

LIFE INSURANCE – MEDICAL PROTECTION
HOSPITAL & SURGICAL RIDER (80 SERIES) (HS80)

WE COVER YOU AND YOUR LOVED ONES FROM EVERY ANGLE

Hospital & Surgical Rider (80 series)
provides extra assurance with
hospitalisation and
surgery cover.



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AIA International Limited
(Incorporated in Bermuda with limited liability)



HEALTHIER, LONGER,
BETTER LIVES

To relieve you and your family from unexpected medical expenses

AIA offers Hospital & Surgical Rider (80 series) for you to add to your basic plan

Three plan levels – Ward, Semi-Private and Private – are available for anyone from 15 days to age 65, with renewal up to the insured's age of 100. Enjoy utmost flexibility by choosing the plan that best suits your personal needs.

Cover at a glance

Product Nature	Medical protection insurance plan (Reimbursement)
Plan Type	Add-on plan
Insured's Age at Application	15 days to age 65
Plan Option	<ul style="list-style-type: none">• Ward plan• Semi-Private plan• Private plan
Premium Payment Mode	Follow the corresponding basic plan
Geographical Cover	Worldwide
Core Benefits	<ul style="list-style-type: none">• Confinement Benefits including room & board and intensive care, etc.• Extended medical benefits for rehabilitation purpose etc.• Worldwide emergency assistance services including emergency medical evacuation
Optional Benefit	Supplemental Major Medical Benefits (SMM) – providing cover beyond the maximum benefit of confinement, surgical and other medical benefits

For more information, please read the "Benefits Schedule for **Hospital & Surgical Rider (80 series)**" in this brochure.

Renewal up to age 100

The **Hospital & Surgical Rider** guarantees that your premium for renewal will not be raised for any claim you have made, or any changes in your health condition. You can renew your cover every year up to the insured's age of 100. Renewal premium will be based on the prevailing premium rates at the time of renewal.

All-round hospitalisation and surgery cover

When you're admitted to hospital due to sickness or an accident, worrying about the expense of medical care should be the last thing on your mind. With **Hospital & Surgical Rider**, you'll be covered for each confinement your room and board charges and physician's visits fees for up to 90 days, as well as other miscellaneous hospital expenses. We'll also cover surgeon's fees, anaesthetist's fees and costs associated with the operating theatre. If your situation is critical and you need extra special care, you will be covered up to a maximum of 15 days in an Intensive Care Unit.



Extra support after your hospital stay

To cope with your medical needs, we understand you may need additional treatment or care after your hospital stay or if you have undergone surgery. As such, the Semi-Private and Private plans provide you with a chiropractor or a physiotherapist consultation benefit, as well as post-surgery home nursing during the recovery stage.



Going above and beyond your cover

When it comes to health, everyone has individual needs. That's why your plan can also be boosted with an optional benefit called Supplemental Major Medical Benefits (SMM). SMM provides cover beyond the limits of the plan's maximum number of days or benefit amount for hospitalisation, surgery and other medical benefits. SMM will bring you extra protection and relieve you from worrying about expensive medical bills in the event of major illnesses or serious accidents.



Relieve your burden and focus on recovery

When you're admitted to hospital, worrying about paying for medical care should be the last thing on your mind.

This plan alleviates your burden by settling your hospital bill on your behalf. Once the service is arranged successfully, we will settle directly with the private hospital the medical expenses incurred during hospital stay on your behalf. You can then focus fully on your recovery without having to worry about paying hospital bills and making a subsequent claim. Any shortfall payment resulting from your hospital stay will be settled after treatment, leaving you stress-free at this critical time. After the final claim amount has been settled, any related benefit limits will be reduced accordingly.

For more information, please refer to our Credit Facility Service for Hospitalisation leaflet.



Flexibility to suit your needs

We understand that everyone's situation is different. That's why we offer the choice of various benefit combinations denominated in Macau pataca (MOP) or US dollars to suit your personal medical needs.

Plan Option

- Ward plan
- Semi-Private plan
- Private plan



Optional Benefit

Supplemental Major Medical Benefits (SMM)



Benefits schedule for the Hospital & Surgical Rider (80 series)

Benefits items 1-10 are reimbursed on reasonable and customary basis. 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.

Core Benefits

	Maximum Benefit					
	Ward		Semi-Private		Private	
	US\$	MOP	US\$	MOP	US\$	MOP
A. Confinement Benefits						
1 Hospital daily room and board benefit (per day)	80	640	160	1,280	360	2,880
	90 days per confinement					
2 Physician's visit (per day)	80	640	160	1,280	360	2,880
	90 days per confinement					
3 Miscellaneous hospital expenses benefit (per confinement)	850	6,800	1,400	11,200	2,000	16,000
4 Intensive care benefit (per day)	425	3,400	700	5,600	1,100	8,800
	15 days per confinement					
B. Surgical Benefits						
5 Surgeon's fees (subject to the degree of complexity of the surgical procedure) (per confinement)	4,500	36,000	6,800	54,400	10,000	80,000
6 Anaesthetist's fees (per confinement)	35% of surgeon's fees payable					
7 Operating theatre fees (per confinement)	35% of surgeon's fees payable					
C. Other Medical Benefits						
8 Emergency outpatient treatment benefit (Accident) (per covered injury)	750	6,000	1,250	10,000	1,800	14,400
 9 Daily post-surgery home nursing benefit (per visit) • Within 31 days after hospital stay	Not applicable		80	640	180	1,440
	1 visit per day and 15 visits per confinement					
 10 Chiropractor / Physiotherapist Consultation (per visit) • Within 90 days after hospital stay	Not applicable		35	280	50	400
	1 visit per day and 10 visits per confinement					
D. Other Benefits						
11 Medical accident and incident extension benefit Payable to the beneficiary if death occurs within 30 days as a direct result of medical negligence	11,000	88,000	22,000	176,000	44,000	352,000
12 Worldwide emergency assistance services (cover up to the end of the policy year once the insured reaches 65 years of age) a. Emergency medical evacuation b. Repatriation of remains	MOP500,000 per life					

Benefits schedule for the Hospital & Surgical Rider (80 series) (continued)

Benefits items 1-10 are reimbursed on reasonable and customary basis. For more information, please refer to point 2 of the Product Limitation section under "Important Information".



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Optional Benefit

Supplemental Major Medical Benefits Rider (SMM)	Maximum Benefit					
	Ward		Semi-Private		Private	
	US\$	MOP	US\$	MOP	US\$	MOP
Applicable where the insured is under the age of 75 as at the most recently reached anniversary of cover						
Max. per confinement / covered surgical procedure / covered injury	8,500	68,000	17,000	136,000	33,000	264,000
Applicable where the insured is at the age of 75 or above as at the most recently reached anniversary of cover						
Max. per confinement / covered surgical procedure / covered injury	6,800	54,400	13,600	108,800	26,400	211,200
Lifetime Limit	20,400	163,200	40,800	326,400	79,200	633,600
Overall SMM Lifetime Limit (for having more than 1 SMM cover)	US\$124,800/MOP998,400					
SMM: 80% of eligible expenses — items 1 – 10 of Benefits Schedule (subject to the per day or per visit limit stated)						
1 Hospital daily room & board benefit (per day)	Payable from 91st day of confinement in hospital					
2 Physician's visit (per day)						
4 Intensive care benefit (per day)	Payable from 16th day of confinement in hospital					
9 Daily post-surgery home nursing benefit (per visit)	Payable from 16th visit to 31st visit with 1 visit per day within 31 days after hospitalisation					
10 Chiropractor / Physiotherapist consultation (per visit)	Payable from 11th visit to 31st visit with 1 visit per day within 90 days after hospitalisation					
Other benefits from items 1 – 10	Payable after the maximum benefit stated in the Benefits Schedule					

Important Information

This brochure does not contain the full terms and conditions of the policy. It is not, and does not form part of, a contract of insurance and is designed to provide an overview of the key features of this product. The precise terms and conditions of this plan are specified in the policy contract. Please refer to the policy contract for the definitions of capitalised terms, and the exact and complete terms and conditions of cover. In case you want to read policy contract sample before making an application, you can obtain a copy from AIA. This brochure should be read along with the illustrative document (if any) and other relevant marketing materials, which include additional information and important considerations about this product. We would like to remind you to review the relevant product materials provided to you and seek independent professional advice if necessary.

This plan is an insurance plan without any savings element. All premiums are paid for the insurance and related costs.

This brochure is for distribution in Macau only.

Key Product Risks

1. You need to pay until you reach the age of 100 as long as you renew for this plan. If you do not pay the premium within 31 days of the premium due date, the policy will be terminated and you / the insured will lose the cover.
2. You may request for the termination of your policy by notifying us in written notice. Also, we will terminate your add-on plan and you/ the insured will lose the cover when one of the following happens:
 - the insured passes away;
 - you do not pay the premium within 31 days of the premium due date;
 - the basic plan attached to has been terminated.

For SMM cover, we will terminate such SMM rider and you / the insured will lose the cover when one of the following happens:

- the aggregate benefit amounts paid by us under one or more SMM riders reach the overall SMM lifetime limit; or
 - the aggregate benefit amounts paid by us under this SMM rider reach the lifetime limit.
3. 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 may lose his cover and you may lose the remaining premium for that policy year.
 4. You are subject to exchange rate risks for plans denominated in currencies other than the local currency. Exchange rates fluctuate from time to time. You may suffer a loss of your benefit values and the subsequent premium payments (if any) may be

higher than your initial premium payment as a result of exchange rate fluctuations. You should consider the exchange rate risks and decide whether to take such risks.

5. 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.

Key Exclusions

Under this plan, we will not cover the insured for the hospital / medical expenses that result from any of the following events:

- any treatment and investigation which is not medically necessary* or any medical service which is not reasonable and customary
- any pre-existing condition or congenital defect that appears or is diagnosed before the insured reaches the age of 17
- self-destruction, intentional self-inflicted injury or drug abuse
- war or warlike operations, strikes, riots and civil commotion, any violation or attempted violation of the law or resisting arrest
- pregnancy, miscarriage, child birth, mental or nervous disorder
- cosmetic or plastic surgery, dental care or surgery, corrective aids and treatments of refractive errors unless necessitated by injury caused by an accident, body check-up, gradual recovery of health or rest care

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

* For the avoidance of doubt, experimental and preventive services are not considered as medically necessary.

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
- historical investment returns and the future outlook of the product's backing asset
- policy surrenders and lapses
- 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 you a written notice of any revision at least 30 days before the end of policy year or upon renewal.

Product Limitation

1. Cover for specific items will be effective on the following dates:

Items	Effective Date (after the rider commences)
Accidental injury	Immediately
Illness	30 days
Investigation / treatment / surgery for tonsils, adenoids, hernia or a disease peculiar to the female generative organs	120 days

2. We only cover the charges and / or expenses of the insured on reasonable and customary basis, which means:

- the medical services which are delivered according to standards of good medical practice; and
- the cost of your medical services and the duration of your hospital stay are not more expensive or longer than usual level of charges or duration for similar treatment in the locality of such services delivered.

3. The maximum limit of surgical benefits is subject to the degree of complexity of the surgical procedure.

4. Except for the "Emergency outpatient treatment benefit (Accident)" (benefits schedule, item 8), unless otherwise stated, benefit limits apply to each of the same confinement.

"Same Confinement" refers to two or more admissions that are due to the same or related covered injury or covered illness, or to any complications arising therefrom. Such confinements shall be regarded as one and the same confinement if each of them is not separated by more than 90 days from the paid or payable confinement, which immediately precedes it. Limits for confinement benefits shall be determined based on the aforesaid terms.

5. For insured under the age of 18, circumcision is excluded in the 1st cover year from rider effective date. There will be a deductible, an amount you have to pay before we reimburse the

remaining eligible expense according to the benefit schedule, applying in 2nd to 5th cover year as follow:

Cover Year	Deductible
2nd – 3rd year	US\$625; MOP5,000
4th – 5th year	US\$375; MOP3,000

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 expenses will not be reimbursable by us under this policy.
7. Credit Facility Service for Hospitalisation is additional benefit and does not form part of the contractual service. Credit Facility Service for Hospitalisation is provided by third party service provider(s). AIA reserves the right to amend, suspend or terminate these services without further notice.
8. Worldwide emergency assistance services are covered during the trip only (except for 24-hour worldwide telephone enquiring services), which are additional benefits. A trip refers to a journey where the insured person departing abroad from either Hong Kong, Macau or Mainland China (of which the insured is the permanent resident at the time of departure). 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.

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) 8988 1822 in Macau.

If you wish to make a claim, you must notify us within 10 days of the date of admission to hospital, and send us the appropriate forms and proofs within 30 days after discharge from hospital. You can get the appropriate claim forms from your financial planner, by calling the AIA Customer Hotline (853) 8988-1822 in Macau, or by visiting any AIA Customer Service Centre. If you wish to know more about claim related matter, you may visit "File A Claim" section under our company website www.aia.com.hk.






Cancellation Right



You have the right to cancel and obtain a refund of any premiums paid by giving written notice to us. Such notice must be signed by you and submitted to the Customer Service Centre of AIA International Limited at Unit 201, 2F, AIA Tower, 251A-301 Avenida Comercial de Macau, Macau within 21 calendar days immediately following either the day of delivery of the policy or the Cooling-off Notice to you or your nominated representative, whichever is the earlier.

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

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Frequently Asked Questions About "Reasonable and Customary" Charges

Q1. How is the "Reasonable and Customary" charge determined?

The "Reasonable and Customary" charge refers to charges for the reimbursement benefit items including physician's visit fee, surgeon's fee and anaesthetist's fee. The "Reasonable and Customary" charge will be calculated based on the customer's admission room type as shown below:

Item Charge	Based on "Reasonable and Customary" Reference Charge
Physician's Visit Fee	Equal to or less than the admission room charge
Surgeon's Fee	References the "List of Surgery Fees" published on the attending hospital's website
Anaesthetist's Fee	35% of the Surgeon's fee

Q2. How is the "Reasonable and Customary" charge determined if you're admitted to a lower room type than what is covered in the plan?

If you opt to be admitted to a lower room type than what is covered in the plan, we will reimburse eligible expenses subject to the "Reasonable and Customary" charge of your plan level chosen / covered room type. Examples are as follows:

Plan Level Chosen / Covered Room Type	Customer's Admission Room Type	"Reasonable and Customary" Reference Charge
Standard Private Room	Semi-Private Room or Ward Room	Standard Private Room
Semi-Private Room	Ward Room	Semi-Private Room

Q3. How is the "Reasonable and Customary" charge determined if the billed surgeon's fee exceeds the "Reasonable and Customary" charge?

If the billed surgeon's fee exceeds the "Reasonable and Customary" charge, we will obtain hospital records and operation records from the attending hospital to determine the complexity of the surgery or any surgery complication resulting in the high surgeon's fee.

- If the records reveal the reason behind the high surgeon's fee, we will calculate the eligible surgeon's fee / anaesthetist's fee according to the billed amount.
- If the records do not reveal any reason behind the high surgeon's fee, we will adjust the eligible surgeon's fee / anaesthetist's fee according to the "Reasonable and Customary" charge.

Q4. Are there other factors that determine the "Reasonable and Customary" charge?

Other than the factors mentioned above, when we assess the claim, we will also check for a "List of Surgery Fees" on the website of the attending hospital.

- If it is available, we will use the "List of Surgery Fees" on the hospital's website to determine the "Reasonable and Customary" charge.
- If it is not available, we will use the "Reference Fee Table on Charges for Common Surgical Procedures" published within our Company to determine the "Reasonable and Customary" charge.

For more information, please refer to the "Reasonable and Customary" charge example outlined overleaf.

Frequently Asked Questions About "Reasonable and Customary" Charges

Q5. Where can I find information about the "Reasonable and Customary" charge in advance?

You can apply for the "Pre-approval Service" (applicable to products with this service), and will be informed of:

- whether the medical procedure / surgery will be covered;
- whether the physician's visit fees are reasonable; and
- what the eligible claim amount for the medical procedure / surgery will be under the policy.

This will help you understand and plan your treatment, so you can focus on getting better.

In case there are further queries on "Reasonable and Customary" charge, please contact your financial planner or call AIA Customer Hotline.

"Reasonable and Customary" Charge Example

(The following example is hypothetical and for illustration purposes only. If there are any changes in the values, no separate announcement will be made.)

Case Background

Reason for admission :	Breast Carcinoma-in-situ
Type of room :	Standard Private Room
Length of hospitalisation :	5 days
Surgery :	Modified Radical Mastectomy
Total presented amount :	HK\$384,000
Coverage :	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 insurance products. For the details of the relevant specified insurance products, including its product features, terms and conditions, exclusions and key product risks, you may refer to the product brochure and policy contract of relevant products.

"Reasonable and Customary" Charge

Benefit Items	The "Reasonable and Customary" Charge for Standard Private Room (HK\$)
Surgeon's Fee	94,000
Anaesthetist's Fee 35% of the Surgeon's Fee	32,900

Benefit Items	Presented Amount (HK\$)	Reimbursement Amount (adjusted to "Reasonable and Customary" Charge) (HK\$)
Room & Board	19,500	19,500
Physician's Visit	19,500	19,500
Hospital Expenses	35,000	35,000
Surgeon's Fee	200,000	94,000
Anaesthetist's Fee	70,000	32,900
Operating Theatre Fee	40,000	40,000
Total	384,000	240,900

TOTAL Reimbursement Amount (HK\$)	240,900
Remaining Balance Not Reimbursed (HK\$)	143,100

Note:


- All eligible claims will be reimbursed according to the benefit limits outlined in the benefit schedule. The eligible claim will be reimbursed on a medically necessary and reasonable and customary basis and subject to the terms, conditions, exclusions and limitations of the policy.

To understand the historical premium increase rates of our products, you may browse the website <https://www.aia.com.hk/en/our-products/further-product-information/macau-medical-products/medical.html> for reference purpose.

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