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Memo

Attn.:	All EDD & Honorable Advisors / EDDs / PSDDs / SDDs / DDs / MICs / Agency Leaders / Financial Planners (Hong Kong Region)	**From:**	Toby Wong
		Dept.:	Product Innovation, Development & Delivery
Copy:	Mr. Alger Fung / Ms. Amy Chan / 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 + Appendix
Date:	28 September, 2026		
Subject:	**A260990** **關於危疾定義標準化之常見問題** **FAQ on the Standardization of Critical Illness Definitions**		

自 2026 年 7 月 7 日發佈《市場資訊：危疾定義標準化》(A260752) 通告後，我們陸續收到來自各位財務策劃顧問就香港保險業聯會（HKFI）近期發布的《危疾定義標準化最佳行業準則》的進一步查詢。爲此，本通告再次重申：**危疾定義標準化僅適用於 2026 年 9 月 1 日或之後推出的新危疾產品，現有產品及已生效的保單均不受影響，並將繼續按其原有合約條款處理。**

同時，為協助各位掌握相關資訊並有效回應客戶查詢，我們已將相關問題整理並彙編成「關於危疾定義標準化之常見問題」，供各位參考。

有關危疾定義標準化常見問題之詳情，請參閱附件 1；詳細之定義比較，請參閱附件 2。

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

Since the issuance of the memo Market Information: Standardization of Critical Illness Definitions (A260752) on 7 Jul 2026, we have received further enquiries from our financial planners regarding the Best Practice on Standardization of Critical Illness Definitions that issued by The Hong Kong Federation of Insurers (HKFI) recently. In this regard, we would like to reiterate that the Standardization of Critical Illness Definitions applies only to **new Critical Illness products launched on or after September 1, 2026** – **Existing products and in-force policies will not be affected** and will continue to be administered in accordance with their respective contractual terms and conditions.

Meanwhile, to help you better understand the relevant information and respond effectively on customer enquiries, we have consolidated the enquiries received into "FAQ on the Standardization of Critical Illness Definitions" for your reference.

For details of the FAQ on the Standardization of Critical Illness Definitions, please refer to Appendix 1.
For the detailed comparison on definitions, please refer to Appendix 2.

Should you have any queries, please enquire by using Chatbot in iEngage/PES. Please convey the above message to your fellow agents. Thanks for your attention.

Best regards,

Toby Wong
Head of Products

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附件 1：危疾定義標準化常見問題

Q1	HKFI 發布的《危疾定義標準化最佳行業準則》是否對現有產品/保單有影響？
A1	危疾定義標準化僅適用於 2026 年 9 月 1 日或之後推出的新危疾產品，現有產品及已生效的保單均不受影響，並將繼續按照原有保單的合約條款處理。

Q2	HKFI 的危疾定義是否為保險公司必須完全依循的統一標準？
A2	HKFI 的危疾定義僅為最低標準 - 保險公司可因應產品設計另行提供額外保障並於產品及保單文件中清晰列明。

Q3	HKFI 的危疾定義的適用範圍為？
A3	適用於 16 項重大危疾病況 + 5 項早期危疾病況 - 涵蓋本地保險市場約九成的索償個案以及「日常生活活動」（ADL）。HKFI 的危疾定義只適用於同一危疾病況的首次索償。

Q4	保險公司是否必須參與危疾定義標準化？
A4	危疾定義標準化為自願形式供保險公司參與。參與的保險公司將獲提供一個「Q 嘅」標誌，以標示其產品已採用 HKFI 的危疾定義。

Q5	HKFI 的危疾定義與「愛伴航」保險計劃 2 (OYS2) 的相關危疾定義有何異同？
A5	- HKFI 推行危疾定義標準化主要目的是統一市場定義及加強客戶保障。OYS2 現有危疾定義與 HKFI 的危疾定義大致一致，而在部分重要危疾病況下，AIA 所提供的保障範圍甚至更為廣泛。 - HKFI 的危疾定義採用了更嚴謹的準則： • 診斷相關病況的註冊醫生所需具備專科資格 • 症狀出現所需的天數要求 因此，客戶選擇 OYS2，可受惠於 AIA 一直以來較具競爭力的危疾保障。

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Appendix 1：FAQ on the Standardization of Critical Illness Definitions

Q1	Does the Standardization of Critical Illness Definitions issued by HKFI have any impact on existing products or inforce policies?
A1	The Standardization of Critical Illness Definitions applies only to new Critical Illness products launched on or after September 1, 2026. Existing products and inforce policies remain unaffected and will continue to be administered in accordance with their respective contractual terms and conditions.

Q2	Are the standardized Critical Illness Definitions established by HKFI a unified standard for insurers adopt?
A2	HKFI's Critical Illness Definitions only serve as "minimum standards" – Insurers can offer additional coverage separately based on their product design, provided that such benefits are clearly stated in the relevant product and policy materials.

Q3	What is the applicable scope of HKFI's Critical Illness Definitions?
A3	Applicable to 16 Major Critical Illness conditions + 5 Minor Critical Illness conditions – Accounts for approximately 90% of claims in Hong Kong insurance market and "Activities of Daily Living" (ADL). HKFI's Critical Illness definitions are only applicable to first claim of the same Critical Illness condition.

Q4	Is it mandatory for insurance companies to participate in the Standardization of Critical Illness Definitions?
A4	Sign up for adoption of the Standardization of Critical Illness Definitions is voluntary basis. A Q-mark indicating the adoption of HKFI's Critical Illness definitions will be provided to the participating insurers for use.

Q5	How do the Critical Illness Definitions under On Your Side Insurance Plan 2 (OYS2) compare with those established by HKFI?
A5	- The primary objective of HKFI's Standardization of Critical Illness Definitions is to standardize Critical Illness definitions across the market and enhance customer protection. OYS2's existing Critical Illness definitions are generally aligned with HKFI's Critical Illness definitions. For certain Critical Illness conditions, AIA offers even broader coverage. - HKFI's Critical Illness definitions tend to include more stringent requirements for the conditions stated, including: • The required medical specialty of Registered Medical Practitioner for the diagnosis • Number of days for the occurrence of symptoms By choosing OYS2, customers can benefit from AIA's long-standing and highly competitive critical illness coverage.

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附件 2: AIA「愛伴航」保險計劃 2 (OYS2) 定義與《最佳行業準則》標準定義之比較

危疾病況	AIA OYS2 定義	HKFI 定義	詮釋
重大癌症	癌 (Cancer) 癌是指： (a) 任何經組織學確診為惡性之腫瘤，並須有惡性細胞已不受控制地生長並侵略其他細胞組織的特徵；或 (b) 任何經組織病理學報告證實為白血病、淋巴瘤或肉瘤。	重大癌症 癌症是指惡性腫瘤，其特徵為惡性細胞不受控制地增生並侵犯正常組織。「重大癌症」一詞包括但不限於白血病、淋巴瘤（不包括皮膚淋巴瘤）及惡性肉瘤。 **此病況必須由註冊病理學專科醫生或腫瘤科專科醫生根據切除後的最終組織病理學報告作出明確的診斷。僅憑臨床診斷、磁力共振掃描（MRI）、電腦斷層掃描（CT）或其他同類影像技術，或僅透過體液中的腫瘤細胞或腫瘤相關分子（例如液體活檢）作出的診斷，均不符合此定義。** 癌症的診斷及分期須依據最新的世界衛生組織（WHO）癌症分類及／或美國癌症聯合委員會（AJCC）癌症分期手冊。本定義涵蓋特定嚴重程度的重大癌症。	HKFI 明確列明癌症必須根據切除後的最終組織病理學報告作出明確的診斷，而 AIA 沒有此要求。此外，HKFI 定義明確列明不符合重大癌症定義的診斷，與 AIA 相比保障範圍沒有影響。

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危疾病況	AIA OYS2 定義	HKFI 定義	詮釋
	不保事項		
	即使上述有何規定，就「危疾」之定義而言，癌症並不包括下列任何一項： (i) 任何在組織病理學中分類為癌前病變、非侵略性、或原位癌，或邊緣性或低惡性潛力的腫瘤； (ii) 根據 TNM 評級系統，任何在組織學上被界定為 T1N0M0 或以下級別的甲狀腺腫瘤； (iii) 根據 TNM 評級系統，任何在組織學上被界定為 T1a 或 T1b 或以下級別的前列腺腫瘤； (iv) 被分類為 RAI 級別 III 以下的慢性淋巴性白血病； (v) 與人體免疫力缺乏病毒(HIV)感染同時存在的所有癌症；及 (vi) 任何非黑色素瘤的皮膚癌。	以下情況不在保障範圍內： • 任何被組織病理學分類為癌前病變、非侵襲性癌或原位癌的腫瘤； • 所有級別的異型增生、鱗狀上皮內病變（高級別及低級別）及上皮內腫瘤（例如：子宮頸上皮內瘤變 CIN 1 、2 、3 ；前列腺上皮內瘤變 PIN 1 、2 、3 ；外陰上皮內瘤變 VIN 1、2、3）； • 任何被組織病理學分類為邊界性惡性或潛在低度惡性的腫瘤； **• 任何被組織病理學分類為第一期或更低期的甲狀腺癌；** **• 任何被組織病理學分類為 T1N0M0 或更低期的前列腺癌；** • 任何被組織病理學分類為 Tis 或 Ta 的膀胱腫瘤； **• 無淋巴結或遠端轉移的明確證據的除任何組織病理學分類為第二期及以上的惡性黑色素瘤之外的皮膚癌（包括所有原發性皮膚淋巴瘤及蕈樣肉芽腫），皮膚是指表皮、真皮和皮下組織；** • 任何低於 RAI 第三期的慢性淋巴性白血病；	**AIA 保障範圍較廣** 除符合癌症對腫瘤病情的定義外，HKFI 對部分癌症列明額外的不保事項或排除的癌症期數較 AIA 的現行定義多 甲狀腺癌 – AIA 的現行定義沒有明確排除所有第 1 期的甲狀腺癌，只排除 T1N0M0；因此，同屬第 1 期的 T2NxM0 仍會被納入 AIA 的保障範圍 前列腺癌 - AIA 的現行定義沒有明確排除所有 T1N0M0 的前列腺癌，而只排除 T1a 或 T1b；因此，同屬 T1N0M0 的 T1cN0M0 仍會被納入 AIA 的保障範圍 黑色素瘤 – AIA 的現行定義沒有明確排除第 1 期的黑色素瘤 胃腸道間質瘤（GIST）– AIA 的現行定義沒有明確排除第 1 期及 1A 期的胃腸道間質瘤 胸腺上皮腫瘤 – AIA 的現行定義沒有明確排除所有第 1 期或以下的胸腺上皮腫瘤

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危疾病況	AIA OYS2 定義	HKFI 定義	詮釋
		• 任何第一期或 1A 期或更低期的胃腸道間質瘤（GIST）； **• 任何第一期或更低期的胸腺上皮腫瘤；** **• 若可透過幽門螺旋桿菌根除治療的胃黏膜相關淋巴組織淋巴瘤（MALT lymphoma）；** **• 任何被組織病理學分類為第一期或更低期的神經內分泌腫瘤或新生物（包括類癌）；** **• 所有腦下垂體腫瘤，包括腦下垂體神經內分泌腫瘤（PitNET），但轉移性 PitNET 或腦下垂體癌除外；** • 任何在 HIV 感染存在下的腫瘤； **• 任何不需定期輸血、化療、標靶治療、骨髓移植、造血幹細胞移植或其他重大介入性治療的骨髓惡性腫瘤**	胃黏膜相關淋巴組織淋巴瘤 – AIA 的現行定義沒有明確排除可透過幽門螺旋桿菌根除治療的胃黏膜相關淋巴組織淋巴瘤 神經內分泌腫瘤（NET / NEN）– AIA 的現行定義沒有明確排除第 1 期或以下的神經內分泌腫瘤（NET / NEN） 骨髓惡性腫瘤 – AIA 的現行定義沒有明確排除骨髓增生不良綜合症（MDS）及骨髓增生性腫瘤（MPN） 在 HKFI 定義下，上述不受保於重大癌症內的部份狀況會於原位癌或早期癌症下受保

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危疾病況	AIA OYS2 定義	HKFI 定義	詮釋
嚴重心臟病發作 / 心肌梗塞	心臟病 (Heart Attack) 因心臟血液供應不足，引致部份心臟肌肉（心肌）壞死，並須符合下列所有準則： (a) 典型的胸痛病歷； (b) 在相關心臟事故期間心電圖顯示新近具急性心肌梗塞特徵的變化；及 (c) 以下其中一項： (i) 心肌酵素（CPK-MB）提高至一般公認的實驗室水平的正常水平以上；或 (ii) 心肌旋轉蛋白水平達到心肌旋轉蛋白 I(Troponin I)>0.5ng/ml 或以上，或心肌旋轉蛋白 T(Troponin T)>1.0ng/ml 或以上。 心絞痛則明確不受此保障。	嚴重心臟病發作 / 心肌梗塞 由於相關心肌血液供應不足而導致心肌壞死。必須符合以下所有條件，以證明發生了新的急性心臟病發作 / 心肌梗塞。此病況必須由註冊心臟科專科醫生作出明確的診斷。 1. 有典型缺血性胸痛症狀；及 2. **心電圖出現新的特徵性變化（例如：新的 ST-T 抬高或壓低、新出現的病理性 Q 波，或新的左束支傳導阻滯）**，明確顯示出現新的急性心臟病發作 / 心肌梗塞；及 3. 心肌生化標誌物升高： a. CKMB 升高至超過一般實驗室正常值，並符合心臟病發作 / 心肌梗塞的明確診斷標準；或 b. 心肌肌鈣蛋白 I > 0.5ng/ml，或心肌肌鈣蛋白 T > 1.0ng/ml。 以下情況不在保障範圍內： • 任何其他非心肌梗塞的急性冠心症（如心絞痛）； **• 因其他疾病而導致心肌生化標誌物（CKMB 或心肌肌鈣蛋白）升高的情況（例如：冠狀動脈造影或血管成形術等動脈介入技術後、心**	保障範圍相同 HKFI 定義只為明確列明特定的心電圖（ECG）變化及相關不保事項，與 AIA 相比保障範圍沒有影響

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		律不整、心肌損傷或其他系統性疾病）； **• 冠狀動脈正常或因冠狀動脈痙攣、心肌橋或非註冊醫生處方藥物使用所引致的心臟病發作／心肌梗塞。**	
中風並導致永久性神經功能缺損	中風 (Stroke) 由於任何腦血管意外或事故產生神經功能性障礙，該神經功能性障礙必須持續最少四(4)個星期並從身體檢查中確定具有客觀神經異常症狀。中風包括腦組織梗塞、腦出血及由顱以外原因引致血栓塞。中風的診斷必須以電腦掃描(CT scan)或磁力共振(MRI)作證明，並必須由腦神經專科註冊醫生確定該功能性障礙。 以下各項不在受保之列： (a) 因短暫性腦缺血引致的腦部症狀； (b) 因偏頭痛引致的腦部症狀；及	中風並導致永久性神經功能缺損 指因腦血管病發事件（包括腦組織梗塞、腦出血或源自顱外的栓塞）而導致的**永久性神經功能缺損**。此病況必須由註冊神經科專科醫生作出明確的診斷，並須符合以下所有條件： 1. 於腦血管病發事件發生後至少 30 天，由註冊神經科專科醫生在身體檢查中確認存在客觀及持續的神經異常體徵， 且該神經功能缺損必須與磁力共振掃描（MRI）、電腦斷層掃描（CT）或其他同類	**AIA 保障範圍較廣** HKFI 明確列明神經功能缺損須為永久性，而 AIA 沒有 AIA 的現行定義會保障預先存在的腦部病變內出血，但 HKFI 不會保障

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	(c) 對眼或視神經或前庭系統功能造成影響的血管疾病。	影像技術的解剖學結果相符；及 2. 影像檢查（MRI、CT 或其他同類技術）顯示有明確的新中風診斷。 以下情況不在保障範圍內： • 短暫性腦缺血發作（TIA）或延長性可逆性缺血性神經功能缺損（PRIND）； • 因意外或創傷、感染、血管炎或炎症性疾病所引致的腦損傷； • 影響眼睛、視神經或前庭系統的血管疾病； • 影像檢查中發現的無症狀「靜默中風」； **• 預先存在的腦部病變內出血；** • 偏頭痛引起的腦部症狀； • 腦白質病變（Leukoaraiosis）導致的腦影像異常。	
其他嚴重的冠狀動脈疾病	其他嚴重的冠狀動脈疾病 (Other Serious Coronary Artery Disease) 嚴重的冠狀動脈疾病是指有最少三(3)條主要冠狀動脈分別閉塞達最少百分之六十(60%)或以上，並只限以冠狀動脈造影術作證明（非創傷性之診斷程序並不符合此要求）。 就此定義而言，「主要冠狀動脈」是指任何左動脈主	其他嚴重的冠狀動脈疾病 指至少三條主要冠狀動脈的血管腔均出現最少60%的狹窄，並須由同一次的侵入性冠狀動脈造影檢查完全證實。 使用影像或非侵入性診斷技術（例如磁力共振掃描（MRI）、電腦斷層掃描（CT）或其他同類影像技術）所作出的診斷，並不符合此定	保障範圍相同

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	幹、左動脈前降支、迴旋動脈及右冠狀動脈（但不包括所有上述之動脈的分支血管）。	義所要求的診斷標準。 「主要冠狀動脈」指以下的血管：左主幹動脈、左前降支動脈、迴旋支動脈及右冠狀動脈，但不包括其任何分支動脈。	
末期腎功能衰竭	腎衰竭 (Kidney Failure) 兩個腎臟的功能已出現慢性及不可逆轉的末期衰竭情況，以致已開始進行定期之腎臟透析法或已接受腎臟移植手術。	末期腎功能衰竭 指雙腎出現慢性及**不可逆轉**的功能衰竭，並需持續接受永久性腎透析治療，而且治療期不少於**連續 90 天**。 此病況必須由註冊腎科專科醫生作出明確的診斷。 以下情況不在保障範圍內： • 可逆性的急性腎功能衰竭，即使曾接受過臨時性腎透析治療。	**AIA 保障範圍較廣** 90 天規定 – AIA 現行定義只要求「定期腎臟透析」就可索償，不需要等到 90 天後才可索償
開胸心臟瓣膜手術	心瓣置換及修補 (Heart Valve Replacement and Repair) 出現心臟瓣膜缺陷或異常而確實已接受剖開心臟之手術以置換或修補心臟瓣膜。 透過血管內的手術、鎖孔手術或其他類似手術程序進行的修補則明確不受此保障。	開胸心臟瓣膜手術 指實際接受開胸心臟手術（包括全胸骨切開或部分胸骨切開），以更換或修復心臟瓣膜異常。瓣膜異常的診斷必須由心導管檢查或心臟超聲波（心臟超聲圖）證實，並且該手術必須被註冊心臟科專科醫生認定為醫療上有必要。	保障範圍相同

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		「開胸心臟手術」是指外科醫生透過胸腔切開及心臟切口，直接目視進行瓣膜更換或修復的手術。 以下情況不在保障範圍內： • 所有非開胸的瓣膜手術；「微創」手術；經皮血管導管介入技術（例如經導管瓣膜置換術），或任何胸腔及心臟未曾被切開的手術方式。	
末期肺病並導致呼吸衰竭	末期肺病 (End-stage Lung Disease) 末期肺病引致慢性呼吸衰竭，並須符合下列所有準則： (a) 永久需要氧氣療法； (b) 在第一秒最大呼氧量（FEV1）測試中的呼氧量每秒持續少於一(1)公升（即在用力呼氣的第一秒期間）； (c) 基準動脈血氧分析顯示動脈氧分壓為 55mmHg 或以下的水平；及 (d) 靜止時呼吸困難。	末期肺病並導致呼吸衰竭 指因末期肺病導致慢性及**不可逆轉**的呼吸衰竭，並須符合以下所有條件： 1. 需持續接受永久性氧氣治療（除非有禁忌症）； 2. 多次評估中，強制呼氣量（FEV1）測試結果持續低於一（1）公升； 3. 基線動脈血氣分析顯示在吸入室內空氣時，動脈氧分壓（PaO_2）等於或低於五十五（55）毫米汞柱； 4. 靜息時出現呼吸困難。 此病況必須由註冊胸肺科專科醫生作出明確的診斷。	保障範圍相同 「不可逆轉」— AIA 的現行定義定義中雖未包含「不可逆轉」一詞，但因為其目的在於涵蓋「末期」疾病，而該等情況本質上屬於不可逆轉，因此 HKFI 定義與 AIA 現行定義相同

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		以下情況不在保障範圍內： • 可逆性的急性呼吸衰竭，或由非永久性疾病引起且預期可改善的呼吸衰竭。	
開胸 / 開腹主動脈手術	主動脈手術 (Surgery to Aorta) 確實經開胸或剖腹手術進行修補或矯正主動脈瘤或主動脈阻塞、縮窄或夾層的情況。就此定義而言，「主動脈」是指胸主動脈和腹主動脈，不包括其分支血管。 血管成形術及所有其他經動脈穿刺進行的手術、導管技術、鎖孔手術或激光手術程序，均不包括在主動脈手術之內。	開胸 / 開腹主動脈手術 指因疾病導致主動脈出現瘤、狹窄、阻塞或剝離，而實際接受開胸（胸腔切開術）或開腹（腹腔切開術）手術，以切除、更換、修復或矯正受損的主動脈。 「主動脈」指胸主動脈及腹主動脈，但不包括其分支血管。 該手術必須由註冊心胸外科或血管外科專科醫生認定為醫療上有必要。 以下情況不在保障範圍內： • 所有胸腔或腹腔未曾被切開的手術方式，例如經皮血管導管介入技術。 **• 因創傷性受傷所引致的主動脈損傷。**	**AIA 保障範圍較廣** AIA 包括創傷性受傷所引致的主動脈損傷，而 HKFI 不包括

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嚴重頭部創傷	嚴重頭部創傷 (Major Head Trauma) 因腦部受傷引致嚴重的永久性腦功能受損，並證明由受傷當日起計已持續最少三(3)個月。該永久性腦功能受損必須導致不能完成在保單內界定之「日常生活活動」的其中最少三(3)項活動（無論有否使用機械設備、特殊裝置或專為殘疾人士而設的其他輔助和調整設備）。嚴重頭部創傷的診斷必須由腦神經專科註冊醫生確定及獲得本公司的醫務總監正式同意。	嚴重頭部創傷 指嚴重的頭部創傷導致永久性及顯著的腦部損傷及神經功能缺損。該創傷必須直接導致受保人完全及永久喪失自行履行六項**日常生活活動（Activities of Daily Living, ADL）**中至少三項的能力，並持續不少於 90 天，且無康復的可能。 診斷、功能喪失及持續需要日常生活支援的情況，必須由註冊神經科專科醫生或神經外科專科醫生作出明確的確認，並須有相關影像證據支援，包括磁力共振掃描（MRI）、電腦斷層掃描（CT）或其他同類影像技術。 以下情況不在保障範圍內： • 因自我傷害、酗酒或非註冊醫生處方藥物使用所引致的嚴重頭部創傷。	**AIA 保障範圍較廣** HKFI 的新「日常生活活動」定義要求下，如能透過使用特別設備完成該活動，則視為能夠執行該項活動。AIA 則沒此要求 其他定義只為明確列明特定條款及相關不保事項，與 AIA 相比保障範圍沒有影響
末期肝功能衰竭	慢性肝病 (Chronic Liver Disease) 末期肝衰竭必須有下列所有的症狀證明： (a) 持續性黃疸； (b) 腹水；及 (c) 肝性腦病。	末期肝功能衰竭 指永久性及不可逆轉的肝功能衰竭，並符合以下**至少三項**臨床準則： 1. 持續性黃疸； **2. 食道及胃靜脈曲張；**	保障範圍大致相若 HKFI 多了一項臨床準則以供評核，而 AIA 與 HKFI 均需要符合至少三項準則才會受保

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危疾病況	AIA OYS2 定義	HKFI 定義	詮釋
	即使有上述症狀，由酒精或濫用藥物而引起或有關的肝衰竭並不受此保障。	3. 腹水； 4. 肝性腦病變。 此病況必須由註冊腸胃科專科醫生或肝病科專科醫生作出明確的診斷。 以下情況不在保障範圍內： • 因酗酒或非註冊醫生處方藥物使用所引致的肝病。	
嚴重原發性心肌病	心肌病 (Cardiomyopathy) 心肌功能受損，由心臟專科註冊醫生明確診斷為心肌病，並導致永久性損害，其程度達美國紐約心臟病學會（New York Heart Association）心臟功能分級的第 III 或第 IV 級，或其同等級別，並按下列之級別準則已持續最少六(6)個月： 第 III 級 - 顯著功能限制，受影響病人於休息時方覺舒適，但在進行少於正常體力消耗之活動時則會引致出現充血性心臟衰竭的病徵。 第 IV 級 - 進行任何活動皆會引起不適。即使在休息時亦出現充血性心臟衰竭的病徵。而任何體力活動增加皆會感到不適。 心肌病的診斷必須由心臟超聲波結果證明心室功能受	嚴重原發性心肌病 **指明確診斷為以下其中一種原發性心肌病：** **1. 擴張型心肌病；** **2. 肥厚型心肌病（包括阻塞性或非阻塞性）；** **3. 限制型心肌病；** **4. 心律不整性右心室心肌病。** 此病況必須導致身體活動能力出現永久性及不可逆轉的限制，並達至**紐約心臟病協會（NYHA）心功能分級第四級的程度**，且持續不少於 180 天。 此病況必須由註冊心臟科專科醫生作出明確的診斷，並須有適當的醫學檢查支持，包括心臟	**AIA 保障範圍較廣** 1. AIA 的定義將紐約心臟病協會（NYHA）第 3 級列為主要危疾；然而，HKFI 定義並未涵蓋第 3 級情況 2. HKFI 定義亦明確排除部分情況及指明原發性心肌病的種類，而 AIA 的定義下沒此限制

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危疾病況	AIA OYS2 定義	HKFI 定義	詮釋
	損。 即使上述有何規定，心肌病若是直接與酒精或濫用藥物有關，則不受此保障。	超聲波（心臟超聲圖）、磁力共振掃描（MRI）、電腦斷層掃描（CT）或其他同類影像技術。 NYHA 第四級定義為：患者即使在休息時亦出現心臟衰竭症狀，無法進行任何身體活動而不感到不適；若進行任何活動，症狀將加劇。 以下情況不在保障範圍內： **• 繼發性心肌病（例如：缺血性、瓣膜性、代謝性、中毒性或高血壓性）；** **• 因心肌炎或長期心律不整導致的左心室功能暫時性下降；** **• 因系統性疾病引致的心肌病；** • 因酗酒或非註冊醫生處方藥物使用所引致的心肌病。	

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危疾病況	AIA OYS2 定義	HKFI 定義	詮釋
良性腦腫瘤	良性腦腫瘤 (Benign Brain Tumour) 腦部或顱腦膜內的良性腫瘤，並產生顯示顱內壓增高的徵狀，例如：視神經乳頭水腫、精神症狀、癲癇及感覺障礙。良性腦腫瘤的存在必須由影像研究如電腦掃描(CT scan)或磁力共振(MRI)造影確定。 以下所列並不受此保障： (a) 囊腫； (b) 肉芽腫； (c) 腦動脈或靜脈畸形； (d) 血腫； (e) 腦垂體或脊椎腫瘤；及 (f) 聽覺神經腫瘤。	良性腦腫瘤 指在顱內腦部或腦膜出現非癌性腫瘤，並符合以下所有條件： 1. 因醫療必要且實際接受開顱手術以切除腫瘤；或 若腫瘤被認定為不可切除，並導致永久性及顯著的神經功能缺損，該缺損須自診斷日起持續不少於 180 天。 2. 腫瘤的診斷、不可切除的性質，以及永久性神經功能缺損，必須由註冊神經科專科醫生或神經外科專科醫生作出明確的確認， 並須有磁力共振掃描（MRI）、電腦斷層掃描（CT）或其他同類影像技術的結果支持。 以下情況不在保障範圍內： • 囊腫； • 膿腫； • 血管瘤； • 肉芽腫； • 血管畸形； • 血腫； • 腦垂體、脊髓或顱底腫瘤； • 顱神經腫瘤。	保障範圍大致相若 HKFI 定義只為明確列明額外的不保事項，與 AIA 相比保障範圍沒有影響

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危疾病況	AIA OYS2 定義	HKFI 定義	詮釋
主要器官移植	主要器官移植 (Major Organ Transplant) 受保人以器官接受者身份接受下列器官移植： (a) 在先進行全身骨髓消融後以造血幹細胞進行人體骨髓移植；或 (b) 進行以下任何一項人體器官移植，以治療該器官之不可復原的末期器官衰竭：心臟、肺、肝、腎、或胰腺。 除上述(a)項所提供之器官移植，其他幹細胞移植及胰腺組織或細胞移植均不受此保障。	主要器官移植 指實際接受人與人之間的器官移植手術，包括心臟、肺、肝臟、胰臟、腎臟或骨髓的移植。骨髓移植必須為**異體造血幹細胞移植**，並須在全骨髓清除後進行。 該移植手術必須被認定為醫療上有必要，並用以治療相關器官的不可逆末期衰竭，且須有客觀醫學證據支持。 以下情況不在保障範圍內： • 其他類型的幹細胞移植及胰島細胞移植； • 器官的部分移植（除非該部分移植已被醫學界認定為治療不可逆末期器官衰竭的標準方法）； • 用以模擬器官功能的植入式或外置式裝置。	保障範圍相同 異體指來自基因不同的個體，即來自他人；而 AIA 的定義亦明確規定受保人須以器官接受者的身份接受移植。因此，兩者的保障範圍一致。 HKFI 定義只為明確列明額外的不保事項，與 AIA 相比保障範圍沒有影響

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危疾病況	AIA OYS2 定義	HKFI 定義	詮釋
冠狀動脈搭橋手術	冠狀動脈手術 (Coronary Artery Surgery) 確實接受開胸手術進行冠狀動脈搭橋手術以矯正或治療冠狀動脈疾病。 血管成形術及所有其他經動脈穿刺進行的手術、導管技術、鎖孔手術或激光手術程序，均不受此保障。	冠狀動脈搭橋手術 指實際接受開胸心臟手術（包括全胸骨切開或部分胸骨切開），以繞道方式修復一條或多條冠狀動脈的狹窄或阻塞情況。 該手術必須由註冊心臟科專科醫生或心臟外科醫生認定為醫療上有必要，並須有冠狀動脈造影檢查結果支持，以證明存在顯著的冠狀動脈阻塞。 以下情況不在保障範圍內： • 通波仔（血管成形術）； • 動脈內介入技術； • 雷射技術； • 其他非外科手術技術； • 「微創」或「鑰匙孔」手術方式	保障範圍相同

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危疾病況	AIA OYS2 定義	HKFI 定義	詮釋
嚴重柏金遜症	柏金遜症 (Parkinson's Disease) 經腦神經專科註冊醫生作出無可置疑之診斷為柏金遜症，病情如下： (a) 無法以醫藥療法控制； (b) 有逐漸轉壞的症狀；及 (c) 按日常生活活動評估確定受保人無法完成此保單內界定之「日常生活活動」的其中最少三(3)項活動（無論有否使用機械設備、特殊裝置或專為殘疾人士而設的其他輔助和調整設備）。 保單只保障不明起因的柏金遜症，因藥物或中毒導致的柏金遜症除外。	嚴重柏金遜症 指由註冊神經科專科醫生明確診斷為原發性柏金遜症（Idiopathic Parkinson's Disease），並符合以下所有條件： 1. 病情無法透過藥物控制； 2. 出現持續性惡化的臨床表現； 3. 導致受保人完全及永久喪失自行履行六項**日常生活活動（Activities of Daily Living, ADL）中至少三項的能力，且持續不少於 180 天**，並無康復可能。 僅涵蓋由註冊神經科專科醫生確認的原發性柏金遜症。 以下情況不在保障範圍內： • 因藥物或毒素引致的柏金遜症； • 僅依賴生物標記診斷的柏金遜症； • 任何其他類型的柏金遜綜合症（Parkinsonism）。	**AIA 保障範圍較廣** HKFI 的新「日常生活活動」定義下，如能透過使用特別設備完成該活動，則視為能夠執行該項活動，並要求 ADL 之喪失需持續不少於 180 天，AIA 則沒此等要求

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危疾病況	AIA OYS2 定義	HKFI 定義	詮釋
阿爾茨海默症及其他重大神經認知障礙（癡呆症）並伴嚴重認知障礙	亞爾茲默氏病 / 不可還原之器質性腦退化疾病 (Alzheimer's Disease/Irreversible Organic Degenerative Brain Disorders) 經受保人的臨床狀態及標準問卷或測驗證明受保人的思考能力退化或喪失，或行為舉止之失常是由亞爾茲默氏病或其他不可還原之器質性腦退化疾病引致，並導致受保人之思維能力及社交活動能力嚴重退減，進而影響受保人須接受持續性之護理。亞爾茲默氏病或其他不可還原之器質性腦退化疾病的診斷必須由腦神經專科註冊醫生臨床確定。 以下所列並不包括在內： (a) 非器質性腦疾病如神經機能疾病及精神病；及 (b) 任何藥物或酒精引起的器質性腦疾病。	阿爾茨海默症及其他重大神經認知障礙（癡呆症）並伴嚴重認知障礙 阿爾茨海默症及其他重大神經認知障礙（癡呆症）是指導致智力能力逐漸退化或行為異常的疾病，並須符合以下所有條件： 1. 臨床病徵； 2. 影像學證據，包括磁力共振掃描（MRI）、電腦斷層掃描（CT）或其他同類影像技術； 3. **臨床癡呆評分（CDR）達第 3 級，或簡易智能測驗（MMSE）得分低於 10 分（滿分 30），或其他標準化並獲臨床認可的認知功能測試中得分相當。** 此病況必須導致受保人之精神及社交功能出現永久性及顯著的減退。 此病況必須由註冊神經科專科醫生或老年科專科醫生作出明確的診斷，並須直接導致受保人完全及永久喪失自行履行**六項日常生活活動（Activities of Daily Living, ADL）中至少三項的能力**，使其需長期接受他人協助及監護。	**AIA 保障範圍較廣** MMSE / CDR 評分 – AIA 的定義未要求簡易智能測驗（MMSE）得分低於 10 分（滿分 30）或 臨床癡呆評分（CDR）達第 3 級 HKFI 定義要求受保人完全及永久喪失自行履行六項日常生活活動（Activities of Daily Living, ADL）中至少三項的能力，AIA 則沒此要求 其他定義只為明確列明特定條款及相關不保事項，與 AIA 相比保障範圍沒有影響

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危疾病況	AIA OYS2 定義	HKFI 定義	詮釋
		以下情況不在保障範圍內： • 因精神疾病、酗酒或非註冊醫生處方藥物使用所引致的阿爾茨海默症或其他神經認知障礙； • 僅依賴生物標記診斷（包括進階神經影像技術或腦脊液、血液、尿液等體液中的生物標記），而無任何認知或行為症狀者； • 可逆性的器質性腦部疾病； • 輕度神經認知障礙（包括前驅癡呆症及輕度認知障礙）。	

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Memo

早期危疾	AIA OYS2 定義	HKFI 定義	詮釋
經皮冠狀動脈腔內成形術（PTCA）	經皮穿刺冠狀動脈介入 (Percutaneous Coronary Intervention) 經皮穿刺冠狀動脈介入是指下列任何一(1)個程序： (a) 血管成形手術及/或植入支架：確實進行血管成形術及/或置入支架，以矯正一(1)條或以上冠狀動脈狹窄或閉塞； (b) 其他程序：確實透過動脈粥樣瘤清除手術、激光舒緩治療、橫越心肌激光血管成形或其他經動脈進行的手術以矯正一(1)條或以上冠狀動脈狹窄或閉塞。 以上所有程序必須符合下列所有準則： (i) 經血管造影術證明最少一(1)條冠狀動脈達百分之五十（50%）或以上狹窄；及 (ii) 有關程序為醫療所需及由心臟專科註冊醫生進行。 倘若因次級嚴重心臟病而需要進行經皮穿刺	經皮冠狀動脈腔內成形術（PTCA） 指為治療冠狀動脈疾病而進行的經皮血管介入治療，包括使用支架、球囊擴張術、旋切術或雷射技術，以修復一條或多條主要冠狀動脈的血管腔狹窄，每條動脈的狹窄程度須達至少60%或以上。 該治療必須由註冊心臟科專科醫生確認為醫療上有必要。 所需醫療證據包括以下全部項目： 1. 由主診註冊心臟科醫生或心臟外科醫生提供的完整報告； 2. 冠狀動脈造影結果，以證實一條或多條主要冠狀動脈的狹窄位置及程度。 **「主要冠狀動脈」指左主幹動脈、左前降支動脈、迴旋支動脈及右冠狀動脈。但不包括其任何分支動脈。**	**AIA 保障範圍較廣** AIA 要求的動脈狹窄程度為 50%，較 HKFI 60% 較寬鬆。 HKFI 定義只為明確列明「主要冠狀動脈」的定義，與 AIA 相比保障範圍沒有影響。

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	冠狀動脈介入，在此保單內只可於次級嚴重心臟病一項中獲得賠償。		
原位癌（CIS）	原位癌 (Carcinoma-in-situ) 原位癌是指是指經組織學證實並局限在侵入性前之病變，即癌細胞並無穿透基底膜，亦未侵入（即指滲入及／或活躍地破壞）環繞組織或基質，包括第三階段的子宮頸表層細胞癌變(CIN III)及第三階段的前列腺表層細胞癌變(PIN III)。原位癌不包括以下任何一項： (a) 第二階段的子宮頸表層細胞癌變(CIN II)或以下； (b) 第二階段的前列腺表層細胞癌變(PIN II)或以下；及 (c) 皮膚原位癌。 就此保單而言，原位癌疾病必須以活組織檢查術確定。	原位癌（CIS） 原位癌是指癌細胞在原發部位局部自主增生，但尚未入侵正常組織。所謂「入侵」，是指癌細胞穿透上皮基底膜並破壞周邊組織或間質。 此病況必須由註冊腫瘤科專科醫生或病理科專科醫生根據組織病理學證據作出明確的診斷。僅依靠臨床診斷、磁力共振掃描（MRI）、電腦斷層掃描（CT）或其他同類影像技術，或透過體液中的腫瘤細胞或腫瘤相關分子（例如液體活檢）作出的診斷，均不符合此定義。 原位癌的診斷及分期須依據最新的世界衛生組織（WHO）癌症分類及／或美國癌症聯合委員會（AJCC）癌症分期手冊。 本定義亦涵蓋以下情況： • 子宮頸上皮內瘤變第 III 級（CIN III）或原位癌（CIS）； • 膀胱腫瘤分期為 TaN0M0 或 TisN0M0；	HKFI 定義只為明確列明不符合重大癌症定義的診斷，與 AIA 相比保障範圍沒有影響

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		• 前列腺上皮內瘤變第 III 級（PIN III）及外陰上皮內瘤變第 III 級（VIN III）。 以下情況不在保障範圍內： • 子宮頸上皮內瘤變第 II 級（CIN II）或以下； • 前列腺上皮內瘤變第 II 級（PIN II）或以下； • 外陰上皮內瘤變第 II 級（VIN II）或以下； • 所有皮膚原位癌，包括原位黑色素瘤； • 任何在 HIV 感染存在下的腫瘤。	
早期癌症	早期惡性腫瘤 (Early Stage Malignancy) 早期惡性腫瘤是指出現以下任何一種的惡性腫瘤情況： (a) 根據 TNM 評級系統，有關甲狀腺腫瘤必須在組織學上被界定為 T1N0M0 級別； (b) 根據 TNM 評級系統，前列腺腫瘤必須在組織學上被界定為 T1a 或 T1b； (c) 被分類為 RAI 級別 I 或 II 的慢性淋巴性白血病；或 (d) 非黑色素瘤的皮膚癌。	早期癌症 癌症是指惡性腫瘤，其特徵為惡性細胞不受控制地增生並侵犯正常組織。 此病況必須由註冊腫瘤科專科醫生或病理科專科醫生根據組織病理學證據作出明確的診斷。僅依靠臨床診斷、磁力共振掃描（MRI）、電腦斷層掃描（CT）或其他同類影像技術，或透過體液中的腫瘤細胞或腫瘤相關分子（例如液體活檢）作出的診斷，均不符合此定義。	請參考 "重大癌症"一欄

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	診斷必須以組織病理學的特徵為準，並由註冊醫生確定。除非在以上所列，否則惡性腫瘤前的病變及情況並不受此保障。	癌症的診斷及分期須依據最新的世界衛生組織（WHO）最新癌症分類及／或美國癌症聯合委員會（AJCC）癌症分期手冊。 本定義涵蓋以下特定嚴重程度的早期癌症： • 任何被組織病理學分類為第一期的甲狀腺癌； • 任何被組織病理學分類為 T1N0M0 的前列腺癌； • 被組織病理學分類為第一期的惡性黑色素瘤； • 分期為 RAI 第一或第二期的慢性淋巴性白血病； • 組織病理學分類為第一期或 1A 期的胃腸道間質瘤（GIST）； • 組織病理學分類為惡性且分期為第一期的胸腺上皮腫瘤； • 組織病理學分類為第一期的神經內分泌腫瘤或新生物（NET／NEN），包括類癌。 以下情況不在保障範圍內： • 任何被組織病理學分類為癌前病變、非侵襲性或原位癌的腫瘤；	

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		• 所有級別的異型增生、鱗狀上皮內病變（HSIL / LSIL）及上皮內瘤變（例如：子宮頸上皮內瘤變 CIN 1、2、3；前列腺上皮內瘤變 PIN 1、2、3）； • 任何被組織病理學分類為邊界性惡性或低惡性潛能的腫瘤； • 若可透過幽門螺旋桿菌根除治療的胃黏膜相關淋巴組織淋巴瘤（MALT lymphoma）； • 任何腦垂體腫瘤； • 任何在 HIV 感染存在下的腫瘤。	
腦動脈瘤的血管內治療	大腦動脈瘤的血管介入治療 (Endovascular Treatment for Cerebral Aneurysm) 大腦動脈瘤的血管介入治療是指確實進行血管介入治療，如經血管內栓塞治療 (endovascular embolization)、經血管內盤繞治療(endovascular coiling)、血管成形術及/或植入支架或置入流量分流器，以預防大腦動脈瘤破裂或減輕因大腦動脈瘤破裂而導致出血。有關程序必須視爲醫療所需及由相關專科的註冊醫生進行。	腦動脈瘤的血管內治療 指實際接受顱內血管內手術介入治療，包括血管內栓塞術、血管內線圈術、血管成形術及/或支架植入術，或導流裝置（Flow Diverter）的置入，以預防腦動脈瘤破裂或減輕因破裂引致的出血。 該治療必須由註冊神經科專科醫生或神經外科專科醫生進行，並被認定為醫療上有必要。 以下情況不在保障範圍內： • 任何其他治療腦動脈瘤的技術（例如：立體	保障範圍相同

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		定位放射手術）； • 治療非腦動脈瘤的腦血管畸形（如動靜脈畸形）。	
嚴重自閉症譜系障礙	自閉症 (Autism) 經兒童精神專科註冊醫生作出明確診斷，此自閉症系列障礙屬嚴重類型，而有關情況需在診斷後最少持續出現六(6)個月，並必須符合以下所有條件： (a) 受保人正接受行爲治療、職業治療、語言治療、心理介入治療或在為自閉症兒童而設的認可學校內接受特殊教育；及 (b) 由受保人的主診兒童精神科醫生證實其情況(根據《精神疾病診斷及統計手冊》(DSM-5)) 符合以下所有條件： (i) 在多種環境下長期缺乏社交溝通及社交互動能力，並有以下的表現： • 言語及非言語的社交溝通技巧嚴重不足，導致功能上嚴重缺陷、在社交互動中作出非常有限度的主動及對其他人的社交友好表示作出最小的回應 (ii) 限制性、重復性的行爲、興趣或活動，並	嚴重自閉症譜系障礙 指根據《精神疾病診斷與統計手冊》第五版（DSM-5）所界定的第 3 級嚴重程度之自閉症譜系障礙（Autism Spectrum Disorder, ASD），並符合以下所有條件： 診斷後病情持續不少於 180 天； 受保人必須正在接受行為治療、職業治療、言語治療、心理介入或於認可機構接受特殊教育； **保障只適用於受保人年滿 3 歲或以上**。 診斷準則（根據 DSM-5）須由註冊兒童精神科或發展兒科專科醫生確認，並包括以下各項： 1. 在多種情境中持續出現社交溝通及人際互動障礙，包括： • 嚴重的語言及非語言社交溝通能力缺損，導致功能受損，社交互動主動性極低，對他人社交邀請反應極少。	**AIA 保障範圍較廣** 保障只適用於受保人年滿 3 歲或以上 - AIA 並無設定此最低年齡限制。 其他定義只為明確列明特定條款及相關不保事項，與 AIA 相比保障範圍沒有影響。

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	有以下的表現： • 行爲缺乏彈性、極度難於適應改變；或作出有限制性/重復性的行爲，嚴重妨礙各種領域的功能發揮 • 對改變焦點或行爲時表示極度憂慮及困難 (iii) 症狀在早期發展階段出現 (iv) 症狀對社交、職業或其他重要範圍的現有功能在臨床上造成損害	2. 出現受限、重複性的行為模式、興趣或活動，包括： • 行為僵化，極難應對改變，或其他重複性行為明顯干擾各方面功能； • 對改變焦點或行動感到極度困擾或困難。 3. 症狀必須在早期發展階段出現； 4. 症狀必須在社交、職業或其他重要功能領域造成臨床上顯著的損害。 以下情況不在保障範圍內： • 僅根據《中國精神疾病分類與診斷標準》（CCMD）代碼作出的診斷； • 屬於 DSM-5 所界定的第 1 級或第 2 級嚴重程度之自閉症譜系障礙，或症狀未對社交或學習功能造成明顯影響者； • 症狀源自其他疾病過程、藥物或神經系統疾病，並與其他神經發展或精神障礙相關者。	

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其他	AIA OYS2 定義	HKFI 定義	詮釋
日常生活活動（Activities of Daily Living, ADLs）	(a) 移動： 可以自行從一張椅子、床或輪椅起身或坐下的能力； (b) 行動： 可以自行在室內的平地上從一間房間移動至另一間房間的能力； (c) 節禁： 有控制膀胱及大腸功能的自發能力，以保持個人衛生； (d) 穿衣： 可以自行穿著及除掉一切所需衣物、背帶、義肢或其他手術器具的能力； (e) 洗澡 / 淋浴： 可以自行在浴缸或淋浴間進行沐浴或淋浴（包括進出浴缸或淋浴間）或使用其他方式洗澡的能力；及 (f) 進食： 可以自己進食已預備好之食物的能力。	「日常生活活動」指以下六項基本自理能力： • 洗澡 / 清潔：能夠在浴缸或淋浴間內洗澡（包括進出浴缸或淋浴間），或以其他方式自行清潔身體； • 穿衣：能夠自行穿脫、扣上及解開所有衣物，以及適當地穿戴支架、義肢或其他外科輔助器具； • 轉移：能夠自行由椅子、床或輪椅上下移動； • 行動能力：能夠在室內平坦表面上從一個房間移動至另一個房間； • 大小便控制：能夠自我控制排便及排尿功能，以維持令人滿意的個人衛生； • 進食：在食物已準備好並可供使用的情況下，能夠自行進食。 **如能透過使用特別設備完成上述活動，則視為能夠執行該項活動。**	**AIA 保障範圍較廣** 如能透過使用特別設備完成 ADL，於 HKFI 的定義下則視為能夠執行該項活動。AIA 則無此額外條件。

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Appendix - Comparison between the Definitions of AIA On Your Side Insurance Plan 2 (OYS2) and HKFI's Best Practice on Standardization of Critical Illness Definitions

Critical illness condition	AIA OYS2 Definition	HKFI Definition	Comments
Major Cancer	Cancer means: (a) Any malignant tumour positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells and invasion of tissue; or (b) Any occurrence of histologically confirmed leukemia, lymphoma or sarcoma.	Major Cancer A cancer is a malignant tumour characterized by the uncontrolled growth of malignant cells with the invasion of normal tissues. The term "Major Cancer" includes but is not limited to leukemia, lymphoma (except cutaneous lymphoma), and sarcoma. The diagnosis must be definitively confirmed by the final post-excision histopathology report either by a registered pathologist, or oncologist. **Clinical diagnosis, diagnosis purely based on Magnetic Resonance Imaging (MRI), Computed Tomography (CT), or other equivalent imaging techniques, or diagnosis by tumour cells or tumour-associated molecules in the body fluid (such as liquid biopsy) do not meet the definition.** The cancer diagnosis and staging shall follow the latest WHO cancer classification and/or AJCC (American Joint Committee on Cancer) cancer staging manual. This definition covers Major Cancers of Specified Severity.	HKFI explicitly states that the diagnosis of cancer must be definitively confirmed by the final post-excision histopathology report, whereas AIA does not have such requirement. Besides, it sets out diagnoses that do not meet the definition of Major Cancer and has no impact on the scope of coverage when compared with AIA

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Critical illness condition	AIA OYS2 Definition	HKFI Definition	Comments
	Exclusion		
	Irrespective of the above, for purposes of the definition of "Critical Illness", Cancer does not include any of the following: (i) any cancer which is histologically classified as pre-malignant, non-invasive, or carcinoma in situ, or as having either borderline malignancy or low malignant potential; (ii) any tumour of the thyroid histologically classified as T1N0M0 or a lower stage according to the TNM classification system; (iii) any tumour of the prostate histologically classified as T1a or T1b or a lower stage according to the TNM classification system; (iv) chronic lymphocytic leukemia classified as less than RAI Stage III; (v) any cancer where HIV Infection is also present; and (vi) any skin cancer, other than malignant melanoma.	The following are specifically excluded: • Any tumour that is histologically classified as pre-malignant, non-invasive, carcinoma in situ; • All grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL) and intra-epithelial neoplasia (such as cervical intra-epithelia neoplasia (CIN) 1, 2, and 3, prostatic intra-epithelial neoplasia (PIN) 1, 2, 3 and vulval intraepithelial neoplasia (VIN) 1, 2, 3; • Any tumour that is histologically classified as borderline malignancy or low malignant potential; **• Any thyroid cancer that is histologically classified as stage I or lower stage;** **• Any prostate cancer that is histologically classified as T1N0M0 or lower stage;** • Any urinary bladder tumour that is histologically classified as Tis or Ta; **• Any skin cancer except malignant melanoma that is histologically classified as stage II or higher stage, unless there is definitive evidence of metastasis to lymph nodes or distant sites. Any skin cancer here includes all primary cutaneous lymphomas and mycosis fungoides. Skin refers to the epidermis, dermis, and hypodermis (subcutaneous tissue);** • Any chronic lymphocytic leukaemia less than RAI stage III;	**AIA is more lenient** In addition to defining cancer in terms of tumour condition, HKFI explicitly sets out more additional exclusions or excluded stages for certain cancers compared with AIA's current definition Thyroid cancer – AIA's current definition does not explicitly exclude all stage I thyroid cancers; it only excludes T1N0M0. Therefore, stage I T2NxM0 would still fall within AIA's coverage scope Prostate cancer – AIA's current definition does not exclude all T1N0M0 prostate cancers; it only excludes T1a or T1b. Therefore, T1cN0M0 prostate cancer would still fall within AIA's coverage scope Malignant melanoma – AIA's current definition does not explicitly exclude stage I malignant melanoma. Gastrointestinal stromal tumour (GIST) – AIA's current definition does not explicitly exclude stage I and stage IA gastrointestinal stromal tumour. Thymic epithelial tumour – AIA's current definition does not explicitly exclude all stage I or lower stage thymic epithelial tumours Gastric MALT lymphoma – AIA's current definition does not explicitly exclude gastric MALT lymphoma if the condition can be treated with Helicobacter eradication. Neuroendocrine tumour or neoplasm (NET /

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Critical illness condition	AIA OYS2 Definition	HKFI Definition	Comments
		• Any gastrointestinal stromal tumour (GIST) stage I or IA or below; **• Any thymic epithelial tumours stage I or below;** **• Any gastric MALT lymphoma if the condition can be treated with Helicobacter eradication;** **• Any neuroendocrine tumour or neoplasm (NET and NEN) including carcinoid tumours that are histologically classified as stage I or below;** **• All pituitary tumours including pituitary neuroendocrine tumours (PitNET) with the exception of Metastatic PitNET or Pituitary Carcinoma;** • Any tumour in presence of a HIV infection; **• Any bone marrow malignancy that does not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment.**	NEN) – AIA's current definition does not explicitly exclude stage I or lower stage neuroendocrine tumour or neoplasm (NET / NEN). Bone marrow malignancy – AIA's current definition does not explicitly exclude myelodysplastic syndromes (MDS) and myeloproliferative neoplasms (MPN) Under the HKFI definitions, some of the above conditions that are not covered under Major Cancer may instead be covered under Carcinoma-in-situ or Early Stage Cancer

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Critical illness condition	AIA OYS2 Definition	HKFI Definition	Comments
Severe Heart Attack / Myocardial Infarction	Heart Attack The death of a portion of the heart muscle (myocardium) as a result of inadequate blood supply, where all of the following criteria are met: (a) A history of typical chest pain; (b) New characteristic ECG changes indicating acute myocardial infarction at the time of the relevant cardiac incident; and (c) Either (i) elevation of cardiac enzymes (CPK-MB) at levels above the generally accepted laboratory levels of normal, or (ii) troponins recorded at a level of Troponin I>0.5ng/ml or higher, or at a level of Troponin T>1.0ng/ml or higher. Angina is specifically excluded.	Severe Heart Attack / Myocardial Infarction Death of heart muscle due to inadequate blood supply to the relevant myocardium. All of the following criteria must be met to prove the occurrence of a new acute Heart Attack / Myocardial Infarction. The diagnosis must be definitively confirmed by a registered cardiologist. 1. History of typical chest pain, and 2. **New characteristic electrocardiographic changes (such as new ST-T elevation or depression, newly developed pathological Q waves, or new left bundle branch block)** indicating acute Heart Attack / Myocardial Infarction at the time of the relevant cardiac incident, and 3. Elevation of the cardiac biomarkers. a. Rise of CKMB to a level that is above generally accepted normal laboratory levels which fulfills definitive diagnosis of Heart Attack / Myocardial Infarction, or b. Cardiac troponin I > 0.5ng/ml, or cardiac troponin T > 1.0ng/ml The following are specifically excluded: • Any other acute coronary syndrome such as angina; **• Elevation of cardiac biomarkers (CKMB and cardiac troponin) caused by illnesses other than Heart Attack / Myocardial Infarction (such as elevation following an intra-arterial cardiac procedure such as coronary**	The scope of coverage is the same The HKFI definition only serves to explicitly set out specific electrocardiographic (ECG) changes and related exclusions, which have no impact on the scope of coverage when compared with AIA

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Critical illness condition	AIA OYS2 Definition	HKFI Definition	Comments
		angiography and coronary angioplasty, cardiac arrhythmias, myocardial injury, or result of another systemic illness); **• Heart Attack / Myocardial Infarction with normal coronary arteries or caused by coronary vasospasm, myocardial bridging or drug use except prescribed by a registered doctor.**	

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Critical illness condition	AIA OYS2 Definition	HKFI Definition	Comments
Stroke with Permanent Neurological Deficit	Stroke Any cerebrovascular accident or incident producing neurological functional impairment, with objective neurological abnormal signs on physical examination, lasting at least four (4) weeks. Infarction of brain tissue, haemorrhage and embolism from an extra-cranial source are included. The Diagnosis of Stroke must be based on changes seen in a CT scan or MRI and such functional impairment must be confirmed by a Registered Medical Practitioner who is a neurologist. The following are excluded: (a) Cerebral symptoms due to transient ischaemic attacks; (b) Cerebral symptoms due to migraine; and (c) Vascular disease affecting the eye or optic nerve or vestibular functions.	Stroke with Permanent Neurological Deficit A cerebrovascular incident including infarction of brain tissue, cerebral haemorrhage, or embolism from an extracranial source, resulting in **Permanent Neurological Deficit**. The diagnosis must be definitively confirmed by a registered neurologist and all of the following requirements must be met: 1. Evidence of Permanent Neurological Deficit with objective and persistent neurological abnormal signs on physical examination confirmed by a registered neurologist at least 30 consecutive days after the cerebrovascular incident which must be anatomically compatible with the findings on Magnetic Resonance Imaging (MRI), Computed Tomography (CT), or other equivalent imaging techniques; and 2. Objective findings on Magnetic Resonance Imaging (MRI), Computed Tomography (CT), or other equivalent imaging techniques, consistent with a definite diagnosis of a new stroke. The following are specifically excluded: • Transient Ischaemic Attacks or prolonged reversible ischemic neurological deficit (PRIND); • Brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease;	**AIA is more lenient** HKFI has specified the deficit must be Permanent, whereas AIA has not AIA's current definition would include secondary haemorrhage within a pre-existing cerebral lesion, whereas HKFI would not

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Critical illness condition	AIA OYS2 Definition	HKFI Definition	Comments
		• Vascular disease affecting the eye or optic nerve or vestibular system; • Asymptomatic silent stroke found on imaging; **• Secondary haemorrhage within a pre-existing cerebral lesion;** • Cerebral symptoms due to migraine; • Neuroimaging abnormalities of the white matter of the brain also known as leukoaraiosis.	

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Critical illness condition	AIA OYS2 Definition	HKFI Definition	Comments
Other Serious Coronary Artery Disease	Other Serious Coronary Artery Disease Severe coronary artery disease in which at least three (3) major coronary arteries are individually occluded by a minimum of sixty percent (60%) or more, as proven by coronary angiogram only (non-invasive diagnostic procedures excluded). For purposes of this definition, "major coronary artery" refers to any of the left main stem artery, left anterior descending artery, circumflex artery and right coronary artery (but not including their branches).	Other Serious Coronary Artery Disease The narrowing of the lumen of at least three major coronary arteries by a minimum of 60% stenosis in each artery, as proven by a single invasive coronary angiography. Diagnosis by imaging or non-invasive diagnostic procedures such as Magnetic Resonance Imaging (MRI), Computed Tomography (CT), or other equivalent imaging techniques does not meet the confirmatory status required by the definition. Major coronary arteries are defined as left main stem, left anterior descending, circumflex and right coronary artery. Coronary arteries branches are excluded.	The scope of coverage is the same
End Stage Kidney Failure	Kidney Failure End stage kidney failure presenting as chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis is initiated or renal transplantation carried out.	End Stage Kidney Failure Chronic and **irreversible** failure of both kidneys which requires ongoing permanent renal dialysis for a period of at least **90 consecutive days**. The diagnosis must be definitively confirmed by a registered nephrologist. The following is specifically excluded: • Reversible acute kidney failure even if it is treated with temporary dialysis.	**AIA is more lenient** 90-day requirement – Under AIA's current definition, claims can be made as long as "regular renal dialysis" is initiated, there is no need to wait 90 days before making a claim

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Critical illness condition	AIA OYS2 Definition	HKFI Definition	Comments
Open Chest Heart Valve Surgery	Heart Valve Replacement and Repair The actual undergoing of open-heart surgery to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities. Repair via intra-vascular procedure, key-hole surgery or similar techniques is specifically excluded.	Open Chest Heart Valve Surgery The actual undergoing of open-chest heart surgery (full sternotomy or partial sternotomy) to replace or repair heart valve abnormalities. Evidence of the heart valve abnormality must be supported by cardiac catheterization or echocardiogram and the procedure must be considered medically necessary by a registered cardiologist. Open-chest heart surgery refers to a surgical opening of the chest and an incision on the heart for the direct visual replacement or repair of the heart valve abnormalities. The following are specifically excluded: • All closed valve surgeries, "keyhole" procedure and percutaneous trans-vascular catheter-based procedures where the chest cavity and heart have not been opened.	The scope of coverage is the same

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Critical illness condition	AIA OYS2 Definition	HKFI Definition	Comments
End Stage Lung Disease with Respiratory Failure	End-stage Lung Disease End stage lung disease causing chronic respiratory failure, where all of the following criteria are met: (a) Permanent oxygen therapy is required; (b) A consistent forced expiratory volume (FEV1) test value of less than one (1) liter (during the first second of a forced exhalation); (c) Baseline arterial blood gas analysis showing arterial partial oxygen pressure at a level of fifty-five (55) mmHg or less; and (d) Dyspnea at rest.	End Stage Lung Disease with Respiratory Failure End Stage Lung Disease causing chronic and **irreversible** respiratory failure, where all of the following criteria are met: 1. Permanent oxygen therapy is required unless contraindicated; 2. A consistent forced expiratory volume (FEV1) test value of less than one (1) liter on repeated evaluations; 3. Baseline arterial blood gas analysis showing arterial partial oxygen pressure at a level of fifty-five (55) mmHg or less when breathing room air; and 4. Dyspnea at rest. The diagnosis must be definitively confirmed by a registered pulmonologist. The following are specifically excluded: • Reversible acute respiratory failure or respiratory failure caused by a condition that is not permanent and may be expected to improve over time.	The scope of coverage is the same 'Irreversible' – although AIA's current definition does not explicitly use the word 'irreversible', its purpose is to cover "End-Stage" Disease, and such condition is inherently irreversible. Therefore, the HKFI definition is the same as AIA's current definition

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Critical illness condition	AIA OYS2 Definition	HKFI Definition	Comments
Open Surgery to Aorta	Surgery to Aorta The actual undergoing of surgery via a thoracotomy or laparotomy to repair or correct an aortic aneurysm, an obstruction of the aorta, a coartation of the aorta or a dissection of the aorta. For the purpose of this definition, "aorta" shall mean the thoracic and abdominal aorta but not its branches. Angioplasty and all other intra-arterial, catheter based techniques, keyhole or laser procedures are excluded from Surgery to Aorta.	Open Surgery to Aorta The actual undergoing of open surgery through a surgical opening of the chest (thoracotomy) or abdomen (laparotomy) to remove, replace, repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta as a result of a disease. The term aorta includes the thoracic and abdominal aorta but not its branches. The procedure must be considered medically necessary by a registered cardiothoracic or vascular surgeon. The following are specifically excluded: • All percutaneous trans-vascular catheter-based procedures where the chest or abdominal cavity has not been opened. **• Traumatic injury of the aorta.**	**AIA is more lenient** AIA includes traumatic injury of the aorta, whereas HKFI explicitly excludes it

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Critical illness condition	AIA OYS2 Definition	HKFI Definition	Comments
Major Head Trauma	Major Head Trauma Physical head Injury causing significant permanent functional impairment which is documented for a minimum period of three (3) months from the date of the Injury. The resultant permanent functional impairment must result in an inability to perform at least three (3) of the Activities of Daily Living as defined in the Policy, either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons. The Diagnosis of Major Head Trauma must be confirmed by a Registered Medical Practitioner who is a neurologist and duly concurred in by the Company's medical director.	Major Head Trauma Severe traumatic head injury causing permanent and significant brain damage and neurological deficits. The Head Trauma must directly result in a total and permanent inability to perform, by oneself, at least 3 out of 6 of **the Activities of Daily Living (ADL)** for a period of at least 90 consecutive days with no reasonable chance of recovery. The diagnosis, loss of function, and need for continuous ADL support must be definitively confirmed by a registered neurologist or a neurosurgeon and supported by relevant imaging evidence such as Magnetic Resonance Imaging (MRI), Computed Tomography (CT), or other equivalent imaging techniques. The following is specifically excluded: • Any major head trauma due to self-inflicted injury, alcohol use, or drug use except prescribed by a registered doctor.	**AIA is more lenient** Under HKFI's new definition of "Activities of Daily Living" (ADL), if the activity can be performed by using special equipment, it will be considered able to perform that activity, whereas AIA does not have such requirement The other definition only serve to explicitly set out specific conditions and related exclusions and have no impact on the scope of coverage when compared with AIA

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Critical illness condition	AIA OYS2 Definition	HKFI Definition	Comments
End-Stage Liver Failure	Chronic Liver Disease End Stage liver failure as evidenced by all of the following: (a) permanent jaundice; (b) ascites; and (c) hepatics encephalopathy. Irrespective of the above, liver failure due or related to alcohol or drug abuse is excluded.	End-Stage Liver Failure End Stage Liver Failure which is permanent and irreversible as evidenced by meeting **at least three** of the following criteria: 1. Permanent jaundice; **2. Esophageal and gastric varices;** 3. Ascites; 4. Hepatic encephalopathy. The diagnosis must be definitively confirmed by a registered gastroenterologist or a hepatologist. The following is specifically excluded: • Liver disease secondary to alcohol use, or drug use except prescribed by a registered doctor.	The scope of coverage is broadly similar HKFI adds one additional clinical criterion for assessment, while both AIA and HKFI require at least three criteria to be met

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Critical illness condition	AIA OYS2 Definition	HKFI Definition	Comments
Severe Primary Cardiomyopathy	Cardiomyopathy An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Medical Practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association classification Class III or Class IV, or its equivalent, for at least six (6) months based on the following classification criteria: Class III - Marked functional limitation. Affected patients are comfortable at rest but performing activities involving less than ordinary exertion will lead to symptoms of congestive cardiac failure. Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced. The Diagnosis of Cardiomyopathy has to be supported by echographic findings of compromised ventricular performance. Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.	Severe Primary Cardiomyopathy **A definite diagnosis of one of the following primary cardiomyopathies:** **1. Dilated Cardiomyopathy;** **2. Hypertrophic Cardiomyopathy (obstructive or non-obstructive);** **3. Restrictive Cardiomyopathy;** **4. Arrhythmogenic Right Ventricular Cardiomyopathy.** The disease must result in **permanent and irreversible** limitation in physical activities to the degree of **Class 4 of the New York Heart Association Classification (NYHA Class 4)** over a period of at least 180 consecutive days. The diagnosis must be definitively confirmed by a registered cardiologist and supported by the appropriate medical tests including echocardiography or Magnetic Resonance Imaging (MRI), Computed Tomography (CT), or other equivalent imaging techniques. NYHA Class 4 means that the patient is unable to carry on any physical activity without discomfort and with symptoms of heart failure at rest. If any physical activity is undertaken by the patient, discomfort increases. The following are specifically excluded:	**AIA is more lenient** 1. AIA's definition classifies New York Heart Association classification Class III as a Major Critical Illness, whereas the HKFI definition does not cover Class III 2. The HKFI definition also explicitly excludes certain conditions and specifies the types of primary cardiomyopathies, whereas AIA's definition does not have such limitation

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Critical illness condition	AIA OYS2 Definition	HKFI Definition	Comments
		• Secondary Cardiomyopathy (e.g. ischaemic, valvular, metabolic, toxic or hypertensive); **• Transient reduction of left ventricular function due to myocarditis or prolonged arrhythmias;** **• Cardiomyopathy due to systemic diseases;** • Cardiomyopathy related to alcohol use, or drug use except prescribed by a registered doctor.	

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Critical illness condition	AIA OYS2 Definition	HKFI Definition	Comments
Benign Brain Tumour	Benign Brain Tumour A non-cancerous tumour in the brain or meninges within the cranium, giving rise to characteristic signs of increased intra-cranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment. The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI. The following are excluded: (a) cysts; (b) granulomas; (c) malformations in, or of, the arteries or veins of the brain; (d) haematomas; (e) tumours in the pituitary gland or spine; and (f) tumours of the acoustic nerve.	Benign Brain Tumour A definite diagnosis of a non-cancerous tumour in the brain or meninges within the cranium where all of the following criteria are met: 1. The actual undergoing of a craniotomy to remove the tumour as deemed medically necessary, or, when the tumour is deemed inoperable and has caused permanent and significant neurological deficit that persist for a period of at least 180 consecutive days since the diagnosis; and 2. The diagnosis, inoperable nature of the tumour, and permanent and significant neurological deficit must be definitively confirmed by a registered neurologist or a neurosurgeon and supported by findings in Magnetic Resonance Imaging (MRI), Computed Tomography (CT), or other equivalent imaging techniques. The following are specifically excluded: • Cysts; • Abscess; • Angioma; • Granulomas; • Vascular malformations; • Haematomas; • Tumours of the pituitary gland, spinal cord and skull base; • Tumours of cranial nerves.	The scope of coverage is broadly similar The HKFI definition only serves to explicitly set out additional exclusions and has no impact on the scope of coverage when compared with AIA

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Critical illness condition	AIA OYS2 Definition	HKFI Definition	Comments
Major Organ Transplant	Major Organ Transplant The undergoing by the Insured as recipient of a transplant of any of the following: (a) Transplant of human bone marrow using haematopoietic stem cells which is preceded by total bone marrow ablation; or (b) Transplant of one (1) of the following human organs to treat irreversible end-stage failure of the same: heart, lung, liver, kidney, or pancreas. Other than as provided in (a) above, stem cell transplants and tissue or cell transplant of pancreas are excluded.	Major Organ Transplant The actual undergoing, as a recipient, of a human to human transplant of heart, lung, liver, pancreas, kidney or bone marrow. The bone marrow transplant must be **allogeneic hematopoietic stem cell transplantation** preceded by total bone marrow ablation. The transplant must have been medically necessary to treat irreversible end stage failure of the relevant organ based on objective medical evidence. The following are specifically excluded: • Other stem cell transplants and islet cell transplants; • Transplants of part of an organ, except where such partial transplant constitutes the medically accepted treatment for irreversible end stage failure of the relevant organ; • Implantable or external devices which replicate an organ function.	The scope of coverage is the same Allogeneic means from a genetically different individual, i.e. from another person. AIA's definition also explicitly requires the Insured to undergo the transplant as a recipient. Therefore, the coverage scope is the same The HKFI definition only serves to explicitly set out additional exclusions and has no impact on the scope of coverage when compared with AIA

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Critical illness condition	AIA OYS2 Definition	HKFI Definition	Comments
Coronary Artery Bypass Surgery	Coronary Artery Surgery The actual undergoing of open-chest surgery to correct or treat coronary artery disease (CAD) by way of coronary artery by-pass grafting. Angioplasty and all other intra-arterial, catheter-based techniques, keyhole or laser procedures, are excluded.	Coronary Artery Bypass Surgery The actual undergoing of a open-chest heart surgery (full sternotomy or partial sternotomy) to correct narrowing or blockage of one or more coronary arteries with bypass grafts. The surgery must be determined to be medically necessary by a registered cardiologist or a cardiac surgeon and supported by corresponding coronary angiogram findings to prove significant coronary artery obstruction. The following are specifically excluded: • Angioplasty; • Intra-arterial procedures; • Laser techniques; • Other non-surgical techniques; • "Keyhole" procedures.	The scope of coverage is the same

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Critical illness condition	AIA OYS2 Definition	HKFI Definition	Comments
Severe Parkinson's Disease	Parkinson's Disease Unequivocal Diagnosis of Parkinson's Disease by a Registered Medical Practitioner who is a neurologist where the condition: (a) cannot be controlled with medication; (b) shows signs of progressive impairment; and (c) Activities of Daily Living assessment confirms the inability of the Insured to perform at least three (3) of the Activities of Daily Living as defined in the Policy, either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons. Only idiopathic Parkinson's Disease is covered. Drug-induced or toxic causes of Parkinson's Disease are excluded.	Severe Parkinson's Disease Definite diagnosis of idiopathic Parkinson's Disease by a registered neurologist where the condition: 1. Cannot be controlled with medication; 2. Shows signs of progressive impairment; and 3. Directly results in a total and permanent inability of the Insured to perform, by oneself, at least 3 out of 6 of the **Activities of Daily Living (ADL) for a period of at least 180 consecutive days** with no reasonable chance of recovery. Only idiopathic Parkinson's Disease confirmed by a registered neurologist is covered. The following are specifically excluded: • Drug-induced or toxic causes of Parkinson's Disease; • Parkinson's Disease based on biomarker diagnosis alone; • Any other types of Parkinsonism.	**AIA is more lenient** Under HKFI's new definition of "Activities of Daily Living" (ADL), if the activity can be performed by using special equipment, it will be considered able to perform that activity and HKFI also requires the loss of ADL to be at least 180 consecutive days. AIA does not have such requirements

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Critical illness condition	AIA OYS2 Definition	HKFI Definition	Comments
Alzheimer's Dementia and other Major Neurocognitive Disorders (Dementia) with Severe Cognitive Impairment	Alzheimer's Disease/Irreversible Organic Degenerative Brain Disorders Deterioration or loss of intellectual capacity or abnormal behavior, as evidenced by the Insured's clinical state and accepted standardized questionnaires or tests, arising from Alzheimer's Disease or other irreversible organic degenerative brain disorder, which results in significant reduction in the Insured's mental and social functioning such that continuous supervision of the Insured is required. The Diagnosis of Alzheimer's Disease or other irreversible organic degenerative brain disorder must be clinically confirmed by a Registered Medical Practitioner who is a neurologist. The following are excluded: (a) non-organic brain disorders such as neurosis and psychiatric illnesses; and (b) drug or alcohol related organic brain disorder.	Alzheimer's Dementia and other Major Neurocognitive Disorders (Dementia) with Severe Cognitive Impairment Alzheimer's Dementia and other Major Neurocognitive Disorders (Dementia) are defined as conditions that cause progressive deterioration or loss of intellectual capacity or abnormal behaviour as evidenced by all of the following: 1. Clinical state; 2. Magnetic Resonance Imaging (MRI), Computed Tomography (CT), or other equivalent imaging techniques; and 3. **Any of a Clinical Dementia Rating (CDR) scale of 3 or Mini Mental State Examination (MMSE) score of less than 10 out of 30 or an equivalent of this score using another standardized, clinically-accepted, cognitive function test.** The condition must result in permanent and significant reduction in the Insured's mental and social functioning. The diagnosis must be definitively confirmed by a registered neurologist or a geriatrician. The condition must directly result in a total and permanent inability of the Insured to perform, by oneself, **at least 3 out of 6 of the Activities of Daily Living (ADL)**, making the Insured require continuous supervision and assistance by another person with activities of daily living.	**AIA is more lenient** MMSE / CDR scoring – AIA's definition does not require a Mini Mental State Examination (MMSE) score of less than 10 out of 30 or a Clinical Dementia Rating (CDR) scale of 3 The HKFI definition requires the Insured to suffer a total and permanent inability to perform at least 3 out of 6 of the Activities of Daily Living (ADL), whereas AIA does not have such requirement The other definition only serve to explicitly set out specific conditions and related exclusions and have no impact on the scope of coverage when compared with AIA

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Critical illness condition	AIA OYS2 Definition	HKFI Definition	Comments
		The following are specifically excluded: • Alzheimer's Dementia and other Major Neurocognitive Disorders (Dementia) caused by psychiatric illnesses, any drug use except prescribed by a registered doctor or alcohol use. • Biomarker diagnosis alone (including advanced neuroimaging and any other biomarkers present in cerebrospinal fluid, blood, urine, or other bodily fluids, in the absence of any cognitive or behavioral symptoms); • Any reversible organic brain disorder; • Mild Neurocognitive Disorders (prodromal dementia and mild cognitive impairment).	

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Early Stage CI	AIA OYS2 Definition	HKFI Definition	Comments
Percutaneous Transluminal Coronary Angioplasty	Percutaneous Coronary Intervention Percutaneous Coronary Intervention refers to any one (1) of the following procedures: (a) Angioplasty and/or stenting, being the actual undergoing of balloon angioplasty and/or stenting to correct narrowing or blockage of one (1) or more coronary arteries; (b) Other procedures, being the actual undergoing of atherectomy, laser relief, transmyocardial laser revascularisation or other intra-arterial techniques to correct narrowing or blockage of one (1) or more coronary arteries, provided that all of the following criteria are met: (i) Angiographic evidence is provided that at least one (1) coronary artery has stenosis of fifty percent (50%) or higher; and (ii) The procedure is Medically Necessary and performed by a Registered Medical Practitioner who is a cardiologist. When a Percutaneous Coronary Intervention is carried out as a result of a Less Severe Heart Attack, the benefit under this Policy is only payable for Less Severe Heart Attack.	Percutaneous Transluminal Coronary Angioplasty Percutaneous Transluminal Coronary Angioplasty (PTCA) and other endovascular treatments for coronary artery disease with stenting, balloon angioplasty, atherectomy or laser treatment to correct a narrowing of the lumen of 1 or more major coronary arteries by a minimum of **60%** stenosis in each artery. The treatment must be definitively confirmed by a registered cardiologist as medically necessary. Medical evidence shall include all of the following: 1. Full report from the attending registered cardiologist or cardiac surgeon; and 2. Angiographic evidence to confirm the location and degree of stenosis of 1 or more major coronary arteries. **Major coronary arteries are defined as left main stem, left anterior descending, circumflex and right coronary artery. Coronary arteries branches are excluded.**	**AIA is more lenient** AIA requires a coronary artery stenosis level of 50%, which is more lenient than HKFI's 60% The HKFI definition only serves to explicitly define 'major coronary arteries' and has no impact on the scope of coverage when compared with AIA

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Early Stage CI	AIA OYS2 Definition	HKFI Definition	Comments
Carcinoma-in-situ	Carcinoma-in-situ Carcinoma-in-situ shall mean a histologically proven, localized pre-invasion lesion where cancer cells have not yet penetrated the basement membrane or invaded (in the sense of infiltrating and/or actively destroying) the surrounding tissues or stroma. Cervical intraepithelial neoplasia grade III (CIN III) and prostatic intraepithelial neoplasia grade III (PIN III) are also included. Carcinoma-in-situ does not include any of the following: (a) Cervical intraepithelial neoplasia grade II (CIN II) or below; (b) Prostatic intraepithelial neoplasia grade II (PIN II) or below; and (c) Skin Carcinoma-in-situ. For purposes of this Policy, Carcinoma-in-situ must be confirmed by a biopsy.	Carcinoma-in-situ Carcinoma-in-situ is defined as a focal autonomous new growth of carcinomatous cells which have not yet resulted in the invasion of normal tissue. Invasion means an infiltration and/or active destruction of normal tissue beyond the epithelial basement membrane, or surrounding tissues or stroma. The diagnosis must be definitively confirmed by histopathological evidence either by a registered oncologist or a pathologist. Clinical diagnosis, diagnosis purely based on Magnetic Resonance Imaging (MRI), Computed Tomography (CT), or other equivalent imaging techniques, or diagnosis by tumour cells or tumour-associated molecules in the body fluid (such as liquid biopsy) do not meet the definition. The Carcinoma-in-situ diagnosis and staging shall follow the latest WHO cancer classification and/or AJCC (American Joint Committee on Cancer) cancer staging manual. The definition of Carcinoma-in-situ also include: • Cervical intraepithelial neoplasia grade III (CIN III) or carcinoma-in-situ (CIS). • TaN0M0 and TisN0M0 bladder.	The HKFI definition only serves to explicitly set out diagnoses that do not meet the definition of Major Cancer and has no impact on the scope of coverage when compared with AIA

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Early Stage CI	AIA OYS2 Definition	HKFI Definition	Comments
		• Prostatic intraepithelial neoplasia grade III (PIN III) and vulval intraepithelial neoplasia grade III (VIN III). The following are specifically excluded: • Cervical intraepithelial neoplasia grade II (CIN II) or below; • Prostatic intraepithelial neoplasia grade II (PIN II) or below; • Vulval intraepithelial neoplasia grade II (VIN II) or below; • Any carcinoma-in-situ of the skin, including melanoma in situ. • Any tumour in presence of HIV infection.	
Early Stage Cancer	Early Stage Malignancy Early Stage Malignancy shall mean the presence of one (1) of the following malignant conditions: (a) Tumour of the thyroid histologically classified as T1N0M0 according to the TNM classification; (b) Tumour of the prostate histologically classified as T1a or T1b according to the TNM classification system; (c) Chronic lymphocytic leukaemia classified as RAI Stage I or II; or (d) Non melanoma skin cancer; The Diagnosis must be based on histopathological features and confirmed by a Registered Medical Practitioner. Pre-	Early Stage Cancer A cancer is a malignant tumour characterized by the uncontrolled growth of malignant cells with the invasion of normal tissues. The diagnosis must be definitively confirmed by histopathological evidence either by a registered oncologist or a pathologist. Clinical diagnosis, diagnosis purely based on Magnetic Resonance Imaging (MRI), Computed Tomography (CT), or other equivalent imaging techniques, or diagnosis by tumour cells or tumour-associated molecules in the body fluid (such as liquid biopsy) do not meet the definition.	Please refer to the 'Major Cancer' section

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Early Stage CI	AIA OYS2 Definition	HKFI Definition	Comments
	malignant lesions and conditions, unless listed above, are excluded.	The cancer diagnosis and staging shall follow the latest WHO cancer classification and/or AJCC (American Joint Committee on Cancer) cancer staging manual. This definition covers the following Early Stage Cancers of Specified Severity: • Any thyroid cancer that is histologically classified as stage I. • Any prostate cancer that is histologically classified as T1N0M0. • Malignant melanoma that is histologically classified as stage I. • Chronic lymphocytic leukaemia having progressed to RAI stage I or II. • Gastrointestinal stromal tumour (GIST) that is histologically classified as stage I or IA. • Thymic epithelial tumour that is malignant and histologically classified as stage I. • Neuroendocrine tumour or neoplasm (NET and NEN) including carcinoid tumours that are histologically classified as stage I. The following are specifically excluded: • Any tumour that is histologically classified as pre-malignant, non-invasive, carcinoma in situ; • All grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL) and intra-epithelial neoplasia (such as cervical intra-epithelia neoplasia (CIN) 1, 2, and 3, prostatic intra-epithelial neoplasia (PIN) 1, 2, 3);	

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Early Stage CI	AIA OYS2 Definition	HKFI Definition	Comments
		• Any tumour that is histologically classified as borderline malignancy or low malignant potential; • Any gastric MALT lymphoma if the condition can be treated with Helicobacter eradication; • Any pituitary tumours; • Any tumour in presence of HIV infection.	
Endovascular Treatment for Cerebral Aneurysm	Endovascular Treatment for Cerebral Aneurysm Endovascular Treatment for Cerebral Aneurysm shall mean the actual undergoing of an endovascular intervention, such as endovascular embolization, endovascular coiling, angioplasty and/or stenting or the insertion of a flow diverter, to prevent rupture of a cerebral aneurysm or to alleviate the bleeding due to rupture of a cerebral aneurysm. The procedure must be considered Medically Necessary and performed by a Registered Medical Practitioner who is a specialist in the relevant field.	Endovascular Treatment for Cerebral Aneurysm The actual undergoing of an intracranial endovascular surgical intervention, such as endovascular embolisation, endovascular coiling, angioplasty and/or stenting or the insertion of a flow diverter, to prevent rupture of a cerebral aneurysm or to alleviate the bleeding due to rupture of a cerebral aneurysm. The procedure must be considered to be medically necessary and performed by a registered neurologist or a neurosurgeon. The following are specifically excluded: • Any other procedures for treating cerebral aneurysm (such as radiosurgery); • Treatment of any cerebral vascular malformation other than a cerebral aneurysm.	The scope of coverage is the same
Severe Autism Spectrum Disorder	Autism An unequivocal Diagnosis by a Registered Medical Practitioner who is a pediatric	Severe Autism Spectrum Disorder A definitive diagnosis of Severity Level 3 (DSM-5) of Autism Spectrum Disorder	**AIA is more lenient** The benefit is only payable when the Insured attained age 3 or above – AIA does not have

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Early Stage CI	AIA OYS2 Definition	HKFI Definition	Comments
	psychiatrist of a severe form of Autism Spectrum Disorder which must have continued without interruption for a period of at least six (6) months after Diagnosis where all of the following conditions are met: (a) The Insured is undergoing behavioral therapy, occupational therapy, speech therapy, psychological interventions, or special education at a recognized institute for autistic children; and (b) All of the following diagnostic criteria (based on Diagnostic and Statistical Manual of Mental Disorders (DSM-5)) are fulfilled, as certified by the Insured's treating pediatric psychiatrist: (i) Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following: • Severe deficits in verbal and nonverbal social communication skills causing severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others. (ii) Restricted, repetitive patterns of behavior, interests, or activities, as manifested by the following: • Inflexibility of behavior, extreme difficulty coping with change, or other restricted/repetitive behaviors that markedly interfere with functioning in all spheres. • Great distress/difficulty changing focus or	which must have continued for a period of at least 180 consecutive days after diagnosis; the Insured must be undergoing behavioural therapy, occupational therapy, speech therapy, psychological interventions or special education at a recognised institute. **The benefit is only payable when the Insured attains age 3 or above.** The following diagnostic criteria based on DSM-5 must have been fulfilled, as certified by the attending specialist in paediatric psychiatry or developmental paediatrics: 1. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following: • Severe deficits in verbal and nonverbal social communication skills causing severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others. 2. Restricted, repetitive patterns of behaviour, interests, or activities, as manifested by the following: • Inflexibility of behaviour, extreme difficulty coping with change, or other restricted/repetitive behaviours markedly interferes with functioning in all spheres. • Great distress/difficulty changing focus or action. 3. Symptoms must be present in the early developmental period. 4. Symptoms cause clinically significant	such minimum age requirement The other definition only serve to explicitly set out specific conditions and related exclusions and have no impact on the scope of coverage when compared with AIA

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Early Stage CI	AIA OYS2 Definition	HKFI Definition	Comments
	action. (iii) Symptoms are present in the early developmental period. (iv) Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.	impairment in social, occupational, or other important areas of current functioning. The following are specifically excluded: • Diagnosis based on Chinese Classification of Mental Disorders (CCMD) code alone; • Severity Levels 1 and 2 (DSM-5) of Autism Spectrum Disorder, and symptoms that do not interfere with or reduce the quality of social and/or academic functioning; • Symptoms that occur during the course of another disorder or are attributable to the physiological effects of a substance or neurological condition and are related to another neurodevelopmental or mental disorder. • Note: DSM refers to Diagnostic and Statistical Manual of Mental Disorders	

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Others	AIA OYS2 Definition	HKFI Definition	Comments
Activities of Daily Living	(a) Transfer: The ability to get in and out of a chair, bed or wheelchair; (b) Mobility: The ability to move from room to room on level surfaces; (c) Continence: The ability to voluntarily control bladder and bowel functions so as to maintain personal hygiene; (d) Dressing: The ability to put on and take off all necessary clothing, braces, artificial limbs or other surgical appliances; (e) Bathing/Washing: The ability to wash oneself in the bath or shower (including getting in or out of the bath or shower) or wash oneself by any other means; and (f) Eating: The ability to feed oneself once food has been prepared and made available.	"Activities of Daily Living (ADL's)" shall mean: • Bathing/Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash oneself satisfactorily by other means. • Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances. • Transferring - the ability to get in and out of a chair, bed or wheelchair. • Mobility - the ability to move indoors from room to room on level surfaces. • Continence - the ability to voluntarily control bowel and bladder functions so as to maintain a satisfactory level of personal hygiene. • Feeding/eating - the ability to feed oneself once food has been prepared and made available. **If the activity can be performed by using special equipment, then it will be considered able to perform that activity.**	**AIA is more lenient** Under the HKFI definition, if an Activity of Daily Living (ADL) can be performed by using special equipment, the Insured will be considered able to perform that activity. AIA does not have such additional requirement

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