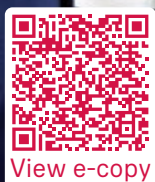


LIFE INSURANCE - MEDICAL PROTECTION
PRIVILEGE PLUS MEDICAL PLAN (PP)

PRIVILEGE PROTECTION TO KEEP YOU AT YOUR BEST

With **Privilege Plus Medical Plan**, you can enjoy high-level protection for top-tier medical care, extended cancer cover, no-claim discount, cashless hospitalisation and much more. Join **AIA Vitality** and receive an instant 10% premium discount and an array of rewards and discounts that help you live a healthier lifestyle.



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AIA Vitality

AIA International Limited
(Incorporated in Bermuda with limited liability)



HEALTHIER, LONGER,
BETTER LIVES

Your good health is your greatest wealth

When you live a life of success, you need medical protection that can match your pace.

Privilege Plus Medical Plan offers advanced medical protection throughout Asia with lifetime guaranteed renewal, offering you the privileged support you need to achieve more in life. With Privilege Plus Medical Plan, you can enjoy full

reimbursement with no itemised benefit sublimit for major medical expenses, hospital stays in a semi-private room or standard private room (depending on confinement location), full cover for non-surgical cancer treatment and extended support in the hospital and beyond. Embark on a journey of healthy living with a no claim discount if no claim is paid, up to 15% of premium discount, plus an instant 10% premium discount for the first year for AIA Vitality members.

Plan highlights



Medical protection with a lifetime limit of HKD/MOP50 million and a high annual limit of HKD/MOP10 million



Full cover for non-surgical cancer treatment



Up to 15% of no claim discount on premium if no claims is paid



AIA "Health and Wellness 360" offers a range of medical support, including:

- **cashless hospitalisation for designated hospitals in different countries**
- **personal support during hospitalisation and beyond through Personal Medical Case Management Services with Rehabilitation Management**

Cover at a glance

Product Nature	Medical protection insurance plan (Reimbursement)	
Plan Type	Basic plan	
Insured's age at Application	15 days to age 80	
Guaranteed Renewal	Whole life	
Premium Payment Mode	Annually / Semi-annually / Quarterly / Monthly	
	HKD/MOP	USD
Lifetime Benefit Limit (per life)	50,000,000	6,250,000
Annual Benefit Limit (per policy year)	10,000,000	1,250,000
Annual Deductible Choices (per policy year)	0 / 16,000 / 25,000	0 / 2,000 / 3,125
Geographical Cover <ul style="list-style-type: none"> non-emergency treatment emergency treatment 	Asia (except for psychiatric treatments and lower ward class cash benefit covered in Hong Kong and Macau) Worldwide (except for worldwide emergency assistance services covered during trip)	
Room Type <ul style="list-style-type: none"> for Hong Kong, Macau (excluding the list of designated Hospitals in Macau[#]) and Mainland China for Asia (excluding Hong Kong, Macau and Mainland China) and/ or the list of designated Hospitals in Macau[#] for outside Asia 	Semi-private room Standard private room Standard private room (for emergency treatment only)	
Key Benefits	<ul style="list-style-type: none"> hospitalisation and surgical care time-saving and convenient day case procedures (including visit to day case procedure centre) high quality specialist network services broad post-hospitalisation care extended caring protection for your specific needs, including non-surgical cancer treatment global emergency treatment and worldwide emergency assistance services 	
No Claim Discount	No claim in 3 or more consecutive policy years entitles you with a premium discount on the next policy anniversary, up to 15% of the total premiums paid for the preceding policy year	

For more information, please read the "Benefit schedule for **Privilege Plus Medical Plan**" in this brochure.

[#] The list of designated Hospitals in Macau can be retrieved from AIA website (www.aia.com.hk) and may be varied, updated and amended from time to time at the Company's discretion.

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



Lifetime medical protection

Privilege Plus Medical Plan is a **medical protection insurance plan** that provides lifetime cover up to HKD/MOP50,000,000/ USD6,250,000. With this plan, you will enjoy full reimbursement with no itemised benefit sublimit for major medical expenses, Personal Medical Case Management Services with Rehabilitation Management, high quality specialist network services and much more, giving you support when you need it most.



Lifetime guaranteed renewal

Privilege Plus Medical Plan provides cover immediately right after the policy becomes effective and 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. (For details on the first year's premium, please refer to the Standard Premium Schedule provided by your financial planner.)



Cover on unknown pre-existing conditions

At present, pre-existing conditions unknown to insurance applicants are commonly excluded from benefit cover. However, you can trust in your protection under **Privilege Plus Medical Plan** even if you turn out to have a pre-existing condition that you were reasonably unaware of at the time of insurance application. This plan provides full cover starting from the 31st day of the 1st policy year.

Days after policy commences	Protection for unknown pre-existing conditions
First 30 days	0% cover
31st day and onwards	100% cover



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

Stroke is a common disease with potentially harmful consequences, often requiring extensive period 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 prescribed 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 medicine 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 HKD/MOP 5,000 per month to you for up to 24 months per incident

This plan also includes enhanced support for cancer patients with cover for radiotherapy, chemotherapy, targeted therapy, immunotherapy, hormonal 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 discount

AIA believes in maintaining healthy living habits, and we encourage you to maintain yours by rewarding you with a no claim discount on premium, up to 15% of the total premium paid for the preceding policy year.

If no claim is made for 3 consecutive policy years or more, you will be eligible for this premium discount on the next policy anniversary. Please refer to the following table for no claim discount.

Claims Free Years	No Claim Discount
3 consecutive policy years	5%
4 consecutive policy years	10%
5 or more consecutive policy years	15%

Even if you made a claim for lower ward class cash benefit, day surgery cash benefit, received a day case procedure, used worldwide emergency assistance services (see benefit schedule, benefit items II (f), (g) and (k) for details) or used Personal Medical Case Management Services with Rehabilitation Management, your eligibility for this premium discount will not be affected.



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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Hospitalisation) and a dedicated hotline for centralised booking.

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



View e-copy



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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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



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.

Options to suit your needs

We understand that everyone's situation is different. That's why we offer 3 annual deductible choices for each policy currency you have chosen to suit your personal medical needs:

	HKD/MOP	USD
Annual deductible choices	0	0
	16,000	2,000
	25,000	3,125

If you are looking for full medical 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. Choosing a higher deductible amount could lower the premiums for your policy. For example, if you chose an annual deductible of HKD/MOP 16,000 and your eligible medical expense is HKD/MOP 100,000, you would receive HKD/MOP 100,000 less your deductible, which would be HKD/MOP 84,000.

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 policy anniversary of your cover at the age of 50, 55, 60, 65, 70, 75 or 81 once. 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.



Join **AIA Vitality** and enjoy an instant 10% premium discount

We are excited to introduce **AIA Vitality**, a game changing wellness programme which redefines the traditional concept of insurance, aims to reward customer to live a healthy lifestyle. Once you join **AIA Vitality**, you can enjoy an instant 10% premium discount² for the **Privilege Plus Medical Plan**. As long as you keep up a healthy lifestyle, you can even enjoy a minimum 10% premium discount each year³, while at the same time earning **AIA Vitality** Points and enjoying an array of rewards and offers to help you live a healthier lifestyle.

For further details, please refer to the remarks in the **AIA Vitality** section.



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.)

Policyowner and insured:	Michael (age 40, non-smoker)
Occupation:	Business Development Director
Family status:	Married, with one son
Current cover:	Employer's group medical plan



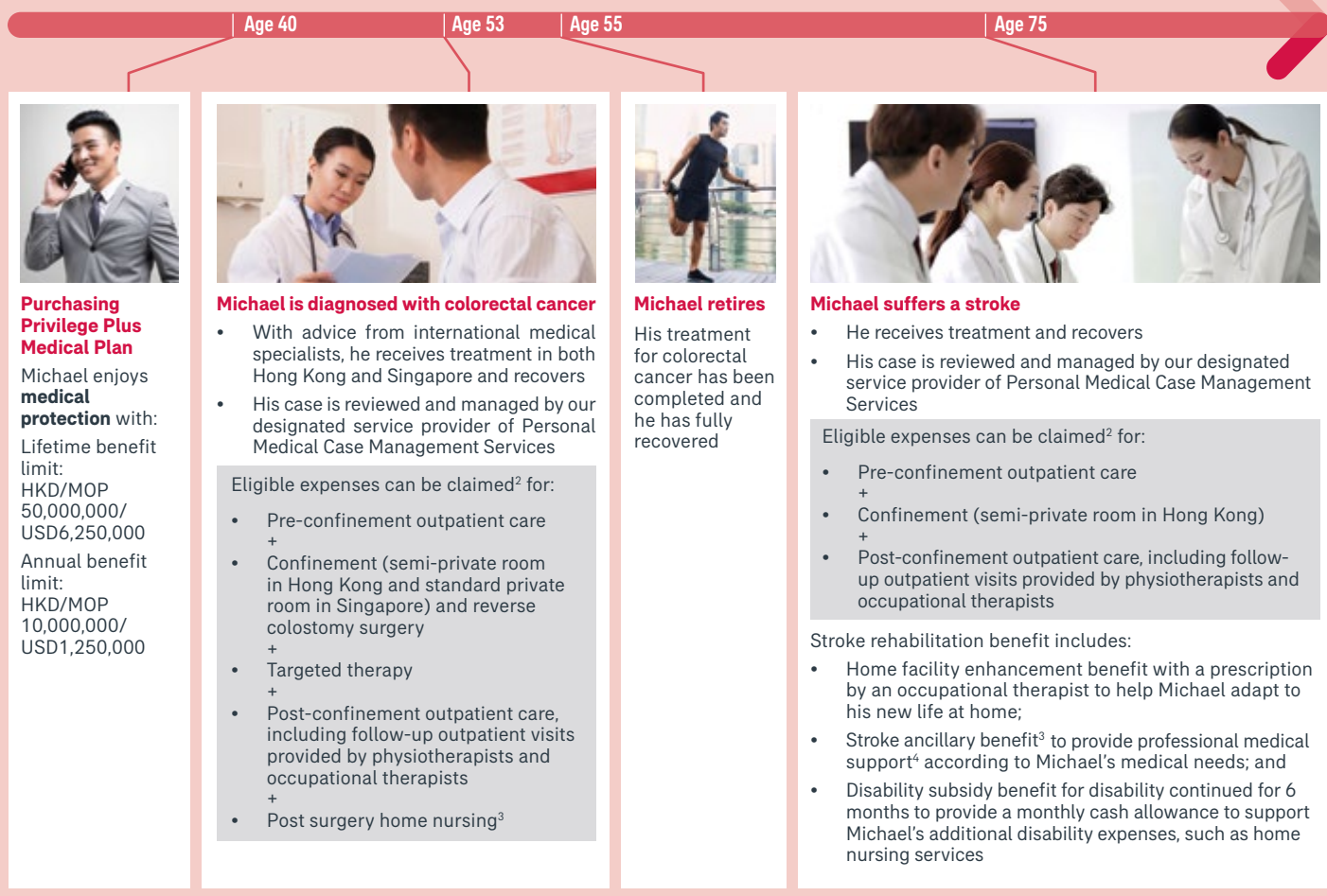
**Guaranteed
lifetime renewal**

As a successful business executive, Michael wants himself and his loved ones to have access to advanced and flexible medical protection. He decides to purchase **Privilege Plus Medical Plan** for himself.

Privilege Plus Medical Plan offers Michael superb medical protection with a lifetime benefit limit up to HKD/MOP 50,000,000/USD6,250,000 that will supplement his employer's group medical plan. This plan provides full reimbursement of major medical expenses with no itemised benefit sublimit, hospital stays in a semi-private or standard private room according to confinement location, full cover for non-surgical cancer treatments¹, and broad extended benefits to ensure sufficient and continuous cover during different stages in the recovery journey, from pre-confinement through to post-confinement.

Scenario: Michael is diagnosed with cancer before his retirement and has a stroke after his retirement. He makes claims for medical expenses incurred **during pre-confinement, confinement and post-confinement**.

Insured's age at policy application




1. Full cover shall mean no itemised benefit sublimit.

2. The claim amount is subject to the benefit limits as set out in the benefit schedule, which include both the annual benefit limit and the lifetime benefit limit.

3. Recommendation by attending doctor or registered medical practitioner in writing is required.

4. Professional medical support includes consultations and treatments provided by chiropractors, physiotherapists, speech therapists, occupational therapists, neurologist, neurosurgeons and Chinese medicine practitioners.



Benefit schedule for Privilege Plus Medical Plan

 Recommendation by attending doctor or registered medical practitioner in writing is required.

Overview	HKD/MOP	USD
Lifetime Benefit Limit Applies to benefit items I (a) - (r) and II (a) - (i)	50,000,000 per life	6,250,000 per life
Annual Benefit Limit Applies to benefit items I (a) - (r) and II (a) - (i)	10,000,000 per policy year	1,250,000 per policy year
Geographical Cover¹ <ul style="list-style-type: none">non-emergency treatmentemergency treatment	Asia (except for psychiatric treatments and lower ward class cash benefit covered in Hong Kong and Macau) Worldwide (except for worldwide emergency assistance services covered during trip)	
Room Type <ul style="list-style-type: none">for Hong Kong, Macau (excluding the list of designated Hospitals in Macau[#]) and Mainland Chinafor Asia (excluding Hong Kong, Macau and Mainland China) and/ or the list of designated Hospitals in Macau[#]for outside Asia	Semi-private room Standard private room Standard private room (for emergency treatment only)	
Annual Deductible Choices Applies to benefit items I (a) - (r) and II (a) - (e), (h)(i), (h)(ii) and (i)	0 / 16,000 / 25,000 per policy year	0 / 2,000 / 3,125 per policy year

[#] The list of designated Hospitals in Macau can be retrieved from AIA website (www.aia.com.hk) and may be varied, updated and amended from time to time at the Company's discretion.

I. Core Benefits

Benefit items ²	Benefit limit	
	HKD/MOP	USD
a. Room and board	Fully covered*	
b. Miscellaneous charges Including medical appliances		
c. Attending doctor's visit fee		
 d. Specialist's fee³		
e. Intensive care		
f. Surgeon's fee	Fully covered* regardless of the surgical category	
g. Anaesthetist's fee	Fully covered*	
h. Operating theatre charges		
 i. Prescribed diagnostic imaging tests^{3,4}		

Benefit schedule for Privilege Plus Medical Plan (continued)



Recommendation by attending doctor or registered medical practitioner in writing is required.

Benefit items ²	Benefit limit	
	HKD/MOP	USD
j. Prescribed non-surgical cancer treatments⁵	Fully covered*	
 k. Pre- and post- confinement/day case procedure outpatient care³ (i) prior outpatient visits or emergency consultations <ul style="list-style-type: none"> within 30 days before each admission or day case procedure more than 30 days before each admission or day case procedure (ii) follow-up outpatient visits <ul style="list-style-type: none"> within 90 days after each hospital discharge / completion of day case procedure <ol style="list-style-type: none"> all follow-up outpatient visits (other than dietitian consultation visits) 4 visits of dietitian consultations 	Fully covered*	
	all visits	
	1 visit	
	Fully covered*	
	680 per visit	85 per visit
l. Psychiatric treatments For confinement in Hong Kong and Macau	40,000 per policy year	5,000 per policy year
 m. Private nurse's fee³ Nursing service after surgery or discharge from intensive care unit	Fully covered* maximum 30 days per policy year	
 n. Dialysis benefit³	Fully covered*	
 o. Post surgery home nursing benefit³ Nursing services within 196 days after discharge from hospital (after surgery / admission to intensive care unit)	Fully covered* maximum 196 days per policy year	
 p. Reconstructive surgery benefit³ For restoration of appearance or a breast	160,000 per accident / per mastectomy	20,000 per accident / per mastectomy
q. Medical appliances benefit for reconstructive surgery External, prosthetic or reconstructive devices / materials implanted during reconstructive surgery	96,000 each item per policy year	12,000 each item per policy year
r. Emergency outpatient treatment benefit Treatments within 24 hours of the accident	Fully covered*	

Benefit schedule for Privilege Plus Medical Plan (continued)



Recommendation by attending doctor or registered medical practitioner in writing is required.

II. Other Benefits

Benefit items ²	Benefit limit	
	HKD/MOP	USD
a. Donor's benefit For organ transplantation of heart, kidney, liver, lung and bone marrow	30% of the total transplantation cost of both donor and receiver (insured)	
b. Hospital companion bed benefit Expenses for one companion bed during the insured's hospital stay	Fully covered*	
c. Chinese medicine practitioner outpatient care Follow-up outpatient visit (within 90 days after each discharge from hospital or completion of day case procedure)	600 per visit	75 per visit
	1 visit per day, maximum 15 visits	
d. Rehabilitation benefit³ For stay and treatment in rehabilitation centre	80,000 per policy year	10,000 per policy year
	maximum 60 days per policy year	
e. Hospice care benefit³ For admission in hospice with care and nursing service	80,000 per policy year	10,000 per policy year
f. Lower ward class cash benefit For staying in a room that is in a ward lower than the covered room type in private hospital of Hong Kong and Macau	1,200 per day	150 per day
	maximum 60 days per policy year	
g. Day surgery cash benefit Applicable when benefit item I (f) is payable for the same procedure	1,600 per procedure	200 per procedure
	maximum 1 procedure per policy year	
h. Stroke rehabilitation benefit After discharge from hospital		
(i) Home facility enhancement benefit³ 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 incident	6,250 per incident
(ii) Stroke ancillary benefit		
1. Chiropractor / physiotherapist / speech therapist / occupational therapist / neurosurgeon ³ • for consultation and / or treatment	1,000 per visit	125 per visit
2. Neurologist ³ • for consultation, treatment and / or medicines prescribed	100,000 per incident	12,500 per incident
3. Chinese medicine practitioner • for consultation, treatment and / or medicines prescribed	maximum 30 visits per policy year	
(iii) Disability subsidy benefit • For disability continued for 6 months	5,000 per month	625 per month
	maximum 24 months per incident	

Benefit schedule for Privilege Plus Medical Plan (continued)



Recommendation by attending doctor or registered medical practitioner in writing is required.

Benefit items ²	Benefit limit	
	HKD/MOP	USD
i. Emergency dental benefit Treatments within 3 months of the accident	Fully covered*	
j. Compassionate death benefit Payable to the beneficiary if the insured passes away	10,000	1,250
k. Worldwide emergency assistance services (i) Emergency medical evacuation (ii) Repatriation of remains (iii) Compassionate visit For staying in hospital more than 5 consecutive days (iv) Return of minor For staying in hospital more than 5 consecutive days (v) 24-hour worldwide telephone enquiry services	5,000,000 per life	625,000 per life
	Included	

* Fully covered shall mean no itemised benefit sublimit.

Notes:

- For any non-emergency treatments performed outside Asia, (a) eligible expenses and / or other expenses payable for benefit items I(a) to (k) shall be subject to the benefit limits as stated in Base Plan Benefit Schedule; (b) no benefit shall be payable for benefit items I(l) to (r) and II(a) to (i) and shall be subject to the applicable terms and conditions / benefits as stated in policy provision.
- Unless otherwise specified, eligible expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above.
- The Company shall have the right to ask for proof of recommendation except for Chinese medicine practitioner under benefit item II (h)(ii), e.g. written referral or testifying statement on the claim form by the attending doctor or Registered Medical Practitioner.
- Tests covered here only include computed tomography ("CT" scan), magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan), PET-CT combined and PET-MRI combined.
- Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.



Base Plan Benefit Schedule

You may browse the website to understand Base Plan Benefit Schedule:

<https://www.aia.com.hk/content/dam/hk/en/pdf/benefit-schedule/base-plan-benefit-schedule-en.pdf>



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. This plan is a basic plan. You need to pay the premium for this plan for life. If you do not pay the premium within 30 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; or
 - you do not pay the premium within 30 days after the premium due date.
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 pay any benefits in relation to or arising from the following expenses:

- treatments, procedures, medications, tests or services which are not medically necessary
- solely for the purpose of diagnostic procedures or allied health services, including but not limited to physiotherapy, occupational therapy and speech therapy
- HIV and its related disability, which is contracted or occurs before the policy effective date, except for sexual assault, medical assistance, organ transplant, blood transfusions or blood donation, or infection at birth
- the dependence, overdose or influence of drugs, alcohol, narcotics or similar drugs or agents, self-inflicted injuries or attempted suicide, illegal activity, or venereal and sexually transmitted disease or its sequelae
- services for beautification or cosmetic purposes, unless necessitated by injury caused by an accident or covered by Reconstructive surgery benefit and Medical appliances benefit for reconstructive surgery (see benefit schedule, benefit items I (p) and (q) for details), or correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens, including but not limited to LASIK
- prophylactic treatment or preventive care, including but not limited to general check-ups, routine tests, screening procedures for asymptomatic conditions
- dental treatment and oral and maxillofacial procedures performed by a dentist except for emergency treatment and surgery during confinement arising from an accident or covered by Emergency dental benefit (see benefit schedule, benefit item II (i) for details)
- medical services and counselling services relating to maternity conditions and its complications, including but not limited to abortion or miscarriage, birth control or reversal of birth control
- purchase of durable medical equipment or appliances including but not limited to wheelchairs, hearing aids and over-the-counter drugs, except covered by Home facility enhancement benefit (see benefit schedule, benefit item II (h)(i) for details)
- traditional Chinese medicine treatment including but not limited to herbal treatment, bone-setting and acupuncture, and other forms of alternative treatment including but not limited to qigong, massage therapy and aromatherapy, except covered by Chinese medicine practitioner outpatient care and Stroke ancillary benefit (see benefit schedule, benefit items II (c) and (h)(ii)(3) for details)
- experimental or unproven medical technology or procedure
- congenital condition(s) which have manifested or been diagnosed before the insured attained the age of 8 years
- eligible expenses which have been reimbursed under any law, or medical program or insurance policy provided by any government, company or other third party
- war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power

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 terms and benefits upon renewal by giving a 30 days advance notice. We guarantee you the terms and benefits will not be less favourable than the existing version and the latest version of the Base Plan Benefit Schedule at the time of renewal.

We will give you a written notice of any revision 30 days before the end of policy year or upon renewal.

- be furnished at the most appropriate level which, in the prudent professional judgment of the attending registered medical practitioner, can be safely and effectively provided to the insured.

"Reasonable and customary" means in relation to a charge for medical service, such level which does not exceed the general range of charges being charged by the relevant service providers in the locality where the charge is incurred for similar treatment, services or supplies to individuals with similar conditions, e.g. of the same sex and similar age, for a similar disability, as reasonably determined by the Company in utmost good faith. The reasonable and customary charges shall not in any event exceed the actual charges incurred.

In determining whether a charge is reasonable and customary, we shall make reference to the followings (if applicable):

- treatment or service fee statistics and surveys in the insurance or medical industry;
- internal or industry claim statistics; and / or
- other pertinent source of reference in the locality where the treatments, services or supplies are provided.

2. "Asia" means Afghanistan, Australia, Bangladesh, Bhutan, Brunei, Cambodia, Mainland 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.

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 payout amount will be adjusted by multiplying the following factor:

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

Except when such confinement in a room of class above covered room is due to:

- unavailability of covered room for emergency treatment as a result of capacity shortfall in the hospital of confinement;
- isolation reasons that require a specific class of accommodation; or
- other reasons not involving personal preference of you and / or the insured.

Benefits Covered

Cover of this plan will be effective on the following dates:

Items	Effective Date (after the policy commences)
Injury	Immediately
Sickness / Disease	Immediately
Specialist network service	Immediately

Product Limitation

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

"Medically Necessary" means the need to have medical service for the purpose of investigating or treating the relevant disability in accordance with the generally accepted standards of medical practice and such medical service must:

- require the expertise of, or be referred by, a registered medical practitioner;
- be consistent with the diagnosis and necessary for the investigation and treatment of the disability;
- be rendered in accordance with standards of good and prudent medical practice, and not be rendered primarily for the convenience or the comfort of the insured, his family, caretaker or the attending registered medical practitioner;
- be rendered in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice for the medical services; and

4. If the insured continuously stays for 365 days in one of the following regions, the medical services, emergency treatments and / or covered services 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 benefit schedule except benefit items II(f), (g), (h)(iii) and (j) to (k):

Regions	Countries
Australia	Australia
New Zealand	New Zealand
North America (For emergency treatments only)	United States and Canada
Western Europe (For emergency treatments only)	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 insured is a United States citizen and has stayed in the United States for a period of or periods aggregating 182 days or more within the 12 consecutive months immediately prior to his receiving emergency treatment which takes places in United States, benefits pay-out amount shall be reduced to 50%. Such reduction applies to all benefit items in the benefit schedule except benefit items II(f), (g), (h)(iii) and (j) to (k).
6. After applying the benefit adjustment(s) of items (3), (4) and / or (5) as stated above (before applying deductible balance), the benefits payable shall not be less than the benefits payable according to the remaining balance of limits in the Base Plan Benefit Schedule (before applying deductible balance).
7. For any non-emergency treatments performed outside Asia, the maximum limit of surgeon's fee as stated in Base Plan Benefit Schedule is subject to the relevant surgical category and the categorisation of such surgical procedure (subject to the benefit limits as stated in Base Plan Benefit Schedule).
8. Only the eligible expenses charged on the psychiatric treatments during confinement in Hong Kong and Macau as recommended by a specialist is payable under Psychiatric treatments (see benefit schedule, benefit item I (l)).
9. 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.

10. 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.

11. 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 send us the appropriate forms and proofs within 90 days after discharge from hospital or the date on which relevant medical services are performed and completed. 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 the policy 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 Policyholder or Policyholder's nominated representative, whichever is earlier. After the cooling-off period, you can request cancellation of this policy by giving 30 days prior written notice to us, provided that there has been no benefit payment under this policy during the relevant policy year.

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

Macau  (853) 8988 1822
 aia.com.hk



AIA Hong Kong and Macau 



AIA_HK_MACAU 

AIA Vitality

Earn rewards for your healthy lifestyle

AIA Vitality is a game changing wellness programme which redefines the traditional concept of insurance, aims to reward customers to live a healthy lifestyle.

Purchase a selected **AIA Vitality** insurance product and be an **AIA Vitality** member¹ to receive an instant 10% premium discount² and an array of rewards and discounts offered by our partners. As long as you keep up a healthy lifestyle, you can even enjoy a minimum 10% premium discount each year³.

Simply by being active in daily life and having a healthy diet, you can earn points and upgrade your status for more offers and rewards.



SLEEP WELL

BY NOT SMOKING

SHOPPING DANCING

TAKING THE STAIRS

RUNNING

DOING YOGA

HEALTHY DIET

PLAYING BASKETBALL



Enjoy premium discount and lifestyle rewards

AIA Vitality rewards you to live healthy lives with premium discounts, enabling you to enjoy life with all-round protection in a smart way.

- **Enjoy an instant 10% premium discount for the first year by joining AIA Vitality**
- **Enjoy up to 15% premium discount if you can maintain your Platinum Status for 5 consecutive years⁴**
- **Premium discounts are not affected by claims history**

You can also enjoy a wide range of lifestyle rewards and offers from our partners, including discounts on health checks, fitness devices, sports equipment, fresh fruit and vegetables, travel-related offers, etc.⁵

AIA Vitality is not an insurance product that falls under the jurisdiction of the insurance regulation. Annual membership fee is required for joining⁵. Moreover, the cover of the insured under the policy shall remain unchanged no matter whether the customer chooses to join **AIA Vitality** or not. For details related to the membership and membership fee, please visit "How to join" section under aia.com.hk/aiavitality.

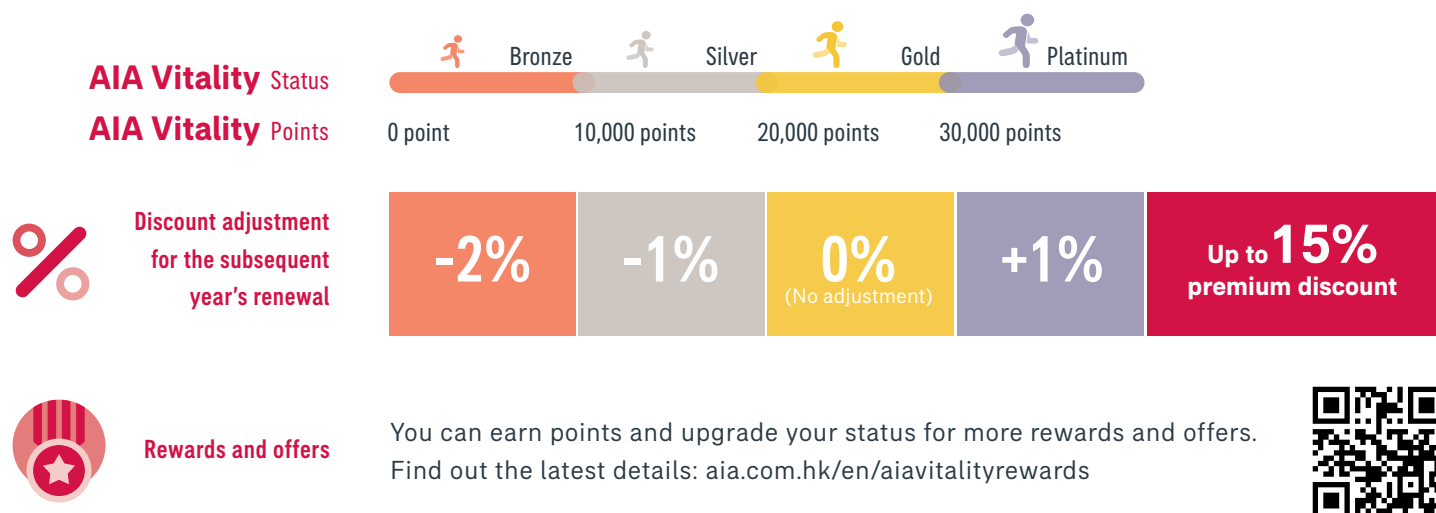
Remarks:

1. The applicants for AIA Vitality must be 18 years old or above and must be the insured of the in-force policy of an AIA Vitality selected insurance product.
2. Premium discount is only applicable to the standard premiums of selected AIA Vitality insurance products (including basic and add-on plans) and shall not apply to any extra premiums due to loading. In all circumstances, the premium discount will be calculated in accordance with the insured's AIA Vitality Status achieved on each policy anniversary. The policy anniversary of AIA Vitality selected insurance products and AIA Vitality membership anniversary may not be the same. For details and offers of AIA Vitality selected insurance products, please visit aia.com.hk/aiavitality.
3. To enjoy a 10% premium discount each year, members must become Gold Members during their first year and maintain Gold Status from then on.
4. Members will enjoy 15% premium discount in the subsequent year of policy renewal if they currently enjoy 10% premium discount and maintain the Platinum Status for 5 consecutive years.
5. An annual membership fee will be charged for AIA Vitality and a member has to renew the AIA Vitality membership annually on time in order to maintain the membership and enjoy premium discount (if any) in the subsequent policy years. The membership fee of AIA Vitality may vary at any time without prior notice. Likewise, programme benefits may be added or removed without prior notice.

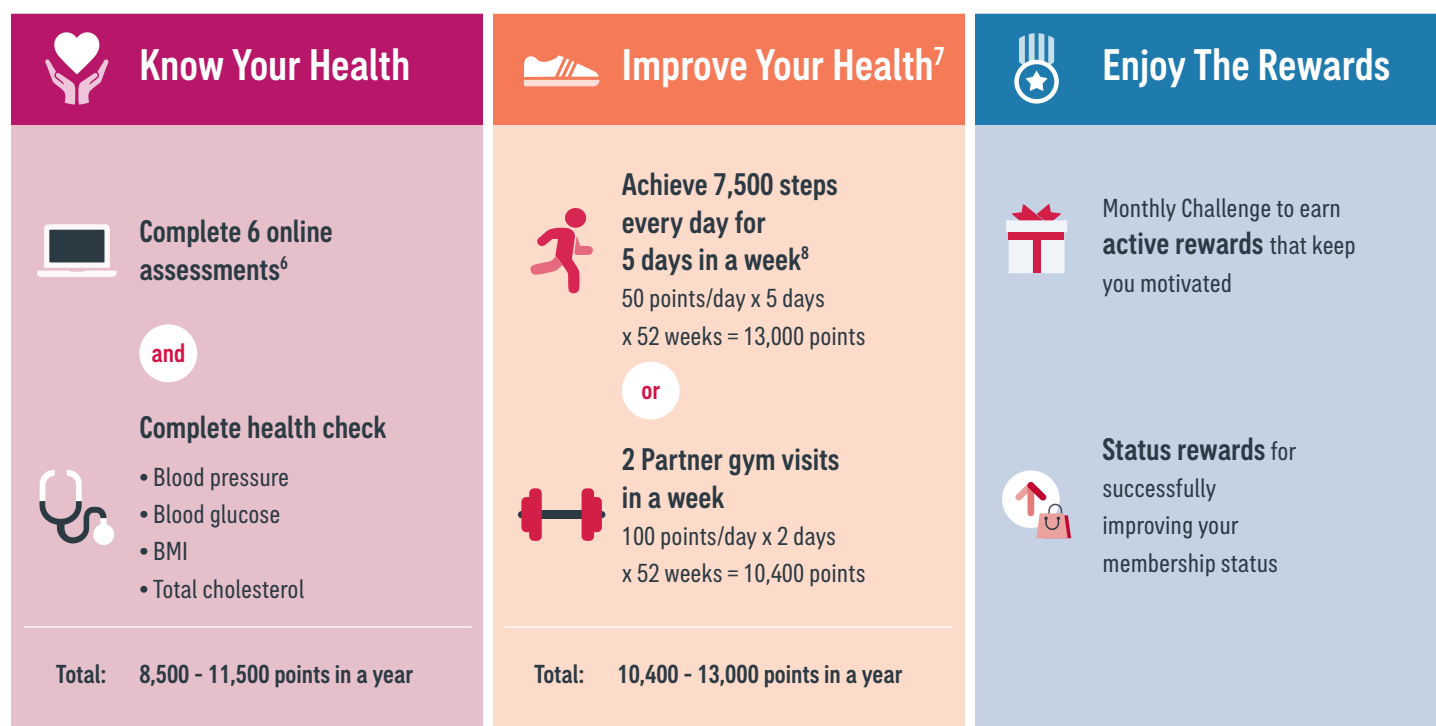
Important note:

Members must log in AIA Vitality through "AIA Connect" mobile application ("Platform"). The Platform is available to use under certain mobile phone operating systems. Please refer to App Store (iOS) and Google Play (Android) for the latest system requirements. AIA gives no warranty on the compatibility or reliability of the Platform, and accepts no responsibility in the event that you are not able to earn or record points due to incompatibility between Platform and / or mobile phone operating systems and fitness devices / fitness-tracking mobile apps.

Earn more discounts and rewards with higher membership status



Example: Healthy journey of a Gold member



Over 20,000 points in a year Upgrade to **GOLD** member

Remarks:

6. Members can earn a total of 5,500 points after completing the AIA Vitality Health Review, Stressor Assessment, Exercise Assessment, Online Nutrition Assessment, Non-smoker's Declaration and Sleep Assessment. Online assessments may change from time to time without prior notice.

7. Members can earn up to 15,000 points a year for fitness activities including walking and visiting partner gym centres, etc.

8. For the details of synchronising the step count with AIA Vitality, please visit aia.com.hk/aiavitality.

Important note:

For the relevant terms and conditions, and the latest details of all assessments, point-earning activities, rewards and offers, please visit aia.com.hk/aiavitality.

The more you engage with **AIA Vitality**,
the more **AIA Vitality** Points you earn and
the higher your **AIA Vitality** Status,
leading to greater premium discount,
lifestyle rewards and offers and a healthier you.



Contact us now

Macau



0800 315

(Macau telephone network only)



hk.vitality@aia.com



aia.com.hk/aiavitality



HEALTHIER, LONGER,
BETTER LIVES

SUPPLEMENT TO "REASONABLE AND CUSTOMARY" CHARGES

December 2021

AIA International Limited

(Incorporated in Bermuda with limited liability)

Frequently Asked Questions About "Reasonable and Customary" Charges

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

The "Reasonable and Customary" charge refers to charges for the reimbursement benefit items including physician's visit fee, surgeon's fee and anaesthetist's fee. The "Reasonable and Customary" charge will be calculated based on the 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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