



**GROUP
INSURANCE**

EXECUTIVE PROTECT GROUP INSURANCE PLAN

Extensive protection for your senior executives

AIA Vitality

AIA Corporate Solutions

— Your Pension and Group Insurance Partner



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**HEALTHIER, LONGER,
BETTER LIVES**

You can provide your senior executives with comprehensive medical protection

A stable and motivated management team is yours to nurture

Executive Protect Group Insurance Plan provides your senior executives with superior hospitalisation and surgery cover with no benefit sub-limit for major medical expenses throughout Asia, including Australia and New Zealand.

Other optional benefits cater to a range of needs, including outpatient, dental, optical and maternity cover as well as option to extend protection to your executives' family members. Offering valuable support in the face of health challenges, Executive Protect Group Insurance Plan also includes access to personal medical case management services provided by our designated service provider and medical services provided by our high-quality medical network providers. Executives retiring or ending their employment can even opt to convert to specified AIA individual medical insurance plan, for long lasting protection.

Cover at a glance

Product Nature	Medical protection insurance plan (Reimbursement)	
Plan Type	Basic plan	
Overall Lifetime Limit (per life)	HK\$12,500,000	
Annual Limit (per policy year)	HK\$5,000,000	
Annual Deductible Choices (per policy year)	HK\$0 / 16,000 / 25,000	
Issue Age	Employee / Spouse	Unmarried children
	Age 65 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"> A minimum of 3 full-time employees are required to join the core benefit plan If the employer includes optional benefits, the employer should select the same optional benefits for participating employees of the same class with a minimum of 3 full-time employees. 	
Geographic Cover	Asia, including Australia and New Zealand	
Room Type	Semi-private room	
<ul style="list-style-type: none"> for Hong Kong, Macau and China for other countries, excluding Hong Kong, Macau and China 	Standard private room	
Core Benefits	<ul style="list-style-type: none"> Hospitalisation benefits including room and board, as well as in-hospital consultations by general and specialist doctors Convenient day surgeries that save time Extensive benefits including cancer treatment, dialysis, outpatient consultation prior to hospitalisation, inpatient mental health treatment, post-hospitalisation care and more Worldwide emergency assistance services 	
Optional Benefits	<ul style="list-style-type: none"> Outpatient benefits Maternity benefits Dental benefits Optical benefits Conversion Option 	

For more information, please read the benefits schedule for **Executive Protect 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).

Plan Highlights



High-quality care with lifetime protection limit up to HK\$12.5 million



Support during tough times with personal medical case management and quality medical network



Customisable solution with optional benefits to meet your executives' needs



Lasting protection beyond employment with the Conversion Option



Comprehensive medical protection for extra peace of mind

Executive Protect Group Insurance Plan is a medical protection insurance plan that provides cover of up to HK\$12,500,000. With this plan, your executives will enjoy broad hospitalisation and surgical cover in Asia, including Australia and New Zealand, giving them robust support for long-term peace of mind.

We understand that your executives play the essential roles in your company, that is why we cover various medical expenses for hospitalisation and surgery, including room and board, intensive care unit, in-hospital consultation by general and specialist doctors, private nursing, surgical fee as well as medical appliances implanted during surgery etc.

We also provide extensive benefits for your executives, by extending the benefit items to outpatient consultation before/after hospitalisation, cancer treatment, dialysis, inpatient mental health treatment and more, ensuring your executives extra peace of mind.



Worldwide emergency assistance services

Understanding how frequently executives go on business trips, we will cover worldwide emergency treatment expenses and provide extensive worldwide emergency assistance services including:

- Emergency medical evacuation: the executives who is injured will be transported to the nearest location with appropriate care and facilities available for treatment.
- Repatriation: if the executives unfortunately passes away, we will arrange the remains to be returned to the place of residence / origin.



Compassionate death benefit

If the executive unfortunately passes away while the policy is in force, we will pay a compassionate death benefit of HK\$80,000 regardless of the cause of death.



Flexible hospitalisation and surgical benefits

No minimum hours of hospital confinement is imposed, and day surgery is covered. This means your executives can choose the most suitable medical solution flexibly according to the doctor's advice.

Remark:
All benefits are subject to a maximum annual limit of HK\$5,000,000 per policy year and overall lifetime limit of HK\$12,500,000 per life, and the terms and exclusions of the policy. Certain benefits items are also subject to reimbursement percentage / sub-limits as set out in the benefits schedule attached to the policy.



Personal Medical Case Management[#]

If a serious illness strikes, an expert team is on hand to help. Our designated service provider will render the necessary medical support while keeping your executive updated on his or her condition.

Diagnosis and treatment will be assessed by a specialist, supporting your executive through the difficult times in life.

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



Quality medical network privilege[#]

With **Executive Protect Group Insurance Plan**, insured members can enjoy convenient access to AIA's carefully selected network of high-quality medical service providers across various disciplines.

This plan lightens the load by settling the hospital bill or day surgery bill on behalf of your executive. Once the insured member completes a simple application procedure and the service has been successfully approved by AIA, we will settle the medical expenses incurred directly with the private hospital or day surgery centre on behalf of your executive, eliminating the stress of worrying about paying bills and making subsequent claims. Any shortfall can be settled after treatment, leaving your executive to recuperate stress-free. After the final claim amount is settled, any related benefit limits will be reduced accordingly.



Catering to the needs of your workforce

Annual deductible choices for hospitalisation benefits

Executive Protect Group Insurance Plan offers three annual deductible levels so you can tailor the plan to suit your needs. The deductible is the amount that your executives will pay before a covered claim.

You can opt for a higher deductible for lower premiums, or choose the no-deductible level.

	HK\$
Annual Deductible Choices* (per policy year)	0
	16,000
	25,000



Optional benefits to suit your workforce

For more comprehensive protection, you can add the following benefits for your executives:

Outpatient benefits

To cater the individual medical needs of your executives, we provide reimbursement for a range of outpatient medical expenses, including outpatient consultation by general and specialist doctors, diagnosis and laboratory tests, physiotherapy, chiropractic treatment, Chinese medicine and more.

For the precious moment – maternity benefits

- Prenatal & postnatal check-ups up to 14 days after delivery
- Room & board and nursing charges during hospitalisation
- Obstetrician's fee
- Infant's hospitalisation for the first 7 days

For healthy teeth – dental benefits

- Oral examination
- "Scale & polish" dental cleaning (twice per year)
- Routine dental X-ray
- Tooth fillings with amalgam or composite materials
- Simple tooth extraction
- Surgical removal of wisdom tooth under local anaesthesia
- Periodontal treatment
- Crown and bridges
- Root canal treatment

For better eye care – optical benefits

- Optical test (once per year)
- Contact lenses or one pair of glasses with standard lenses

Remark:

[#] The providers or an authorised representative of the provider of medical network and Personal Medical Case Management is an independent contractor and is not an agent of the Company. The Company shall not be held liable or responsible to the policyholder or the insured member for any act or omission of such provider or an authorised representative of the provider arising from or in connection with services provided or advice given by the provider or its authorised representative(s).

* For example, if you chose an annual deductible of HK\$16,000 and the insured member's eligible medical expense is HK\$100,000, the insured member would receive HK\$100,000 less the deductible, which would be HK\$84,000.



Extended protection beyond employment

If your company has 10 employees or more, you can select Conversion Option for your executives, which allows employees aged 65 or below, who passed the medical underwriting at the time of application for this plan and have been covered in the same plan for at least two consecutive years, to convert to a specified AIA individual medical insurance plan when they retire or end their employment without requiring additional health information. The features of the new plan might be different from **Executive Protect Group Insurance Plan**. Please contact your financial planner for more information.



Insured member services

Online services

Insured members can access important and practical information via this quick and convenient online platform.

By using the online platform, the insured members can:

- view the benefit summary
- view the updated claim status
- view the eStatement
- download online insured member guide and forms
- submit eClaims (if offers optional outpatient benefits)

Insured members can also access some of the online services via our mobile app.



Direct services for your executives

We handle claims and other transactions directly with your executives or their family members to minimise the administrative burden on you or your HR department.

NurseLine

We understand your executives or their family members might need to check for medical-related information or seek for assistance anytime. Therefore, we provide a "NurseLine" which is manned by registered nurses to answer relevant questions.



Join AIA Vitality

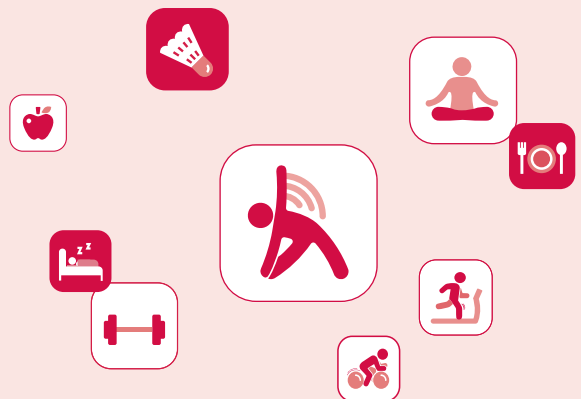
We are excited to introduce **AIA Vitality**, a game changing wellness programme which redefines the traditional concept of insurance, aims to reward your employees to live a healthy lifestyle. **AIA Vitality** helps your employees manage their health even as they strive to achieve career success. It 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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Remark:

Nurseline is not medical advice and shall not be used as a substitute for advice from your medical practitioner or other health professional. You should obtain professional advice from a medical practitioner or other appropriate health professional in relation to your own personal circumstances or in relation to the diagnosis or treatment of any medical condition. If necessary, you should consult with such a professional. Importantly, the advice from Nurseline cannot replace any advice from a doctor or other health professional.

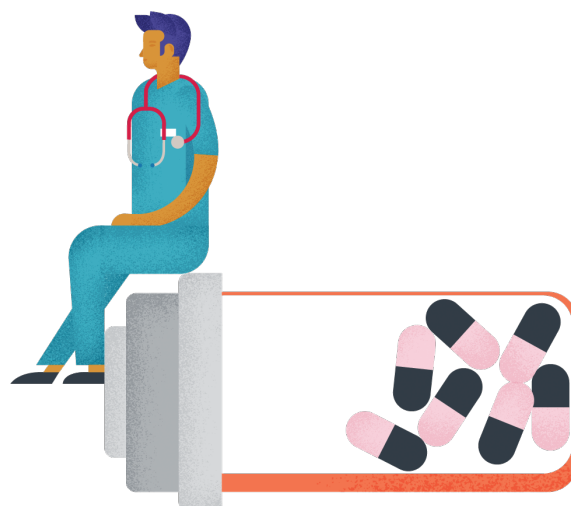
Benefits schedule for Executive Protect Group Insurance Plan

Benefit items are reimbursed on “medically necessary” and “reasonable and customary” basis (except hospital cash benefit, worldwide emergency assistance benefit and compassionate death benefit). For more information, please refer to point 2 of the “Product Limitation” section under “Important Information”.



Recommendation by a registered doctor in writing is required.

Overview	Maximum Benefit (HK\$)
Overall Lifetime Limit The maximum total core benefits and optional outpatient benefits amount per insured member's lifetime (excluding compassionate death benefit, worldwide emergency assistance services and optional dental, maternity and optical benefits)	12,500,000 per life
Annual Limit The maximum total core benefits and optional outpatient benefits amount per insured member annually (excluding compassionate death benefit, worldwide emergency assistance services and optional dental, maternity and optical benefits)	5,000,000 per policy year
Geographic Cover <ul style="list-style-type: none"> • for all cover • for emergency treatment 	Asia, including Australia and New Zealand Worldwide
Room Type <ul style="list-style-type: none"> • for Hong Kong, Macau and China • for other countries, excluding Hong Kong, Macau and China 	Semi-private room Standard private room
Optional Benefits	Outpatient benefits Maternity benefits Dental benefits Optical benefits Conversion Option
Annual Deductible Choices Applies to all core benefits excluding hospital cash benefit, compassionate death benefit, worldwide emergency assistance services and all optional benefits.	0 / 16,000 / 25,000 per policy year



Core Benefits



Recommendation by a registered doctor in writing is required.




Medical Service Provider A. Hospitalisation Benefits	Network and Non-Network Maximum Benefit (HK\$)
1. Room & board Actual room & board charges	Fully covered
2. Intensive Care Unit Actual charges for staying in the Intensive Care Unit (ICU)	
3. Other hospital services Actual charges for the specified customary services provided by the hospital	
4. In-hospital consultation by general and specialist doctors Actual charges for consultations by general and specialist doctors during hospitalisation	
5. Private nursing Actual charges for private nursing service received during hospitalisation after surgery or discharge from ICU	Fully covered 30 days per policy year
6. Companion bed Actual charges for one extra companion bed during hospitalisation of the insured member who is under age 16	Fully covered
7. Hospital cash We will pay this amount for confinement in a public ward of government hospital with public charges - eligible persons or a hospital without charge	800 per day 90 days per policy year
B. Surgical Benefits	
8. Surgical fees Actual charges for the surgeon, anaesthetist and operating theatre	Fully covered
9. Organ transplant a. Surgical fee for insured member Actual surgical charges for transplantation of heart, kidney, liver, lung, pancreas or bone marrow on insured member as recipient b. Surgical fee for donor (for organ removal only) Actual surgical charges to remove the organ or bone marrow from the donor	Fully covered
	30% of the total transplantation cost of both donor and recipient
10. Day surgery Including surgeon's fee, anaesthetist's fee, operating theatre fee and room charge	Fully covered
11. Medical appliances implanted during surgery Actual charges for prosthetic device implanted and/or used in replacement procedure during surgery a. Specified items Include: i. Pace maker ii. Stents for Percutaneous Transluminal Coronary Angioplasty iii. Intraocular lens 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. Other items	Fully covered
	96,000 each item per life
C. Post-Hospitalisation Benefits	
12. Post-hospitalisation / day surgery outpatient consultation Actual charges for follow-up consultation, medication prescribed for a maximum of 30 days for such consultation and diagnostic tests for covered illness / covered injury within 60 days after discharge from hospital / day surgery due to the same condition	Fully covered
13. Post-surgery home nursing Actual charges for nursing service after discharge from hospital following surgery	Fully covered 196 days per policy year
14. Rehabilitation benefit Actual charges for staying in rehabilitation centre and receiving rehabilitation treatment	80,000 per policy year 60 days per policy year
15. Hospice care benefit Actual charges for care and nursing service provided by a hospice	80,000 per life

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. We reserve the right to revise the benefits schedule from time to time.

Core Benefits (continued)





Recommendation by a registered doctor in writing is required.

D. Extended Benefits		Maximum Benefit (HK\$)
16.Pre-hospitalisation / day surgery outpatient consultation Actual charges for consultation, medication prescribed for a maximum of 30 days for such consultation and diagnostic tests for a covered sickness / covered injury within 30 days before hospital stay / day surgery due to the same condition		Fully covered
	17.Cancer treatment Actual charges for chemotherapy, radiotherapy, targeted therapy, hormonal therapy, immunotherapy, and proton therapy in inpatient or outpatient setting	1,000,000 per policy year
	18.Dialysis Actual charges for dialysis in inpatient or outpatient setting	Fully covered
19.HIV / AIDS treatment Actual charges for treatment related to HIV infection (including AIDS) during hospitalisation for the following conditions after the insured member's insurance under policy has been effective for 5 policy years a. AIDS due to blood transfusion b. Occupation Acquired HIV		800,000 per life
	20.Inpatient mental health treatment Actual charges for psychiatric treatment by a psychiatrist during hospitalisation	40,000 per policy year 30 days per policy year
E. Emergency Benefits		
21.Emergency outpatient treatment Actual charges for emergency outpatient treatment within 24 hours of an accident causing a covered injury		Fully covered
22.Emergency dental treatment (due to accident) Actual charges for emergency dental treatment within 3 months of an accident causing a covered injury to teeth		
23.Worldwide emergency assistance services a. Emergency medical evacuation b. Repatriation of remains c. Worldwide hospitalisation deposit guarantee maximum HK\$60,000 (per trip) d. Compassionate visit by one immediate family member (if the insured member is hospitalised for more than 5 consecutive days) i. Return common carrier ticket (economy class) ii. Visitor's accommodation expenses maximum HK\$12,000 (per trip) e. Return of children (under 18 years of age) 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) i. One-way common carrier ticket (economy class) ii. Qualified escort when necessary f. Overseas medical monitoring & repatriation after discharge from overseas hospitalisation g. Hotel room accommodation for convalescence maximum HK\$2,000 per day (maximum 5 days per trip)		5,000,000 per trip
F. Compassionate Death Benefit		
24.Compassionate death benefit We will pay this benefit regardless of the cause of death and applicable to insured employees only		80,000

Optional Benefits



Recommendation by a registered doctor in writing is required.

A. Outpatient Benefits		Maximum Benefit (HK\$)
Medical Service Provider		Network and Non-Network
1. Annual limit on optional outpatient benefits The maximum total optional outpatient benefit amount per insured member annually		500,000 per policy year
2. General and specialist physician's consultation Actual charges for treatment and medication		Fully covered 30 visits per policy year
 3. Diagnostic procedures and laboratory test Actual charges for X-ray, mammogram, ultrasound, electrocardiogram, blood test and urinalysis		10,000 per policy year
 4. Prescribed medicine a. Actual expenses for medicines prescribed by a physician for treating a covered illness / covered injury b. Non-network only		12,000 per policy year
5. Physiotherapy, chiropractic treatment and Chinese medicine a. Actual charges for care and treatment by a registered physiotherapist and chiropractor b. Actual charges for care and treatment by a Chinese medicine practitioner, including i. Chinese herbal medicine ii. Bone-setting iii. Acupuncture iv. Tui Na c. Non-network only		8,000 per policy year
6. Outpatient mental health treatment a. Actual charges for psychiatric treatment by a psychiatrist in outpatient setting b. Non-network only		1,000 per visit 10 visits per policy year
7. Vaccination¹ and routine physical examination a. Limited to the covered vaccinations b. One health check per year c. Subject to actual charges d. Non-network only		2,400 per policy year
B. Maternity Benefits ²		
Medical Service Provider		Non-Network
8. Pregnancy, childbirth, miscarriage or termination of pregnancy for medical reasons a. Including: i. Prenatal & postnatal check-ups up to 14 days after delivery ii. Room & board and nursing charges during hospitalisation iii. Obstetrician's fee iv. Infant's hospitalisation for the first 7 days b. 100% reimbursement of the actual charges		Plan 1 — 20,000 per pregnancy
		Plan 2 — 40,000 per pregnancy
		Plan 3 — 60,000 per pregnancy

Remarks:

1. Covered vaccinations include vaccines for Hepatitis B, Bacillus Calmette-Guerin (BCG), polio (poliomyelitis), diphtheria-pertussis-tetanus, Leprosy vaccine, Japanese encephalitis, Meningitis, Hepatitis A, Measles, Influenza, and other vaccinations recommended by the government of the Hong Kong Special Administrative Region.

2. No maternity benefit shall be payable for any pregnancy, childbirth, prenatal and postnatal care, miscarriage or termination of pregnancy for medical reasons unless the insured member has covered for a continuous period of 9 months from the cover effective date of insured member.

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. We reserve the right to revise the benefits schedule from time to time.



Optional Benefits (continued)



Recommendation by a registered doctor in writing is required.

C. Dental Benefits	Maximum Benefit (HK\$)
Medical Service Provider	Non-Network
9. Regular dental treatment a. Applicable to: i. Oral examination ii. "Scale & polish" dental cleaning (2 visits per year) iii. Routine dental X-ray iv. Tooth fillings with amalgam or composite materials v. Simple tooth extraction vi. Local anaesthesia b. 80% reimbursement of the actual charges	3,200 per policy year
10. Major restorative treatment a. Applicable to: i. Abscess – incision and drainage ii. Pins for cusp restoration iii. Surgical removal of wisdom tooth under local anaesthesia iv. Root canal treatment v. Periodontal treatment other than for cosmetic purposes vi. Crown and bridges b. 65% reimbursement of the actual charges	8,000 per policy year
D. Optical Benefits	
Medical Service Provider	Non-Network
11. Optical test, lens and frame a. Actual charges for: i. One optical test performed by an optometrist per year ii. Contact lenses or one pair of glasses with standard mono or bifocal lenses b. 100% reimbursement of the actual charges	Plan 1 — 1,200 per policy year Plan 2 — 1,600 per policy year Plan 3 — 2,400 per policy year

Conditions

Eligibility

Number of employees

- There must be a minimum of 3 full-time employees to join the core benefit plan and each optional benefit.

Age of employees

- Full-time employees: age 65 or below
- Employees between the age of 66 and 69 are allowed to renew their existing policies, but not to enroll for the first time.

Age of employees' family members

- Spouse: age 65 or below
- Spouses between the age of 66 and 69 are allowed to renew their existing policies, but not to enroll for the first time.
- Unmarried children: from the age of 2 weeks to 18 years; full-time students are eligible up to age 22.

Grouping

- The company can divide eligible employees into different groups by grade, contract type or years of services.
- All groups must have at least 3 full-time employees.
- The benefits provided for the upper group must be the same or higher than the benefits provided for the lower group.

Participation guidelines for core benefits

- There must be a minimum of 3 full-time employees.
- Employees of the same class must join the same core benefit plan and same deductible choice.
- If the plan includes family protection, all eligible family members of the employees must join. You can choose to offer the same deductible option or higher deductible option to the family members of the employees. The same benefits should select for the family members of the same class of employees.

Participation guidelines for optional benefits

- If the employer includes optional benefits, the employer should select the same optional benefits for participating employees of the same class with a minimum of 3 full-time employees.
- If the plan includes family protection, it is optional to make the selected optional benefits available to the insured family members (you can choose not to offer optional benefits to family members of all classes, or provide a particular class of family members with the optional benefits of the corresponding or lower level).

Conversion Option (Only applicable to employees)

- Available to corporate with 10 or more insured employees. If the employer includes conversion option, all eligible employees of the company must join the plan.

- Available to employees who meet all the conditions below:
 1. Passed the medical underwriting with standard results when they applied for the plan
 2. Have been covered in this plan for two years
 3. Aged 65 or below
- Products availability for conversion will subject to the choices of products then made available by the Company for the purpose of conversion option and Company's prevailing rules and regulations

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. Executive Protect Group Insurance Plan health declaration forms of proposed insured members
4. Photocopy of Hong Kong Business Registration Certificate
5. Photocopy of pension contribution record showing names of eligible employees (applicable if there are less than 5 eligible employees when applying)
6. Cheque for the first year's premium and levy together with the first year's membership fee for AIA Vitality (if applicable), payable to "AIA International Limited"
7. Documents required by Insurance Authority's "The Guideline on Anti-Money Laundering and Counter-Terrorist Financing"



We will carry out individual medical underwriting for each proposed insured member. We may ask for further information (e.g. medical report) during medical underwriting. The policy will be effective when at least 3 employees pass the medical underwriting, or on the date 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 family members as well (excluding compassionate death benefit and Conversion Option).

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 one of the following happens:
 - the insured member passes away; or
 - the aggregate benefits of the insured member reaches the overall lifetime limit.
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 no longer resides in Hong Kong.
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 Hong Kong.
6. Cover renewal is based on the continuing availability of the plan to all existing policies.

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

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 and levy 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.
10. rest cures, services or treatment in any treatment home, spa, health hydro, natural therapy clinic, sanatorium or long-term care facility that is not a registered Hospital, Rehabilitation Centre or registered hospice.
11. birth control, treatment for infertility or in-vitro fertilisation, or sterilisation of either sex.
12. purchase or use of special braces, prosthetic appliances, corrective devices, hearing aids, wheelchairs, crutches, prosthetics, denture or any other similar equipment unless specified in the policy.
13. education treatments such as speech improvement, diabetic classes and nutritional treatments, or group support treatments.

General Exclusions

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

1. expenses that are recoverable from a third party.
2. any benefit not available under an insured member's plan or charges exceeding the limits specified in the benefits schedule.
3. any surgery, treatment, investigation, service or supplies which is not medically necessary or any confinement that is not a reasonable and customary hospital confinement.
4. any pre-existing condition, unless such condition has been truly, completely and correctly disclosed to the Company in writing on the health declaration form for this insurance and accepted by the Company, and the policy does not expressly exclude treatment relating to such pre-existing condition.
5. self-destruction, intentional self-inflicted injury or drug abuse.
6. Injuries arising directly or indirectly from war (declared or undeclared) or warlike operation; any Act of Terrorism where the Insured Person was involved as a terrorist; participation in riot, strike, civil war, rebellion, revolution and insurrection.
7. AIDS or any complications associated with HIV infection, except for "HIV / AIDS treatment" benefit.
8. Dentures and related expenses; dental care or surgery unless necessitated by injury caused by an accident to sound natural teeth (except if the dental benefit has been opted for); eye refraction, eye tests or fitting of glasses (except if the optical benefit has been opted for), or surgical correction of nearsightedness (such as but not limited to radial keratotomy and keratoectomy).
9. consumption of traditional Chinese medicines for general health maintenance and disease prevention:

cordyceps 冬蟲夏草 / ganoderma 靈芝 / antler 鹿茸 / cubilose 燕窩 / donkey-hide gelatin 阿膠 / hippocampus 海馬 / ginseng 人參 / red ginseng 紅參 / American ginseng 花旗參 / radix ginseng silvestris 野山參 / antelope horn powder 羚羊角尖粉 / placenta hominis 紫河車 / agaricus blazei murill 姬松茸 / musk 麝香 / pearl powder 珍珠粉

14. 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.
15. treatment as a result of proven medical negligence or malpractice.
16. experimental, investigational or unproven treatment.
17. injury or illness, treatment or testing which is attributed to venereal diseases or sexually-transmitted diseases.
18. All treatments considered elective or carried out by a facility not recognised as a hospital or by a relative of the insured member.

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 before any policy anniversary or upon renewal.

Product Limitation

1. Cover for HIV/AIDS treatment will be effective 5 years after the insured member's insurance commences.
2. We only cover the charges or expenses of the insured member on medically necessary and reasonable and customary basis.

"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.

"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 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.

We may adjust any and all benefits payable in relation to any hospital / medical charges which is not a reasonable and customary charge.

3. The insured member will be covered for any room type in which he stays at hospital, but there will be a reduction in his benefit pay-out amount in case the insured member stays in a room type higher than the plan covered. In such a case, the benefit pay-out amount will be adjusted by multiplying the following factor:

$$= \frac{\text{Daily room charge of the covered room type in the hospital admitted by the insured member (depends on which country / place the insured member stays)}}{\text{Daily room charge of the room the insured member stays}}$$

4. "Asia" means Afghanistan, Australia, Bangladesh, Bhutan, Brunei, Cambodia, China, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, North Korea, Pakistan, the Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan, and Vietnam.
5. If the insured member continuously stays for 365 days in one of the following regions, the medical services and/or treatments provided to the insured member in such region will be permanently reduced to 60% of his benefit pay-out amount. Such reduction applies to all items in the benefits schedule except worldwide emergency assistance services and compassionate death benefit.

Regions	Countries
Australia	Australia
New Zealand	New Zealand
North America (For emergency treatment only)	United States and Canada
Western Europe (For emergency treatment only)	Austria, Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Luxembourg, Monaco, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, United Kingdom and Vatican City

*If the insured member is a US citizen and stays in the United States for a period of or periods aggregating 182 days in the 12 consecutive months immediately prior to any covered emergency treatment, such treatment provided to the insured member in such region will be reduced to 50% of his benefit pay-out amount. Such reduction applies to all items in the benefits schedule except worldwide emergency assistance services and compassionate death benefit.

6. 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.
7. Medical network services are provided by 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.
8. Worldwide emergency assistance services (except for 24-hour worldwide telephone enquiring services) 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.
9. 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 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 and levy 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

Hong Kong  **(852) 2232 8118**
 **hk.cs.enquiry@aia.com**
 **aia.com.hk**

Information about the Insurance Authority Collecting Levy on Insurance Premiums

Collection of levy on insurance premiums from policyholder by the Insurance Authority (effective 1 January 2018)

Background

The Insurance Authority ("IA") has replaced the Office of the Commissioner of Insurance to regulate insurance companies since 26 June 2017. Under this new regulatory regime, with the gazette of the Insurance (Levy) Order ("the Order") and the Insurance (Levy) Regulation ("the Regulation"), all new and in-force policies underwritten in Hong Kong are subject to levy, effective 1 January 2018.

The statutory requirement on levy

- All in-force policies are subject to levy with policy anniversary date on or after 1 January 2018.
- Levy payable is calculated as a percentage of premiums and shall be paid by policyholders along with premiums. Levy rates and the maximum levy are prescribed by the Order as below, which shall apply throughout the policy year.

Policy Effective Date or Policy Anniversary Date	Levy Rate	Maximum Levy (HK\$)	
		General Business*	Long Term Business [#]
From 1 January 2018 to 31 March 2019 (both dates inclusive)	0.04%	2,000	40
From 1 April 2019 to 31 March 2020 (both dates inclusive)	0.06%	3,000	60
From 1 April 2020 to 31 March 2021 (both dates inclusive)	0.085%	4,250	85
From 1 April 2021 onwards (inclusive of that date)	0.1%	5,000	100

* Group medical policies and group life policies with medical protection or with benefits covering sickness will be subject to the maximum levy for "General Business".

[#] Pure group life policies and group life policies with Accidental Death & Disablement riders will be subject to the maximum levy for "Long Term Business".

- Different levy rates and maximums will apply, depending on the policy effective date or anniversary date. The prescribed levy will be subject to change from time to time.
- The actual levy payable will always be subject to the final confirmation of the policy effective date and the exact premiums of the policy. The final amount will be confirmed and listed in our Levy Invoice.

If you have further questions on levy, please visit our website at www.aia.com.hk or IA's website at www.ia.org.hk.

