



**MEDICAL
PROTECTION**

SUPER GOOD HEALTH HOSPITAL AND SURGICAL RIDER 2 (SGHR2)

Providing extra care for your health



AIA Vitality

AIA International Limited
(Incorporated in Bermuda with limited liability)



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**HEALTHIER, LONGER,
BETTER LIVES**

AIA understands you want the best medical cover for your circumstances

That's why our Super Good Health Hospital and Surgical Rider 2 offers you with a comprehensive medical expenses reimbursement with a lifetime renewal

In addition, the plan provides you with an access to our quality medical network with expanded cover. You can also choose from three plan options for hospital accommodation according to your budget and medical needs.

Cover at a glance

Product Nature	Medical protection insurance plan (Reimbursement)
Plan Type	Add-on plan
Insured's Age at Application	15 days to age 70
Premium Payment Mode	Follow the corresponding basic plan
Plan Option	<ul style="list-style-type: none"> • Ward plan • Semi-Private plan • Standard Private plan
Geographical Cover	Worldwide
Core Benefits	<ul style="list-style-type: none"> • Confinement Benefits including room & board and physician's visit, etc. • inpatient and outpatient surgery (including visit to day surgery centre) • extended medical benefits for cancer treatment and rehabilitation purpose, etc. • other benefits including cash subsidy benefit and worldwide emergency assistance services, etc.
Optional Benefit	Supplemental Major Medical Benefits (SMM) — providing cover beyond the maximum benefit of confinement, surgical and other medical benefits
No Claim Bonus	No claim in 3 or more consecutive cover years entitles you with a bonus up to 15% of the total premiums paid for this plan for the preceding cover year
Network Privileges	<p>If you select the service provided from our medical network, you can enjoy the following privileges:</p> <ul style="list-style-type: none"> • higher maximum benefit limits for core benefits • higher reimbursement percentage under our SMM benefit • exclusive benefits including specialist's fees and outpatient consultations before and after surgery, etc. • add-on cashless arrangement service for outpatient surgery (including visit to day surgery centre)

For more information, please read the "Benefits Schedule for Super Good Health Hospital and Surgical Rider 2" in this brochure.

"AIA", "the Company", "We", "our" or "us" herein refers to **AIA International Limited** (Incorporated in Bermuda with limited liability).

Lifetime renewal

Super Good Health Hospital and Surgical Rider 2 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.

No claim bonus

AIA believes in maintaining healthy living habits, and we encourage you to maintain yours by rewarding you with a bonus, up to 15% of the total premium paid for this plan for the preceding cover year.

If no claim is made for 3 consecutive policy years or more, you will be eligible for this bonus on each corresponding policy anniversary. Please refer to the following table for refund percentage distribution of the bonus.

No Claim Period	Refund Percentage
3 consecutive policy years	5%
4 consecutive policy years	10%
5 or more consecutive policy years	15%

Even if you received a specified outpatient surgery at any of our network clinics and day surgery centre or made a claim for top-up subsidy benefit (see benefits schedule, item 16 for details), your eligibility for this bonus will not be affected.

Quality medical network privileges*

We carefully selected specialists across medical disciplines to form a medical network in order to enhance our service to you. Within this network, you will be enjoying quality medical services, and receive the following additional benefits:

- higher benefits limit for core benefits
- higher reimbursement percentage under optional Supplemental Major Medical Benefits (SMM)
- exclusive network benefits including
 - specialist's fees
 - hospital companion bed expenses
 - outpatient consultations before and after surgery
 - chiropractor / physiotherapist consultation charges are also covered under Ward plan
 - cost for daily home nursing after surgery is also covered under Ward plan

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



Easy consultations with network card

With your electronic network card, you can enjoy all the benefits offered under the plan's medical network. When this plan has been in effect for 180 days and once the service is arranged successfully, you can book for specified outpatient surgery at the network clinics and day surgery centre on a cashless basis, freeing you from settling bills and making a subsequent claim.



For more information, please refer to our day surgery and network services leaflet for **Super Good Health Hospital and Surgical Rider 2**.

Personal Medical Case Management*

(applicable to **Standard Private plan**)

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

Your diagnosis and treatment will be assessed by a world-class specialist, and your very own case doctor and nurse will connect you with specialists and medical centres. Your dedicated medical team is available in your preferred language, giving you the support you need to make it through the difficult times in life.



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

Relieve your burden and focus on recovery

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

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



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

Flexibility to suit your needs

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

Plan Option	<ul style="list-style-type: none"> • Ward plan • Semi-Private plan • Standard Private plan
+	
Optional Benefit	Supplemental Major Medical Benefits

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 **Super Good Health Hospital and Surgical Rider 2**. 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.



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








Benefits schedule for the Super Good Health Hospital and Surgical Rider 2

Benefits items 1-15 are reimbursed on medically necessary and reasonable and customary basis. For more information, please refer to point 2 of the Product Limitation section under "Important Information".

 Recommendation by a registered doctor in writing is required.

Core Benefits




	Network Benefit (maximum benefit)						Non-Network Benefit (maximum benefit)					
	Ward		Semi-Private		Standard Private		Ward		Semi-Private		Standard Private	
	US\$	HK\$ / MOP	US\$	HK\$ / MOP	US\$	HK\$ / MOP	US\$	HK\$ / MOP	US\$	HK\$ / MOP	US\$	HK\$ / MOP
I. Confinement Benefits												
1. Hospital daily room & board benefit (per day)	106	848	212	1,696	475	3,800	96	768	192	1,536	432	3,456
	90 days per confinement											
2. Physician's visit (per day)	106	848	212	1,696	475	3,800	96	768	192	1,536	432	3,456
	90 days per confinement											
 3. Specialist's fee (per confinement)	300	2,400	625	5,000	1,250	10,000	Not applicable					
4. Miscellaneous hospital expenses benefit (per confinement)	1,250	10,000	2,500	20,000	3,750	30,000	935	7,480	1,540	12,320	2,200	17,600
 5. Intensive care benefit (per day)	560	4,480	925	7,400	1,450	11,600	468	3,740	770	6,160	1,210	9,680
	15 days per confinement											
6. Hospital companion bed benefit (per day)	40	320	80	640	95	760	Not applicable					
	90 days per confinement											
II. Surgical Benefits (inpatient and outpatient)												
7. Surgeon's fees (subject to the degree of complexity of the surgical procedure) (per confinement / covered surgical procedure)	5,940	47,520	8,975	71,800	13,200	105,600	4,950	39,600	7,480	59,840	11,000	88,000
8. Anaesthetist's fees (per confinement / covered surgical procedure)	35% of surgeon's fees payable											
9. Operating theatre fees (per confinement / covered surgical procedure)	35% of surgeon's fees payable											
III. Other Medical Benefits												
10. Emergency outpatient treatment benefit (Accident only) (per covered injury)	990	7,920	1,650	13,200	2,375	19,000	825	6,600	1,375	11,000	1,980	15,840
 11. Daily post-surgery home nursing benefit (per visit) - Within 31 days after hospital stay	53	424	106	848	238	1,904	Not applicable		88	704	198	1,584
	1 visit per day and max 15 visits per confinement											

Benefits schedule for the Super Good Health Hospital and Surgical Rider 2 (continued)

Benefits items 1-15 are reimbursed on medically necessary and reasonable and customary basis. For more information, please refer to point 2 of the Product Limitation section under "Important Information".

 Recommendation by a registered doctor in writing is required.

Core Benefits

	Network Benefit (maximum benefit)						Non-Network Benefit (maximum benefit)					
	Ward		Semi-Private		Standard Private		Ward		Semi-Private		Standard Private	
	US\$	HK\$ / MOP	US\$	HK\$ / MOP	US\$	HK\$ / MOP	US\$	HK\$ / MOP	US\$	HK\$ / MOP	US\$	HK\$ / MOP
III. Other Medical Benefits (continued)												
 12. Chiropractor / Physiotherapist Consultation (per visit) - Within 90 days after hospital stay	32	256	47	376	66	528	Not applicable		39	308	55	440
1 visit per day and 10 visits per confinement												
13. Pre- / Post- surgery outpatient consultation (per visit)	106	848	212	1,696	475	3,800	Not applicable					
1 visit within 14 days before confinement or covered clinical surgery 1 visit within 31 days after confinement or covered clinical surgery												
 14. Mental or nervous disorder benefit (per confinement)	2,500	20,000	3,125	25,000	3,750	30,000	2,000	16,000	2,500	20,000	3,000	24,000
30 days per confinement												
 15. Long term treatment for chemotherapy (including targeted therapy), radiotherapy and dialysis (per covered illness / covered injury)	7,500	60,000	15,000	120,000	22,500	180,000	6,250	50,000	12,500	100,000	18,750	150,000
IV. Other Benefits												
	Ward		Semi-Private		Standard Private							
	US\$	HK\$ / MOP	US\$	HK\$ / MOP	US\$	HK\$ / MOP	US\$	HK\$ / MOP	US\$	HK\$ / MOP	US\$	HK\$ / MOP
16. Top-up subsidy benefit (per day) Payable if a claim is successfully reimbursed by other insurance companies before remaining amounts are claimed under this plan	37.5	300	75	600	150	1,200	90 days per confinement; 1 day for covered clinical surgery					
17. Medical accident and incident extension benefit Payable to the beneficiary if death occurs within 30 days as a direct result of medical negligence	11,000	88,000	22,000	176,000	44,000	352,000						
18. Worldwide emergency assistance services (cover up to the age of 75) a. Emergency medical evacuation b. Repatriation of remains	HK\$ / MOP500,000 per life											

Benefits schedule for the Super Good Health Hospital and Surgical Rider 2 (continued)

Benefits items 1-15 are reimbursed on medically necessary and reasonable and customary basis. For more information, please refer to point 2 of the Product Limitation section under "Important Information".



Recommendation by a registered doctor in writing is required.

Optional Benefit

Supplemental Major Medical Benefits Rider (SMM)	Network Benefit (maximum benefit)						Non-Network Benefit (maximum benefit)					
	Ward		Semi-Private		Standard Private		Ward		Semi-Private		Standard Private	
	US\$	HK\$ / MOP	US\$	HK\$ / MOP	US\$	HK\$ / MOP	US\$	HK\$ / MOP	US\$	HK\$ / MOP	US\$	HK\$ / MOP
Applicable where the insured is under the age of 75 as at the most recently reached anniversary of cover												
Max. per confinement / covered surgical procedure / covered injury	11,250	90,000	22,500	180,000	45,000	360,000	9,350	74,800	18,700	149,600	36,300	290,400
Applicable where the insured is at the age of 75 or above as at the most recently reached anniversary of cover												
Max. per confinement / covered surgical procedure / covered injury	9,000	72,000	18,000	144,000	36,000	288,000	7,480	59,840	14,960	119,680	29,040	232,320
Lifetime Limit	27,000	216,000	54,000	432,000	108,000	864,000	22,440	179,520	44,880	359,040	87,120	696,960
Overall SMM Lifetime Limit (for having more than 1 SMM cover)	US\$131,040 / HK\$ / MOP1,048,320											
Eligible expenses for SMM — items 1 – 12 of Benefits Schedule (subject to the per day or per visit limit stated)												
1. Hospital daily room & board benefit (per day)	Payable from 91st day of confinement in hospital											
2. Physician's visit (per day)												
6. Hospital companion bed benefit (per day)												
5. Intensive care benefit (per day)	Payable from 16th day of confinement in hospital											
11. Daily post-surgery home nursing benefit (per visit)	Payable from 16th visit to 31st visit with 1 visit per day within 31 days after hospitalisation											
12. Chiropractor / Physiotherapist consultation (per visit)	Payable from 11th visit to 31st visit with 1 visit per day within 90 days after hospitalisation											
Other benefits from items 1 – 12	Payable after the maximum benefit stated in the Benefits Schedule											
Reimbursement percentage (after applying adjustment factor) for eligible expenses for SMM												
Hospitalised ward category	Network Benefit (maximum benefit)						Non-Network Benefit (maximum benefit)					
	Ward		Semi-Private		Standard Private		Ward		Semi-Private		Standard Private	
Ward	85%		85%		85%		80%		80%		80%	
Semi-Private	51%		85%		85%		48%		80%		80%	
Standard Private	34%		51%		85%		32%		48%		80%	
above Standard Private	17%		34%		51%		16%		32%		48%	

Important Information

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

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

This brochure is for distribution in Macau only.

Key Product Risks

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

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

- the aggregate benefit amounts paid by us under one or more SMM riders reach the overall SMM lifetime limit; or
 - the aggregate benefit amounts paid by us under this SMM rider reach the lifetime limit.
3. We underwrite the plan and you are subject to our credit risk. If we are unable to satisfy the financial obligations of the policy, the insured may lose his cover and you may lose the remaining premium for that policy year.
 4. You are subject to exchange rate risks for plans denominated in currencies other than the local currency. Exchange rates fluctuate from time to time. You may suffer a loss of your benefit values and the subsequent premium payments (if any) may be higher than your initial premium payment as a result of exchange rate fluctuations. You should consider the exchange rate risks and decide whether to take such risks.
 5. The future medical costs will be higher than they are today due to inflation. Hence, the benefit amounts and the future premium rate of this plan may be revised to reflect the inflation.

Key Exclusions

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

- any treatment, investigation, service or supplies which is not medically necessary

- any pre-existing condition or congenital defect that appears or is diagnosed before the insured reaches the age of 17
- self-destruction, intentional self-inflicted injury or drug abuse
- war or warlike operations, strikes, riots and civil commotion, any violation or attempted violation of the law or resisting arrest
- pregnancy, miscarriage, child birth, voluntary termination of pregnancy, or complications of them, mental or nervous disorder, except for the Mental or Nervous Disorder Benefit (see benefits schedule, item 14 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

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

Premium Adjustment and Product Features Revision

1. Premium Adjustment

In order to provide you with continuous protection, we will annually review and adjust the premium of your plan accordingly at the end of policy year if necessary. During the review, we may consider factors including but not limited to the following:

- claim costs incurred from all policies under this plan and the expected claim outgo in the coming year which reflects the impact of medical trend, medical cost inflation and product feature revisions
- historical investment returns and the future outlook of the product's backing asset
- policy surrenders and lapses
- expenses directly related to the policy and indirect expenses allocated to this product

2. Product Features Revision

We reserve the right to revise the benefit structure, terms and conditions and / or product features, so as to keep pace with the times for medical advancement and to provide you with continuous protection.

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

Product Limitation

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

Items	Effective Date (after the rider commences)
Accidental injury	Immediately
Illness	30 days
Investigation / treatment / surgery for tonsils, adenoids, hernia or a disease peculiar to the female generative organs	120 days
Network service	180 days

SUPER GOOD HEALTH HOSPITAL AND SURGICAL RIDER 2

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

“Medically necessary” means that the medical services, diagnosis and / or treatments are:

- delivered according to standards of good medical practice;
- necessary; and
- cannot be safely delivered in a lower level of medical care.

Experimental, screening, and preventive services or supplies are not considered medically necessary.

“Reasonable and customary” means:

- the medical services, diagnosis and / or treatments are medically necessary and delivered according to standards of good medical practice;
- the costs of your medical services and the duration of your hospital stay are not more expensive or longer than the usual level of charges or duration for similar treatment in the locality of such services delivered; and
- does not include charges that would not have been made if no insurance existed.

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

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

4. Except for the “Emergency outpatient treatment benefit (Accident only)” (benefits schedule, item 10) and “Long term treatment benefit” (benefits schedule, item 15), unless otherwise stated, benefit limits apply to each of the same confinement and same surgical procedure.

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

“Same surgical procedure” refers to two or more surgical procedures which are due to the same or related Covered Injury or Covered Illness, or to any complications arising therefrom. Such surgical procedures shall be regarded as one and the same surgical procedure if each of them is not separated by more than 90 days from the paid or payable surgical procedure, which immediately precedes it.

5. For insured under the age of 18, circumcision is excluded in the 1st cover year from rider effective date. There will be a deductible[^] applying in 2nd to 5th cover year as follow:

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

[^] “Deductible” shall mean a fixed amount of eligible expenses you must pay before we shall reimburse the remaining eligible expenses. For example, the deductible is HK\$/MOP 5,000 and your eligible expense is HK\$/MOP20,000, you would receive HK\$/MOP 20,000 less your deductible, which would be HK\$/MOP15,000.

6. If the age of the insured at death is 180 days or below, the benefit payable under the policy in respect of Medical Accident and Incident Extension Benefit (if applicable) shall be reduced to 20% of the respective amounts shown on the benefits schedule.

7. Adjustment factor is applied to adjust the eligible expenses for the calculation of the benefit payable under SMM, when the

insured is confined in a room type in a hospital which is at a higher level than the room type corresponding to the plan level chosen.

8. 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. If any confinement, surgery and / or medical treatment covered by this policy is also covered by another / other individual hospitalisation and surgical reimbursement policy(ies) of insurance issued by us or AIA Company Limited, you need to make claims in all such other policy(ies) before claiming the remaining balance of such eligible expenses from this policy.

9. Worldwide emergency assistance services are covered during the trip only, 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.

10. Medical network services and Credit Facility Service for Hospitalisation are additional benefits. 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.

11. The Personal Medical Case Management is not contractual services but the administrative arrangements offered in our absolute discretion. It is subject to amendment or termination at any time without prior notice. AIA shall not be responsible for any act, negligence or omission of medical advice, opinion, service or treatment on the part of them.

Claim Procedure

If you wish to make an enquiry on the eligibility of a claim, claimable amount estimate and reimbursement limit before undergoing a treatment or procedure, or our service pledge on the response time to such enquiries, please contact us via (853) 8988 1822 in Macau.

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


Cancellation Right

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

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

Macau  **(853) 8988 1822**
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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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