



**MEDICAL
PROTECTION**

SEVERE ILLNESS PEARL MEDICAL PROTECTION RIDER (SPMR)

Fortified protection for a confident future



AIA Vitality

AIA International Limited
(Incorporated in Bermuda with limited liability)



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**HEALTHIER, LONGER,
BETTER LIVES**

Medical advances continue to improve patient outcomes

But critical illnesses remain expensive to treat

Treatment and recovery can take months or even years, which is why you need a high level of long-term support to help you complete your recovery journey.

Severe Illness Pearl Medical Protection Rider is an add-on plan that complements your critical illness

basic plan, providing comprehensive solution on critical illness protection. Severe Illness Pearl Medical Protection Rider provides medical reimbursement on 58 critical illnesses with higher benefit limits, as well as extended treatment and rehabilitation benefits. With Severe Illness Pearl Medical Protection Rider, you can enjoy superior medical protection with relatively low premiums, for a safety net that can carry you into a stress-free future.

Plan highlights



Extra medical protection against critical illnesses



Medical reimbursement for 58 critical illnesses and subsequent medical expenses on any covered illness or injury



Full cover for major benefits with high lifetime and annual limits



Extend benefits on stroke and cancer



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 70	
Premium Payment Mode	Follow the corresponding basic plan	
Covered illnesses	58 critical illnesses (57 major illnesses and 1 minor illness) and any subsequent illness and injury	
	HK\$/MOP	US\$
Overall Lifetime Limit	25,000,000	3,125,000
Annual Limit	10,000,000	1,250,000
Annual Deductible Choices	0 / 16,000 / 25,000	0 / 2,000 / 3,125
Geographical Cover	Asia, including Australia and New Zealand	
Room Type	Semi-private room	
<ul style="list-style-type: none"> for Mainland China, including Hong Kong and Macau for Asia, excluding Mainland China 	Standard private room	
Core Benefits	<ul style="list-style-type: none"> hospitalisation and surgical care high quality specialist network broad post-hospitalisation care extended caring protection for your specific needs, including cancer treatment, dialysis treatment and stroke rehabilitation benefits time-saving and convenient day surgeries 	

For more information, please read the benefits schedule for **Severe Illness Pearl Medical Protection Rider** in this brochure.

"Hong Kong" and "Macau" herein refer to "Hong Kong Special Administrative Region" and "Macau Special Administrative Region" respectively. "AIA", "the Company", "We", "our" or "us" herein refers to **AIA International Limited** (Incorporated in Bermuda with limited liability).



Lifetime medical protection against Critical Illness

Severe Illness Pearl Medical Protection Rider is a **comprehensive add-on plan** that strengthens your critical illness cover by adding medical protection against 58 critical illnesses. Upon a confirmed diagnosis of any of 58 critical illnesses, **Severe Illness Pearl Medical Protection Rider** will provide lifetime cover up to HK\$/MOP25,000,000. Moreover, medical treatment of any subsequent illness or injury occurs after the diagnosis of any 58 critical illnesses would also be reimbursed, providing you a stress-free future to you and your family.



Comprehensive cover to support your treatment

When critical illness strikes, it can be easy to underestimate the total cost of treatment, medication, rehabilitation and lifestyle adjustments. With **Severe Illness Pearl Medical Protection Rider**, you can enjoy broad hospitalisation and surgical reimbursement cover for treatment expenses incurred in Asia, giving you support when you need it most.



Lifetime renewal

Severe Illness Pearl Medical Protection 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 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 add-on 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 add-on 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.



Timely Carcinoma-in-situ support for better outcomes

Even though Carcinoma-in-situ is not a major critical illness, it has the opportunity to expose the risk of malignancy. Early treatment can increase recovery opportunity. This add-on plan provides you additional Carcinoma-in-situ Treatment Benefit coverage up to HK\$/MOP2,000,000 per life, giving you the support when you are needed. Any other illness or injury occurs after Carcinoma-in-situ treatment would not be covered unless any of 58 critical illness is diagnosed.



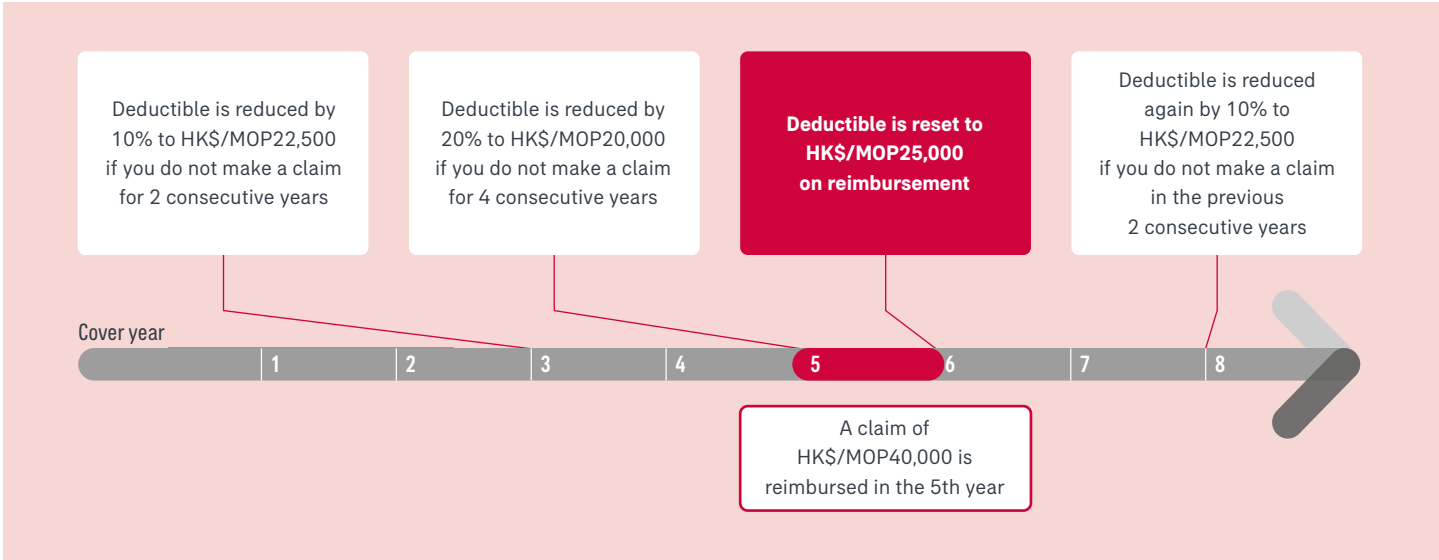
No-claim deductible discount up to 100%

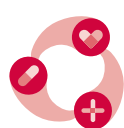
If no claim is made for two consecutive cover years, our **Severe Illness Pearl Medical Protection Rider** offers a 10% discount on your selected deductible choice in the following cover year. Such discount will accumulate every two consecutive cover years and can reach up to 100%, meaning that the deductible 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, day surgery benefit, day surgery cash benefit or worldwide emergency assistance services (see benefits schedule, items 8, 10, 12 and 26 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 3 annual deductible choices for each policy currency you have chosen to suit your personal medical needs:

	HK\$/MOP	US\$
Annual Deductible Choices	0	0
	16,000	2,000
	25,000	3,125

Whether you are looking for 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. 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.



Protection that grows with you

Your protection needs will increase as you transition from one life stage to the next. To ensure that your cover continues to meet your needs, you can choose to upgrade this plan to a specified AIA medical add-on plan through either normal underwriting at any anniversary, or simplified underwriting upon the anniversary at the age of 50, 55, 60 or 65 according to the prevailing rules for factors such as claim history and plan duration.



Join **AIA Vitality** and enjoy an instant 10% premium discount for the first year

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 discount for the first year of your **Severe Illness Pearl Medical Protection Rider**. As long as you keep up a healthy lifestyle, you can even enjoy a minimum 10% premium discount each year, 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 more information, please refer to the **AIA Vitality** leaflet.

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



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Covered Illnesses Schedule

58 Critical Illnesses (including 57 major illnesses and 1 minor illness)	
Group 1 Cancer	
1	Cancer
Group 2 Illnesses related to the Heart	
2	Cardiomyopathy
3	Coronary Artery Surgery
4	Heart Attack
5	Heart Valve Replacement and Repair
6	Infective Endocarditis
7	Other Serious Coronary Artery Disease
8	Pulmonary Arterial Hypertension (Primary)
9	Surgery to Aorta
Group 3 Illnesses related to the Nervous System	
10	Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders
11	Apallic Syndrome
12	Bacterial Meningitis
13	Benign Brain Tumour
14	Cerebral Aneurysm Requiring Surgery®
15	Coma
16	Encephalitis
17	Hemiplegia
18	Major Head Trauma
19	Meningeal Tuberculosis
20	Motor Neurone Disease (including Spinal Muscular Atrophy, Progressive Bulbar Palsy, Amyotrophic Lateral Sclerosis and Primary Lateral Sclerosis)
21	Multiple Sclerosis
22	Muscular Dystrophy
23	Paralysis
24	Parkinson's Disease
25	Poliomyelitis
26	Progressive Supranuclear Palsy
27	Severe Myasthenia Gravis
28	Stroke
Group 4 Illnesses related to Major Organs and Functions	
29	Acute Necrohemorrhagic Pancreatitis
30	Aplastic Anaemia
31	Chronic Liver Disease

® Cerebral Aneurysm Requiring Surgery is classified as a minor illness.

Covered Illnesses Schedule (continued)

32	Chronic Relapsing Pancreatitis
33	End-stage Lung Disease
34	Fulminant Viral Hepatitis
35	Kidney Failure
36	Major Organ Transplant
37	Medullary Cystic Disease
38	Systemic Lupus Erythematosus (SLE) with Lupus Nephritis
39	Systemic Scleroderma
Group 5 Other Major Illnesses	
40	AIDS due to Blood Transfusion
41	Blindness
42	Chronic Adrenal Insufficiency (Addison's Disease)
43	Creutzfeldt-Jakob Disease
44	Crohn's Disease
45	Ebola
46	Elephantiasis
47	Loss of Hearing
48	Loss of One Limb and One Eye
49	Loss of Speech
50	Loss of Two Limbs
51	Major Burns
52	Necrotising Fasciitis
53	Occupationally Acquired HIV
54	Pheochromocytoma
55	Severe Rheumatoid Arthritis
56	Severe Ulcerative Colitis
Group 6 Terminal Illness and Loss of Independent Existence	
57	Loss of Independent Existence
58	Terminal Illness



Covered illnesses


You may browse the website to understand covered illnesses for reference purpose:
<http://www.aia.com.hk/en/our-products/critical-illness-protection/illness.html>

Remarks:




- Cover for cancer under major illnesses, does not include early thyroid cancer (at TNM Classification T1N0M0 or a lower stage); early prostate cancer (at TNM Classification T1a or T1b or a lower stage); early chronic lymphocytic leukaemia classified as less than RAI Stage III; skin cancer (except malignant melanoma); any cancer where HIV infection is also present; and any pre-malignant or non-invasive cancer or Carcinoma-in-situ.
- Please refer to the policy contract for the definitions of covered illnesses.

Benefits schedule for Severe Illness Pearl Medical Protection Rider

Benefit items 1-7, 9-11, 13-23, 24b and 25 are reimbursed on medically necessary and reasonable and customary basis. For more information, please refer to point 1 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 25	25,000,000	3,125,000
Annual Limit Applies to items 1 to 25	10,000,000	1,250,000
Geographical Cover	Asia, including Australia and New Zealand	
Room Type <ul style="list-style-type: none">for Mainland China, including Hong Kong and Macaufor Asia, excluding Mainland China	Semi-private room Standard private room	
Annual Deductible Choices Applies to items 1 to 25 (except items 8, 12 and 24c)	0 / 16,000 / 25,000	0 / 2,000 / 3,125





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 public ward of government hospital with public charges - eligible person, or in a hospital without charge	800 per day	100 per day
	90 days per year	

Benefits schedule for Severe Illness Pearl Medical Protection Rider (continued)

Benefit items 1-7, 9-11, 13-23, 24b and 25 are reimbursed on medically necessary and reasonable and customary basis. For more information, please refer to point 1 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\$
9 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 recipient 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 recipient	
10 Day surgery benefit Including surgeon's fee, anaesthetist's fee and operating theatre fee		Fully covered	
11 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 11a 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
12 Day surgery cash benefit Applicable when item 10 is payable for the same procedure		1,600 per procedure	200 per procedure
		1 procedure per year	
C. Post-Hospitalisation Benefits			
 14 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	
 15 Rehabilitation benefit For stay and treatment in rehabilitation centre		80,000 per year	10,000 per year
		60 days per year	
 16 Hospice care benefit For stay in hospice with care and nursing service		80,000 per life	10,000 per life
 17 Post-hospitalisation / day surgery ancillary benefit Rehabilitation treatment within 90 days after discharge from hospital / the day procedure a. Chiropractor / physiotherapist / speech therapist / occupational therapist For consultation and / or treatment b. Chinese medicine practitioner For consultation with treatment and medicines prescribed		30,000 per confinement / day surgery	3,750 per confinement / day surgery
		1 visit per day	
		1,000 per visit	125 per visit
		600 per visit 15 visits per confinement / day procedure	75 per visit 15 visits per confinement / day procedure

Benefits schedule for Severe Illness Pearl Medical Protection Rider (continued)

Benefit items 1-7, 9-11, 13-23, 24b and 25 are reimbursed on medically necessary and reasonable and customary basis. For more information, please refer to point 1 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\$
18 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	
19 Cancer treatment benefit Including chemotherapy, radiotherapy, targeted therapy, hormonal therapy, immunotherapy, and proton therapy for a Cancer, and the consultation, medication and diagnostic tests for and in the course of these treatments		
20 Dialysis benefit For both on an inpatient or outpatient basis		
21 HIV / AIDS treatment benefit	800,000 per life	100,000 per life
22 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	
23 Reconstructive surgery benefit For restoration of a breast	160,000 per covered illness	20,000 per covered illness
24 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 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 c. Disability subsidy benefit • For disability continued for 6 months	50,000 per life	6,250 per life
	1,000 per visit 100,000 per life	125 per visit 12,500 per life
	30 visits per year	
	5,000 per month	625 per month
	24 months per life	
25 Carcinoma-in-situ Treatment Benefit Cover in any one of the following covered organ groups: (a) breast; (b) uterus or cervix uteri; (c) ovary and / or fallopian tube; (d) vagina or vulva; (e) colon and rectum; (f) penis; (g) testis; (h) lung; (i) liver; (j) stomach and esophagus; (k) urinary tract or bladder; or (l) nasopharynx.	2,000,000 per life	250,000 per life

Benefits schedule for Severe Illness Pearl Medical Protection Rider (continued)

Benefit items 1-7, 9-11, 13-23, 24b and 25 are reimbursed on medically necessary and reasonable and customary basis. For more information, please refer to point 1 of the "Product Limitation" section under "Important Information".



Recommendation by a registered doctor in writing is required.

E. Emergency Assistance Services	Maximum Benefit	
	HK\$/MOP	US\$
26 Worldwide emergency assistance services		
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	5,000,000 per life	625,000 per life
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		
27 Compassionate death benefit Payable to the beneficiary if the insured passes away	80,000	10,000



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 add-on 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 add-on 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 an add-on plan. You need to pay the premium for this plan until the end of cover period or when the basic plan it is attached to is terminated, whichever is earlier. If you do not pay the premium within 31 days of the premium due date, the add-on plan 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
 - the basic plan has been terminated.If the insured happens to be hospitalised on the date when 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 add-on plan may be revised to reflect the inflation (Please refer to the Annual Premium Table for the first year premium provided by your financial planner).

Key Exclusions

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

- any illnesses with signs / symptoms or surgeries caused or triggered by conditions, which first occurred before the application of the add-on plan or within 90 days after the add-on plan is issued
- Fulminant viral hepatitis or cancer of the insured due to AIDS or HIV infection
- 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 8
- 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; 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, AIDS or any complications associated with HIV infection, except for the "HIV / AIDS treatment benefit" (see benefits schedule, item 21 for details), mental or nervous disorder, except for the "mental or nervous disorder benefit" (see benefits schedule, item 22 for details)
- 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
- 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 17b and 24biii 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 add-on 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

SEVERE ILLNESS PEARL MEDICAL PROTECTION RIDER

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. 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.

2. 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:

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

3. "Asia" means Afghanistan, Australia, Bangladesh, Bhutan, Brunei, Cambodia, China, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, North Korea, Pakistan, the Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan, and Vietnam.
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 26 and 27:

Regions	Countries
Australia	Australia
New Zealand	New Zealand

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 expenses 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, Personal Medical Case Management Services with Rehabilitation Management, 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. Personal Medical Case Management Services with Rehabilitation Management and Credit Facility Service for Hospitalisation are 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 Hong Kong and Macau



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HEALTHIER, LONGER,
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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.

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