

A prestigious plan tailor-made for your executives

CEO PRO offers comprehensive medical protection up to HK\$16 million annually and HK\$40 million per lifetime

We fully cover the medical charges for numerous major benefit items without deductible. Apart from the basic benefits for hospitalisation, surgery and comprehensive outpatient benefits, we also offer extra options of maternity, dental and optical cover. You can extend the protection to the spouses and unmarried children of the employees too. Furthermore, the Conversion Option of the plan allows employees aged 65 or below, who passed the medical underwriting at the time of application for this plan and have been in the same plan for two years running, to convert to a specified AIA individual medical insurance plan when they retire or end their employment.

Cover at a glance

Product Nature	Medical protection insurance plan (Reimbursement)		
Plan Type	Basic plan		
Overall Lifetime Limit	HK\$40 million		
Annual Limit	HK\$16 million		
	Employee / Spouse	Unmarried children	
Issue Age	Age 65 or below	2 weeks to age 18, or up to age 22 for full-time students	
Protection up to Age	Age 69	Age 18, or up to age 22 for full-time students	
Eligibility	 There must be a minimum of 3 full-time employees to join the basic benefits plan If the employer includes optional benefits, the employer should select the same optional benefits for participating employees of the same class with a minimum of 3 full-time employees. 		
Geographic Cover • CEO PRO Worldwide	CEO PRO Worldwide Worldwide		
Basic Benefits	 Hospitalisation benefits including room & board, in-hospital consultation by general and specialist doctors Comprehensive outpatient benefits Exclusive benefits including chemotherapy and radiotherapy, dialysis, outpatient consultation before hospitalisation and inpatient mental health treatment, etc. Other benefits including worldwide emergency assistance services and compassionate death benefit 		
Optional Benefits	Maternity benefitsOptical benefits	Dental benefitsConversion Option	

For more information, please read the "Benefits schedule for CEO PRO" in this brochure.



Worldwide protection

CEO PRO provides up to HK\$16 million annual limit and HK\$40 million overall lifetime limit with no deductible at all. With this plan, your executives can enjoy worldwide medical protection and focus on recovery without financial worries.



Comprehensive medical protection for extra peace of mind

We understand that your executives play the essential roles in your company, that is why we cover various medical expenses for hospitalisation and surgery, including room and board, intensive care unit, in-hospital consultation by general and specialist doctors, private nursing, surgical fee as well as medical appliances implanted during surgery etc.

We also provide exclusive benefits for your executives, by extending the benefit items to outpatient consultation before / after hospitalisation, chemotherapy and radiotherapy, dialysis, inpatient mental health treatment and more, ensuring your executives extra peace of mind.



Flexible hospitalisation and surgical benefits

No minimum hours of hospital confinement is imposed, and day surgery is covered. This means your executives can choose the most suitable medical solution flexibly according to the doctor's advice.



Extensive outpatient benefits to suit unique needs

To cater for different medical needs of your executives, we provide reimbursement for a range of outpatient medical expenses, including outpatient consultation by general and specialist doctors, diagnosis and laboratory tests, physiotherapy, chiropractic treatment, Chinese medicine and so on.



Direct payment facility in the US

For a hospital stay in the US, we can ease your executives finances by paying the medical charges directly to the hospital provided that we are notified before the admission (subject to terms and conditions on the policy and our pre-approval).



Worldwide emergency assistance services

Understanding how frequently executives go on business trips, we offer extensive worldwide emergency assistance services including:

- Emergency medical evacuation: the executives who is injured will be transported to the nearest location with appropriate care and facilities available for treatment.
- Repatriation: if the executives unfortunately passes away, we will arrange the remains to be returned to the place of residence / origin.



Compassionate death benefit

If the executive unfortunately passes away while the policy is in force, we will pay a compassionate death benefit of HK\$80,000 regardless of the cause of death.



Optional benefits

For more comprehensive protection, you can add the following benefits for your executives:

For the precious moment: maternity benefits

- Prenatal & postnatal check-ups up to 14 days after delivery
- Room & board and nursing charges during hospitalisation
- · Obstetrician's fee
- Infant's hospitalisation for the first 7 days

For healthy teeth: dental benefits

- Oral examination
- "Scale & polish" dental cleaning (twice per year)
- Routine dental X-ray
- Tooth fillings with amalgam or composite materials
- · Simple tooth extraction
- · Removal of wisdom tooth under local anaesthesia
- Periodontal treatment
- · Crown and bridges
- · Root canal treatment

For better eye care: optical benefits

- · Optical test (once per year)
- Contact lenses or one pair of glasses with standard lenses



You can select Conversion Option for your executives, which allows employees aged 65 or below, who passed the medical underwriting at the time of application for this plan and have been in the same plan for two years running, to convert to a specified AIA individual medical insurance plan when they retire or end their employment. The features of the new plan might be different from **CEO PRO**. Please contact your financial planner for more information.



Insured member services

Online services

Insured members can access important and practical information via this quick and convenient online platform.

By using the online platform, the insured members can:

- · view the benefit summary
- · view the updated claim status
- download online insured member guide and forms

Insured members can also access some of the online services via our mobile app.

Direct services for your executives

We handle claims and other transactions directly with your executives or their family members to minimise the administrative burden on you or your HR department.

NurseLine

We understand your executives or their family members might need to check for medical-related information or seek for assistance anytime. Therefore we provide a "NurseLine" which is manned by registered nurses to answer relevant questions.



Benefits schedule for CEO PRO

Benefit items are reimbursed on a "reasonable and customary" basis (except compassionate death benefit). For more information, please refer to point 2 of the "Product Limitation" section under "Important Information".

*

Recommendation by a registered doctor in writing is required.

Overview	Maximum Benefit (HK\$)
Overall Lifetime Limit The maximum total basic benefit amount per insured member's lifetime (excluding compassionate death benefit, worldwide emergency assistance services and all optional benefits)	40,000,000
Annual Limit The maximum total basic benefit amount per insured member annually (excluding compassionate death benefit, worldwide emergency assistance services and all optional benefits)	16,000,000
Geographic Cover • CEO PRO – Worldwide	Worldwide
 CEO PRO – Worldwide (Excluding North America) For all cover 	Worldwide excluding North America
For emergency treatments North America includes the US and Canada	Worldwide
US Coinsurance* (for Medical Expenses in the US) This is applicable to the insured members of CEO PRO Worldwide Plan except emergency treatments • Staying in the US for 182 days or less (US Coinsurance does not apply)	Fully covered
Staying in the US for over 182 days Within the 12 months prior to the first day of covered treatment, if the insured member has stayed in the US for over 182 days continuously, he needs to pay for 50% of the eligible medical charges	50% of the eligible charge
• US citizen If the insured member is a US citizen, he needs to pay for 50% of the eligible medical charges	50% of the eligible charge
Optional Benefits	Maternity benefits Dental benefits Optical benefits Conversion Option

Coinsurance is a percentage of eligible expenses that the insured member needs to pay. For example, for the eligible expenses of HK\$10,000 with 50% coinsurance, the insured member is responsible for HK\$5,000 (i.e. 50% of eligible expenses), while we pay the remaining HK\$5,000 (i.e. 50% of eligible expenses).

Basic Benefits

	I. Hospitalisation and Post-Hospitalisation Benefits	Maximum Benefit (HK\$)
	1. Hospitalisation Benefits	
	Room & board Actual room & board charges for a standard private room	
	Intensive Care Unit Actual charges for staying in the Intensive Care Unit (ICU)	Fully covered
	Other hospital services Actual charges for the specified customary services provided by the hospital	
	In-hospital consultation by general and specialist doctors Actual charges for consultations by general and specialist doctors during hospitalisation	
***	Private nursing Actual charges for private nursing service received during hospitalisation after surgery or discharge from ICU	Fully covered 30 days per year
	Companion bed Actual charges for one extra companion bed during hospitalisation of the insured member who is under age 16	Fully covered
	Daily hospital cash We will pay this amount for confinement in a government hospital or a hospital without charge	800 per day 30 days per year

Basic Benefits (continued)

Recommendation by a registered doctor in writing is required.

	I. Hospitalisation and Post-Hospitalisation Benefits (continued)	Maximum Benefit (HK\$)
	2. Post-Hospitalisation Benefits	
	Outpatient consultation Actual charges for consultation within 60 days after discharge from the hospital	Fully covered
***	Home nursing service Actual charges for nursing service after discharge from hospital following surgery	Fully covered 196 days per year
***	Rehabilitation benefit Actual charges for staying in rehabilitation centre and receiving rehabilitation treatment	80,000 per year 60 days per year
**	Hospice care benefit Actual charges for care and nursing service provided by a hospice	80,000 per life
	II. Surgical Benefits	
	Surgical fees Actual charges for the surgeon, anaesthetist and operating theatre	Fully covered
	Organ transplant • Surgical fee for insured member Actual surgical charges for transplantation of heart, kidney, liver, lung, pancreas or bone marrow on insured member as recipient	Fully covered
	Surgical fee for donor (for organ removal only) Actual surgical charges to remove the organ or bone marrow from the donor	30% of the total transplantation cost of both donor and recipient
	Medical appliances implanted during surgery Actual charges for prosthetic device implanted and / or used in replacement procedure during surgery	
	Specified items Include: (i) Pace maker (ii) Stents for Percutaneous Transluminal Coronary Angioplasty (iii) Intraocular lens (iv) Artificial cardiac valve (v) Metallic or artificial joints for joint replacement (vi) Prosthetic ligaments for replacement or implantation between bones (vii) Prosthetic intervertebral disc	Fully covered
	Other items	96,000 each item per life
	III. Extended Benefits	
	Outpatient consultation before hospitalisation Actual charges for outpatient consultation for a covered sickness / injury within 30 days prior to hospitalisation due to the same condition	
**	Chemotherapy & radiotherapy Actual charges for chemotherapy or radiotherapy in inpatient or outpatient setting	Fully covered
***	Dialysis Actual charges for dialysis in inpatient or outpatient setting	
	Treatment related to HIV / AIDS Actual charges for treatment related to HIV infection (including AIDS) during hospitalisation for the following conditions after the policy has been effective for 1 policy year:	100,000 per year
	 AIDS due to blood transfusion HIV acquired in the occupational setting 	
***	Inpatient mental health treatment Actual charges for psychiatric treatment by a psychiatrist during hospitalisation	40,000 per year 30 days per year

Basic Benefits (continued)

Recommendation by a registered doctor in writing is required.

IV. Outpatient Benefits	Maximum Benefit (HK\$)
Outpatient consultation by general and specialist doctor Actual charges for treatment and medication	Fully covered 45 visits per year
Diagnosis and laboratory test Actual charges for X-ray, mammogram, ultrasound, electrocardiogram, blood test and urinalysis	Fully covered
Prescribed medicine Actual expenses for medicines prescribed by a physician for treating a covered illness / injury	Fully covered
Physiotherapy, Chiropractic treatment and Chinese medicine Actual charges for care and treatment by a registered physiotherapist and chiropractor Actual charges for the medical treatment by a Chinese medicine practitioner, including (i) Chinese herbal medicine (ii) Bone-setting (iii) Acupuncture (iv) Tui Na	8,000 per year
Outpatient mental health treatment Actual charges for psychiatric treatment by a psychiatrist in outpatient setting	1,000 per visit 10 visits per year
Vaccination¹ and health check • Limited to the covered vaccinations • One health check per year • Subject to actual charges	2,400 per year
V. Emergency Benefits	
Emergency hospitalisation Actual charges for emergency hospitalisation within 24 hours of an accident causing a covered injury	
Emergency outpatient treatment Actual charges for emergency outpatient treatment within 24 hours of an accident causing a covered injury	Fully covered
Emergency dental treatment (due to accident) Actual charges for emergency dental treatment within 2 weeks of an accident causing an injury to teeth	
Worldwide emergency assistance services a. Emergency medical evacuation b. Repatriation of remains c. Worldwide hospitalisation deposit guarantee maximum HK\$60,000 (per trip) d. Compassionate visit by one immediate family member (if the insured member is hospitalised for more than 5 consecutive days) - Return common carrier ticket (economy class) - Visitor's accommodation expenses maximum HK\$12,000 (per trip) e. Return of children (under 18 years of age) to the place of residence (if the insured member is hospitalised and the children under 18 are travelling with the insured member and are left unattended) - One-way common carrier ticket (economy class) - Qualified escort when necessary f. Overseas medical monitoring & repatriation after discharge from overseas hospitalisation g. Hotel room accommodation for convalescence maximum HK\$2,000 per day (maximum 5 days per trip)	1,000,000 per trip
VI. Compassionate Death Benefit	
Compassionate death benefit We will pay this benefit regardless of the cause of death Applicable to insured employees only	80,000

The above information is for reference only. Please refer to the policy contract for the definitions of the capitalised terms and the exact and complete terms and conditions of the benefits. We reserve the right to revise the benefits schedule from time to time.

^{1.} Covered vaccinations include vaccines for Hepatitis B, Bacillus Calmette-Guerin (BCG), polio (poliomyelitis), diphtheria-pertussis-tetanus, Leprosy vaccine, Japanese encephalitis, Meningitis, Hepatitis A, Measles, Influenza, and other vaccinations recommended by the government of the Hong Kong Special Administrative Region from

Optional Benefits

1. Maternity Benefits ²	Maximum Benefit (HK\$)
Pregnancy, childbirth, miscarriage or termination of pregnancy for medical real including:	Plan 1 — 75,000 per pregnancy
 (i) Prenatal & postnatal check-ups up to 14 days after delivery (ii) Room & board and nursing charges during hospitalisation (iii) Obstetrician's fee 	Plan 2 — 50,000 per pregnancy
r) Infant's hospitalisation for the first 7 days 0% reimbursement of the actual charges	Plan 3 — 25,000 per pregnancy
2. Dental Benefits	
Regular dental treatment Applicable to: (i) Oral examination (ii) "Scale & polish" dental cleaning (2 visits per year) (iii) Routine dental X-ray (iv) Tooth fillings with amalgam or composite materials (v) Simple tooth extraction (vi) Local anaesthesia 80% reimbursement of the actual charges Major restorative treatment Applicable to: (i) Abscess (ii) Pins for cusp restoration (iii) Removal of wisdom tooth under local anaesthesia (iv) Root canal treatment (v) Periodontal treatment other than for cosmetic purposes (vi) Crown and bridges 65% reimbursement of the actual charges	6,400 per year 16,000 per year
3. Optical Benefits	
Optical test, lens and frame	Plan 1 — 3,000 per year
 Actual charges for: (i) One optical test performed by an optometrist per year (ii) Contact lenses or one pair of glasses with standard lenses 	Plan 2 — 2,000 per year
100% reimbursement of the actual charges	Plan 3 — 1,500 per year

The above information is for reference only. Please refer to the policy contract for the definitions of the capitalised terms and the exact and complete terms and conditions of the benefits. We reserve the right to revise the benefits schedule from time to time.

Remarks:

2. Unless the pregnancy commenced after the cover effective date, no maternity benefit shall be payable for the pregnancy, childbirth, prenatal and postnatal care, miscarriage or termination of pregnancy for medical reasons.

| The Places refer to the policy contract for the definitions of the capitalised terms and the exact and complete terms and

Conditions

Eligibility

Number of employees

 There must be a minimum of 3 full-time employees to join the basic benefit plan and each optional benefit.

Age of employees

- · Full-time employees: age 65 or below
- Employees between the ages of 66 and 69 are allowed to renew their existing policies, but not to enroll for the first time.

Age of employees' family members

- · Spouse: age 65 or below
- Spouses between the ages of 66 and 69 are allowed to renew their existing policies, but not to enroll for the first time.
- Unmarried children: from the age of 2 weeks to 18 years; full-time students are eligible up to age 22.

Participation guidelines for basic benefits

- There must be a minimum of 3 full-time employees.
- Employees of the same class must join the same basic benefits plan (Worldwide Plan or Worldwide Plan Excluding North America).
- If the plan includes family protection, all eligible family members of the employee must join the same plan as the employee.

Participation guidelines for optional benefits

- If the employer includes optional benefits, the employer should select the same optional benefits for participating employees of the same class with a minimum of 3 full-time employees.
- If the plan includes family protection, it is optional to make the selected optional benefits available to the insured family members (you can choose not to offer optional benefits to family members of all classes, or provide a particular class of family members with the optional benefits of the corresponding or lower level).

Conversion Option

- Available to employees who meet all the conditions below:
 - Passed the medical underwriting with standard results when they applied for the plan
 - 2. Have been in this plan for two years running
 - 3. Aged 65 or below

Excluded industry / organisation

This plan is not applicable to the below industries / organisations:

- Group where other than a single employer or employee relationship exists
- Group where eligible employees include seasonal, unskilled, part-time or transient workers
- 3. Association of individuals or companies
- 4. Bus, taxi or truck driver (Risks involved with driving in mainland China will be excluded)
- 5. Construction group
- 6. Labour union
- 7. Hospital / doctor / nurse / medical or clinic group
- 8. Political or religious group
- 9. Sports team
- 10. Underground mine worker
- 11. Farmer / agriculture / animal processing
- 12. Employee leasing firm or temporary agency
- 13. Window and / or industrial cleaning service
- Spa, Turkish bath, massage parlor, gymnasium, health resort or similar enterprises
- 15. Theatre, amusement park, dance hall, billiard parlor, and bowling alley or sports promoter
- 16. Group which involves special hazards / risks
 - a) Commercial airline personnel
 - b) Nuclear power or chemical production plant
 - c) Police or security officer
 - d) Fireman
 - e) Manufacturer or user of ammunition or explosive
 - f) Military and military related group
 - g) Collective traveling group (e.g. Professional sports team, air crew, offshore worker, oil rig worker, ship crew, diver or driller (oil, water, underground coal), underground miner)

How to apply

Please submit the following completed and signed documents:

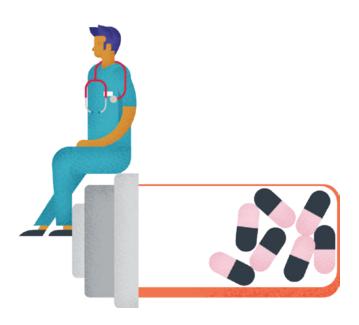
- 1. Application form
- 2. Data form of proposed insured members
- CEO PRO health declaration forms of proposed insured members
- 4. Photocopy of Hong Kong Business Registration Certificate
- 5. Photocopy of pension contribution record showing names of eligible employees (applicable if there are less than 5 eligible employees when applying)
- 6. Cheque for the first year's premium and levy, payable to "AIA International Limited"
- 7. Documents required by the Insurance Authority's "Guideline on Anti-Money Laundering and Counter-Terrorist Financing"



We will carry out individual medical underwriting of each proposed insured member. We may ask for further information (e.g. medical report) during medical underwriting. The policy will be effective when at least 3 employees pass the medical underwriting, or on the date specified by the policyholder, whichever is later.



Our representative will deliver the group policy document to the successful applicant.



Important Information

- 1. 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.
- Insured members refer to the insured employees and their insured family members (if applicable).
- If the plan includes family protection, the benefits mentioned in this product brochure for employees or executives apply to their family members as well (excluding compassionate death benefit and Conversion Option).
- US coinsurance: If the insured member is a citizen of the US, or stays in the US for over 182 days continuously within the 12 months before the first day of his hospitalisation or the date when he receives the treatment and / or services, any benefits for the eligible expenses incurred in the US shall be subject to the US coinsurance of 50% as shown on the benefits schedule (except emergency benefits).
- 6. When applying for CEO PRO, the number of insured employees of US nationality with the Worldwide Plan as their basic benefits plan cannot exceed 20% of the total number of insured employees covered under the Worldwide Plan within the same company.

Key Product Risks

- 1. You need to pay the premium for this plan upon renewal every
- The insured member will lose the cover when one of the following happens:
 - the insured member passes away; or
 - the aggregate benefits of the insured member reaches the overall lifetime limit.
- You may request for the termination of your policy by notifying us in written notice. Also, we will terminate your policy and all the insured members will lose their cover when one of the following happens:
 - you do not pay the premium within 31 days of the premium
 - the number of insured full-time employees falls below 3;
 - the nature of the company's business changes to another nature that we shall cease to provide cover. For the latest list of the excluded industries / organisations, please visit our website aia.com.hk; or
 - the company provides incorrect information or is unable to disclose important information regarding the insured members.
- 4. The insured member may lose the cover when he or she no longer resides in Hong Kong.
- We reserve the right to terminate your policy and all the insured members will lose their cover when the company transfers to operate out of Hong Kong.

- Cover renewal is based on the continuing availability of the plan to all existing policies.
- 7. 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 members may lose their cover and you may lose the remaining premium and levy for that policy year.
- 8. 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.

General Exclusions

Under this plan, we will not cover conditions that result from any of the following events:

- 1. expenses that are recoverable from a third party.
- 2. any benefit not available under an insured member's plan or charges exceeding the limits specified in the benefits schedule.
- 3. any surgery, treatment, investigation, service or supplies which is not medically necessary or any confinement that is not a reasonable and customary hospital confinement.
- 4. any pre-existing condition, unless such condition has been truly, completely and correctly disclosed to the Company in writing on the health declaration form for this insurance and accepted by the Company, and the policy does not expressly exclude treatment relating to such pre-existing condition.
- 5. self-destruction, intentional self-inflicted injury or drug abuse.
- 6. war or warlike operations, civil commotion, any violation or attempted violation of the law or resisting arrest, acts of terrorism for the insured member 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, when the insured member 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.
- 7. AIDS or any complications associated with HIV infection, except for "HIV / AIDS treatment benefit".
- 8. Dentures and related expenses; dental care or surgery unless necessitated by injury caused by an accident to sound natural teeth (except if the dental benefit has been opted for); eye refraction, eye tests or fitting of glasses (except if the optical benefit has been opted for), or surgical correction of nearsightedness (such as but not limited to radial keratotomy and keratoectomy).
- 9. consumption of traditional Chinese medicines for general health maintenance and disease prevention:
 - 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 姫松茸 / musk ·麝香 / pearl powder 珍珠粉
- 10. rest cures, services or treatment in any treatment home, spa, health hydro, natural therapy clinic, sanatorium or long-term care facility that is not a registered Hospital, Rehabilitation Centre or registered hospice.
- 11. birth control, treatment for infertility or in-vitro fertilisation, or sterilisation of either sex.
- 12. purchase or use of special braces, prosthetic appliances, corrective devices, hearing aids, wheelchairs, crutches, prosthetics, denture or any other similar equipment unless specified in the policy.
- 13. education treatments such as speech improvement, diabetic classes and nutritional treatments, or group treatments.

Effective from 1 January 2018, all policyholders are required to pay a levy on each premium payment made for both new and in-force Hong Kong policies to the Insurance Authority (IA). For levy details, please visit our website at www.aia.com.hk/useful-information-ia-en or IA's website at www.ia.org.hk.

- 14. any investigation, treatment or surgery for congenital defect that gives rise to signs or symptoms, or is diagnosed, before the insured member reaches the age of 17.
- 15. treatment as a result of proven medical negligence or malpractice.
- 16. experimental, investigational or unproven treatment.
- 17. injury or illness, treatment or testing which is attributed to venereal diseases, sexually-transmitted diseases, or any communicable disease requiring quarantine.
- 18. All treatments considered elective or carried out by a facility not recognised as a hospital or by a relative of the insured member.

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;
- 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 the policyholder a written notice of any revision before any policy anniversary or upon renewal.

Product Limitation

- 1. Cover for HIV / AIDs treatment will be effective 1 year after the policy commences.
- We only cover the charges or expenses of the insured member on reasonable and customary basis.

"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 the medical services and the duration of 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.
- "Medically necessary" means that the medical services, diagnosis and / or treatments are:
- necessary to meet the basic health needs of the insured member:
- consistent with the diagnosis of the condition;
- provided in the most cost-effective manner and type of setting appropriate for the delivery of the health service; and of demonstrated medical value; and
- required for reasons other than the convenience of the insured member or his physician.

Experimental, screening, and preventive services or supplies are not considered medically necessary. We may adjust any and all benefits payable in relation to any hospital / medical charges which is not a reasonable and customary charge.

- The insured member will be covered for any room type in which he stays at hospital. In case the insured member stays in a room type higher than standard private room, the benefit payable will be according to the costs for a standard private room at such hospital.
- 4. If the eligible expenses have been reimbursed under any law, or medical program or other insurance policy provided by any government, company, other third party or us, such will not be reimbursable by us under this policy.
- 5. Worldwide emergency assistance services (except for 24-hour worldwide telephone enquiring services) are covered during the trip only, which are additional benefits. The services are provided by third party service provider(s). AIA shall not be responsible for any act, negligence or omission of medical advice, opinion, service or treatment on the part of them. AIA reserves the right to amend, suspend or terminate the service without further notice.

Claim Procedure

If any of the insured members wishes to make a claim, he / she must send us the appropriate form and relevant proof within 90 days of the date the covered event happened. The appropriate claim form can be downloaded from our website: aia.com.hk or obtained from the financial planner. 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 by giving no less than 31 days' prior written notice to us, however this will result in the insured member losing his cover and you losing the remaining premium and levy for that policy year. We also reserve the right to cancel the policy upon the policy renewal by giving you no less than 31 days' prior written notice.

Please contact your financial planner or call our hotline for details

Hong Kong (852) 2232 8118

hk.cs.enquiry@aia.com

aia.com.hk

















Information about the Insurance Authority Collecting Levy on **Insurance Premiums**

Collection of levy on insurance premiums from policyholder by the Insurance Authority (effective 1 January 2018)

Background

The Insurance Authority ("IA") has replaced the Office of the Commissioner of Insurance to regulate insurance companies since 26 June 2017. Under this new regulatory regime, with the gazette of the Insurance (Levy) Order ("the Order") and the Insurance (Levy) Regulation ("the Regulation"), all new and in-force policies underwritten in Hong Kong are subject to levy, effective 1 January 2018.

The statutory requirement on levy

- All in-force policies are subject to levy with policy anniversary date on or after 1 January 2018.
- Levy payable is calculated as a percentage of premiums and shall be paid by policyholders along with premiums. Levy rates and the maximum levy are prescribed by the Order as below, which shall apply throughout the policy year.

Delias Effective Detector Delias Application Detec	Levy Rate	Maximum Levy (HK\$)		
Policy Effective Date or Policy Anniversary Date		General Business*	Long Term Business#	
From 1 January 2018 to 31 March 2019 (both dates inclusive)	0.04%	2,000	40	
From 1 April 2019 to 31 March 2020 (both dates inclusive)	0.06%	3,000	60	
From 1 April 2020 to 31 March 2021 (both dates inclusive)	0.085%	4,250	85	
From 1 April 2021 onwards (inclusive of that date)	0.1%	5,000	100	

^{*} Group medical policies and group life policies with medical protection or with benefits covering sickness will be subject to the maximum levy for "General Business".

- Different levy rates and maximums will apply, depending on the policy effective date or anniversary date. The prescribed levy will be subject to change from time to time.
- The actual levy payable will always be subject to the final confirmation of the policy effective date and the exact premiums of the policy. The final amount will be confirmed and listed in our Levy Invoice.

If you have further questions on levy, please visit our website at www.aia.com.hk or IA's website at www.ia.org.hk.

[#] Pure group life policies and group life policies with Accidental Death & Disablement riders will be subject to the maximum levy for "Long Term Business".

