medical Service Provider	Non-Network	
Reimbursement Percentage	80%	100%
1. Preventive oral examination, scaling and polishing <ul style="list-style-type: none">Maximum 1 visit per policy year	1,500 per policy year	2,000 per policy year
2. Intra-oral x-ray and medication		
3. Fillings and extractions		
4. Drainage of abscesses		
5. Pins for cusp restoration		
6. Dentures, crowns and bridges (Due to accident)		



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.



Conditions

Eligibility

Number of employees

- The company must have 8 to 100 full-time employees.

Age of employees

- Full-time employees: age 64 or below
- Employees between the ages of 65 and 69 are allowed to renew their existing policies, but not to enrol for the first time.

Age of employees' dependants

- Spouse: age 64 or below
- Spouses between the ages of 65 and 69 are allowed to renew their existing policies, but not to enrol for the first time.
- 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).

Grouping

- The company can divide eligible employees into different groups by grade, contract type or years of service, depending on the number of full-time employees as shown below.

No. of full-time employees	No. of groups available
8 to 10	3
11 to 15	4
16 to 20	5
21 or above	6

- Except the top group in the company, all groups must have at least 3 full-time employees.

Participation guidelines for core benefits

- All eligible employees of the company must join the plan.
- The employer must select the same plan for participating employees of the same group.
- The benefits provided for the upper group must be the same or higher than the benefits provided for the lower group.
- If the plan includes family protection, all eligible family members of the employee must join the same plan as the employee.
- If the lowest group includes family protection, all other groups must include family protection as well.

Participation guidelines for supplementary major medical benefits (SMM)

- If the plan includes supplementary major medical benefits, the employer must select the same plan level as the core benefits.
- The employer must select the same plan for participating employees of the same group.
- The benefits provided for the upper group must be the same or higher than the benefits provided for the lower group.
- If the plan includes family protection, all eligible family members of the employee must join the same plan as the employee.
- If the lowest group includes family protection, all other groups must include family protection as well.

Participation guidelines for optional benefits

i) Life and accident benefits (Only applicable to employees)

- If the plan includes optional life and accident benefits, the employer must select the same plan for participating employees of the same group.
- The benefits provided for the upper group must be the same or higher than the benefits provided for the lower group.

ii) Outpatient and/or dental benefits

- If the plan includes optional outpatient and/or dental benefits, the employer must select the same plan for participating employees of the same group.
- The benefits provided for the upper group must be the same or higher than the benefits provided for the lower group.
- If the plan includes family protection, all eligible family members of the employee must join the same plan as the employee.
- If the lowest group includes family protection, all other groups must include family protection as well.

Participation guideline for AIA Vitality (Only applicable to employees)

- If the employer includes "AIA Vitality", all eligible employees of the company must join the plan.

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, together with the first year's membership fee for AIA Vitality (if applicable), 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 emergency cash benefit, life benefit and accident benefit).
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 31 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; 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. The future medical costs will be higher than they are today due to inflation. Hence, the benefit amounts and the future premium rate of this plan may be revised to reflect the inflation.
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 exclusion

Any claim directly or indirectly, wholly or partly caused by AIDS or HIV.

Life benefit exclusions

1. If the death was caused, directly or indirectly, wholly or partly, by a pre-existing condition for which the insured employee showed symptoms or received medical treatment, diagnosis, consultation or prescribed drugs during the 12 months preceding the effective date of the cover, unless the insured employee affected by such pre-existing condition has been insured under this policy continuously for 12 months.
2. In case of suicide, whether while sane or insane, within 1 year from the effective date of the cover, 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 benefit exclusions

1. Suicide, self-inflicted injuries or any attempt thereof, while sane or insane.
2. War, declared or undeclared, revolution or any warlike operations.
3. Riot and civil commotion, strikes or terrorist activities.
4. Violation or attempted violation of the law or resistance to arrest.
5. Entering, operating or servicing, 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.
6. Racing on horse or wheels.

Medical benefits exclusions

Medical benefits include hospitalisation and surgical benefits, other benefits, increased overseas hospitalisation benefit (due to accident), extended benefits, supplementary major medical benefits, optional outpatient benefits and optional dental benefits.

1. Pre-existing conditions for which the insured member showed symptoms or received medical treatment, diagnosis, consultation or prescribed drugs within the 12 months preceding the effective date of the cover, unless the insured member has been insured under the cover continuously for 12 months.
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. General physical or medical check-up 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 (except where and as covered under optional benefit) 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 bodily injuries 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 counselling, treatment occasioned by or resulting from pregnancy, childbirth or abortion.
9. Non-medically necessary health services inclusive of treatment, investigation, supplies and admission.
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 Medicine Practitioner (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 Medicine Practitioner treatment, including Chinese herbal medicine, bonesetting, acupuncture and tui na (except where and as covered under optional benefit), hypnotism, massage therapy, aroma therapy, and other forms of alternative treatments.

14. Clinical home care; convalescence or 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.

Additional dental benefits exclusions

1. Dental appliances.
2. Charges for any dental procedures which are not included in the Benefits Schedule.
3. Treatment by any person other than a dentist.
4. Charges for dentures (except when necessitated by an accident).
5. Charges for services and supplies that are partially or wholly cosmetic in nature, including charges for personalisation or characterisation of dentures, unless the services are recommended as necessary by a dentist.

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;
- 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 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. 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.
4. 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.

5. 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.
6. All insurance applications are subject to AIA's underwriting and acceptance. AIA reserves the final right to approve any policy application. In case the policy application is declined, AIA will make full refund of the actual amount of premium paid by the customer without interest.
7. Any change in classification and plan shall only become effective on the policy anniversary immediately following the relevant application for change and that such change is subject to satisfactory evidence of insurability and 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 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 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.

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

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AIA Hong Kong and Macau



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**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 :	A medical plan with full cover for major benefit items

This insert contains general information and is for illustrative purpose only, and may include benefits/ benefit amounts that are not applicable to the relevant specific 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

TOTAL Reimbursement Amount (HKD)	240,900
Remaining Balance Not Reimbursed (HKD)	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

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