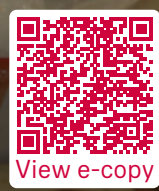




CEO MEDICAL PLAN 5 (CE05) / CEO MEDICAL PLAN (WORLDWIDE) 5 (CEOW5)

Superior global protection
you can rely on



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AIA International Limited
(Incorporated in Bermuda with limited liability)



HEALTHIER, LONGER,
BETTER LIVES

With success come greater responsibilities and concerns for your family's future

A reliable plan is vital

AIA's CEO Medical Plan 5 / CEO Medical Plan (Worldwide) 5 provides a lifetime of quality medical

insurance and confidence in any situation. With global medical protection, lifetime renewal and full reimbursement for major medical expenses, you can pursue your life with passion and make the most out of every occasion.

Cover at a glance

| Product Nature | Medical protection insurance plan (Reimbursement) | |
|--|---|---------------------------|
| Plan Type | Basic plan and add-on plan | |
| Insured's Age at Application | 15 days to age 70 | |
| Premium Payment Mode | Basic plan: annually / semi-annually / quarterly / monthly Add-on plan: follow the corresponding basic plan | |
| | HK\$/MOP | US\$ |
| Overall Lifetime Limit | 50,000,000 | 6,250,000 |
| Annual Limit | 20,000,000 | 2,500,000 |
| Annual Deductible Choices | 0 / 16,000 / 25,000 / 50,000 | 0 / 2,000 / 3,125 / 6,250 |
| Geographical Cover | Worldwide | |
| <ul style="list-style-type: none"> CEO Medical Plan (Worldwide) 5 CEO Medical Plan 5 | Worldwide excluding the United States | |
| Room Type | Standard private room | |
| Core Benefits | <ul style="list-style-type: none"> worldwide cover for hospital stay time-saving and convenient day surgeries high quality specialist network broad post-hospitalisation care extended caring protection for your specific needs, including cancer treatment, dialysis treatment, stroke rehabilitation benefits and pregnancy complications benefit global emergency treatment and worldwide emergency assistance services | |
| Optional Benefits | <ul style="list-style-type: none"> outpatient benefits dental benefits | |

For more information, please read the benefits schedule for **CEO Medical Plan 5 / CEO Medical Plan (Worldwide) 5** in this brochure.



Lifetime medical protection

CEO Medical Plan 5 / CEO Medical Plan (Worldwide) 5 is a **medical protection insurance plan** that provides lifetime cover up to HK\$/MOP50,000,000. With this plan, you will enjoy broad hospitalisation and surgery cover around the world, giving you support when you need it most.



Lifetime renewal

CEO Medical Plan 5 / CEO Medical Plan (Worldwide) 5 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 for life. Renewal premium will be based on the prevailing premium rates at the time of renewal (Please refer to the Annual Premium Table for the first year premium provided by your financial planner).



Extended caring protection to safeguard the needs of stroke and cancer patients

Stroke is a common disease with potentially harmful consequences, often requiring extensive periods of recovery and additional living support. This plan offers extended caring protection to address the daily needs and self-care capabilities of stroke patients, so that you may receive the proper care even in the comfort of your own home. These include:

- **home facility enhancements approved by occupational therapists** – widening of corridors, adapting bathroom facilities and purchasing specialised furniture, etc.
- **professional medical support** – consultations, treatments and prescriptions from chiropractors, physiotherapists, speech therapists, occupational therapists, neurologist, neurosurgeons and Chinese medical practitioners according to your personal needs
- **disability subsidy** – if you become unable to take care of yourself for at least 6 uninterrupted months, we will provide a disability subsidy of HK\$/MOP5,000 per month to you for up to 24 months

This plan also includes enhanced support for cancer patients with cover for chemotherapy, radiotherapy, targeted therapy and the related consultations, medications and diagnostic tests. For patients with kidney diseases, we also cover the expenses required for regular dialysis treatments.



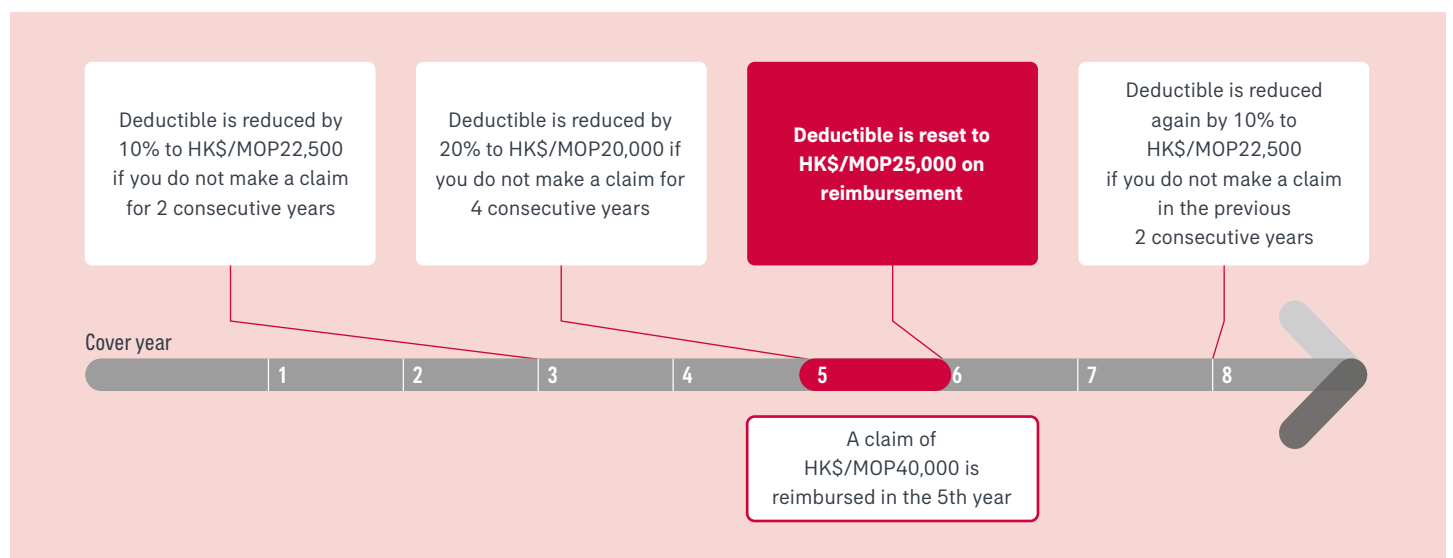
No-claim deductible discount up to 100%

If no claim is made for two consecutive cover years, our **CEO Medical Plan 5 / CEO Medical Plan (Worldwide) 5** offers a 10% discount on your selected deductible choice in the following cover year. Such discount will accumulate every two consecutive cover years and can reach up to 100%, meaning that the deductible amount can be reduced to zero.

The discount applies to the original deductible amount of your plan, and will be reset to 0% in the next cover year upon claim payment.

Even if you received hospital cash benefit, lower room class cash benefit, day surgery benefit, day surgery cash benefit or worldwide emergency assistance services (see benefits schedule, items 8, 9, 11, 13 and 29 for details), your eligibility for this discount will not be affected.

Illustration of no-claim deductible discount – annual deductible choice of HK\$/MOP25,000 is selected





AIA “Health and Wellness 360” Taking care of your needs comprehensively from prevention, protection, treatment to recovery

AIA understands that health has become more and more important to you. We strive to do more for you to look out for your health. As your all-round health guardian, we offer an array of extra health and medical services and are there with you to live Healthier, Longer, Better Lives.

We encourage you to build a healthy lifestyle to prevent getting sick. Even if you feel unwell, AIA offers you diverse value-added medical services from treatment to recovery, partnering with top medical specialists and professional service providers around the globe to support you for faster recovery.



Personal Medical Case Management Services with Rehabilitation Management*

If you are unfortunately diagnosed with a serious illness, an expert team is here to help. Through Personal Medical Case Management Services with Rehabilitation Management, our designated service provider will get you the medical support you need with ongoing updates on your condition, and tailor a personalised rehabilitation plan for you.

Your diagnosis and treatment will be assessed by a specialist, so you can count on additional medical expertise to help you overcome your health challenges with confidence.

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



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Access a high-quality medical network*

This is a value-added service designed to further enhance your peace of mind in a medical situation. Our medical network has a group of multi-disciplinary medical specialists and provides you with access to a number of advanced day case medical centres, a safe and convenient alternative to hospitals. You can book day case procedure at network clinics and day case procedure centres, the network doctor will apply for the Medical Expense Pre-approval Service on your behalf. You can also enjoy the convenience of cashless hospitalisation (also known as Credit Facility Service for Hospitalisation) and a dedicated hotline for centralised booking.

For more information, please refer to the specialist network leaflet.



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Hassle-free medical payment at home and overseas

When you are facing a health challenge, the last thing you want is the hassle of paying your medical bills, especially in a foreign country. Through AIA, you can enjoy the total convenience of cashless hospitalisation, even while in designated private hospitals in Asia, including Singapore, Malaysia and Thailand, as well as the United States and Europe (subject to geographic cover set out in the benefit schedule). Once this service has been approved, we will settle the medical expenses incurred during your hospital stay on your behalf, allowing you to focus on your recovery without the stress of paying hospital bills and making subsequent claims. Any shortfall payment resulting from your hospital stay will be settled after your treatment. Once the final claim amount has been settled, any related benefit limits will be reduced accordingly.

For more information and the list of designated hospitals, please refer to our Credit Facility Service for Hospitalisation leaflet.



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Worldwide emergency assistance

A worldwide assistance hotline is open 24/7 for any emergency support you might need, especially when you are abroad. Help is always just one call away.

* This service is provided in Hong Kong by the designated service provider engaged by AIAHK and is not applicable to Macau Region.



Flexibility to suit your needs

We understand that everyone's situation is different. That's why we offer various benefit combination choices to suit your personal medical needs:

| | |
|-----------------------------------|---|
| Geographical Cover Choices | Worldwide / Worldwide (excluding the United States) |
|-----------------------------------|---|

+

| | HK\$/MOP | US\$ |
|----------------------------------|----------|-------|
| Annual Deductible Choices | 0 | 0 |
| | 16,000 | 2,000 |
| | 25,000 | 3,125 |
| | 50,000 | 6,250 |

+

| | |
|---------------------------------|---------------------------------------|
| Optional Benefit Choices | Outpatient benefits / Dental benefits |
|---------------------------------|---------------------------------------|

Whether you are looking for full protection or top-up cover to supplement your current medical plan, annual deductible choices allow you to specify how much you are willing to pay before you claim. Higher deductible amount could lower your premium. For example, if you chose an annual deductible of HK\$/MOP16,000 and your eligible medical expense is HK\$/MOP100,000, you would receive HK\$/MOP100,000 less your deductible, which would be HK\$/MOP84,000.

You can also choose to reduce your annual deductible amount to a specified amount without having to provide us with current details of your health upon the anniversary of your cover at the age of 50, 55, 60 or 65. The premium will be adjusted based on your selected deductible amount, and your out-of-pocket limit for a claim will be reduced. Before making your request for this reduction of deductible, you may have to reassess if this reduction can suit your personal needs.

In addition, you have the flexibility to take **CEO Medical Plan 5 / CEO Medical Plan (Worldwide) 5** as either a standalone insurance plan or as an add-on plan of specified basic plans.

Example

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

Policy owner and insured: Alan (Age 35)
Occupation: Account Director
Family status: Married, with a daughter
Current cover: Employer's group medical plan



Alan wants a plan which is able to provide a broad protection for him and his family with greater flexibility to cover the insufficiency of his employer's current group medical plan.

Lifetime Renewal

CEO Medical Plan 5 offers Alan superior protection at an affordable premium with an overall lifetime limit of up to HK\$/MOP50,000,000 to supplement his employer's group medical plan. The plan provides broad extended benefits to ensure sufficient cover from pre-hospitalisation to post-hospitalisation on the road to recovery continuously.

Scenario: Alan is diagnosed with cancer and stroke before and after retirement respectively. He makes claims for the expenses of **pre, during and post-hospitalisation**.



Benefits schedule for CEO Medical Plan 5 / CEO Medical Plan (Worldwide) 5

Benefit items 1 - 7, 10 - 12, 14 - 24, 25b, 26 - 28, 31 - 38 are reimbursed on medically necessary and 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.

| Overview | HK\$/MOP | US\$ |
|--|---|---------------------------|
| Overall Lifetime Limit Applies to items 1 to 28, and optional outpatient benefits | 50,000,000 | 6,250,000 |
| Annual Limit Applies to items 1 to 28, and optional outpatient benefits | 20,000,000 | 2,500,000 |
| Geographical Cover <ul style="list-style-type: none"> CEO Medical Plan (Worldwide) 5 CEO Medical Plan 5 <ul style="list-style-type: none"> for all cover for emergency treatment | Worldwide Worldwide excluding the United States Worldwide | |
| Room Type | Standard private room | |
| Annual Deductible Choices Applies to items 1 to 28 (except items 8, 9, 13 and 25c), and optional outpatient benefits | 0 / 16,000 / 25,000 / 50,000 | 0 / 2,000 / 3,125 / 6,250 |
| Optional Benefits | Outpatient benefits Dental benefits | |

Core benefits





| A. Confinement Benefits | Maximum Benefit | |
|--|--|-------------|
| | HK\$/MOP | US\$ |
| 1 Hospital daily room and board benefit | Fully covered | |
| 2 Physician's visit | | |
| 3 Specialist's fee | | |
| 4 Miscellaneous hospital expenses benefit | | |
| 5 Intensive care benefit | Fully covered 30 days per year | |
| 6 Private nurse's fee Nursing service after surgery or discharge from Intensive Care Unit | | |
| 7 Hospital companion bed benefit Expenses for one companion bed during the insured's hospital stay | Fully covered | |
| 8 Hospital cash benefit For stay in a government hospital or in a hospital without charge | 800 per day 90 days per year | 100 per day |
| 9 Lower room class cash benefit For stay in a room that is in a class lower than the standard private room of a private hospital in Hong Kong or Macau | 2,000 per day 10 days per confinement | 250 per day |

Benefits schedule for CEO Medical Plan 5 / CEO Medical Plan (Worldwide) 5 (continued)

Benefit items 1 - 7, 10 - 12, 14 - 24, 25b, 26 - 28, 31 - 38 are reimbursed on medically necessary and 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.

| B. Surgical Benefits | Maximum Benefit | |
|---|--|--|
| | HK\$/MOP | US\$ |
| 10 Surgery benefit Including surgeon's fee, anaesthetist's fee and operating theatre fee a. All surgeries Including organ transplantation surgical cost for insured as a receiver b. Surgery of the donor For organ transplantation of heart, kidney, liver, lung or bone marrow | Fully covered | |
| | 30% of the total transplantation cost of both donor and receiver | |
| 11 Day surgery benefit Including surgeon's fee, anaesthetist's fee, operating theatre fee and room charge | Fully covered | |
| 12 Medical appliances benefit a. Specified items Pace maker / stents for Percutaneous Transluminal Coronary Angioplasty / intraocular lens / artificial cardiac valve / metallic or artificial joints for joint replacement / prosthetic ligaments for replacement or implantation between bones / prosthetic intervertebral disc b. Other items Prosthetic device other than specified in item 12a c. Reconstructive devices or materials External, prosthetic or reconstructive devices / materials implanted during reconstructive surgery | Fully covered | |
| | 96,000 each item per life | 12,000 each item per life |
| 13 Day surgery cash benefit Applicable when item 11 is payable for the same procedure | 1,600 per procedure | 200 per procedure |
| | 1 procedure per year | |
| C. Post-Hospitalisation Benefits | | |
| 14 Post-hospitalisation / day surgery outpatient consultation Follow-up consultation, medication prescribed for a maximum of 30 days for such consultation and diagnostic tests within 60 days after the discharge from hospital / day surgery | Fully covered | |
|  15 Post surgery home nursing benefit Nursing services within 28 weeks after discharge from hospital (after surgery / admission to Intensive Care Unit) | Fully covered 28 weeks per year | |
|  16 Rehabilitation benefit For stay and treatment in rehabilitation centre | 80,000 per year | 10,000 per year |
| | 60 days per year | |
|  17 Hospice care benefit For stay in hospice with care and nursing service | 80,000 per life | 10,000 per life |
| 18 Post-hospitalisation / day surgery ancillary benefit Rehabilitation treatment within 90 days after discharge from hospital / the day procedure | 30,000 per confinement / day surgery | 3,750 per confinement / day surgery |
| | 1 visit per day | |
|  a. Chiropractor / physiotherapist / speech therapist / occupational therapist For consultation and / or treatment | 1,000 per visit | 125 per visit |
| b. Chinese medicine practitioner For consultation with treatment and medicines prescribed | 600 per visit 15 visits per confinement / day procedure | 75 per visit 15 visits per confinement / day procedure |

Benefits schedule for CEO Medical Plan 5 / CEO Medical Plan (Worldwide) 5 (continued)

Benefit items 1 - 7, 10 - 12, 14 - 24, 25b, 26 - 28, 31 - 38 are reimbursed on medically necessary and 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.

| D. Extended Benefits | Maximum Benefit | |
|--|--|---|
| | HK\$/MOP | US\$ |
| 19 Pre-hospitalisation / day surgery outpatient consultation Including consultation, medication prescribed for a maximum of 30 days for such consultation and diagnostic tests within 30 days before hospital stay or day surgery | Fully covered | |
| 20 Cancer treatment benefit Including chemotherapy, radiotherapy, targeted therapy, hormonal therapy, immunotherapy, and proton therapy for a covered illness, and the consultation, medication and diagnostic tests for and in the course of these treatments | | |
| 21 Dialysis benefit For both on an inpatient or outpatient basis | | |
| 22 HIV / AIDS treatment benefit | 800,000 per life | 100,000 per life |
| 23 Mental or nervous disorder benefit For stay and treatment in a mental or psychiatric hospital, or in the mental or psychiatric unit of a hospital | 40,000 per year | 5,000 per year |
| | 30 days per year | |
| 24 Reconstructive surgery benefit For restoration of function of a body part, appearance, or a breast | 160,000 per covered injury / per covered illness | 20,000 per covered injury / per covered illness |
| 25 Stroke rehabilitation benefit After discharge from hospital | | |
| a. Home facility enhancement benefit Designated home facility enhancements such as widening passageways, adapting bathroom facilities and the provision of specialised furniture, which is prescribed by an occupational therapist | 50,000 per life | 6,250 per life |
| b. Stroke ancillary benefit i. Chiropractor / Physiotherapist / Speech Therapist / Occupational Therapist / Neurosurgeon • for consultation and / or treatment ii. Neurologist • for consultation, treatment and / or medicines prescribed iii. Chinese medicine practitioner • for consultation, treatment and / or medicines prescribed | 1,000 per visit 100,000 per life | 125 per visit 12,500 per life |
| | 30 visits per year | |
| c. Disability subsidy benefit • For disability continued for 6 months | 5,000 per month | 625 per month |
| | 24 months per life | |
| 26 Pregnancy complications benefit | Fully covered | |

Benefits schedule for CEO Medical Plan 5 / CEO Medical Plan (Worldwide) 5 (continued)



Benefit items 1 - 7, 10 - 12, 14 - 24, 25b, 26 - 28, 31 - 38 are reimbursed on medically necessary and 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.

| E. Emergency Treatment Benefits | Maximum Benefit | |
|---|-----------------------|---------------------|
| | HK\$/MOP | US\$ |
| 27 Emergency outpatient treatment benefit Caused by covered accident | Fully covered | |
| 28 Emergency dental benefit Caused by covered accident | | |
| 29 Worldwide emergency assistance services | 5,000,000 per life | 625,000 per life |
| a. Emergency medical evacuation | | |
| b. Repatriation of remains | | |
| c. Compassionate visit by one immediate family member For staying in hospital more than 5 consecutive days | | |
| d. Return of children under the age of 18 For staying in hospital more than 5 consecutive days | | |
| e. 24-hour worldwide telephone enquiring services | Included | |
| F. Death Benefit | | |
| 30 Compassionate death benefit Payable to the beneficiary if the insured passes away | 80,000 | 10,000 |

Optional benefits

| G. Outpatient Benefits | Maximum Benefit | |
|---|--|----------------|
| | HK\$/MOP | US\$ |
| 31 Outpatient consultation | Fully covered 45 visits per year 1 visit per day | |
|  32 Diagnostic procedures and laboratory tests | Fully covered | |
|  33 Prescribed medicines and drugs | | |
| 34 Alternative treatment Including medical treatment performed by a Chinese medicine practitioner, physiotherapist, or chiropractor | 8,000 per year | 1,000 per year |
| | 1 visit per day | |
| 35 Psychiatric treatment | 1,000 per visit | 125 per visit |
| | 10 visits per year | |
| 36 Vaccinations and health check-up | 2,400 per year | 300 per year |
| | 1 check-up per year | |
| H. Dental Benefits (cover up to the age of 66) | | |
| 37 Routine dental treatment | 5,600 per year | 700 per year |
| 38 Major restorative treatment | 12,000 per year | 1,500 per year |

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 the premium for this plan for life as long as you renew for this plan or for this add-on plan until the basic plan it is attached to is terminated. 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 policy and you / the insured will lose the cover when one of the following happens:
 - the insured passes away;
 - you do not pay the premium within 31 days of the premium due date;
 - the aggregate benefits under the relevant insurance policy reaches the overall lifetime limit; or
 - when you take this plan as an add-on plan of any basic plan which has been terminated.

If the insured happens to be hospitalised on the date when this plan / add-on plan is terminated because you do not pay the premium within 31 days of the premium due date, we will extend the cover for an additional 30 days without the need for you to make any payments, subject to the same benefit limits which apply to your original plan.

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 (Please refer to Annual Premium Table for the first year premium provided by your financial planner).

Key Exclusions

Under this plan, we will not cover any of the following events or conditions:

- any treatment, investigation, service or supplies which is not medically necessary
- 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, and civil commotion, any violation or attempted violation of the law or resisting arrest, acts of terrorism for the insured is a terrorist, the use of atomic, biological or chemical weapons as well as radioactive, biological or chemical contamination due to any act of terrorism (except where the insured is injured during a trip outside the insured's permanent residence country or place); or when the insured travels to a country at war, or where there is warlike operation, mutiny, riot, civil commotion, martial law or state of siege, or a war zone as recognised by the United Nations
- pregnancy, miscarriage, child birth, abortion, or related complications, except for "pregnancy complications benefit" (see benefits schedule, item 26 for details), AIDS or any complications associated with HIV infection, except for the "HIV / AIDS treatment benefit" (see benefits schedule, item 22 for details), mental or nervous disorder, except for the "mental or nervous disorder benefit" (see benefits schedule, item 23 for details)
- cosmetic or plastic surgery, dental care or surgery, except for the "routine dental treatment" under "Dental Benefits" (see benefits schedule, item 37 for details), corrective aids and treatments of refractive errors unless necessitated by injury caused by an accident, body check-up, except for the "vaccination and health check-up" under "Outpatient Benefits" (see benefits schedule, item 36 for details), gradual recovery of health or rest care
- consumption of any of the following traditional Chinese medicines, except for the "post-hospitalisation / day surgery ancillary benefit" and "stroke ancillary benefit" (see benefits schedule, items 18b and 25biii for details):
 - 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

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
- 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 31 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 policy commences) |
|--|--|
| Accidental injury | Immediately |
| Illness | 30 days |
| Investigation / treatment / surgery for tonsils, adenoids, hernias or a disease particular to female generative organs | 120 days |
| Specialist Network service | 180 days |
| Optional dental benefit | 6 months |
| Pregnancy complications benefit | 10 months |
| HIV / AIDS treatment | 5 years |

2. We only cover the charges and / or expenses of the insured 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 your medical services and the duration of your hospital stay are not more expensive or longer than the usual level of charges or duration for similar treatment in the locality of such services delivered; and
- does not include charges that would not have been made if no insurance existed.

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 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 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:

$$= \frac{\text{Daily room charge of the standard private room in the hospital admitted by the insured}}{\text{Daily room charge of the room the insured stays}}$$

4. If the insured continuously stays for 365 days in one of the following regions, the medical services and / or treatments provided to the insured 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 items 29 and 30:

| Regions | Countries |
|----------------|--|
| North America | United States and Canada |
| Western Europe | Austria, Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Luxembourg, Monaco, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, United Kingdom and Vatican City |

5. 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.
6. 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.
7. Medical network services, Credit Facility Service for Hospitalisation, and Medical Expense Pre-approval Service are additional benefits and do not form part of the contractual service. Medical network services are provided by network doctor. You have the right to request us for providing the list of network doctor, subject to the regulatory requirements and/or code of practice in the locality where the provider is in practice. AIA shall not be responsible for any act or omission of network doctor in the provision of medical network services. 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.

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 in writing within 20 days of the date the covered event happened, and send us the appropriate forms and relevant proof within 90 days of the same date. 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

Macau  (853) 8988 1822

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AIA_HK_MACAU 





AIA International Limited

(Incorporated in Bermuda with limited liability)

Frequently Asked Questions About "Reasonable and Customary" Charges

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

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

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

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

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

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

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

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

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

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

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

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

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

Frequently Asked Questions About "Reasonable and Customary" Charges

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

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

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

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

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

"Reasonable and Customary" Charge Example

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

Case Background

| | |
|-----------------------------|---|
| Reason for admission : | Breast Carcinoma-in-situ |
| Type of room : | Standard Private Room |
| Length of hospitalisation : | 5 days |
| Surgery : | Modified Radical Mastectomy |
| Total presented amount : | HK\$384,000 |
| Coverage : | 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.

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

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