AIA Hong Kong
AIA Hong Kong Tower,
734 King's Road,
Quarry Bay, Hong Kong
T: (852) 2881 3333
AIA.COM.HK

Memo

Attn.:	All EDD & Honorable Advisors / EDDs / PSDDs / SDDs / DDs / MICs / Agency Leaders / Financial Planners (Hong Kong and Macau)	**From:**	Toby Wong
		Dept.:	Health & Wellness Proposition
Copy:	Mr. Alger Fung / Mr. Jim Jan Zen / Ms. Alice Liang / Ms. Melissa Wong / Mr. Louie Ho / Mr. Chris Lau / All Department Heads / Heads of Agency Division / BPs / Call Centre	**Total pages:**	1 page + enclosure
Date:	16 January, 2025		

Subject: **A250164** **「極臻•至尊醫療計劃」系列(包括明珠) 及「極臻•至尊醫療計劃—首護摯寶」(包括明珠)之產品及服務常見問題**
Product and Service FAQ of OptimaCEO Medical Plan Series (including Pearl version) and OptimaCEO Medical Plan – First Gift (including Pearl version)

承蒙各位財務策劃顧問在前線的專業和努力，市場對於 2024 年 11 月份推出的「極臻•至尊醫療計劃」系列（包括明珠）及「極臻•至尊醫療計劃—首護摯寶」（包括明珠）反應熱烈（通告 A241108）。作為您的後勤支援，我們致力解答財務策劃顧問團隊對產品及服務的查詢，並整合成「產品及服務常見問題」，務求助團隊進一步了解產品的箇中細節。

有關產品及服務常見問題之詳情，請參閱附件。

請將以上訊息傳達予屬下的營業同事，多謝合作！如有任何查詢，請經iEngage/PES使用進行查詢。

Thank you for supporting the OptimaCEO Medical Plan Series (including Pearl version) and OptimaCEO Medical Plan – First Gift (including Pearl version). Since their launch in November 2024, these plans have been a great success (Memo: A241108).

Our financial planners' professionalism and dedication are at the heart of this success. To assist you, we strive to address any questions regarding our products and services. We've put together a detailed FAQ to enhance your understanding.

Please refer to the appendix for the FAQ. Share this information with your fellow agents. For any queries, please use our Chatbot available in iEngage/ PES.

Best regards,

Toby Wong
Health & Wellness Proposition

「我們」、「AIA」、「友邦」或「友邦香港」是指友邦保險（國際）有限公司（於百慕達註冊成立之有限公司）
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附件:「極臻•至尊醫療」系列及「極臻•至尊醫療計劃 – 首護摯寶」之產品常見問題

「極臻•至尊醫療」系列相關	
Q1	「健康賞」的金額設使用期限嗎？
A1	「健康賞」內的結餘不設有效期限。然而於計劃取消或終止時，任何餘額將會即時喪失。隨後如果保單復效（包括以表格 OPPOSF73 或於 iChange 申請），「健康賞」內的最後結餘亦會恢復生效。

Q2	保單持有人能選擇以現金方式接收健康賞惠益嗎？「健康賞」的金額可以用作支付保費，或是兌換現金嗎？
A2	所有健康賞惠益只能存入「健康賞」，並不能以現金方式支付。「健康賞」中的結餘亦不能被退還或兌換為現金，亦不能用以支付任何保單的任何保費。

Q3 計劃特別為選用精選醫療團隊的客戶設更高的保障項目限額，當中包括了哪些項目？

A3

- 選用精選醫療團隊可享以下網絡保障：

惠益項目	**最高保障額**		
出院/日間手術後輔助惠益	每次出院 / 完成日間手術後	網絡保障	非網絡保障
	➢ 必須經主診註冊醫生指定 ➢ 最多每日一次診療為限	全數受保	每次住院 / 手術 30,000 港元 / 澳門幣 / 3,750 美元
	(i) 脊骨神經科醫生、物理治療師、言語治療師或職業治療師	全數受保	每次 1,000 港元 / 澳門幣 / 125 美元
	(ii) 中醫 就同一受保疾病 / 受保受傷的每次住院/日間手術 最多 15 次	每次 880 港元 / 澳門幣 / 110 美元	每次 600 港元 / 澳門幣 / 75 美元
	(iii) (iii) 營養師 就同一受保疾病 / 受保受傷的每次住院/日間手術 最多 4 次	每次 680 港元 / 澳門幣 / 85 美元	

- 若按產品小冊子內的利益一覽表中賠償項目第 1 至 23 項下已支付或應支付的醫療服務、治療和住院於同一年度實際產生的所有費用，而該醫療服務、治療和住院均由精選醫療團隊提供，則該年度的每年限額將增加額外每年限額的金額，即以每保單年度計 10,000,000 港元 / 澳門幣 / 1,250,000 美元。
- 精選醫療團隊指由 AIA 指定的第三方醫療網絡服務供應商。此服務由 AIA 指定服務供應商在香港提供，並不適用於澳門區域，並可不時酌情更改。

Q4	就複雜或大型的手術，計劃為出院或完成日間手術後 365 日內的跟進門診及輔助惠益（註冊營養師諮詢門診除外）提供保障。如何界定複雜及大型的手術？
A4	有關上述手術類別的定義可參照由香港醫務衞生局推行的「自願醫保計劃」中的手術表詳細列明（政府會不時對手術表的內容及分類進行審視）。我們將遵從手術進行時此手術表之最新版本中列出的手術類別。 如受保人接受的手術不屬於手術表中的任何一項手術類別或如此手術表不再有效或被取代，或如此手術表之手術分類被重新命名或有其他更改，我們將會根據政府、相關機構或醫學組織的手術表及 / 或任何其他刊物或資料，以難度和複雜程度相約的其他手術作出合理決定適用的手術類別。

Q5	「極臻•至尊醫療」系列依舊設有經網絡醫生進行指定日間門診手術（包括上消化腸道內窺鏡檢查、大腸內窺鏡檢查、白內障摘除手術）可享豁免墊底費的安排嗎？
A5	沒有，經網絡醫生進行指定日間門診手術可享豁免墊底費的安排並不適用於「極臻•至尊醫療」系列。

Q6	其他醫療計劃的現有客戶可以申請計劃轉換至「極臻•至尊醫療」系列嗎？
A6	計劃轉換安排將稍後公佈，現有客戶暫時未能進行計劃轉換至「極臻•至尊醫療」系列，敬請留意最新消息。

Q7	「極臻•至尊醫療」系列的合理及慣常要求與「至尊醫療 5」系列有何不同？
A7	「極臻•至尊醫療」系列的合理及慣常要求與「至尊醫療 5」系列相同。

Q8	「極臻•至尊醫療」系列的受保人若於外國住院進行治療或手術時，合理及慣常要求仍然跟隨香港水平嗎？
A8	於外國住院進行治療或手術時，合理及慣常要求會跟隨其進行治療或手術的地區的一般收費標準。

Q9	增值服務是否適用於「極臻 • 至尊醫療計劃」及「極臻•至尊醫療計劃 — 首護摯寶」？
A9	有關增值服務只適用於「極臻 • 至尊醫療計劃」，並不適用於「極臻 • 至尊醫療計劃 — 首護摯寶」。

Q10	「極臻 • 至尊醫療計劃」受保人是否需要同時是友邦峻宇會會員才可以享用由友邦峻宇養生庭提供的**養生顧問**服務?
A10	不需要。養生顧問服務適用於所有「極臻 • 至尊醫療計劃」18 歲或以上的受保人。受保人並不需要是友邦峻宇會會員。

Q11	**精選醫療團**隊是否只適用於癌症治療？
A11	不是。精選醫療團隊包括超過 500 位醫護及專業人員團隊，包含超過 20 個不同的專科及醫療專業人員如物理治療師、營養師及中醫，照顧受保人不同的需要。

Q12	選用**「精選醫療團隊」**是否可同時享有**「醫療費用預先批核及免找數服務」**？
A12	「精選醫療團隊」中的醫生是可以協助客戶申請「醫療費用預先批核及免找數服務」；但其他醫療專業人員如物理治療師、營養師及中醫在現階段暫時未能提供「醫療費用預先批核及免找數服務」，因此現時就以下保障項目，客戶需要先付費、後索償： • 出院 / 日間手術後輔助惠益 • 心臟病 / 中風康復惠益 • 附加門診惠益下的另類治療

Q13	**一站式腫瘤支援服務**是否只適用於確診的癌症個案？
A13	不是。若受保人經初步檢驗後懷疑患上癌症，雖然未確診，但已經可以申請啟動一站式腫瘤支援服務。 若最終診斷不是癌症，服務供應商亦可為受保人轉介精選醫療團隊內的相關專科醫生（如需要）。

Q14	**兒童及青少年成長與發展支援熱線**可否為客戶轉介兒科醫生處理病症？
A14	兒童及青少年成長與發展支援熱線旨在對有關 18 歲以下的兒童和青少年在成長與發展方面提供支援，並不是一個有關身體或疾病狀況醫療咨詢、診斷、治療、建議的熱線。亦不用於解答任何醫療查詢。

Q15	「極臻 • 至尊醫療計劃」客戶是否享有**海外出院免找數服務?**
A15	是。「極臻 • 至尊醫療計劃」受保人可享有本地及海外指定醫院出院免找數服務，覆蓋本地及海外的指定醫院包括香港、澳門、中國內地、新加坡、馬來西亞、泰國、美國以及歐洲。詳情包括各地醫院名單可瀏覽 https://www.aia.com.hk/zh-hk/help-and-support/health-care-and-claims/doctors-and-hospitals/hospitals-list

「極臻•至尊醫療計劃 — 首護摯寶」相關	
Q1	如果投保的準媽媽本身並未受保於任何醫療保險，她可否同時投保「極臻•至尊醫療」系列及「極臻•至尊醫療計劃 — 首護摯寶」嗎？
A1	可以，準媽媽可以同時投保「極臻•至尊醫療」系列及「極臻•至尊醫療計劃 — 首護摯寶」，惟該「極臻•至尊醫療」系列保單需要作為保費年繳模式。 僅適用於香港的申請：「極臻•至尊醫療計劃 — 首護摯寶」保單僅在「極臻•至尊醫療」保單的冷靜期後繕發，而受保人須為同一位準媽媽。 僅適用於澳門的申請：「極臻•至尊醫療計劃 — 首護摯寶」保單將於「極臻•至尊醫療」保單生效時繕發，而受保人須為同一位準媽媽。

Q2	「極臻•至尊醫療計劃 — 首護摯寶」是否保障準媽媽的醫療開支，例如分娩期間所產生的費用嗎？
A2	計劃並不保障準媽媽的任何醫療開支（包括分娩期間所產生的費用）。 嬰兒出生前，準媽媽作為受保人只於胎兒死亡（流產、終止懷孕、胎死腹中）時享有特惠恩恤退還保費賠償。 準媽媽的醫療開支只受保於其「極臻•至尊醫療」系列保單，但分娩相關的費用屬於不保事項（惟相關的費用已在妊娠併發症惠益保障之內則除外）。 出生後，當嬰兒成為受保人後便享有由出生當日起為期 90 天的醫療保障。

Q3	投保「極臻•至尊醫療計劃 — 首護摯寶」只需經過簡單醫療核保，其中包括甚麼問題？
A3	投保人須回答以下 3 項問題，問題與愛伴航 - 首護摯寶（OYSFG）相同： i. 妳曾否被診斷患有以下疾病，或出現其相關的任何症狀：流產或妊娠併發症（包括高血壓和蛋白尿）史或曾誕下有先天性心臟病或血友病的嬰兒、癌症、中風、心臟疾病（包括冠心病、心肌病和心臟瓣膜疾病）、孕前高血壓史、糖尿病、甲狀腺機能亢進症或甲狀腺機能減退症、慢性腎炎或腎衰竭、慢性肝炎（包括乙型和丙型肝炎）或抑鬱? ii. 在確認懷孕後（例如通過檢孕棒或醫生診斷等），妳曾否吸用任何煙草產品？ iii. 妳的產前檢查報告（包括但不限於超聲波，心電圖，驗血，基因檢測，驗尿等）或是否有被主診醫生告知有任何異常，或妳在現時的懷孕中有以下的情況： • 風疹/ 德國麻疹或麻疹病毒感染 • 懷有兩個以上的胎兒

Q4	準媽媽可以為一個胎兒投保多於一份「極臻•至尊醫療計劃 — 首護摯寶」保單嗎？如果是雙胞胎呢？
A4	懷有一個胎兒的準媽媽只能受保於一份極臻·至尊醫療計劃—首護摯寶保單。如準媽媽懷有雙胞胎，她須為每個胎兒投保一份獨立的極臻•至尊醫療計劃–首護摯寶保單。另外，計劃不接受懷有三個或以上胎兒的準媽媽投保。

Q5	「極臻•至尊醫療計劃 — 首護摯寶」為剛出生的嬰兒提供即時醫療保障。如果嬰兒早產，醫療保障會受影響嗎？
A5	不論預產日期，只要保單生效，初生嬰兒的保障都會由其實際出生日期開始。早產不會影響「極臻•至尊醫療計劃 — 首護摯寶」保單的醫療保障。

Q6	嬰兒出生後，保單的受保人會如何轉換？
A6	保單持有人需在嬰孩出生當日起計 30 日內提交下列出生證明以通知 AIA 該嬰孩的誕生。 i) 嬰孩出世紙的經核證真實副本；及 / 或 ii) 任何其他我們合理要求提供的資料或文件。 在收妥所需資料及文件後，我們將簽發批註記錄該嬰孩姓名為此保單正式受保人。若有充份理由證明未能在限期內遞交通知，但已在合理的情況下盡快發出通知，則保單的任何索償將不會因此而無效。

Q7	經簡單醫療核保，「極臻•至尊醫療計劃 – 首護摯寶」的保單持有人可以為受保初生寶寶投保「極臻•至尊醫療」計劃保單。該新保單能以附加契約形式投保嗎？
A7	「極臻•至尊醫療計劃 – 首護摯寶」的保單持有人可以經簡單醫療核保為受保初生寶寶投保一份全新指定醫療保單，惟我們只接受該全新指定醫療保單以基本計劃（不限是否附加門診、牙科保障）形式投保。目前可供選擇的指定醫療保單為「極臻•至尊醫療」系列，而我們可不時更改可供選擇的指定醫療保單。

Q8	早產的初生寶寶仍可以經簡單醫療核保投保「極臻•至尊」醫療計劃 （基本計劃）嗎？
A8	「極臻•至尊醫療計劃 — 首護摯寶」受保人可以經簡易核保投保「極臻•至尊」醫療計劃，而核保問題包括以下一項。如果嬰兒於懷孕第 37 週前出生，即答案為 " 是 " ，該嬰兒將需進行全面核保。 • 準受保人是否於懷孕第 37 週前出生，及/ 或出生時體重少於 2.5 公斤（5.5 磅），及/ 或通過多胞胎妊娠出生（雙胞胎除外）？

Q9	「極臻•至尊醫療計劃 – 首護摯寶」保障剛出生的嬰兒的所有先天性疾病。同樣保障適用於經簡單醫療核保投保繕發的「極臻•至尊醫療」系列嗎？
A9	保單持有人以簡易醫療核保方式為同一嬰兒作為新保單的受保人投保一份全新指定醫療保單，並非計劃轉換。 目前可供選擇的指定醫療保單為「極臻•至尊醫療」系列，而我們可不時更改可供選擇的指定醫療保單。 因此，全新「極臻•至尊醫療」系列保單的保單契約及其他所有保單安排，均與其他透過全面醫療核保繕發之新生意保單相同。 即使「極臻•至尊醫療計劃 – 首護摯寶」住院及手術保障涵蓋先天性疾病，但「極臻•至尊醫療」系列的保單契約下先天性疾病屬不保事項，就同一個先天性疾病索償時兩張保單的理賠結果亦會不同（不獲「極臻•至尊醫療」系列賠償）。

Appendix: Product FAQ of OptimaCEO Series & OptimaCEO – First Gift

OptimaCEO Medical Series related	
Q1	For use of amount under Health Wallet, is there any expiry date?
A1	There is no expiry date for the balance of the Health Wallet. Yet, upon cancellation or termination of this plan, any remaining amount in the Health Wallet will be forfeited immediately. Then, if the policy reinstates (with application by form OPPOSF73 or on iChange), the last balance in the Health Wallet will resume.

Q2	Can policyowner choose to receive Health Wallet Benefits in cash? Can the balance in the Health Wallet be used for premium payment, or redeemed in cash?
A2	All Health Wallet Benefits will only be credited to Health Wallet, and are not payable in cash. The amount in the Health Wallet cannot be refunded or redeemed for cash, and cannot be used to pay any premium of any policy.

Q3	Higher benefit limits are set under the product for customers who receive services from Signature Healthcare Circle. What benefit items are included?
A3	• Customers who receive services from Signature Healthcare Circle can enjoy the following Network Benefits:

Benefit item	**Maximum limit**		
Post-Hospitalization / Day Surgery Ancillary Benefit	After discharge / day surgery procedure	Network Benefit	Non-network Benefit
	➢ Recommendation by the attending registered medical practitioner is required ➢ Max 1 visit per day	Full cover	HK$/MOP30,000 / US$3,750 (per confinement/ day surgery)
	(i) Chiropractor/ Physiotherapist/ Speech Therapist/ Occupational Therapist	Full cover	HK$/MOP 1,000 / US$125 (per visit)
	(ii) Chinese Medicine Practitioner (max.15 visits per confinement/ day surgery for the same covered illness / covered injury)	HK$/MOP880 / US$110 (per visit)	HK$/MOP 600 / US$75 (per visit)
	(iii) Registered Dietitian (max. 4 visits per confinement / day surgery for the same covered illness / covered injury)	HK$/MOP 680 / US$85 (per visit)	

- If all charges actually incurred in the same policy year for medical services, treatments and confinements which are paid or payable under benefit items 1-23 in the Benefits Schedule in the product brochure are provided by Signature Healthcare Circle, the annual limit for a policy year will be increased by the amount of Extra Annual Limit, i.e. HK$/MOP10,000,000 / US$1,250,000 per policy year.
- Signature Healthcare Circle" refers to designated third party medical network service providers engaged by AIA. This service is provided in Hong Kong by the designated third party service providers engaged by AIA and is not applicable to Macau Region, subject to change from time to time at our discretion.

Q4	Regarding complex or major surgery, the plan providers cover for outpatient and ancillary visits (excluding registered dietitian consultation visits) within 365 days after discharge or completion of day surgery. What is the classification of complex and major surgery?
A4	These surgical categories are defined in detail in the Schedule of Surgical Procedures under the Voluntary Health Insurance Scheme (VHIS) implemented by the Health Bureau of Hong Kong, based on categorisation of surgical procedures and review by the Government from time to time. We will follow the surgical categories set out in the latest version of this Schedule of Surgical Procedures in effect at the time of performing the surgery. If the insured undergoes a surgery which is not included in any surgical category under the Schedule of Surgical Procedures, or if this Schedule of Surgical Procedures is no longer valid or is replaced, or if the categories of surgical procedures in this Schedule are renamed or otherwise changed, we will reasonably determine the applicable surgical category based on other surgical procedures with similar difficulty and complexity included in the Schedule of Surgical Procedures and/or any other publication or information from the Government, relevant authorities or medical associations.

Q5	Under OptimaCEO Medical Series, is there still the waiver of deductible for specified day surgery (including upper gastrointestinal endoscopy, colonoscopy, eye cataract extraction) via network doctors?
A5	No, the waiver of deductible for specified day surgery via network doctors is not applicable to OptimaCEO Medical Series.

Q6	For existing customers of other medical plans, can they apply for plan change to OptimaCEO Medical Series?
A6	Plan change arrangement will be announced shortly. No plan change to OptimaCEO Medical Series is available for existing customers. Please stay tuned for the latest news.

Q7	Under OptimaCEO Medical Series, how is the Reasonable and Customary requirement different from CEO5 Medical Series?
A7	The Reasonable and Customary requirement under OptimaCEO Medical Series is the same as that under CEO5 Medical Series.

Q8	If the Insured of OptimaCEO Medical Series is confined in an overseas hospital for treatment or surgery, would the Reasonable and Customary requirement follows Hong Kong standard?
A8	The Reasonable and Customary requirement for overseas hospitalization for treatment or surgery should follow the usual level of charges in the area / country where the Insured receives such treatment or surgery.

Q9	Are value-added services applicable to OptimaCEO Medical Plan and OptimaCEO Medical Plan – First Gift?
A9	Related value-added services are only applicable to OptimaCEO Medical Plan but not OptimaCEO Medical Plan – First Gift.

Q10	Would Insureds of OptimaCEO Medical Plan need to be AIA Club Alta member so that they can enjoy the service of **Wellness Relationship Manager** provided by AIA Alta Wellness Haven?
A10	No. The service of Wellness Relationship Manager is applicable to all Insureds of OptimaCEO Plan with age 18 or above. Insureds do not need to be an AIA Club Alta member.

Q11	Is **Signature Healthcare Circle** only related to treatments for cancer?
A11	No. Signature Healthcare Circle has more than 500 specialists across more than 20 medical specialities and healthcare professionals such as physiotherapist, dietitians, and Chinese medicine practitioners, taking care of difference needs of Insureds.

Q12	Are '**Pre-approval – Medical Expense & Cashless Service**' applicable for Signature Healthcare Circle?
A12	Doctors in Signature Healthcare Circle would assistance customers to apply for Pre-approval – Medical Expense and Cashless Service. However, Pre-approval – Medical Expense & Cashless Service is not applicable to other healthcare professionals such as physiotherapist, dietitians, and Chinese medicine practitioners at this stage. Customers would currently need to pay and submit claim for the following benefit items: • Post-hospitalisation / day surgery ancillary benefit • Heart attack / stroke rehabilitation benefit • Alternative treatment under Optional Outpatient Benefits

Q13	Is **One-Stop Oncology Service** only applicable to confirmed cancer cases?
A13	No. If Insured has suspected cancer after initial investigation, he/she can already apply for the One-Stop Oncology Service though diagnosis is yet to be confirmed. If the final diagnosis is not cancer, provider can still refer Insured to related specialist in the Signature Healthcare Circle (if needed).

Q14	Could **Child and Adolescent Growth and Development Hotline** refer customers to paediatricians for medical treatment?
A14	The objective of the Child and Adolescent Growth and Development Hotline is to provide support on the growth and development of child and adolescent. This is not a hotline for medical advice, diagnosis, treatment, or recommendation in any kind and is not for answering any medical enquiries.

Q15	Can OptimaCEO Plans eligible for **Overseas Cashless Service for Hospitalisation**?
A15	Yes. Insureds of OptimaCEO Plans can enjoy cashless service for hospitalisation in designated hospitals, both locally and overseas covering Hong Kong, Macau, Mainland China, Singapore, Malaysia, Thailand, as well as the United States and Europe. Browse https://www.aia.com.hk/en/help-and-support/health-care-and-claims/doctors-and-hospitals/hospitals-list for details include lists of hospitals.

OptimaCEO Medical Plan – First Gift related	
Q1	If the applying expectant mother is not covered by any medical insurance, can she apply for OptimaCEO Medical Series and OptimaCEO Medical Plan – First Gift at the same time?
A1	Yes, an expectant mother can apply for OptimaCEO Medical Series and OptimaCEO Medical Plan – First Gift at the same time, provided that such OptimaCEO Medical Series policy is with annual payment mode. For applications in Hong Kong only, the OptimaCEO Medical Plan – First Gift policy will only be issued after the cooling-off period of the OptimaCEO Medical Plan policy with the same expectant mother as the insured. For applications in Macau only, the OptimaCEO Medical Plan – First Gift policy will be issued after the OptimaCEO Medical Plan policy with the same expectant mother as the insured is inforce.

Q2	Does the plan OptimaCEO Medical Plan – First Gift cover medical expenses by the expectant mother, such as the expenses incurred during delivery?
A2	The plan does not cover any medical expenses by the expectant mother (including any delivery related costs). Before birth of the child, the expectant mother as the insured is only entitled to Compassionate Refund of Premium Benefit in the event of miscarriage, termination of pregnancy, stillbirth. Medical expenses by the expectant mother is covered by her OptimaCEO Medical Series policy, however delivery related costs is a general exclusions (except if such expense is covered under Pregnancy Complications Benefit). After birth, once the child becomes the insured, he/she is entitled to medical coverage from date of birth for 90 days.

Q3	What are the questions included in the simplified medical underwriting for application for OptimaCEO Medical Plan – First Gift?
A3	Applicants need to answer the following 3 questions, which follow same as On Yours Side Plan – First Gift (OYSFG): i. Have you ever had past history of miscarriage or complications during pregnancy (including hypertension and proteinuria) or babies with congenital heart disease or haemophilia, or have you ever been diagnosed, or had any indication or symptoms of cancer, stroke, heart disease (including coronary artery disease, cardiomyopathy, and heart valve disease), any history of high blood pressure prior to pregnancy, diabetes, hyperthyroidism or hypothyroidism, chronic nephritis or renal failure, chronic hepatitis (including hepatitis B and C) or depression? ii. Have you consumed any tobacco product after your pregnancy is confirmed (e.g. by home pregnancy kit, or doctor's diagnosis)? iii. Have you had, or been advised by your attending doctor of any abnormal findings in your prenatal test reports (including but not limited to ultrasound, ECG, blood tests, genetic test, urine test), or had either of the following conditions in the present pregnancy: • Rubella or Measles Infection • Carrying more than two (2) fetuses

Q4	Can an expectant mother apply for more than one OptimaCEO Medical Plan – First Gift policy for her one fetus? What about twins?
A4	An expectant mother with one fetus can only be covered under one OptimaCEO Medical Plan – First Gift policy. If the expectant mother is carrying twins, application for a separate OptimaCEO Medical Plan – First Gift policy is required for each fetus. In addition, application by an expectant mother with three or more fetues will not be accepted.

Q5	OptimaCEO Medical Plan – First Gift provides instant medical protection for newborn babies. Does premature birth have any impact on such medical protection?
A5	Regardless of expected delivery date, as long as the policy is effective, coverage on the newborn baby starts from the actual delivery date. Premature birth does not have impact on First Gift medical protection.

Q6	After birth of the child, how will the change of insured process?
A6	The owner must submit the following proof of birth to notify AIA of the child's birth within 30 days from the date of the child's birth: i) A certified true copy of the child's birth certificate; and/or ii) Any other information or documents which we reasonably require. Once we receive the required information and documents, we will issue an endorsement to record the child's name as the insured under this policy. If there is sufficient evidence to prove that the notification could not be submitted within the deadline, and notice was given as soon as reasonably possible, any claims under the policy will not be invalidated for this reason.

Q7	With simplified medical underwriting, owner of an OptimaCEO Medical Plan – First Gift policy can apply for an OptimaCEO Medical Plan Series policy for her newborn baby. Can such new policy be purchased as a rider?
A7	The owner of OptimaCEO Medical Plan – First Gift policy can apply for a new designated medical policy for his/her newborn baby via simplified medical underwriting, while such new designated medical policy can only be purchased as a basic plan, whether or not with optional outpatient or dental benefits. The designated medical policy currently available for selection is OptimaCEO Medical Series which is subject to change by AIA from time to time.

Q8	Can premature babies apply for an OptimaCEO Medical Plan (Basic Plan) with simplified medical underwriting?
A8	The simplified underwriting questions for First Gift insured to apply for an OptimaCEO Medical Plan policy include below question. If the baby was born before 37th week of pregnancy, i.e. the answer is “Yes” to this question, the baby will need to go through full underwriting. • Was the proposed insured born before 37th week of pregnancy and / or born with body weight less than 2.5 kg (5.5 lbs), and / or born under multiple pregnancy (except twin)?

Q9	OptimaCEO Medical Plan – First Gift provides coverage on all congenital conditions for newborn babies. Is such coverage also applicable to OptimaCEO Medical series policy applied via simplified medical underwriting?
A9	Owner of OptimaCEO Medical Series to apply for another designated medical policy with the same child as insured of such new policy by simplified underwriting, which is NOT a plan change or plan conversion. The designated medical policy currently available for selection is OptimaCEO Medical Series which is subject to change by AIA from time to time. Thus, the contract and other policy arrangements of the new OptimaCEO Medical Series policy will remain the same as other policies issued via full underwriting for new business. Even if Hospitalisation & surgical benefits under OptimaCEO Medical Plan – First Gift covers congenital conditions, congenital conditions falls under policy exclusions of OptimaCEO Medical Series, so claims assessment of two independent policies will be different even for the same disease (not payable under OptimaCEO Medical Series).