「智悠選」團體保險計劃 2 產品資料冊

[AIA - CONFIDENTIAL]

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備註：

1. 這是一份內部文件，只供友邦、其僱員及顧問使用，不能傳播或分發予友邦以外的任何第三方。只供AIA內部使用 - 不得發放予任何公眾人士、客戶或準客戶。
2. 此產品簡介只供參考用途而非保單契約，亦不構成保單契約的部份。有關保單契約的詳情，請參閱保單契約的條款、條件、條文及不保事項。
3. 除另有註明，此產品資料冊中就有關按職級、合約類別或年資劃分僱員之「組別」一詞與保單契約中「類別」為同義。
4. 「AIA」、「友邦」或「本公司」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) 。
5. 中文翻譯只供參考用途。若有任何差異，將以英文版本作準。

A. 前言



為打開香港中小企市場，我們誠意推出專為僱員人數為3名至100名之中小企而設的**一個具彈性的團體醫療套裝產品「智悠選」團體保險計劃 2 （「智悠選2」）**，全面涵蓋多個級別的住院及手術保障，並針對僱員需要自由配搭一系列附加保障，讓您輕鬆為企業團隊自訂保障方案。

為迎合中小企的獨特需求，友邦的「智悠選2」團體保險計劃，全面涵蓋多個級別的住院及手術保障，更可配合僱員需要加入多項**附加保障，包括人壽、意外、門診、牙科**等，為企業團隊自訂真正合心意和配合企業預算的的保險套裝計劃。每項附加保障都旨在提供全面的醫療保險，以保護員工免受疾病和事故的傷害。

「智悠選2」更設有**靈活福利安排 (FSA)**，當僱主選擇此安排，僱員可按人生不同階段的需要，選擇調低福利獲取靈活積分。**靈活積分可用於賠償身體檢查、疫苗接種、視力保障及牙科保健的相關費用，以至AIA個人保單保費及保費徵費。**

僱員得到完善保障，僱主亦毋需為財務操心，一起放心追求業務成功。

申請手續簡易及容易可透過CS iPoS或紙本申請表遞交申請。

B. 團體醫療保障的產品定位

目標群組



產品名稱	「企業精要保障計劃」	「企業躍升易保障計劃」[1]	「智悠選」團體保險計劃 2	俊愉團體保險計劃	「企業至尊醫療計劃」
企業目標人數	3 - 19	3 - 50	3 - 100	3 - 19	3 - 19
醫療核保	不需要	擁有3 至7名僱員之企業需要進行醫療核保	擁有3 至7名僱員之企業需要進行醫療核保	需要	需要
投保年齡 - 僱員及配偶 - 未婚子女	- 64歲或以下 - 出生後2週至18歲，全日制學生可延至22歲	- 64歲或以下 - 出生後2週至18歲，全日制學生可延至22歲	- 64歲或以下 - 出生後2週至18歲，全日制學生可延至22歲	- 65歲或以下 - 出生後2週至18歲，全日制學生可延至22歲	- 65歲或以下 - 出生後2週至18歲，全日制學生可延至22歲
保障至年齡 - 僱員及配偶 - 未婚子女	- 64歲 - 18歲，全日制學生可延至22歲	- 69歲 - 18歲，全日制學生可延至22歲	- 69歲 - 18歲，全日制學生可延至22歲	- 69歲 - 18歲，全日制學生可延至22歲	- 69歲 - 18歲，全日制學生可延至22歲
賠償形式	設有保障分項限額	以總限額賠償，不設有保障分項限額	設有保障分項限額	主要手術保障項目不設有保障分項限額	主要手術及門診保障項目不設有保障分項限額
地域保障範圍	住院：全球	住院：香港	全球	亞洲	全球/ 全球（美國除外）

[1] 需要P2牌照

產品名稱	「企業精要保障計劃」	「企業躍升易保障計劃」[1]	「智悠選」團體保險計劃 2	俊愉團體保險計劃	「企業至尊醫療計劃」
- 所有保障項目	門診：香港	門診：全球			
- 緊急治療	只有住院保障是全球保障	全球		全球	全球
主要保障	• 人壽及意外 • 住院現金及提供少量手術保障 • 網絡門診保障	住院 (只限於網絡)	住院	住院	• 住院 • 門診
病房級別	不適用 (這是住院現金保障)	普通房/半私家房/標準私家房	普通房/半私家房	半私家房（香港、澳門及中國) 標準私家房（其他國家(香港、澳門及中國除外)	標準私家房
每年墊底費選擇（港元）	不適用	不適用	不適用	0/ 16,000/ 25,000	不適用
附加保障	-	• 門診 • 牙科	• 額外醫療保障 • 門診 • 牙科 • 人壽及意外 （只適用於僱員）) • 「AIA Vitality 健康程式」團體客戶（只適用於僱員）	• 門診 • 牙科 • 視力 • 分娩 • 「AIA Vitality 健康程式」團體客戶（只適用於僱員）	• 牙科 • 視力 • 分娩
靈活福利安排 (FSA)（可選調低福利）	不適用	不適用	有	不適用	不適用
個人療程管理服務	不適用	不適用	不適用	包括	不適用
附加轉換權益 （附加保障）	不適用	不適用	不適用	有，只適用於僱員	有，只適用於僱員
「AIA Vitality 健康程式」團體客戶（只適用於員工）	不適用	不適用	有，可選	有，可選	不適用
醫療網絡					
香港	有，適用於門診保障	有，適用於住院保障及附加門診保障	有，適用於住院保障及附加門診保障	有，適用於住院保障及附加門診保障	不適用
海外	不適用	不適用	不適用	有，適用於指定國家的指定醫院	不適用

C. 主要產品特點

保障全面





保障全面及附加**多項**醫療、人壽及健康**保障選擇**。除**主要保障**包括住院及手術保障外，本計劃亦提供**可選附加保障**，包括門診保障、牙科保障、身故賠償及意外死亡及傷殘賠償。「智悠選 2」更提供**指定門診手術惠益**及**精神健康治療**，全面提升保障。

自訂套裝產品



針對香港**中小企市場**的一個**具彈性的團體醫療套裝產品**。企業可按不同的僱員職級**自由配搭**不同級別的主要保障及附加保障（**超過1320組合**）

靈活福利安排（FSA）及可選調低福利





僱主可選擇讓僱員**透過靈活福利安排 (FSA)調低福利**以獲取**靈活積分**。靈活積分可用於賠償身體檢查、疫苗接種、視力保障及牙科保健的相關費用，以至AIA 個人保單保費及保費徵費。

申請簡易



申請簡易

- 3至7名僱員的公司：只需簡易核保
- 8名或以上僱員的公司：無需核保

優質醫療網絡



受保成員可透過**AIA優質醫療網絡**享下列**免找數服務**:

- 當服務成功獲批核，此計劃可為受保成員預先繳付在香港和指定國家的醫院賬單或日間手術的醫療開支
- 只需在診所出示我們的醫療卡便可享指定的門診服務[a]

僱員自選醫療保障



僱員人數10人或以上的機構，我們會提供**可攜式僱員自選醫療保障**[b]給受保僱員及其家屬[c]購買而對僱主沒有額外費用

附加團體「AIA Vitality 健康程式」



公司可向僱員提供**「AIA Vitality 健康程式」**，透過「AIA Vitality 健康程式」僱員生產力及士氣亦會因此提升，為企業締造**健康活力**的團隊，從而推動業務邁向更高峰。

備註:

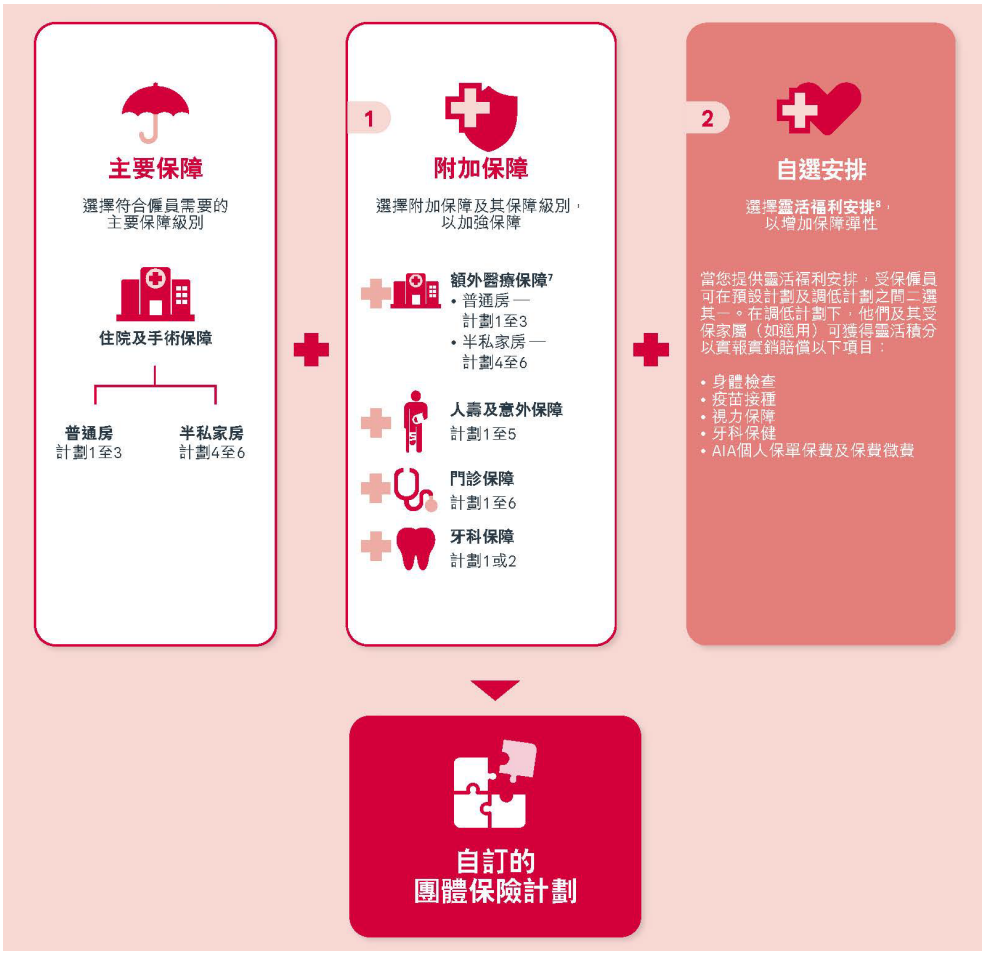
a) 如企業提供附加門診保障，受保成員可享用AIA醫療網絡服務提供的指定網絡門診服務。
b) 須視乎計劃是否可供投保而定。如欲查詢可攜式僱員自選醫療保障之詳情請透過友邦營業員專頁 eAgency Corner > 部門資訊 > 團體業務部 > 營業員活動概覽 > 營銷推廣 > 團險產品一覽 查閱相關產品小冊子及保單契約。
c) 如公司為受保僱員家屬提供AIA團體醫療保險計劃（不包括自選家屬保障）

D. 保障結構及利益一覽表

我們明白不同公司各有所需。因此，有別於市場大部份團體保險套裝計劃，「智悠選」團體保險計劃 2 靈活彈性，讓您按預算和僱員需要，揀選合適的主要保障級別及加入不同的附加保障，輕鬆自訂理想的團體保險計劃，確保團隊健康安泰。

- 主要保障（住院及手術保障或住院及手術及額外醫療保障（可使用非網絡或網絡醫療服務*））– 6個計劃以供選擇
- 附加保障：
  - 門診保障 – 11個計劃以供選擇
  - 牙科保障 – 2個計劃以供選擇
  - 身故賠償及意外死亡及傷殘賠償 – 5個計劃以供選擇
- 團體客戶「AIA Vitality 健康程式」– 1個計劃提供給所有全職僱員
- 選擇性調低福利:
  - 僱主可選擇讓僱員透過靈活福利安排 (FSA)調低福利
  - 僱員可透過調低福利獲取靈活積分。靈活積分可用於賠償身體檢查、疫苗接種、視力保障及牙科保健的相關費用，以至AIA 個人保單保費及保費徵費

如何自訂團體醫療保障：



投保資格

僱員人數	3至100名全職僱員
投保僱員年齡	• 全職僱員：64歲或以下 • 65至69歲的全職僱員只供續保，不接受新申請。
投保僱員之家屬/合資格的受保家屬年齡	• 配偶：64歲或以下 • 65至69歲的配偶只供續保，不接受新申請。 • 未婚子女：出生後2週至18歲，全日制學生可延至22歲。

組別

組別劃分	• 企業可按僱員職級、合約類別或年資將合資格僱員劃分為不同組別，可劃分之組別視乎以下所示全職僱員人數而定： • 除企業內屬最高組別的僱員外，所有組別須有至少3名全職僱員。

全職僱員人數	可劃分組別數目
3	1
4至6	2
7至10	3
11至15	4
16至20	5
21或以上	6

參加指引

主要保障	• 所有合資格之僱員必須參與。 • 僱主須為同一組別的所有僱員投保相同的計劃。 • 高一級組別提供的保障須與低其一級的組別相同或較高。 • 如計劃包括家屬保障，該僱員之所有合資格家屬必須參加與其相同的計劃。 • 如最低組別包括家屬保障，其他所有組別均須包括家屬保障。
附加保障	**i) 額外醫療保障 (SMM)** • 如僱主參與附加額外醫療保障，須為同一組別的所有僱員投保相同的計劃。 • 僱主須為同一組別的所有僱員投保相同的計劃。 • 為高一級組別提供的保障須與低其一級的組別相同或較高。 • 如計劃包括家屬保障，該僱員之所有合資格家屬必須參加與其相同的計劃。 • 如最低組別包括家屬保障，其他所有組別均須包括家屬保障。 **ii) 身故賠償及意外死亡及傷殘賠償（只適用於僱員）** • 如僱主參與附加身故賠償及意外死亡及傷殘賠償，須為同一組別的所有僱員投保相同的計劃。 • 為高一級組別提供的保障須與低其一級的組別相同或較高。 **iii) 門診保障及／或牙科保障** • 如僱主參與附加門診保障及／或牙科保障，須為同一組別的所有僱員投保相同的計劃。 • 為高一級組別提供的保障須與低其一級的組別相同或較高。 • 若計劃包括家屬保障，該僱員之所有合資格家屬必須參加與其相同的計劃。 • 如最低組別包括家屬保障，其他所有組別均須包括家屬保障。
靈活福利安排 (FSA)	• 如計劃包括靈活福利安排 (FSA)，所有合資格僱員將可選擇預設計劃或調低計劃，而其選擇亦將適用於其合資格家屬（如適用）。 • 所有合資格僱員必須在申請期內選擇他們的福利，每保單年度只開放一次申請期予每位合資格僱員（保障生效日為下一個保單週年日前3個月的僱員及參加日期為下一個保單週年日前2個月的僱員除外。此等僱員及其合資格家屬將自動參與預設計劃）。 • 所有未在申請期內選擇福利的合資格僱員將繼續留在預設計劃。 • 所有選擇調低計劃的合資格僱員，所有福利（調低計劃不適用的福利除外）將一併調低。 • 一旦選擇福利計劃，即使狀況有所改變〔例如職場事件(職位晉升/降級)或增加/移除合資格家屬〕，所有合資格僱員在保單年度內亦不可由預設計劃轉換至調低計劃；或由調低計劃轉換至預設計劃。
「AIA Vitality 健康程式」團體客戶 (只適用於僱員)	• 如僱主參與團體客戶「AIA Vitality健康程式」，所有合資格之僱員必須參與。

利用CS iPoS銷售「**智悠選**」團體保險計劃 **2**更簡易、更方便!

例子：

ABC公司有10個全職僱員，ABC公司可為不同職級的全職僱員投保「智悠選」團體保險計劃 2 的主要保障外，也可為他們增添其他的附加保障。

根據組別劃分的條款，按照僱員職級、合約類別或年資，ABC公司最多可劃分3個不同組別的保障。

職級	員工人數	主要保障 (即住院及手術保障)	附加保障- 門診	附加保障-身故賠償及意外死亡及傷殘賠償（僱員）	附加保障 – 牙科	團體客戶「AIA Vitality健康程式」（僱員）	家屬保障
一般僱員	5	主要保障 - 計劃2	計劃3A, 80%賠償百分比	不包括	不包括	包括[F]	不包括
經理	4	主要保障及額外醫療保障 - 計劃4[A]	計劃4B, 100%賠償百分比[C]	計劃3	不包括	包括[F]	包括[G]
總監	1	主要保障及額外醫療保障 - 計劃6[B]	計劃6B, 100%賠償百分比[D]	計劃5[E]	計劃1	包括[F]	包括[G]

備註：

A. 根據以上的「主要保障（住院及手術及手術）及主要保障及額外醫療保障之參加指引」，僱主可為經理選擇主要保障或主要保障及額外醫療保障的計劃2至5。

B. 根據以上「主要保障（住院及手術及手術）及主要保障及額外醫療保障之參加指引」，僱主可為總監選擇之主要保障及額外醫療保障的計劃4至6

C. 根據以上的附加門診保障之參加指引，僱主可選擇之計劃給經理會是計劃3至6及選擇80%或100%賠償百分比。

D. 根據以上的附加門診保障之參加指引，僱主可選擇給總監之計劃會是計劃4至6及選擇100%賠償百分比。

E. 根據以上附加身故賠償及意外死亡及傷殘賠償保障之參加指引，僱主可選擇給總監之計劃會是計劃3至5。

F. 根據以上的參加指引，如僱主參與團體客戶「AIA Vitality健康程式」,所有合資格之僱員必須參與。

G. 根據以上的參加指引，高一級組別提供的保障須與低其一級的組別相同或較高。所以僱主可選擇只向經理及總監級別提供家屬保障。

F. 市場產品比較

中小企市場產品比較 – 產品特色

友邦「智悠選」團體保障計劃 2 產品佔優的地方已以黃色標示

	友邦 「智悠選」團體保障計劃 2	宏記 宏 X 精選	宏記 僱 X 醫療保障計劃	盛記 安 X 同行企業醫療保障計劃	柏記 公司僱員 XXX 團體醫療保障計劃	FWX CARINX
投保資格						
公司僱員人數	3-100 名僱員	3-50 名僱員	3-50 名僱員	3-50 名僱員	5-50 名僱員	4 名僱員或以上
醫療核保	如僱員人數為 3-7 名，須醫療批核	如僱員人數為 3-9 名，須醫療批核	如僱員人數為 3-9 名，須醫療批核	如僱員人數為 3-5 名，須醫療批核	不需要	不需要
家屬保障選擇	有 有 (不包括附加身故賠償及意外死亡及傷殘賠償及附加團體客戶「AIA Vitality 健康程式」*)	有 (附加危疾保障除外)	有	有	有	有
額外醫療保障	有	有	沒有	有	有	有
投保年齡 - 僱員及其配偶	64 歲或以下	64 歲或以下	64 歲或以下	64 歲或以下	64 歲或以下	69 歲或以下
- 未婚子女	出生後 2 週至 18 歲	15 日至 18 歲	15 日至 18 歲	14 日至 18 歲	15 日至 17 歲	15 日至 18 歲
保障至 年齡(僱員及其配偶)	69 歲	64 歲，惟可將受保年齡延至 69 歲(只限僱員及只能續保住院及手術保障、門診保障和疾病管理療程)	64 歲，惟可將受保年齡延至 69 歲	69 歲 (65 歲至 69 歲的僱員/配偶，需經健康核保審批)	無此資料	69 歲
- 全日制學生（需附證明）	22 歲	24 歲	24 歲	22 歲	22 歲	25 歲
可自選不同的主要保障與附加保障（自由配搭出不同的保障）	可以 （根據參加指引）	不可以	不可以	不可以	不可以	可以 （根據參加指引）
可為不同級別的僱員設定不同的保障等級	- 公司受保僱員數目為 3 名最多可選用一個計劃 - 公司受保僱員數目為 4 至 6 名最多可選用二個計劃 - 公司受保僱員數目為 7 至 10 名最多可選用三個計劃 - 公司受保僱員數目為 11 至 15 名最多可選用四個計劃 - 公司受保僱員數目為 16 至 20 名最多可選用五個計劃	- 公司受保僱員數目為 3 至 9 名最多可選用兩個計劃 - 公司受保僱員數目為 10 至 20 名最多可選用三個計劃 - 公司受保僱員數目為 21 名或以上最多可選用六個計劃	- 公司受保僱員數目為 3 至 9 名最多可選用兩個計劃 - 公司受保僱員數目為 10 名或以上最多可選用三個計劃	- 公司受保僱員數目為 3 名最多可選用一個計劃 - 公司受保僱員數目為 4 至 9 名最多可選用兩個計劃 - 公司受保僱員數目為 10 至 50 名最多可選用三個計劃	無此資料	無此資料

	友邦 「智悠選」團體保障計劃 2	宏記 宏 X 精選	宏記 僱 X 醫療保障計劃	盛記 安 X 同行企業醫療保障計劃	柏記 公司僱員 XXX 團體醫療保障計劃	FWX CARINX
	- 公司受保僱員數目為 21 名或以上最多可選用六個計劃 - 除企業內屬最高組別的僱員外，所有組別須有至少 3 名全職僱員					
主要保障 – 住院及手術						
住院或日間手術醫療費用代支服務	有	沒有	沒有	沒有	沒有	沒有
住院最低時間要求	X	X	六小時	六小時	無此資料	X
受保已存在病症（醫療保障）	凡已於「**智悠選」團體保障計劃 2** 下連續受保 12 個月，均可受保	不受保投保前已存在之傷病，除非： a) 受保成員在生效日後連續三個月內並沒有就該損傷或疾病接受或獲建議接受醫藥治療；或 b) 受保人在成為本保單受保成員的生效日一年後始接受或獲建議接受的醫藥治療。	不受保投保前已存在之傷病，除非： a) 受保成員在生效日後連續三個月內並沒有就該損傷或疾病接受或獲建議接受醫藥治療；或 b) 受保人在成為本保單受保成員的生效日一年後始接受或獲建議接受的醫藥治療。	不受保投保前已存在之傷病，除非受保人已參與「安 X 同行」連續 12 個月	不受保	不受保投保前已存在之傷病，除非受保人已參與「CARINX」連續 12 個月
附加轉換權益	• 不設轉換權益，可選擇投保可攜式個人醫療計劃 (適用於 10 名僱員或以上的公司) • 受保已存在病症 - 若您於友邦團體醫療保險計劃及「友心意」下合共受保至少連續 12 個月	X	X	X	• 團體會員在退休或轉換工作後，不論健康狀況如何，也可選擇將其會籍轉移至指定的個人醫療保障計劃。	X
中國支援卡	包括	包括	X	包括	包括	包括
額外醫療保障賠償方式之調整基數	根據受保計劃內病房級別	根據受保計劃內病房級別	不適用	根據平均每日住院及膳食費用開支	根據受保計劃內病房級別	根據受保計劃內病房級別
門診附加保障 (需繳交額外保費)						
醫療網絡 (香港)	有	有	沒有	有	有	有
網絡醫生 (資料由各保險公司產品小冊子卡 2022 年 2 月收集)	約 1,827 名	約 1,400 名	X	約 2,000 名	約 1,600 名	無此資料
賠償率選擇	設不同賠償率計劃以供選擇	設不同賠償率計劃以供選擇	X	設不同賠償率計劃以供選擇	設不同賠償率計劃以供選擇	設不同賠償率計劃以供選擇

	友邦 「智悠選」團體保障計劃 2	宏記 宏 X 精選	宏記 僱 X 醫療保障計劃	盛記 安 X 同行企業醫療保障計劃	柏記 公司僱員 XXX 團體醫療保障計劃	FWX CARINX
豁免專科門診轉介信	沒有	有 豁免 7 科專科門診轉介信	有 豁免 7 科專科門診轉介信	沒有	有 豁免 9 科專科門診轉介信	有 豁免 6 科專科門診轉介信
附加牙科保障 (需繳交額外保費)						
醫生選擇	可自選醫生	沒有提供	沒有提供	只限網絡	只限網絡	只限網絡
保障選擇						
主要保障（住院及手術保障）	12 個計劃 (6 個計劃+ 6 個福利調低計劃)	6 個計劃	3 個計劃	6 個計劃	不適用	5 個計劃
主要保障及額外醫療保障	12 個計劃 (6 個計劃 + 6 個福利調低計劃)	4 個計劃	不適用	2 個計劃	3 個計劃	5 個計劃
門診保障	21 個計劃 (包括 10 個福利調低計劃)	6 個計劃	3 個計劃	12 個計劃	6 個計劃	10 個計劃
牙科保障	4 個計劃 (2 個計劃 + 2 個福利調低計劃)	不適用	不適用	2 個計劃	不適用 (門診保障包括牙科保障)	2 個計劃
身故賠償及意外死亡及傷殘賠償	5 個計劃	不適用	不適用	不適用	不適用	不適用
靈活福利安排 (FSA)及福利調低選項	僱主可選擇讓僱員透過靈活福利安排 (FSA)調低福利以獲取靈活積分。靈活積分可用於賠償身體檢查、疫苗接種、視力保障及牙科保健的相關費用，以至 AIA 個人保單保費及保費徵費	不適用	不適用	不適用	不適用	不適用
健康程式	團體客戶「AIA Vitality 健康程式」	不適用	不適用	不適用	不適用	不適用
其他保障	不適用	非住院癌症及透析治療保障 – 4 個計劃 危疾保障 – 4 個計劃	不適用	門診洗腎費用及門診癌病治療費用 – 1 個計劃	不適用	不適用
保費計算及保費調整因素						
保費計算	根據每名受保成員之實際年齡	根據每名受保成員之實際年齡	根據所有受保僱員及配偶之平均已達年齡	不論年齡一律享有劃一保費	不論年齡一律享有劃一保費	根據每名受保成員之實際年齡
保費調整會考慮的因素	所有此計劃之保單的整體索償情況	所有此計劃之保單的整體索償情況	保單之過往索償、醫療趨勢及通脹	無此資料	無此資料	相關的醫療費用的通脹，理賠數據及保單續保情況

AIA「智悠選」團體保險計劃 2 的優勢：

- 可按需要將不同級別的住院及手術保障、附加門診保障、附加牙科保障、身故賠償及意外死亡及傷殘賠償及團體客戶「AIA Vitality 健康程式」自由配搭出合適的保障以符合僱主的保障需求及預算
- 可根據不同職級的僱員自訂不同級別的人壽、醫療及健康附加保障；保障也可伸延至家屬
- 「智悠選」團體保險計劃 2 提供市場獨有的靈活福利安排 (FSA)讓僱員可按需要調低保障

註:上述資料來源自 AIA 內部搜集及只供參考性質，不能傳播或分發予友邦以外的任何第三方。若任何第三方向你實行索償、追討、訴訟或其他訴訟程序，AIA 將不會承擔或負上任何責任。詳情請參閱有關數據及資料搜集聲明及市場產品比較之註解及聲明。

有關數據及資料搜集聲明

此文件是友邦經搜集內外數據及資料設計及製作而成，僅作提供資料及參考用途，不應視作內容提及的任何保險產品之邀請、建議或要約。於準備及/或更新此文件時，友邦將盡力確保資料內容準確、完整及為最新的資訊，但不會就資料來源的準確性、完整性及適時性或因而引致的任何索償及/或損失負上責任及作出任何擔保或保證。此文件所提的任何意見或所載的任何資訊均是以一般情況作為基礎，讀者不應將之視作建議。AIA 保留權利隨時更改及修改此文件載列之意見及資料，而毋須發出任何預先通知。就此文件之主題作出任何決定前，建議向適當的專業人士（如醫生、營養師、理財顧問或律師等）尋求獨立意見。AIA 明確表明概不因他人使用或詮釋此文件載列的資料而承擔任何責任。

市場產品比較之註解及聲明

聲明: 由於上述分析及比較乃根據各公司於 2022 年 2 月之網上相關產品資料而製成，本公司概不會就產品比較資料之準確性及完整性作出保證。由於有關計劃的性質及/或特色可能與此計劃不同，不同的年齡及/或保費金額可能產生不同的預期結果。比較資料乃基於指定情況。所有資料將可能隨時改變而不作另行通知。本公司並不承擔任何錯漏之責任。

注意事項: 這是一份內部文件及只供參考。閣下不得傳播，分發或流傳予第三方(包括客戶或潛在客戶)。就企業找尋為其僱員提供的醫療保險，相關需要分析須按適用之監管要求完成。

中小企市場產品比較 –主要保障

如該保險公司並無提供相關的計劃選項，則不會被包括在該產品比較中。
市場上類同產品與友邦的「智悠選」團體保險計劃 2 產品比較下遜色的以黃色標示。

A) 普通房 – 計劃 1

保險公司	友邦 「智悠選」團體保障計劃 2	宏記 僱 X 醫療保障計劃	盛記 安 X 同行企業醫療保障計劃	FWX CARINX
貨幣	港元	港元	港元	港元
病房級別	普通房	普通房	-	普通房
計劃	1	1	5	LHG2
住院賠償				
緊急現金保障 （僱員）	10,000	1,000	-	10,000
住院及膳食費用	600	500	600	600
最多賠償日數	180	45	90	180
醫生巡房費	600	500	600	600
最多賠償日數	180	45	90	180
專科醫生費用	1,000	-	2,000	3,000
深切治療費用	1,200	-	1,200	2,000
最多賠償日數	10		14	15
住院雜費	8,000	6,000	10,000	10,000
外科醫生費				
· 複雜	30,000	30,000	36,000	54,000
· 大型	15,000	15,000	24,000	18,000
· 中型	7,500	7,500	12,000	9,000
· 小型	3,000	3,000	4,800	3,600
麻醉師費 / 手術室費				
· 複雜	10,000	9,000	10,800	16,200
· 大型	5,000	4,500	7,200	5,400
· 中型	2,500	2,250	3,600	2,700
· 小型	1,000	900	1,440	1,080
特別看護費用	600	-	-	300
最多賠償日數	45			60
住院陪床惠益	600	-	-	-
最多賠償日數	180			
緊急意外保障	600	-	-	800
	2,000	-	1,000	800

[AIA - CONFIDENTIAL]

保險公司	友邦 「智悠選」團體保障計劃 2	宏記 僱 X 醫療保障計劃	盛記 安 X 同行企業醫療保障計劃	FWX CARINX
貨幣	港元	港元	港元	港元
病房級別	普通房	普通房	-	普通房
計劃	1	1	5	LHG2
住院賠償				
入院前 / 出院後門診諮詢			(出院後)	(出院後)
第二次索償惠益	600	-	-	300
最多賠償日數	180			60
住院現金保障 （政府醫院）	600	250	300	300
最多賠償日數	180	45	90	60
單日住院保障	-	4,000	-	-
賠償率		90%		
額外海外住院醫療保障（非醫療網絡；因意外導致）	200%	-	-	-
精神科治療	30,000	-	-	-
指定門診手術惠益	600	-	-	-
環球緊急支援服務	包括	包括	包括	包括
每位受保成員以每病症之最高賠償金額	-	-	-	365,000
備註(如有)	可選擇透過靈活福利安排(FSA)調低保障	-	器官移植 – 每年 50,000	-

有顏色的地方代表友邦的「智悠選」較優勝：於相關年齡有較低保費

Coloured cells indicate AIA's Flexi Choice 2 is better: Low premium in relevant age

中小企市場產品比較 – 保費率 （年費，港元）

年齡	友邦 「智悠選」團體保障計劃 2	宏記 僱 X 醫療保障計劃^	「智悠選」團體保障計劃 2 vs 僱 X 醫療保障計劃	盛記 安 X 同行企業醫療保障計劃^	「智悠選」團體保障計劃 2 vs 安 X 同行企業醫療保障計劃	FWX CarinX	「智悠選」團體保障計劃 2 vs CarinX
5	1,047	1,041	1%	1,107	-5%	970	8%
10	1,047	1,041	1%	1,107	-5%	970	8%
15	1,047	1,041	1%	1,107	-5%	970	8%
20	532	699	-24%	1,407	-62%	1,285	-59%
25	691	811	-15%	1,407	-51%	1,285	-46%
30	824	915	-10%	1,407	-41%	1,285	-36%
35	1,459	1,040	40%	1,407	4%	1,285	14%
40	1,849	1,299	42%	1,407	31%	1,285	44%
45	2,093	1,606	30%	1,407	49%	1,498	40%
50	2,387	1,944	23%	1,407	70%	1,498	59%
55	2,898	2,258	28%	1,407	106%	1,498	93%
60	3,352	3,183	5%	1,407	138%	1,498	124%
65	4,078	N/A	N/A	1,407	190%	4,494	-9%

備註: 每名成員年費 (港元)

^ 5/10/15 歲顯示之保費率為未婚子女的保費率

B) 普通房 – 計劃 2

保險公司	友邦 「智悠選」團體保障計劃 2	宏記 僱 X 醫療保障計劃	盛記 安 X 同行企業醫療保障計劃
貨幣	港元	港元	港元
病房級別	普通房	普通房	-
計劃	2	2	4
住院賠償			
緊急現金保障 （僱員）	10,000	1,000	-
住院及膳食費用 最多賠償日數	900 180	800 45	800 90
醫生巡房費 最多賠償日數	900 180	800 45	800 90
專科醫生費用	1,500	-	3,000
深切治療費用 最多賠償日數	1,800 10	-	1,600 14
住院雜費	13,000	12,000	12,000
外科醫生費 · 複雜 · 大型 · 中型 · 小型	 50,000 25,000 12,500 5,000	 48,000 24,000 12,000 4,800	 45,000 30,000 15,000 6,000
麻醉師費 / 手術室費 · 複雜 · 大型 · 中型 · 小型	 16,000 8,000 4,000 1,600	 14,400 7,200 3,600 1,440	 13,500 9,000 4,500 1,800
特別看護費用 最多賠償日數	900 45	-	-
住院陪床惠益 最多賠償日數	900 180	-	-
緊急意外保障	900	-	-
入院前 / 出院後門診諮詢	3,000	-	1,000 (出院後)
第二次索償惠益	900	-	-

保險公司	友邦 「智悠選」團體保障計劃 2	宏記 僱 X 醫療保障計劃	盛記 安 X 同行企業醫療保障計劃
貨幣	港元	港元	港元
病房級別	普通房	普通房	-
計劃	2	2	4
住院賠償			
最多賠償日數	180		
住院現金保障 （政府醫院）	900	400	300
最多賠償日數	180	45	90
單日住院保障	-	4,000	-
賠償率		90%	
額外海外住院醫療保障（非醫療網絡；因意外導致）	200%	保障增加 50%	-
精神科治療	30,000	-	-
指定門診手術惠益	900	-	-
環球緊急支援服務	包括	包括	包括
每位受保成員以每病症之最高賠償金額	-	-	-
備註(如有)	可選擇透過靈活福利安排(FSA)調低保障	-	器官移植 – 每年 50,000

有顏色的地方代表友邦的「智悠選」較優勝：於相關年齡有較低保費

Coloured cells indicate AIA's Flexi Choice 2 is better: Low premium in relevant age

年齡	友邦 「智悠選」團體保障計劃 2	宏記 僱 X 醫療保障計劃^	「智悠選」團體保障計劃 2 vs 僱 X 醫療保障計劃	盛記 安 X 同行企業醫療保障計劃^	「智悠選」團體保障計劃 2 vs 安 X 同行企業醫療保障計劃
5	1,475	1,718	-14%	1,502	-2%
10	1,475	1,718	-14%	1,502	-2%
15	1,475	1,718	-14%	1,502	-2%
20	712	1,139	-37%	1,908	-63%
25	934	1,327	-30%	1,908	-51%
30	1,142	1,501	-24%	1,908	-40%
35	2,059	1,709	20%	1,908	8%
40	2,624	2,143	22%	1,908	38%
45	2,981	2,651	12%	1,908	56%
50	3,354	3,218	4%	1,908	76%
55	4,116	3,749	10%	1,908	116%
60	4,781	5,292	-10%	1,908	151%
65	5,750	N/A	N/A	1,908	201%

備註: 每名成員年費 (港元)

^ 5/10/15 歲顯示之保費率為未婚子女的保費率

C) 普通房 – 計劃 3

保險公司	友邦 「智悠選」團體保障計劃 2	宏記 宏 X 精選	盛記 安 X 同行企業醫療保障計劃	FWX CARINX
貨幣	港元	港元	港元	港元
病房級別	普通房	普通房	-	半私家房
計劃	3	3	3	LHG3
住院賠償				
緊急現金保障 （僱員）	10,000	10,000	-	10,000
住院及膳食費用	1,200	1,000	1,200	1,000
最多賠償日數	180	120	90	180
醫生巡房費	1,200	1,000	1,200	1,000
最多賠償日數	180	120	90	180
專科醫生費用	2,000	-	4,000	5,000
深切治療費用	2,400	2,000	2,400	3,000
最多賠償日數	10	15	14	15
住院雜費	18,000	16,000	18,000	14,000
外科醫生費				
· 複雜	70,000	64,000	63,000	66,000
· 大型	35,000	32,000	42,000	22,000
· 中型	17,500	16,000	21,000	11,000
· 小型	7,000	8,000	8,400	4,400
麻醉師費 / 手術室費				
· 複雜	22,400	19,200	18,900	19,800
· 大型	11,200	9,600	12,600	6,600
· 中型	5,600	4,800	6,300	3,300
· 小型	2,240	2,400	2,520	1,320
特別看護費用	1,200	-	-	500
最多賠償日數	45			60
住院陪床惠益	1,200	400	-	-
最多賠償日數	180	30		
緊急意外保障	1,200	-	-	1,200
入院前 / 出院後門診諮詢	4,000	4,000	2,000 (出院後)	$1,200 (出院後)
第二次索償惠益	1,200	-	-	500
最多賠償日數	180			60

保險公司	友邦 「智悠選」團體保障計劃 2	宏記 宏 X 精選	盛記 安 X 同行企業醫療保障計劃	FWX CARINX
貨幣	港元	港元	港元	港元
病房級別	普通房	普通房	-	半私家房
計劃	3	3	3	LHG3
住院賠償				
住院現金保障 （政府醫院）	1,200	800	600	500
最多賠償日數	180	45	90	60
單日住院保障	-	-	-	-
賠償率	-	-	-	-
額外海外住院醫療保障（非醫療網絡；因意外導致）	200%	100% (只限僱員)	-	-
精神科治療	30,000	-	-	-
指定門診手術惠益	1,200	800	-	-
環球緊急支援服務	包括	包括	包括	包括
每位受保成員以每病症之最高賠償金額	-	-	-	562,000
備註(如有)	可選擇透過靈活福利安排 (FSA)調低保障	-	器官移植 – 每年 50,000	-

有顏色的地方代表友邦的「智悠選」較優勝：於相關年齡有較低保費

Coloured cells indicate AIA's Flexi Choice 2 is better: Low premium in relevant age

年齡	友邦 「智悠選」團體保障計劃 2	宏記 宏 X 精選^	「智悠選」團體保障計劃 2 vs 宏 X 精選	盛記 安 X 同行企業醫療保障計劃^	「智悠選」團體保障計劃 2 vs 安 X 同行企業醫療保障計劃	FWX CarinX	「智悠選」團體保障計劃 2 vs CarinX
5	1,741	1,980	-12%	2,408	-28%	1,422	22%
10	1,741	1,980	-12%	2,408	-28%	1,422	22%
15	1,741	1,980	-12%	2,408	-28%	1,422	22%
20	807	1,968	-59%	3,061	-74%	1,884	-57%
25	1,060	1,968	-46%	3,061	-65%	1,884	-44%
30	1,317	2,520	-48%	3,061	-57%	1,884	-30%
35	2,405	2,520	-5%	3,061	-21%	1,884	28%
40	3,068	2,604	18%	3,061	0%	1,884	63%
45	3,511	2,604	35%	3,061	15%	2,197	60%
50	3,916	3,768	4%	3,061	28%	2,197	78%
55	4,845	5,076	-5%	3,061	58%	2,197	121%
60	5,632	5,628	0%	3,061	84%	2,197	156%
65	6,720	7,920	-15%	3,061	120%	6,589	2%

備註: 每名成員年費 (港元)
^ 5/10/15 歲顯示之保費率為未婚子女的保費率

D) 半私家房－計劃 4

保險公司	友邦 「智悠選」團體保障計劃 2	FWX CarinX
貨幣	港元	港元
病房級別	半私家房	半私家房
計劃	4	LHG4
住院賠償		
緊急現金保障 （僱員）	10,000	10,000
住院及膳食費用 最多賠償日數	1,600 180	1,500 180
醫生巡房費 最多賠償日數	1,600 180	1,500 180
專科醫生費用	2,700	7,000
深切治療費用 最多賠償日數	3,200 10	4,000 15
住院雜費	22,000	20,000
外科醫生費 · 複雜 · 大型 · 中型 · 小型	 100,000 50,000 25,000 10,000	 84,000 28,000 14,000 5,600
麻醉師費 / 手術室費 · 複雜 · 大型 · 中型 · 小型	 30,400 15,200 7,500 3,000	 25,200 8,400 4,200 1,680
特別看護費用 最多賠償日數	1,600 45	600 60
住院陪床惠益 最多賠償日數	1,600 180	-
緊急意外保障	1,600	1,600
入院前 / 出院後門診諮詢	6,000	1,600 (出院後)
第二次索償惠益	1,600	750
最多賠償日數	180	60

保險公司	友邦 「智悠選」團體保障計劃 2	FWX CarinX
貨幣	港元	港元
病房級別	半私家房	半私家房
計劃	4	LHG4
住院賠償		
住院現金保障 （政府醫院）	1,600	750
最多賠償日數	180	60
單日住院保障	-	-
賠償率	-	-
額外海外住院醫療保障（非醫療網絡；因意外導致）	200%	-
精神科治療	30,000	-
指定門診手術惠益	1,800	-
環球緊急支援服務	包括	包括
每位受保成員以每病症之最高賠償金額	-	800,600
備註(如有)	可選擇透過靈活福利安排(FSA)調低保障	-

有顏色的地方代表友邦的「智悠選」較優勝：於相關年齡有較低保費

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年齡	友邦 「智悠選」團體保障計劃 2	FWX CarinX	「智悠選」團體保障計劃 2 vs CarinX
5	1,876	2,080	-10%
10	1,876	2,080	-10%
15	1,876	2,080	-10%
20	1,530	2,757	-45%
25	1,736	2,757	-37%
30	2,624	2,757	-5%
35	3,750	2,757	36%
40	5,060	2,757	84%
45	5,792	3,215	80%
50	6,637	3,215	106%
55	8,036	3,215	150%
60	12,461	3,215	288%
65	15,342	9,646	59%

備註: 每名成員年費 (港元)

E) 半私家房－計劃 5

保險公司	友邦 「智悠選」團體保障計劃 2	宏記 宏 X 精選	盛記 安 X 同行企業醫療保障計劃
貨幣	港元	港元	港元
病房級別	半私家房	-	-
計劃	5	2	2
住院賠償			
緊急現金保障 （僱員）	10,000	10,000	-
住院及膳食費用	1,800	1,800	1,800
最多賠償日數	180	120	90
醫生巡房費	1,800	1,800	1,800
最多賠償日數	180	120	90
專科醫生費用	3,000	2,500 (120 日)	5,000
深切治療費用	3,600	3,600	3,200
最多賠償日數	10	15	14
住院雜費	30,000	30,000	27,000
外科醫生費			
· 複雜	120,000	120,000	87,000
· 大型	60,000	60,000	58,000
· 中型	30,000	30,000	29,000
· 小型	12,000	15,000	11,600
麻醉師費 / 手術室費			
· 複雜	38,400	36,000	26,100
· 大型	19,200	18,000	17,400
· 中型	9,600	9,000	8,700
· 小型	3,840	4,500	3,480
特別看護費用	1,800	1,000	-
最多賠償日數	45	120	
住院陪床惠益	1,800	1,000	-
最多賠償日數	180	30	
緊急意外保障	1,800	-	-
入院前 / 出院後門診諮詢	8,000	8,000	2,500 (出院後)
第二次索償惠益	1,800	-	-

保險公司	友邦 「智悠選」團體保障計劃 2	宏記 宏 X 精選	盛記 安 X 同行企業醫療保障計劃
貨幣	港元	港元	港元
病房級別	半私家房	-	-
計劃	5	2	2
住院賠償			
最多賠償日數	180		
住院現金保障 （政府醫院）	1,800	1,500	800
最多賠償日數	180	45	90
單日住院保障	-	-	-
賠償率	-	-	-
額外海外住院醫療保障（非醫療網絡；因意外導致）	200%	100% (只限僱員)	-
精神科治療	30,000	-	-
指定門診手術惠益	1,800	1,500	-
環球緊急支援服務	包括	包括	包括
每位受保成員以每病症之最高賠償金額	-	-	-
備註(如有)	可選擇透過靈活福利安排 (FSA)調低保障	-	器官移植 – 每年 50,000

有顏色的地方代表友邦的「智悠選」較優勝：於相關年齡有較低保費

Coloured cells indicate AIA's Flexi Choice 2 is better: Low premium in relevant age

年齡	友邦 「智悠選」團體保障計劃 2	宏記 宏 X 精選^	「智悠選」團體保障計劃 2 vs 宏 X 精選	盛記 安 X 同行企業醫療保障計劃^	「智悠選」團體保障計劃 2 vs 安 X 同行企業醫療保障計劃
5	2,155	2,700	-20%	4,311	-50%
10	2,155	2,700	-20%	4,311	-50%
15	2,155	2,700	-20%	4,311	-50%
20	1,769	2,616	-32%	3,389	-48%
25	1,984	2,616	-24%	3,389	-41%
30	2,983	3,480	-14%	3,389	-12%
35	4,358	3,480	25%	3,389	29%
40	5,872	3,720	58%	3,389	73%
45	6,746	3,720	81%	3,389	99%
50	7,742	5,424	43%	3,389	128%
55	9,448	7,356	28%	3,389	179%
60	14,775	8,196	80%	3,389	336%
65	17,916	11,652	54%	3,389	429%

備註: 每名成員年費 (港元)

^ 5/10/15 歲顯示之保費率為未婚子女的保費率

F) 半私家房－計劃 6

保險公司	友邦 「智悠選」團體保障計劃 2	盛記 安 X 同行企業醫療保障計劃	FWX CarinX
貨幣	港元	港元	港元
病房級別	半私家房	-	私家房
計劃	6	1	LHG5
住院賠償			
緊急現金保障 （僱員）	10,000	-	10,000
住院及膳食費用	2,000	2,200	2,500
最多賠償日數	180	90	180
醫生巡房費	2,000	2,200	2,500
最多賠償日數	180	90	180
專科醫生費用	3,400	6,000	10,000
深切治療費用	4,000	3,500	6,000
最多賠償日數	10	14	15
住院雜費	34,000	33,000	30,000
外科醫生費			
· 複雜	140,000	99,000	105,000
· 大型	70,000	66,000	35,000
· 中型	35,000	33,000	15,500
· 小型	14,000	13,200	7,000
麻醉師費 / 手術室費			
· 複雜	44,800	29,700	31,500
· 大型	22,400	19,800	10,500
· 中型	11,200	9,900	5,250
· 小型	4,480	3,960	2,100
特別看護費用	2,000	-	700
最多賠償日數	45		60
住院陪床惠益	2,000	-	-
最多賠償日數	180		
緊急意外保障	2,000	-	2,000
入院前 / 出院後門診諮詢	10,000	3,000 (出院後)	2,000 (出院後)
第二次索償惠益	2,000	-	1,000

保險公司	友邦 「智悠選」團體保障計劃 2	盛記 安 X 同行企業醫療保障計劃	FWX CarinX
貨幣	港元	港元	港元
病房級別	半私家房	-	私家房
計劃	6	1	LHG5
住院賠償			
最多賠償日數	180		60
住院現金保障 （政府醫院）	2,000	1,000	1,000
最多賠償日數	180	90	60
單日住院保障	-	-	-
賠償率	-	-	-
額外海外住院醫療保障（非醫療網絡；因意外導致）	200%	-	-
精神科治療	30,000	-	-
指定門診手術惠益	2,000	-	-
環球緊急支援服務	包括	包括	包括
每位受保成員以每病症之最高賠償金額	-	-	1,244,000
備註(如有)	可選擇透過靈活福利安排(FSA)調低保障	器官移植 – 每年 50,000	-

有顏色的地方代表友邦的「智悠選」較優勝：於相關年齡有較低保費

Coloured cells indicate AIA's Flexi Choice 2 is better: Low premium in relevant age

年齡	友邦 「智悠選」團體保障計劃 2	盛記 安 X 同行企業醫療保障計劃^	「智悠選」團體保障計劃 2 vs 安 X 同行企業醫療保障計劃	FWX CarinX	「智悠選」團體保障計劃 2 vs CarinX
5	2,533	5,414	-53%	3,576	-29%
10	2,533	5,414	-53%	3,576	-29%
15	2,533	5,414	-53%	3,576	-29%
20	2,083	4,258	-51%	4,737	-56%
25	2,328	4,258	-45%	4,737	-51%
30	3,492	4,258	-18%	4,737	-26%
35	5,141	4,258	21%	4,737	9%
40	6,932	4,258	63%	4,737	46%
45	7,979	4,258	87%	5,524	44%
50	9,163	4,258	115%	5,524	66%
55	11,336	4,258	166%	5,524	105%
60	17,695	4,258	316%	5,524	220%
65	21,542	4,258	406%	16,573	30%

備註: 每名成員年費 (港元)

^ 5/10/15 歲顯示之保費率為未婚子女的保費率

中小企市場產品比較 –主要保障及額外醫療保障

如該保險公司並無提供相關的計劃選項，則不會被包括在該產品比較中。
市場上類同產品與友邦的「智悠選」團體保險計劃 2 產品比較下遜色的以黃色標示。

A) 普通房－計劃 1

保險公司	友邦 「智悠選」團體保障計劃 2	盛記 安 X 同行企業醫療保障計劃	FWX CarinX	柏記 公司僱員 XXX 團體醫療保障計劃
貨幣	港元	港元	港元	港元
病房級別	普通房	-	普通房	普通房
計劃	1	5	LHG2	3
住院賠償				
緊急現金保障 （僱員）	10,000	-	10,000	-
住院及膳食費用	600	600	600	685
最多賠償日數	180	90	180	120
醫生巡房費	600	600	600	685
最多賠償日數	180	90	180	120
專科醫生費用	1,000	2,000	3,000	4,580
深切治療費用	1,200	1,200	2,000	7,510
最多賠償日數	10	14	15	-
住院雜費	8,000	10,000	10,000	9,100
外科醫生費				
· 複雜	30,000	36,000	54,000	38,950
· 大型	15,000	24,000	18,000	19,500
· 中型	7,500	12,000	9,000	9,750
· 小型	3,000	4,800	3,600	4,900
麻醉師費 / 手術室費				
· 複雜	10,000	10,800	16,200	11,500
· 大型	5,000	7,200	5,400	5,750
· 中型	2,500	3,600	2,700	2,870
· 小型	1,000	1,440	1,080	1,450
特別看護費用	600	-	300	360
最多賠償日數	45		60	120
住院陪床惠益	600	-	-	-
最多賠償日數	180			
緊急意外保障	600	-	800	-
入院前 / 出院後門診諮詢	2,000	1,000 (出院後)	800 (出院後)	1,990

保險公司	友邦 「智悠選」團體保障計劃 2	盛記 安 X 同行企業醫療保障計劃	FWX CarinX	柏記 公司僱員 XXX 團體醫療保障計劃
貨幣	港元	港元	港元	港元
病房級別	普通房	-	普通房	普通房
計劃	1	5	LHG2	3
住院賠償				
第二次索償惠益	600	-	300	343
最多賠償日數	180		60	120
住院現金保障 （政府醫院）	600	300	300	300
最多賠償日數	180	90	60	120
單日住院保障	-	-	-	-
賠償率				
額外海外住院醫療保障（非醫療網絡；因意外導致）	200%	-	-	-
精神科治療	30,000	-	-	10,000
指定門診手術惠益	600	-	-	343
環球緊急支援服務	包括	包括	包括	包括
每位受保成員以每病症之最高賠償金額	-	-	365,000	-
備註(如有)	可選擇透過靈活福利安排 (FSA)調低保障	器官移植 – 每年 50,000	-	計劃必需包括額外醫療保障
額外醫療保障 – 每病症				
最高限額	80,000	200,000	60,000	50,000
賠償百分比	80%	80%	80%	80%
墊底費	1,000	1,000	1,000	0

有顏色的地方代表友邦的「智悠選」較優勝：於相關年齡有較低保費

Coloured cells indicate AIA's Flexi Choice 2 is better: Low premium in relevant age

年齡	友邦 「智悠選」團體保障計劃 2	盛記 安 X 同行企業醫療保障計劃^	「智悠選」團體保障計劃 2 vs 安 X 同行企業醫療保障計劃	FWX CarinX	「智悠選」團體保障計劃 2 vs CarinX	柏記 公司僱員 XXX 團體醫療保障計劃	「智悠選」團體保障計劃 2 vs 公司僱員 XXX 團體醫療保障計劃
5	1,417	1,650	-14%	1,340	6%	2,293	-38%
10	1,417	1,650	-14%	1,340	6%	2,293	-38%
15	1,417	1,650	-14%	1,340	6%	2,293	-38%
20	810	2,087	-61%	1,746	-54%	2,293	-65%
25	1,141	2,087	-45%	1,746	-35%	2,293	-50%
30	1,658	2,087	-21%	1,746	-5%	2,293	-28%
35	2,257	2,087	8%	1,746	29%	2,293	-2%
40	2,832	2,087	36%	1,746	62%	2,293	24%
45	3,165	2,087	52%	2,177	45%	2,293	38%
50	3,821	2,087	83%	2,177	76%	2,293	67%
55	4,242	2,087	103%	2,177	95%	2,293	85%
60	4,766	2,087	258%	2,177	243%	2,293	226%
65	6,180	2,087	196%	6,265	-1%	N/A	N/A

備註: 每名成員年費 (港元)

^ 5/10/15 歲顯示之保費率為未婚子女的保費率

B) 普通房－計劃 2

保險公司	友邦 「智悠選」團體保障計劃 2	盛記 安 X 同行企業醫療保障計劃
貨幣	港元	港元
病房級別	普通房	-
計劃	2	4
住院賠償		
緊急現金保障 （僱員）	10,000	-
住院及膳食費用	900	800
最多賠償日數	180	90
醫生巡房費	900	800
最多賠償日數	180	90
專科醫生費用	1,500	3,000
深切治療費用	1,800	1,600
最多賠償日數	10	14
住院雜費	13,000	12,000
外科醫生費		
· 複雜	50,000	45,000
· 大型	25,000	30,000
· 中型	12,500	15,000
· 小型	5,000	6,000
麻醉師費 / 手術室費		
· 複雜	16,000	13,500
· 大型	8,000	9,000
· 中型	4,000	4,500
· 小型	1,600	1,800
特別看護費用	900	-
最多賠償日數	45	
住院陪床惠益	900	-
最多賠償日數	180	
緊急意外保障	900	-
入院前 / 出院後門診諮詢	3,000	1,000 (出院後)
第二次索償惠益	900	-
最多賠償日數	180	
住院現金保障 （政府醫院）	900	300

保險公司	友邦 「智悠選」團體保障計劃 2	盛記 安 X 同行企業醫療保障計劃
貨幣	港元	港元
病房級別	普通房	-
計劃	2	4
住院賠償		
最多賠償日數	180	90
單日住院保障	-	-
賠償率		
額外海外住院醫療保障（非醫療網絡；因意外導致）	200%	-
精神科治療	30,000	-
指定門診手術惠益	900	-
環球緊急支援服務	包括	包括
每位受保成員以每病症之最高賠償金額	-	-
備註(如有)	可選擇透過靈活福利安排(FSA)調低保障	器官移植 – 每年 50,000
額外醫療保障 – 每病症		
最高限額	60,000	200,000
賠償百分比	80%	80%
墊底費	1,000	1,000

有顏色的地方代表友邦的「智悠選」較優勝：於相關年齡有較低保費

Coloured cells indicate AIA's Flexi Choice 2 is better: Low premium in relevant age

年齡	友邦 「智悠選」團體保障計劃 2	盛記 安 X 同行企業醫療保障計劃^	「智悠選」團體保障計劃 2 vs 安 X 同行企業醫療保障計劃
5	1,916	1,968	-3%
10	1,916	1,968	-3%
15	1,916	1,968	-3%
20	1,027	2,490	-59%
25	1,489	2,490	-40%
30	2,191	2,490	-12%
35	3,007	2,490	21%
40	3,822	2,490	53%
45	4,288	2,490	72%
50	5,152	2,490	107%
55	5,735	2,490	130%
60	6,452	2,490	159%
65	8,525	2,490	242%

備註: 每名成員年費 (港元)

^ 5/10/15 歲顯示之保費率為未婚子女的保費率

C) 普通房－計劃 3

保險公司	友邦 「智悠選」團體保障計劃 2	宏記 宏 X 精選	盛記 安 X 同行企業醫療保障計劃	FWX CarinX	柏記 公司僱員 XXX 團體醫療保障計劃
貨幣	港元	港元	港元	港元	港元
病房級別	普通房	普通房	-	半私家房	半私家房
計劃	3	3	3	LHG3	2
住院賠償					
緊急現金保障 （僱員）	10,000	10,000	-	10,000	-
住院及膳食費用	1,200	1,000	1,200	1,000	1,092
最多賠償日數	180	120	90	180	120
醫生巡房費	1,200	1,000	1,200	1,000	1,092
最多賠償日數	180	120	90	180	120
專科醫生費用	2,000	-	4,000	5,000	8,855
深切治療費用	2,400	2,000	2,400	3,000	13,500
最多賠償日數	10	15	14	15	-
住院雜費	18,000	16,000	18,000	14,000	14,900
外科醫生費					
· 複雜	70,000	64,000	63,000	66,000	53,000
· 大型	35,000	32,000	42,000	22,000	26,500
· 中型	17,500	16,000	21,000	11,000	13,150
· 小型	7,000	8,000	8,400	4,400	6,910
麻醉師費 / 手術室費					
· 複雜	22,400	19,200	18,900	19,800	15,360/ 15,360
· 大型	11,200	9,600	12,600	6,600	7,680/ 7680
· 中型	5,600	4,800	6,300	3,300	4,810 / 5,000
· 小型	2,240	2,400	2,520	1,320	2,724/ 3,055
特別看護費用	1,200	-	-	500	500
最多賠償日數	45			60	120
住院陪床惠益	1,200	400	-	-	-
最多賠償日數	180	30			
緊急意外保障	1,200	-	-	1,200	-
入院前 / 出院後門診諮詢	4,000	4,000	2,000 (出院後)	1,200 (出院後)	5,555
第二次索償惠益	1,200	-	-	500	546
最多賠償日數	180			60	120

保險公司	友邦 「智悠選」團體保障計劃 2	宏記 宏 X 精選	盛記 安 X 同行企業醫療保障計劃	FWX CarinX	柏記 公司僱員 XXX 團體醫療保障計劃
貨幣	港元	港元	港元	港元	港元
病房級別	普通房	普通房	-	半私家房	半私家房
計劃	3	3	3	LHG3	2
住院賠償					
住院現金保障 （政府醫院）	1,200	800	600	500	450
最多賠償日數	180	45	90	60	120
單日住院保障	-	-	-	-	-
賠償率	-	-	-	-	-
額外海外住院醫療保障（非醫療網絡；因意外導致）	200%	100% (只限僱員)	-	-	-
精神科治療	30,000	800	-	-	15,500
指定門診手術惠益	1,200	-	-	-	546
環球緊急支援服務	包括	包括	包括	包括	包括
每位受保成員以每病症之最高賠償金額	-	-	-	562,000	-
備註(如有)	可選擇透過靈活福利安排 (FSA)調低保障	-	器官移植 – 每年 50,000	-	計劃必需包括額外醫療保障
額外醫療保障 – 每病症					
最高限額	80,000	70,000	200,000	80,000	50,000
賠償百分比	80%	80%	80%	80%	80%
墊底費	1,000	1,000	1,000	1,000	0

有顏色的地方代表友邦的「智悠選」較優勝：於相關年齡有較低保費

Coloured cells indicate AIA's Flexi Choice 2 is better: Low premium in relevant age

年齡	友邦 「智悠選」團體保障計劃 2	宏記 宏 X 精選^	「智悠選」團體保障計劃 2 vs 宏 X 精選	盛記 安 X 同行企業醫療保障計劃^	「智悠選」團體保障計劃 2 vs 安 X 同行企業醫療保障計劃	FWX CarinX	「智悠選」團體保障計劃 2 vs CarinX	柏記 公司僱員 XXX 團體醫療保障計劃	「智悠選」團體保障計劃 2 vs 公司僱員 XXX 團體醫療保障計劃
5	2,163	2,304	-6%	3,481	-38%	1,963	10%	5,687	-62%
10	2,163	2,304	-6%	3,481	-38%	1,963	10%	5,687	-62%
15	2,163	2,304	-6%	3,481	-38%	1,963	10%	5,687	-62%
20	1,104	2,232	-51%	4,402	-75%	2,560	-57%	5,687	-81%
25	1,610	2,232	-28%	4,402	-63%	2,560	-37%	5,687	-72%
30	2,402	3,048	-21%	4,402	-45%	2,560	-6%	5,687	-58%
35	3,315	3,048	9%	4,402	-25%	2,560	29%	5,687	-42%
40	4,253	3,612	18%	4,402	-3%	2,560	66%	5,687	-25%
45	4,804	3,612	33%	4,402	9%	3,193	50%	5,687	-16%
50	5,753	5,412	6%	4,402	31%	3,193	80%	5,687	1%
55	6,473	7,092	-9%	4,402	47%	3,193	103%	5,687	14%
60	7,254	8,004	-9%	4,402	65%	3,193	127%	5,687	28%
65	9,710	N/A	N/A	4,402	121%	9,186	6%	N/A	N/A

備註: 每名成員年費 (港元)

^ 5/10/15 歲顯示之保費率為未婚子女的保費率

D) 半私家房－計劃 4

保險公司	友邦 「智悠選」團體保障計劃 2	盛記 安 X 同行企業醫療保障計劃	FWX CarinX
貨幣	港元	港元	港元
病房級別	半私家房	-	半私家房
計劃	4	2	LHG4
住院賠償			
緊急現金保障 （僱員）	10,000	-	10,000
住院及膳食費用	1,600	1,800	1,500
最多賠償日數	180	90	180
醫生巡房費	1,600	1,800	1,500
最多賠償日數	180	90	180
專科醫生費用	2,700	5,000	7,000
深切治療費用	3,200	3,200	4,000
最多賠償日數	10	14	15
住院雜費	22,000	27,000	20,000
外科醫生費			
· 複雜	100,000	87,000	84,000
· 大型	50,000	58,000	28,000
· 中型	25,000	29,000	14,000
· 小型	10,000	11,600	5,600
麻醉師費 / 手術室費			
· 複雜	30,400	26,100	25,200
· 大型	15,200	17,400	8,400
· 中型	7,500	8,700	4,200
· 小型	3,000	3,480	1,680
特別看護費用	1,600	-	600
最多賠償日數	45		60
住院陪床惠益	1,600	-	-
最多賠償日數	180		
緊急意外保障	1,600	-	1,600
入院前 / 出院後門診諮詢	6,000	2,500 (出院後)	1,600 (出院後)
第二次索償惠益	1,600	-	750
最多賠償日數	180		60

保險公司	友邦 「智悠選」團體保障計劃 2	盛記 安 X 同行企業醫療保障計劃	FWX CarinX
貨幣	港元	港元	港元
病房級別	半私家房	-	半私家房
計劃	4	2	LHG4
住院賠償			
住院現金保障 （政府醫院）	1,600	800	750
最多賠償日數	180	90	60
單日住院保障	-	-	-
賠償率	-	-	-
額外海外住院醫療保障（非醫療網絡；因意外導致）	200%	-	-
精神科治療	30,000	-	-
指定門診手術惠益	1,800	-	-
環球緊急支援服務	包括	包括	包括
每位受保成員以每病症之最高賠償金額	-	-	800,600
備註(如有)	可選擇透過靈活福利安排 (FSA)調低保障	器官移植 – 每年 100,000	-
額外醫療保障 – 每病症			
最高限額	100,000	200,000	100,000
賠償百分比	80%	80%	80%
墊底費	1,000	1,000	1,000

有顏色的地方代表友邦的「智悠選」較優勝：於相關年齡有較低保費

Coloured cells indicate AIA's Flexi Choice 2 is better: Low premium in relevant age

年齡	友邦 「智悠選」團體保障計劃 2	盛記 安 X 同行企業醫療保障計劃^	「智悠選」團體保障計劃 2 vs 安 X 同行企業醫療保障計劃	FWX CarinX	「智悠選」團體保障計劃 2 vs CarinX
5	2,363	4,319	-45%	2,873	-18%
10	2,363	4,319	-45%	2,873	-18%
15	2,363	4,319	-45%	2,873	-18%
20	1,985	5,474	-64%	3,748	-47%
25	2,426	5,474	-56%	3,748	-35%
30	3,332	5,474	-39%	3,748	-11%
35	4,472	5,474	-18%	3,748	19%
40	5,493	5,474	0%	3,748	47%
45	7,014	5,474	28%	4,628	52%
50	8,493	5,474	55%	4,628	84%
55	11,376	5,474	108%	4,628	146%
60	14,878	5,474	172%	4,628	221%
65	18,282	5,474	234%	13,334	37%

備註: 每名成員年費 (港元)

^ 5/10/15 歲顯示之保費率為未婚子女的保費率

E) 半私家房－計劃 5

保險公司	友邦 「智悠選」團體保障計劃 2	宏記 宏 X 精選^	盛記 安 X 同行企業醫療保障計劃	柏記 公司僱員 XXX 團體醫療保障計劃
貨幣	港元	港元	港元	港元
病房級別	半私家房	-	-	私家房
計劃	5	2	2	1
住院賠償				
緊急現金保障 （僱員）	10,000	10,000	-	-
住院及膳食費用	1,800	1,800	1,800	2,260
最多賠償日數	180	120	90	120
醫生巡房費	1,800	1,800	1,800	2,260
最多賠償日數	180	120	90	120
專科醫生費用	3,000	2,500 (120 days)	5,000	12,925
深切治療費用	3,600	3,600	3,200	27,200
最多賠償日數	10	15	14	-
住院雜費	30,000	30,000	27,000	29,400
外科醫生費				
· 複雜	120,000	120,000	87,000	77,000
· 大型	60,000	60,000	58,000	39,200
· 中型	30,000	30,000	29,000	19,200
· 小型	12,000	15,000	11,600	9,600
麻醉師費 / 手術室費				AF/ OR
· 複雜	38,400	36,000	26,100	25,800/ 26,250
· 大型	19,200	18,000	17,400	12,850 / 13,210
· 中型	9,600	9,000	8,700	6,470 / 6,570
· 小型	3,840	4,500	3,480	3,330 / 3,670
特別看護費用	1,800	1,000	-	910
最多賠償日數	45	120		120
住院陪床惠益	1,800	1,000	-	-
最多賠償日數	180	30		
緊急意外保障	1,800	-	-	-
入院前 / 出院後門診諮詢	8,000	8,000	2,500 (出院後)	8,025
第二次索償惠益	1,800	-	-	1,130
最多賠償日數	180			120

保險公司	友邦 「智悠選」團體保障計劃 2	宏記 宏 X 精選^	盛記 安 X 同行企業醫療保障計劃	柏記 公司僱員 XXX 團體醫療保障計劃
貨幣	港元	港元	港元	港元
病房級別	半私家房	-	-	私家房
計劃	5	2	2	1
住院賠償				
住院現金保障 （政府醫院）	1,800	1,500	800	700
最多賠償日數	180	45	90	120
單日住院保障	-	-	-	-
賠償率	-	-	-	-
額外海外住院醫療保障（非醫療網絡；因意外導致）	200%	100% (只限僱員)	-	-
精神科治療	30,000	-	-	24,000
指定門診手術惠益	1,800	1,500	-	1,130
環球緊急支援服務	包括	包括	包括	包括
每位受保成員以每病症之最高賠償金額	-	-	-	-
備註(如有)	可選擇透過靈活福利安排 (FSA)調低保障	-	器官移植 – 每年 100,000	計劃必需包括額外醫療保障
額外醫療保障 – 每病症				
最高限額	120,000	100,000	200,000	100,000
賠償百分比	80%	80%	80%	80%
墊底費	1,000	1,000	1,000	0

有顏色的地方代表友邦的「智悠選」較優勝：於相關年齡有較低保費

Coloured cells indicate AIA's Flexi Choice 2 is better: Low premium in relevant age

年齡	友邦 「智悠選」團體保障計劃 2	宏記 宏 X 精選^	「智悠選」團體保障計劃 2 vs 宏 X 精選	盛記 安 X 同行企業醫療保障計劃^	「智悠選」團體保障計劃 2 vs 安 X 同行企業醫療保障計劃	柏記 公司僱員 XXX 團體醫療保障計劃	「智悠選」團體保障計劃 2 vs 公司僱員 XXX 團體醫療保障計劃
5	2,666	3,156	-16%	4,319	-38%	11,579	-77%
10	2,666	3,156	-16%	4,319	-38%	11,579	-77%
15	2,666	3,156	-16%	4,319	-38%	11,579	-77%
20	2,239	2,988	-25%	5,474	-59%	11,579	-81%
25	2,712	2,988	-9%	5,474	-50%	11,579	-77%
30	3,727	4,236	-12%	5,474	-32%	11,579	-68%
35	5,131	4,236	21%	5,474	-6%	11,579	-56%
40	6,291	5,160	22%	5,474	15%	11,579	-46%
45	8,087	5,160	57%	5,474	48%	11,579	-30%
50	9,733	7,776	25%	5,474	78%	11,579	-16%
55	13,280	10,236	30%	5,474	143%	11,579	15%
60	17,537	11,580	51%	5,474	220%	11,579	51%
65	21,354	N/A	N/A	5,474	290%	11,579	84%

備註: 每名成員年費 (港元)

^ 5/10/15 歲顯示之保費率為未婚子女的保費率

F) 半私家房－計劃 6

保險公司	友邦 「智悠選」團體保障計劃 2	盛記 安 X 同行企業醫療保障計劃	FWX CarinX
貨幣	港元	港元	港元
病房級別	半私家房	-	私家房
Plan	6	1	LHG5
住院賠償			
緊急現金保障 （僱員）	10,000	-	10,000
住院及膳食費用	2,000	2,200	2,500
最多賠償日數	180	90	180
醫生巡房費	2,000	2,200	2,500
最多賠償日數	180	90	180
專科醫生費用	3,400	6,000	10,000
深切治療費用	4,000	3,500	6,000
最多賠償日數	10	14	15
住院雜費	34,000	33,000	30,000
外科醫生費			
· 複雜	140,000	99,000	105,000
· 大型	70,000	66,000	35,000
· 中型	35,000	33,000	15,500
· 小型	14,000	13,200	7,000
麻醉師費 / 手術室費			
· 複雜	44,800	29,700	31,500
· 大型	22,400	19,800	10,500
· 中型	11,200	9,900	5,250
· 小型	4,480	3,960	2,100
特別看護費用	2,000	-	700
最多賠償日數	45		60
住院陪床惠益	2,000	-	-
最多賠償日數	180		
緊急意外保障	2,000	-	2,000
入院前 / 出院後門診諮詢	10,000	3,000 (出院後)	2,000 (出院後)
第二次索償惠益	2,000	-	1,000
最多賠償日數	180		60

住院現金保障 （政府醫院）	2,000	1,000	1,000
最多賠償日數	180	90	60
單日住院保障	-	-	-
賠償率	-	-	-
額外海外住院醫療保障（非醫療網絡；因意外導致）	200%	-	-
精神科治療	30,000	-	-
指定門診手術惠益	2,000	-	-
環球緊急支援服務	包括	包括	包括
每位受保成員以每病症之最高賠償金額	-	-	1,244,000
備註(如有)	可選擇透過靈活福利安排(FSA)調低保障	器官移植 – 每年 100,000	-
額外醫療保障 – 每病症			
最高限額	150,000	200,000	150,000
賠償百分比	80%	80%	80%
墊底費	1,000	1,000	1,000

有顏色的地方代表友邦的「智悠選」較優勝：於相關年齡有較低保費

Coloured cells indicate AIA's Flexi Choice 2 is better: Low premium in relevant age

年齡	友邦 「智悠選」團體保障計劃 2	盛記 安 X 同行企業醫療保障計劃^	「智悠選」團體保障計劃 2 vs 安 X 同行企業醫療保障計劃	FWX CarinX	「智悠選」團體保障計劃 2 vs CarinX
5	3,151	5,045	-38%	4,939	-36%
10	3,151	5,045	-38%	4,939	-36%
15	3,151	5,045	-38%	4,939	-36%
20	2,635	6,398	-59%	6,440	-59%
25	3,165	6,398	-51%	6,440	-51%
30	4,365	6,398	-32%	6,440	-32%
35	6,103	6,398	-5%	6,440	-5%
40	7,486	6,398	17%	6,440	16%
45	9,662	6,398	51%	7,952	22%
50	11,619	6,398	82%	7,952	46%
55	16,115	6,398	152%	7,952	103%
60	21,488	6,398	236%	7,952	170%
65	26,396	6,398	313%	22,907	15%

備註: 每名成員年費 (港元)

^ 5/10/15 歲顯示之保費率為未婚子女的保費率

中小企市場產品比較 –附加保障 – 門診

如該保險公司並無提供相關的計劃選項，則不會被包括在該產品比較中。
市場上類同產品與友邦的「智悠選」團體保險計劃 2 產品比較下遜色的以黃色標示。

A) 門診保障 – 計劃 2B - 普通科門診醫生諮詢費 @HK$150

保險公司	友邦 「智悠選」團體保障計劃 2	宏記 僱 X 醫療保障計劃^	盛記 安 X 同行企業醫療保障計劃	FWX CarinX
貨幣	港元	港元	港元	港元
計劃	2B	1	5	LPG1
賠償白分比	100	80	100	100
附加門診保障				
A)普通科門診醫生諮詢費（每次）	$150	$150	$150	$140
自付費（醫療網絡）	20	N/A	N/A	30
每年最多次數	30	20	30	30
醫生出診諮詢費（每次）	N/A	N/A	N/A	N/A
每年最多次數				
B) 物理治療及脊骨神經治療（需要醫生簽發的轉介信）	$150	N/A	$300	$210
自付費（醫療網絡 - 物理治療）	N/A		N/A	50
每年最多次數	30		10	10
C) 中醫治療(包括中藥治療、跌打、針灸及推拿) - 只適用於非醫療網絡	$100	$100	$150	$120
自付費（醫療網絡）	N/A	N/A	N/A	40
每年最多次數	5	5	8	10
D) 專科門診醫生諮詢(需要醫生簽發的轉介信)	$300	$300	$300	$280
自付費（醫療網絡）	40	N/A	N/A	80
每年最多次數	30	10	10	10
每個保單年度的求診次數上限 (項目 A, B, C & D)	30	N/A	N/A	30 (項目 A 及 C)
E) X 光及化驗費用(需要醫生簽發的轉介信), 每病症最高賠償限額 (醫療網絡和非醫療網絡)	$500	$500 (100% 賠償百分比及每年最高賠償限額)	$1,500	$1,500
其他門診保障 (如有)	N/A	N/A	N/A	N/A

[AIA - CONFIDENTIAL]

有顏色的地方代表友邦的「智悠選」較優勝：於相關年齡有較低保費

Coloured cells indicate AIA's Flexi Choice 2 is better: Low premium in relevant age

年齡	友邦 「智悠選」團體保障計劃 2	宏記 僱 X 醫療保障計劃^	「智悠選」團體保障計劃 2 vs 僱 X 醫療保障計劃	盛記 安 X 同行企業醫療保障計劃^	「智悠選」團體保障計劃 2 vs 安 X 同行企業醫療保障計劃	FWX CarinX	「智悠選」團體保障計劃 2 vs CarinX
5	1,899	2,181	-13%	5,284	-64%	2,241	-15%
10	1,899	2,181	-13%	5,284	-64%	2,241	-15%
15	1,899	2,181	-13%	5,284	-64%	2,241	-15%
20	865	1,758	-51%	4,228	-80%	1,900	-54%
25	1,341	1,758	-24%	4,228	-68%	1,900	-29%
30	1,538	1,758	-13%	4,228	-64%	1,900	-19%
35	1,676	1,758	-5%	4,228	-60%	1,900	-12%
40	1,820	1,758	4%	4,228	-57%	1,900	-4%
45	1,943	1,758	11%	4,228	-54%	1,900	2%
50	2,039	1,758	16%	4,228	-52%	1,900	7%
55	2,188	1,758	24%	4,228	-48%	1,900	15%
60	2,371	1,758	35%	4,228	-44%	1,900	25%
65	2,662	N/A	N/A	4,228	-37%	2,375	12%

備註: 每名成員年費 (港元)

^ 5/10/15 歲顯示之保費率為未婚子女的保費率

B) 門診保障 – 計劃 3B - 普通科門診醫生諮詢費 @HK$180

保險公司	友邦 「智悠選」團體保障計劃 2	盛記 安 X 同行企業醫療保障計劃	FWX CarinX
貨幣	港元	港元	港元
計劃	3B	4	LPG3
附加門診保障			
A)普通科門診醫生諮詢費（每次）	$180	$200	$180
自付費（醫療網絡）	20	N/A	N/A
每年最多次數	30	30	30
醫生出診諮詢費（每次）	N/A	N/A	N/A
每年最多次數			
B) 物理治療及脊骨神經治療（需要醫生簽發的轉介信)	$180	$400	$270
自付費（醫療網絡 - 物理治療）	N/A	N/A	0
每年最多次數	30	10	10
C) 中醫治療(包括中藥治療、跌打、針灸及推拿) - 只適用於非醫療網絡	$120	$200	$150
自付費（醫療網絡）	N/A	N/A	10
每年最多次數	5	8	10
D) 專科門診醫生諮詢(需要醫生簽發的轉介信)	$360	$400	$360
自付費（醫療網絡）	40	N/A	0
每年最多次數	30	10	10
每個保單年度的求診次數上限 (項目 A, B, C & D)	30	N/A	30 (項目 A 及 C)
E) X 光及化驗費用(需要醫生簽發的轉介信), 每病症最高賠償限額 (醫療網絡和非醫療網絡)	$800	$2,000	$2,200
其他門診保障 (如有)	N/A	N/A	N/A

有顏色的地方代表友邦的「智悠選」較優勝：於相關年齡有較低保費

Coloured cells indicate AIA's Flexi Choice 2 is better: Low premium in relevant age

年齡	友邦 「智悠選」團體保障計劃 2	盛記 安 X 同行企業醫療保障計劃^	「智悠選」團體保障計劃 2 vs 安 X 同行企業醫療保障計劃	FWX CarinX	「智悠選」團體保障計劃 2 vs CarinX
5	2,103	6,674	-68%	2,868	-27%
10	2,103	6,674	-68%	2,868	-27%
15	2,103	6,674	-68%	2,868	-27%
20	965	5,340	-82%	2,432	-60%
25	1,504	5,340	-72%	2,432	-38%
30	1,738	5,340	-67%	2,432	-29%
35	1,906	5,340	-64%	2,432	-22%
40	2,081	5,340	-61%	2,432	-14%
45	2,227	5,340	-58%	2,432	-8%
50	2,336	5,340	-56%	2,432	-4%
55	2,513	5,340	-53%	2,432	3%
60	2,741	5,340	-49%	2,432	13%
65	3,124	5,340	-41%	3,040	3%

備註: 每名成員年費 (港元)

^ 5/10/15 歲顯示之保費率為未婚子女的保費率

C) 門診保障 – 計劃 4B - 普通科門診醫生諮詢費 @HK$210

保險公司	友邦 「智悠選」團體保障計劃 2	宏記 宏 X 精選^	盛記 安 X 同行企業醫療保障計劃	FWX CarinX	柏記 公司僱員 XXX 團體醫療保障計劃
貨幣	港元	港元	港元	港元	港元
計劃	4B	3	4	LPG3	6
附加門診保障					
A)普通科門診醫生諮詢費（每次）	$210	$250 (60% 賠償百分比)	$200	$180	$200
自付費（醫療網絡）	20	N/A	N/A	N/A	20
每年最多次數	30	5	30	30	30
醫生出診諮詢費（每次）	N/A	N/A	N/A	N/A	345
每年最多次數					30
B) 物理治療及脊骨神經治療（需要醫生簽發的轉介信）	$210	$350 (只限脊骨神經治療)	$400	$270	$350
自付費（醫療網絡 - 物理治療）	N/A	N/A	N/A	0	20
每年最多次數	30	10	10	10	30
C) 中醫治療(包括中藥治療、跌打、針灸及推拿) - 只適用於非醫療網絡	$150	$250	$200	$150	$200
自付費（醫療網絡）	N/A	N/A	N/A	10	20
每年最多次數	5	10	8	10	30
D) 專科門診醫生諮詢(需要醫生簽發的轉介信)	$420	$250 (60%賠償百分比)	$400	$360	$400
自付費（醫療網絡）	40	N/A	N/A	0	20
每年最多次數	30	5	10	10	30
每個保單年度的求診次數上限 (項目 A, B, C & D)	30	30	N/A	30 (項目 A 及 C)	30
E) X 光及化驗費用(需要醫生簽發的轉介信), 每病症最高賠償限額 (醫療網絡和非醫療網絡)	$1,000	$1,500	$2,000	$2,200	$1,184
其他門診保障 (如有)	N/A	處方藥物 (診所以外) – 1,500	N/A	N/A	牙科保障

有顏色的地方代表友邦的「智悠選」較優勝：於相關年齡有較低保費

Coloured cells indicate AIA's Flexi Choice 2 is better: Low premium in relevant age

年齡	友邦 「智悠選」團體保障計劃 2	宏記 宏 X 精選^	「智悠選」團體保障計劃 2 vs 宏 X 精選	盛記 安 X 同行企業醫療保障計劃^	「智悠選」團體保障計劃 2 vs 安 X 同行企業醫療保障計劃	FWX CarinX	「智悠選」團體保障計劃 2 vs CarinX	柏記 公司僱員 XXX 團體醫療保障計劃	「智悠選」團體保障計劃 2 vs 公司僱員 XXX 團體醫療保障計劃
5	2,331	2,760	-16%	6,674	-65%	2,868	-19%	3,308	-30%
10	2,331	2,760	-16%	6,674	-65%	2,868	-19%	3,308	-30%
15	2,331	2,760	-16%	6,674	-65%	2,868	-19%	3,308	-30%
20	1,074	1,692	-37%	5,340	-80%	2,432	-56%	3,308	-68%
25	1,664	1,692	-2%	5,340	-69%	2,432	-32%	3,308	-50%
30	1,938	2,436	-20%	5,340	-64%	2,432	-20%	3,308	-41%
35	2,124	2,436	-13%	5,340	-60%	2,432	-13%	3,308	-36%
40	2,325	2,760	-16%	5,340	-56%	2,432	-4%	3,308	-30%
45	2,483	2,760	-10%	5,340	-54%	2,432	2%	3,308	-25%
50	2,609	3,192	-18%	5,340	-51%	2,432	7%	3,308	-21%
55	2,820	3,408	-17%	5,340	-47%	2,432	16%	3,308	-15%
60	3,060	3,636	-16%	5,340	-43%	2,432	26%	3,308	-7%
65	3,524	3,888	-9%	5,340	-34%	3,040	16%	N/A	N/A

備註: 每名成員年費 (港元)

^ 5/10/15 歲顯示之保費率為未婚子女的保費率

D) 門診保障 – 計劃 5B - 普通科門診醫生諮詢費 @HK$250

保險公司	友邦 「智悠選」團體保障計劃 2	宏記 宏 X 精選^	盛記 安 X 同行企業醫療保障計劃	FWX CarinX	柏記 公司僱員 XXX 團體醫療保障計劃
貨幣	港元	港元	港元	港元	港元
計劃	5B	2	3	LPG4	5
附加門診保障					
A)普通科門診醫生諮詢費（每次）	$250	$350 (60%賠償百分比)	$250	$250	$270
自付費（醫療網絡）	0	N/A	N/A	0	0
每年最多次數	30	5	30	30	30
醫生出診諮詢費（每次）	N/A	N/A	N/A	N/A	435
每年最多次數					30
B) 物理治療及脊骨神經治療（需要醫生簽發的轉介信）	$250	$500 (只限脊骨神經治療)	$500	$300	$480
自付費（醫療網絡 - 物理治療）	N/A	N/A	N/A	0	0
每年最多次數	30	10	10	10	30
C) 中醫治療(包括中藥治療、跌打、針灸及推拿) - 只適用於非醫療網絡	$200	$300	$250	$200	$215
自付費（醫療網絡）	N/A	N/A	N/A	0	0
每年最多次數	5	10	8	10	30
D) 專科門診醫生諮詢(需要醫生簽發的轉介信)	$500	$350 (60%賠償百分比)	$500	$500	$530
自付費（醫療網絡）	0	N/A	N/A	0	0
每年最多次數	30	5	10	10	30
每個保單年度的求診次數上限 (項目 A, B, C & D)	30	50	N/A	30 (Item A and C)	30
E) X 光及化驗費用(需要醫生簽發的轉介信), 每病症最高賠償限額 (醫療網絡和非醫療網絡)	$1,500	$2,000	$3,000	$3,000	$1,462
其他門診保障 (如有)	N/A	處方藥物 (診所以外) – 2,000	N/A	N/A	牙科保障

有顏色的地方代表友邦的「智悠選」較優勝：於相關年齡有較低保費

Coloured cells indicate AIA's Flexi Choice 2 is better: Low premium in relevant age

年齡	友邦 「智悠選」團體保障計劃 2	宏記 宏 X 精選^	「智悠選」團體保障計劃 2 vs 宏 X 精選	盛記 安 X 同行企業醫療保障計劃^	「智悠選」團體保障計劃 2 vs 安 X 同行企業醫療保障計劃	FWX CarinX	「智悠選」團體保障計劃 2 vs CarinX	柏記 公司僱員 XXX 團體醫療保障計劃	「智悠選」團體保障計劃 2 vs 公司僱員 XXX 團體醫療保障計劃
5	2,778	2,832	-2%	8,189	-66%	3,928	-29%	4,512	-38%
10	2,778	2,832	-2%	8,189	-66%	3,928	-29%	4,512	-38%
15	2,778	2,832	-2%	8,189	-66%	3,928	-29%	4,512	-38%
20	1,293	1,740	-26%	6,553	-80%	3,331	-61%	4,512	-71%
25	1,981	1,740	14%	6,553	-70%	3,331	-41%	4,512	-56%
30	2,332	2,496	-7%	6,553	-64%	3,331	-30%	4,512	-48%
35	2,548	2,496	2%	6,553	-61%	3,331	-24%	4,512	-44%
40	2,796	2,832	-1%	6,553	-57%	3,331	-16%	4,512	-38%
45	2,982	2,832	5%	6,553	-54%	3,331	-10%	4,512	-34%
50	3,141	3,276	-4%	6,553	-52%	3,331	-6%	4,512	-30%
55	3,417	3,504	-2%	6,553	-48%	3,331	3%	4,512	-24%
60	3,716	3,744	-1%	6,553	-43%	3,331	12%	4,512	-18%
65	4,337	3,996	9%	6,553	-34%	4,161	4%	N/A	N/A

備註: 每名成員年費 (港元)

^ 5/10/15 歲顯示之保費率為未婚子女的保費率

E) 門診保障 – 計劃 6B - 普通科門診醫生諮詢費 @HK$300

保險公司	友邦 「智悠選」團體保障計劃 2	宏記 宏 X 精選^	盛記 安 X 同行企業醫療保障計劃	FWX CarinX	柏記 公司僱員 XXX 團體醫療保障計劃
貨幣	港元	港元	港元	港元	港元
計劃	6B	2	2	LPG5	4
附加門診保障					
A)普通科門診醫生諮詢費（每次）	$300	$350 (60%賠償百分比)	$300	$350	$300
自付費（醫療網絡）	0	N/A	N/A	0	0
每年最多次數	30	5	30	30	30
醫生出診諮詢費（每次）	N/A	N/A	N/A	N/A	540
每年最多次數					30
B) 物理治療及脊骨神經治療（需要醫生簽發的轉介信）	$300	$500 (只限脊骨神經治療)	$600	$350	$670
自付費（醫療網絡 - 物理治療）	N/A	N/A	N/A	0	0
每年最多次數	30	10	10	10	30
C) 中醫治療(包括中藥治療、跌打、針灸及推拿) - 只適用於非醫療網絡	$250	$300	$300	$250	$285
自付費（醫療網絡）	N/A	N/A	N/A	0	0
每年最多次數	5	10	8	10	30
D) 專科門診醫生諮詢(需要醫生簽發的轉介信)	$600	$350 (60%賠償百分比)	$600	$700	$700
自付費（醫療網絡）	0	N/A	N/A	0	0
每年最多次數	30	5	10	10	30
每個保單年度的求診次數上限 (項目 A, B, C & D)	30	50	N/A	30 (項目 A 及 C)	30
E) X 光及化驗費用(需要醫生簽發的轉介信), 每病症最高賠償限額 (醫療網絡和非醫療網絡)	$2,000	$2,000	$4,000	$4,000	$2,210
其他門診保障 (如有)	N/A	處方藥物 (診所以外) – 2,000	N/A	N/A	牙科保障

有顏色的地方代表友邦的「智悠選」較優勝：於相關年齡有較低保費

Coloured cells indicate AIA's Flexi Choice 2 is better: Low premium in relevant age

年齡	友邦 「智悠選」團體保障計劃 2	宏記 宏 X 精選^	「智悠選」團體保障計劃 2 vs 宏 X 精選	盛記 安 X 同行企業醫療保障計劃^	「智悠選」團體保障計劃 2 vs 安 X 同行企業醫療保障計劃	FWX CarinX	「智悠選」團體保障計劃 2 vs CarinX	柏記 公司僱員 XXX 團體醫療保障計劃	「智悠選」團體保障計劃 2 vs 公司僱員 XXX 團體醫療保障計劃
5	3,164	2,832	12%	9,650	-67%	5,402	-41%	6,656	-52%
10	3,164	2,832	12%	9,650	-67%	5,402	-41%	6,656	-52%
15	3,164	2,832	12%	9,650	-67%	5,402	-41%	6,656	-52%
20	1,475	1,740	-15%	7,721	-81%	4,581	-68%	6,656	-78%
25	2,249	1,740	29%	7,721	-71%	4,581	-51%	6,656	-66%
30	2,677	2,496	7%	7,721	-65%	4,581	-42%	6,656	-60%
35	2,920	2,496	17%	7,721	-62%	4,581	-36%	6,656	-56%
40	3,212	2,832	13%	7,721	-58%	4,581	-30%	6,656	-52%
45	3,424	2,832	21%	7,721	-56%	4,581	-25%	6,656	-49%
50	3,607	3,276	10%	7,721	-53%	4,581	-21%	6,656	-46%
55	3,923	3,504	12%	7,721	-49%	4,581	-14%	6,656	-41%
60	4,300	3,744	15%	7,721	-44%	4,581	-6%	6,656	-35%
65	5,058	3,996	26%	N/A	N/A	5,726	-12%	N/A	N/A

備註: 每名成員年費 (港元)

^ 5/10/15 歲顯示之保費率為未婚子女的保費率

中小企市場產品比較 –附加保障 – 牙科

如該保險公司並無提供相關的計劃選項，則不會被包括在該產品比較中。
市場上類同產品與友邦的「智悠選」團體保險計劃 2 產品比較下遜色的以黃色標示。

保險公司	友邦 「智悠選」團體保障計劃 2		盛記 安 X 同行企業醫療保障計劃		柏記 公司僱員 XXX 團體醫療保障計劃	FWX CARINX	
牙科保障	有	有	有	有	包括	有	有
計劃	1	2	1-3	4-6	4-9	LDG1	LDG2
自選醫生/醫療網絡	自選	自選	醫療網絡	醫療網絡	醫療網絡	自選	自選
賠償百分比	80%	100%	80%	80%	-	80% (項目 1 - 100%)	80% (項目 1 - 100%)
1. 預防性口腔檢查及洗牙	$2,000	$3,000	每次$400	每次$300	-	$350	$500
每年最多次數	2	2	2	2	1	1	1
2. 口腔 X 光細片檢查連藥物	$2,000	$3,000	$800	$500	Full cover	$100 每片	$150 每片
3. 補牙及脫牙	$2,000	$3,000	$1,200	$800	Full cover	$350 每顆牙齒	$500 每顆牙齒
4. 牙瘡治療	$2,000	$3,000	-	-	-	-	-
5. 齒尖或齒邊修復	$2,000	$3,000	-	-	-	-	-
6. 活動假牙、牙冠與牙橋（因意外而導致）	$2,000	$3,000	-	-	-	-	-
7. 其他			因意外導致的假牙治療: $1,000	因意外導致的假牙治療: $800	Periodontal (gum) treatment & Emergency consultation and treatment: full cover	牙齦膿腫: $350 每膿腫 脫牙: $350 每顆牙齒	牙齦膿腫: $500 每膿腫 脫牙: $500 每顆牙齒
每個保單年度最高賠償限額(1+2+3+4+5+6+7)	$2,000	$3,000	$3,200	$2,200	-	$3,000	$5,000

中小企市場產品比較 – 保費率 （附加牙科保障；年費，港幣）*

計劃	友邦 「智悠選」團體保障計劃 2		盛記 安 X 同行企業醫療保障計劃		柏記 公司僱員 XXX 團體醫療保障計劃	FWX CARINX	
自選醫生/醫療網絡	非醫療網絡		醫療網絡	醫療網絡	醫療網絡	非醫療網絡	非醫療網絡
計劃	1	2	1-3	4-6	4-9	LDG1	LDG2
賠償率/年齡	80%	100%	80%	80%	-	80% (項目 1 - 100%)	80% (項目 1 - 100%)
25	$940	$1,252	$1625	$1220	-	$621	$892
30							
35							
40							
45							
50							
55							
60							
65			N/A	N/A			

備註：
*每名成員之每年保費
+不論受保人年齡大小，相同等級計劃，保費劃一計算

市場產品比較註解及聲明

以上上述分析及比較根據於2022年2月所下載之產品小冊子及網上相關產品資料而製成，本公司概不會就產品比較資料之準確性及完整性作出保證。只是本公司就有關計劃或產品部分資料而作出的分析和比較，惟有關計劃或產品的特色可能與此計劃不同。所有的資料將可能隨時改變而不作另行通知。本公司並不承擔任何錯之責任。此文件只供內部使用，閣下不得使用此文件作銷售面談或說明或其他相類似之用途。就有關產品詳情，請參閱有關推銷刊物。

注意事項 – 這是一份內部文件，只供友邦、其僱員及顧問使用，不能傳播或分發予友邦以外的任何第三方。

G. 常見問題

以下資料只供參考之用，並不構成保險合約的一部份，有關此項保障計劃的內容細則及不承保事項將詳列於保單之內，如有任何差異，均以保單內之條款細則為準。

詞彙

靈活福利安排 (FSA)
靈活福利安排 (FSA)是一項自選安排，目的在於協助僱主為僱員設計並提供靈活貼心保障方案，務求在僱員多樣化的保障需求與財務開支之間取得平衡。AIA個人保單保費及保費徵費的賠償為非保險項目，受保僱員亦須就用於此項目的靈活積分繳稅。AIA會為受保僱員提供行政服務，以靈活積分賠償於香港購買AIA個人保單的保費及保費徵費。

靈活積分
成員可使用靈活積分以獲享一系列靈活福利安排下的保障項目之賠償。

預設計劃
根據僱員的職級，由僱主選擇的預設人壽及醫療保障。

調低計劃
福利較預設計劃低的計劃。僱員可選擇調低計劃以獲得靈活積分。

保單年度
由保單週年日及後續保單週年日起計的12個月。

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關於申請資格

1. 誰有資格申請「智悠選」團體保險計劃 2?

持有香港商業登記證及擁有3名或以上全職僱員人數的企業即符合「智悠選」團體保險計劃 2 之申請資格。

2. 每間公司的最低投保人數，僱員之家屬是否包括在內?

不包括。所有合資格僱員必須參與，企業必須投保最少3名僱員。

3. 僱員之家屬可否參加?

可以。

4. 受保僱員之投保年齡及保障至年齡分別為多少?

受保僱員(即長期聘用並慣常地執行其固定職務之全職僱員)之投保年齡為65歲以下*。
保障至受保僱員70歲 (以保單年度開始時計算) 結束。

*年齡以參加計劃時計算

5. 受保僱員的家屬之投保年齡為多少?

受保僱員的配偶之投保年齡為65歲以下
受保僱員的未婚子女之投保年齡為出生兩星期至18歲 (如屬全日制學生則伸延至22歲)*

*年齡以參加計劃時計算

6. 受保僱員的家屬之保障至年齡為多少?

受保僱員的配偶：保障至69歲
受保僱員的未婚子女：保障至18歲 (如屬全日制學生則伸延至22歲)

7. 本計劃是否需要進行醫療批核或健康申報?

如全職僱員人數為3-7名，需遞交健康申報，並視乎友邦批核結果而定。如全職僱員人數為8名或以上，則無須醫療核保。

產品資料

1. 「智悠選」團體保險計劃 2 有什麼保障範圍及組合可供選擇?

A. 主要保障
- 全面住院及手術護理（AIA 醫療網絡及自選醫生）
- 出院 / 門診手術後門診諮詢
- 入住政府醫院普通房獲住院現金惠益
- 住院現金惠益(適用於第2次賠償)
- 精神科治療及指定門診手術惠益 (新增保障項目)
- 其他保障包括環球緊急支援服務及中國支援卡

B. 附加保障
- 額外醫療保障 (SMM)
- 門診
- 牙科
- 身故賠償及意外死亡及傷殘賠償

C. 團體客戶「AIA Vitality健康程式」

D. 靈活福利安排 (FSA)
- 僱主可選擇讓僱員透過靈活福利安排 (FSA)調低福利以獲取靈活積分。
- 靈活積分可用於賠償身體檢查、疫苗接種、視力保障及牙科保健的相關費用，以至AIA 個人保單保費及保費徵費。

2. 「智悠選」團體保險計劃 2 的產品特色

有別於市面上大部分同類型套裝團體醫療保險產品^,「智悠選」團體保險計劃 2 增添彈性讓僱主可按僱員職級自選附加不同等級的人壽、醫療及健康保障以符合僱主的保障需求及預算。僱主可選擇讓僱員透過靈活福利安排(FSA)調低福利以獲取靈活積分。靈活積分可用於賠償身體檢查、疫苗接種、視力保障及牙科保健的相關費用，以至AIA 個人保單保費及保費徵費。

^ 根據AIA於2022年1月內部資料搜集所得。

3. 於「智悠選」團體保險計劃 2 醫療網絡，約有多少名醫生?

提供主要保障及附加門診保障之計劃的醫療網絡安排下約有 1,827名*醫生。

普通科	
地域分佈	醫生數目
香港	209
九龍	298
新界	390
離島	16
合共	913

專科	
地域分佈	醫生數目
香港	299
九龍	421
新界	116
合共	836

化驗所	
地域分佈	化驗所數目
香港	28
九龍	38
新界	12
合共	78

門診手術中心	
地域分佈	中心數目
香港	4
九龍	3
合共	7

* 根據AIA於2022年4月3日內部資料所得。網絡醫生的數目於不同時期會有所差異。

4. 企業能否按不同職級的受保僱員劃分不同組別的保障級別及其家屬（包括如為受保僱員之合資格家屬提供家屬保障）？

可以，惟視符以下狀況：

- 所有合資格之僱員必須參與。
- 企業可按僱員職級、合約類別或年資將合資格僱員劃分為不同組別，可劃分之組別視乎以下所示全職僱員人數而定：

全職僱員人數	可劃分組別數目
3	1
4至6	2
7至10	3
11至15	4
16至20	5
21或以上	6

- 除企業內屬最高組別的僱員外，所有組別須有至少3名全職僱員。
- 惟所有同一職級的受保成員均需享有完全相同的計劃。而同一職級受保僱員之合資格家屬(如該計劃包括家屬保障) 亦需享有完全相同的計劃。
- 如最低組別包括家屬保障，其他所有組別均須包括家屬保障。

例如:
一間全職僱員人數11名的受保企業，其最多可劃分組別數目是4個。受保企業可按僱員職級、合約類別或年資將合資格僱員劃分為不同組別
計劃1: 合資格參加此計劃等級的僱員(如經理級以下僱員)
計劃2: 合資格參加此計劃等級的僱員(如經理級)
計劃3: 合資格參加此計劃等級的僱員(如高級經理級)
計劃4: 合資格參加此計劃等級的僱員(如總監級)

5. 企業能否只為個別職級受保僱員之合資格家屬提供家屬保障?

可以。投保公司可選擇以合資格僱員所屬之組別，去決定是否為受保僱員之合資格家屬提供保障。若計劃包括家屬保障，該僱員之所有合資格家屬必須參加與其相同的計劃。如最低組別包括家屬保障，其他所有組別均須包括家屬保障。
例如：
一間11名全職僱員的公司可按僱員職級、合約類別或年資將合資格僱員劃分為不同組別：
組別1：經理級以下的僱員；不包括家屬保障
組別2：經理級或以上的僱員；包括家屬保障

6. 對於不同類職級的受保僱員，企業選擇保障之參加指引是什麼?

以下是企業為不同類職級的受保僱員的保障選擇之參加指引：

參加指引	
主要保障	• 所有合資格之僱員必須參與。 • 僱主須為同一組別的所有僱員投保相同的計劃。 • 高一級組別提供的保障須與低其一級的組別相同或較高。 • 如計劃包括家屬保障，該僱員之所有合資格家屬必須參加與其相同的計劃。 • 如最低組別包括家屬保障，其他所有組別均須包括家屬保障。
附加保障	**i) 額外醫療保障 (SMM)** • 如僱主參與附加額外醫療保障，須為同一組別的所有僱員投保相同的計劃。 • 僱主須為同一組別的所有僱員投保相同的計劃。 • 為高一級組別提供的保障須與低其一級的組別相同或較高。 • 如計劃包括家屬保障，該僱員之所有合資格家屬必須參加與其相同的計劃。 • 如最低組別包括家屬保障，其他所有組別均須包括家屬保障。 **ii) 身故賠償及意外死亡及傷殘賠償（只適用於僱員）** • 如僱主參與附加身故賠償及意外死亡及傷殘賠償，須為同一組別的所有僱員投保相同的計劃。 • 為高一級組別提供的保障須與低其一級的組別相同或較高。 **iii) 門診保障及／或牙科保障** • 如僱主參與附加門診保障及／或牙科保障，須為同一組別的所有僱員投保相同的計劃。 • 為高一級組別提供的保障須與低其一級的組別相同或較高。 • 若計劃包括家屬保障，該僱員之所有合資格家屬必須參加與其相同的計劃。 • 如最低組別包括家屬保障，其他所有組別均須包括家屬保障。
靈活福利安排 (FSA)	• 如計劃包括靈活福利安排 (FSA)，所有合資格僱員將可選擇預設計劃或調低計劃，而其選擇亦將適用於其合資格家屬（如適用）。 • 所有合資格僱員必須在申請期內選擇他們的福利，每保單年度只開放一次申請期予每位合資格僱員（保障生效日為下一個保單週年日前3個月的僱員及參加日期為下一個保單週年日前2個月的僱員除外。此等僱員及其合資格家屬將自動參與預設計劃）。 • 所有未在申請期內選擇福利的合資格僱員將繼續留在預設計劃。 • 所有選擇調低計劃的合資格僱員，所有福利（調低計劃不適用的福利除外）將一併調低。 • 一旦選擇福利計劃，即使狀況有所改變〔例如職場事件(職位晉升/降級)或增加/移除合資格家屬〕，所有合資格僱員在保單年度內亦不可由預設計劃轉換至調低計劃；或由調低計劃轉換至預設計劃。
團體客戶「AIA Vitality健康程式」（只適用於僱員）	• 如僱主參與團體客戶「AIA Vitality健康程式」，所有合資格之僱員必須參與。

7. 如受保成員擁有家屬保障，是否其所有合資格家屬都必須參加?

是。家屬保障是以整個家庭作基準，如受保成員享有家屬保障並擁有一位或以上合資格家屬，則其所有合資格家屬均需參加此計劃。

關於賠償及個人保障轉換權利

1. 「智悠選」團體保障計劃 2 是否會覆蓋其已存在病症?

「智悠選」團體保障計劃 2 在受保成員受保於保單連續12個月後會覆蓋所有其已存在病症。

2. 附加門診保障: 有哪些項目需要普通科醫生轉薦才可受保?

專科門診醫生諮詢、物理治療、脊骨神經治療及基本診斷測試均需要普通科醫生轉薦才可受保。轉薦信由轉薦日起180日內生效。

3. 「智悠選」團體保障計劃 2 有否提供個人保障轉換權利(Conversion Privilege)?

不提供個人保障轉換權利。
友邦為符合僱員數目條件的公司提供可攜式僱員自選醫療保障*，給成員自願投保。成員可以相宜保費享受額外的個人終身全面保障。即使僱員離職或退休，該可攜式僱員自選醫療保障亦會繼續提供保障，讓您的僱員與其摯愛加倍安心。

*須視乎計劃是否可供投保而定。如欲查詢可攜式僱員自選醫療保障之詳情請透過 友邦營業員專頁 > 部門資訊 > 團體業務部 > 營業員活動概覽 > 營銷推廣 > 團險產品一覽 查閱相關產品小冊子及保單契約。

4. 靈活福利安排 (FSA)下的調低計劃中麻醉師費用及手術室費用是否不受保?

縱使調低計劃中「手術費用賠償」並不包括麻醉師費及手術室費，相關費用仍可在「住院賠償」之「住院雜費」項目下獲賠償(受相關限額限制)。

靈活福利安排 (FSA)及靈活積分

1. 若選擇靈活福利安排需提交什麼額外資料?

若選擇靈活福利安排，需提交附有僱主簽署的靈活福利安排的行政服務確認函以及員工的電郵地址。

2. 僱員獲分配的靈活積分是如何決定的?

獲分配的靈活積分取決於僱員選擇的福利調低選項。詳情請參閱最新的「智悠選」團體保障計劃 2 產品簡介。

3. 透過靈活福利安排 (FSA)可索償什麼保障項目?

可透過使用靈活積分索償的保障項目包括身體檢查、疫苗接種、視力保障及牙科保健的相關費用，以及AIA 個人保單保費及保費徵費。
有關靈活福利安排 (FSA)下可索償之保障項目及相關規則等詳情，受保僱員可參閱成員手冊。成員手冊可在僱員福利平台上的 **客戶服務 > 網上用戶指南** 頁面或AIA Connect友聯繫的 **賬戶 > 電子文件 > 團體保險** 頁面下載。

4. 如何就靈活福利安排 (FSA)之保障項目申請索償?

合資格的靈活福利安排 (FSA)保障項目之索償將在保單年度內支付，以靈活積分之餘額為上限。僱員可透過遞交紙本團體保險醫療賠償申請表或登入AIA Connect 友聯繫申請索償。我們會透過自動轉賬將所有獲批的靈活福利安排 (FSA)索償支付至AIA 紀錄的銀行賬戶。請留意，受保僱員須就用於「AIA個人保單保費及保費徵費的賠償」的靈活積分繳稅。
受保人必須於費用產生日後90日內提出就靈活福利安排 (FSA)之索償。受保僱員及其受保家屬於受保僱員停止受僱當日或之後提交的靈活福利安排 (FSA)索償將被拒絕。

5. 在保單年度結束時並未使用的靈活積分將如何處理?

在保單年度結束時並未使用的靈活積分將被註銷，而不會退回給僱主或受保僱員。

6. 如僱員於保單年度期間離職或升職，靈活積分將如何處理?

靈活積分會根據受保的日數按比例計算，即按日比例為受保日數 / 365日 (如閏年則為366日)。受保僱員及其受保家屬於受保僱員停止受僱當日或之後提交的靈活福利安排 (FSA)索償將被拒絕。在僱員停止受僱當日並未使用的靈活積分將被註銷，而不會退回給僱主或受保僱員。

7. 如僱員於保單年度期間離職並透支靈活積分，AIA 會否從僱主扣回透支部分?

我們理解如要從僱員扣回透支的靈活積分將對僱主造成額外的行政負擔，因此AIA不會從僱主扣回透支的靈活積分。

8. 僱員遞交離職申請後仍可索償靈活福利安排 (FSA)之保障項目嗎?

僱員於**僱傭合約終止日或之後**提交的任何有關靈活福利安排 (FSA)之保障項目的索償將一律被拒絕。在僱員停止受僱當日並未使用的靈活積分將被註銷，而不會退回給僱主或受保僱員。

9. 流感疫苗的相關費用是否受保?

是，可賠償流感疫苗的相關費用。

關於靈活福利安排 (FSA)之疫苗接種保障項目的保障範圍、申請資格及除外事項，詳情請參閱靈活福利計劃的成員手冊。成員手冊可在僱員福利平台上的 **客戶服務 > 網上用戶指南** 頁面或AIA Connect友聯繫的 **賬戶 > 電子文件 > 團體保險** 頁面下載。

10. 隱形眼鏡藥水的費用是否受保?

否，隱形眼鏡藥水的費用為視力保障的除外事項。以下為受保的合資格費用:

- 處方和非處方鏡片和鏡框（包括太陽眼鏡鏡框和鏡片）
- 處方和非處方隱形眼鏡
- 維修處方和非處方眼鏡
- 由視光師、配鏡師或眼科專家進行的視力檢查

關於靈活福利安排 (FSA)之視力保障項目的保障範圍、申請資格及除外事項，詳情請參閱靈活福利計劃的成員手冊。成員手冊可在僱員福利平台上的 **客戶服務 > 網上用戶指南** 頁面或AIA Connect友聯繫的 **賬戶 > 電子文件 > 團體保險** 頁面下載。

11. 「AIA個人保單保費及保費徵費」保障項目適用於什麼保單?

適用於所有由友邦保險(國際)有限公司繕發的個人保單，並涵蓋受保僱員、受保家屬、受保僱員的家屬及／或父母，及／或受保家屬的父母。請提供顯示僱員姓名或其合資格受保家屬姓名的收據/付款記錄/付款證明/週年通知書正本。收據/付款記錄/付款證明/週年通知書必須在該保單年度內方為有效。

我們建議受保僱員收到付款記錄後，盡早提交靈活福利安排 (FSA)項目賠償之申請。

關於靈活福利安排 (FSA)之「AIA個人保單保費及保費徵費」項目的保障範圍、申請資格及除外事項，詳情請參閱靈活福利計劃的成員手冊。成員手冊可在僱員福利平台上的 **客戶服務 > 網上用戶指南** 頁面或AIA Connect友聯繫的 **賬戶 > 電子文件 > 團體保險** 頁面下載。

12. AIA 為協助僱主就靈活福利安排 (FSA)作出選擇，提供了什麼支援服務?

AIA 透過僱員福利平台的僱主部分為僱主提供多項報告，幫助僱主檢視僱員註冊狀況、靈活積分使用量以及報稅。

13. AIA 為協助僱員就選擇調低計劃，提供了什麼支援服務?

僱員可於AIA Connect 友聯繫檢視靈活積分餘額及查看靈活積分使用量。

14. 僱員申請靈活福利安排 (FSA)的流程是怎樣的?

僱員在保單簽發或確認續保後會收到電郵通知。透過點擊電郵內的連結，僱員可於AIA Connect 友聯繫就靈活福利安排 (FSA)作出選擇。

靈活福利安排 (FSA) – 選擇福利

1. 如僱員並未在年度申請期內提交福利項目選擇，將如何處理?

僱員於該保單年度的福利項目將根據其職級自動設定為預設計劃的選項。

2. 僱員可否於保單年度期間重新選擇福利項目?

僱員只可於年度申請期內選擇福利項目。福利項目選擇一經提交，便不能再重新選擇。僱員只可於下一個保單年度的申請期內更改福利項目選擇。

3. 如僱員於保單年度內因職場事件而導致其預設計劃發生變更，僱員可否重新選擇其福利項目?

僱員不可重新選擇其福利項目。

例子一: 如僱員於該年度申請期內選擇預設計劃的福利項目，並於該年度發生職位晉升而改變其預設計劃(i.e. 由計劃2變更為計劃3)，其福利項目將於其職位晉升開始更改為計劃3的預設項目。僱員不可於該保單年度內調低其福利。

例子二: 假設僱員於年度申請期內選擇調低計劃2的福利項目至計劃2X (300靈活積分)。180日後，若該僱員因職位晉升導致其預設計劃由計劃2變更為計劃3，其福利項目將自動預設為計劃3X (350靈活積分)。

計劃二根據日數按比例計算之比率
= 僱員受保日數 / 365日 (如閏年則為366日)
= 180 / 365 = 0.49 (四捨五入至小數後兩位數字)

計劃三根據日數按比例計算之比率
= 僱員受保日數 / 365日 (如閏年則為366日)
= 185 / 365 = 0.51 (四捨五入至小數後兩位數字)

僱員可獲取之靈活積分 = $300 * 0.49 + $350 * 0.51 = $325.50 (四捨五入至小數後兩位數字)

4. 如僱員於保單年度內結婚或誕下新生嬰兒，可否重新選擇其福利項目?

僱員不可重新選擇其福利項目。其家屬的保障項目將預設為僱員的保障項目。

5. 僱員家屬可選擇什麼福利項目?

僱員選擇之福利項目將適用於所有僱員家屬。

6. 如僱員於當前保單年度選擇預設計劃，而於上一個保單年度選擇調低計劃(或反之亦然)，僱員的事前病況是否受保?

若新保障福利比舊保障福利較高 (i.e. 由調低計劃轉為預設計劃)，**事前病況**將於僱員在新保障連續受保12個月後受保。

若新保障福利比舊保障福利較低 (i.e. 由預設計劃轉為調低計劃)，所有保障理賠(包括**事前病況**，如有)將根據新調低保障而定。

7. 僱員可否選擇只調低牙科保障而將主要保障維持預設?

不可以。除人壽及意外保障除外(不設調低計劃)，所有保障必須一併調低。

8. 如僱員「智悠選」團體保險計劃 2 的保障生效日為下一個保單週年日前3個月內，僱員是否仍可選擇該保單年度之福利項目?

不可以。若新僱員保障生效日為下一個保單週年日前3個月內，該僱員之保障將自動設定為預設計劃，而該保單年度之申請期將不會開放予該僱員。

請注意，若我們收到該公司人力資源部有關新僱員通知的日期為下一個保單週年日前兩個月內，即使該新僱員的保障生效日為下一個保單週年日超過3個月前，該保單年度之申請期仍將不會開放予該新僱員。

9. 年度申請期後，僱員可於何處查看已選擇的福利項目?

計劃成員可於AIA Connect 友聯繫 **賬戶 > 賬戶概覽 > 團體保險保單 > 保障內容** 查看最新的福利概要。

靈活福利安排(FSA)相關之稅務安排及AIA有關申報稅項的支援

1. 靈活福利安排 (FSA)的保障項目是否被徵稅? 如是，誰需就該保障項目被徵稅?

除「AIA個人保單保費及保費徵費的賠償」保障項目外，其他所有保障項目均不需徵稅。受保僱員須就用於「AIA個人保單保費及保費徵費的賠償」的靈活積分繳稅。

2. AIA就協助僱主選擇靈活福利安排及就稅務安排方面提供了什麼支援服務?

AIA會透過僱員福利平台的僱主部分提供僱員用於「AIA個人保單保費及保費徵費的賠償」之靈活積分的線上報告，以方便僱員報稅。僱主/人力資源部可透過該報告查看僱員於僱傭合約終止或課稅年度結束時需就「AIA個人保單保費及保費徵費的賠償」的須課稅入息。詳情請參閱僱員福利平台僱主部分 **保單持有人活動概覽 > 智悠選 2 FSA > FSA課稅報告**。

申請投保及所需文件

1. 在為客戶提交CSiPoS申請表起前，有什麼地方需要注意?

請確保提交文件的圖片是清楚及遞交文件上的資料是清晰可閱讀。

2. 提交「智悠選」團體保險計劃 2 申請表後（不論是通過CSiPoS提交或提交紙本申請表），有什麼資料需要提交?

請提交用來支付首年保費及保費徵費的公司支票或電匯（TT）或銀行匯票。

3. 幫客戶提交首年保費及保費徵費**時，有什麼地方需要注意?**

請確保公司支票付款人或電匯付款人須跟申請表上的投保公司名稱一樣。

4. 為客戶填寫《打擊洗錢及恐怖分子資金籌集指引》時，有什麼地方需要注意?

請確保公司印鑑在申請表及所有遞交文件都是相同（包括印鑑的形狀）。

海外投保風險

1. 什麼是海外投保風險?

根據友邦保險的離岸客戶指引，企業客戶要求團體保險保障其在香港/澳門境外的僱員，友邦保險需要確保準受保人之保障沒有受某些國家的法規所限而導致友邦保險未能提供保障。我們應該進行調查並尋求相關的法律意見。

若受某些國家的法規所限而導致友邦保險未能提供保障，友邦保險有權終止此保單或對相關僱員之保障；或不接受本保單內應有之賠償要求。

2. 如果客戶在申請表上的海外投保風險聲明 之否劃上✓，接下來我該怎麼做?

請確保您的客戶完成「海外投保風險問卷」，然後交回至香港九龍太子道東712號友邦九龍金融中心12樓 友邦企業業務或通過 CSiPoS 申請「智悠選」團體保險計劃」時一併遞交進行審查和評估。 友邦保險將會審核你的申請。 若受法規所限而導致友邦保險未能提供保障，友邦保險有權拒絕您的申請。

您可通過CS iPoS或 營業員專區eAgency Corner>部門資訊 > 團體業務部下載「海外投保風險問卷」。

3. 在保單年度中，如果我的客戶通知我有些受保僱員目前居住在香港以外的地方，我該怎麼辦?

請您的客戶完成「海外投保風險問卷」，然後交回至香港九龍太子道東712號友邦九龍金融中心12樓 友邦企業業務或通過 CSiPoS 申請「智悠選」團體保險計劃」時一併遞交進行審查和評估。友邦保險將會審核你的申請。若受法規所限而導致友邦保險未能提供保障，友邦保險有權終止受保僱員及其家屬（如適用）的保障。

其他

1. 「智悠選」團體保險計劃 2 是否自動續保?

是，但不保證續保。

2. 「智悠選」團體保障計劃 2 的續保保費會否因應個別客戶之賠償率 (Loss Ratio) 調整保費?

不會。然而，為了持續向您提供保障，我們會每年覆核您計劃下的保費。如有需要，我們會於保單年度終結時作出相應調整。我們在覆核時會考慮的因素包括但不限於：

- 此計劃下所有保單的理賠成本及來年的預期理賠支出（反映醫療趨勢、醫療成本通脹和產品內容改動所帶來的影響）；
- 與保單直接有關的支出及分配至此產品的間接開支

我們保留根據上述因素對保障結構、條款及條件、產品特點和/或保費率進行任何更改的權利。如有任何變動，我們會通知投保人有關資料及安排。

3. 「智悠選」團體保險計劃 2 的保費以什麼方式繳付?

以年繳形式繳付。

4. 「智悠選」團體保障計劃 2 之佣金為多少?

以每年計：

• 主要保障 • 主要保障及額外醫療保障 • 身故賠償及意外死亡及傷殘賠償	15%
附加保障： • 門診保障 • 牙科保障	10%
團體客戶「AIA Vitality 健康程式」	首年: 總會費之28.6% 第2-6年(續會): 總會費之7%

5. 「智悠選」團體保障計劃 2是否需向保險業監管局繳付保費徵費?

「智悠選」團體保險計劃2需向保監局繳付保費徵費，然而，保費徵費將由AIA承擔。為免存疑，如保費需被退回予保單持有人，退回金額將不包括由AIA承擔之保費徵費。

6. 僱員若有疑問可透過什麼方式查詢?

友邦支援熱線

於整個保單年度內均提供支援，僱員可透過以下方式查詢:

僱員服務	
電話:	(852) 2200 6333
一般查詢:	辦公時間: 星期一至五上午9時至下午5時30分 (星期一至五，公眾假期除外)
緊急服務:	24 小時 (星期一至日，包括公眾假期)
護您熱線:	辦公時間: 上午9時至下午5時30分 星期一至五: 上午9時至下午5時30分 星期六: 上午10時至下午2時30分 星期日及公眾假期休息
電郵地址:	hk.eb.enquiry@aia.com
網站:	aia.com.hk
郵寄地址:	香港九龍太子道東712號友邦九龍金融中心12樓
環球緊急支援服務 (AIAS)	
電話:	(852) 2200 6399

7. 僱主若有疑問可透過什麼方式查詢?

友邦支援熱線

於整個保單年度內均提供支援，僱主可透過以下方式查詢:

僱主服務	
電話:	(852) 2232 8118
一般查詢:	辦公時間: 星期一至五上午9時至下午5時30分 (星期一至五，公眾假期除外)
電郵地址:	hk.eb.enquiry@aia.com
網站:	aia.com.hk
郵寄地址:	香港九龍太子道東712號友邦九龍金融中心12樓

附錄一 – 產品資料介紹

A. 產品資料

產品推出日期	2022/7/26	
銷售地點	香港	
基本計劃	基本團體醫療計劃	
保險業務種類	長期保險 – 類別I	
銷售對象	中小企 • 持有香港商業登記證; • 擁有3 至100名全職僱員 • 至少一年內沒有投保過「企業躍升保障計劃加強版」(Power Plus)/中小企智易選（香港）(SMEasy Hong Kong)	
投保年齡(受保人)：	僱員 / 配偶	64歲或以下
	未婚子女	出生2週至18歲(全日制學生可延至22歲)
保障至年齡	僱員 / 配偶	69歲* (*年齡介乎65至69歲之僱員或配偶只供續保，不接受新申請)
	未婚子女	18歲(全日制學生可延至22歲)
地域保障範圍	• 醫療網絡－香港 • 非醫療網絡－香港及全球	
主要保障	住院及手術保障: • 全面住院及手術護理 • 住院專科醫生費用及特別看護費用 • 入院前 / 出院後門診諮詢 • 省時及便利的門診手術 • 其他保障包括額外海外住院醫療保障（因意外導致）及環球緊急支援服務	
附加保障:	• 額外醫療保障 (SMM) • 身故賠償及意外死亡及傷殘賠償 • 門診保障 • 牙科保障 • 團體客戶「AIA Vitality 健康程式」	
靈活福利安排 (FSA) （可選調低福利）	• 僱主可選擇讓僱員透過靈活福利安排 (FSA)調低福利以獲取靈活積分。 • 靈活積分可用於賠償身體檢查、疫苗接種、視力保障及牙科保健的相關費用，以至AIA 個人保單保費及保費徵費。	
保單貨幣	港元	
計劃選項	**主要保障**	
	主要保障 （住院及手術保障） • 計劃1至3 － 普通房計劃 • 計劃4至6 － 半私家房計劃	
	附加保障	
	身故賠償及意外死亡及傷殘賠償 （只適用於僱員） • 計劃1至5	
	門診保障 • 計劃1至6 － 80%或100%賠償百分比	
	牙科保障 計劃1及2	
	團體客戶「AIA Vitality 健康程式」（只適用於僱員） • 提供給所有全職僱員	

B. 核保規則

醫療核保要求	3 – 7名僱員的企業	• 須遞交健康申報，並須由友邦批核 • 請參閱附錄三 –「智悠選」團體保險計劃 2 的健康申報表樣本
	8名以上僱員的企業	• 無須醫療核保
財務核保要求	保險業監管局之《打擊洗錢及恐怖分子資金籌集指引》要求文件	
其他要求	新生意: • 有合資格僱員姓名之退休金供款紀錄之影印本(如企業擁有3至7名全職僱員) 續保保單: 「智悠選」團體保障計劃 2 下受保的全職僱員總人數將在每個保單週年日進行驗證。 • 如果受保企業在保單週年日有 8 名或以上全職僱員，則下一個保單年度的任何新成員都不需要醫療核保 • 如果受保企業的全職僱員少於 8 名，所有新成員（包括僱員及其家屬，如適用）均需要醫療核保	
海外投保風險	• 根據友邦保險的離岸客戶指引，企業客戶要求香港/澳門的團體保險提供保障給予其在香港境外的僱員，將需要確保準受保人之保障沒有受某些國家的法規所限而導致友邦保險未能為這些國家之公民提供保障。我們應該進行調查並尋求這些國家的法律意見。 • 若受某些國家的法規所限而導致友邦保險未能為這些國家之公民提供保障，在此情況發生，友邦保險有權終止此保單或對僱員之保障；或不接受本保單內應有之賠償要求。 • 在申請表上，申請人需要作出海外投保風險聲明。	
不保行業	此計劃不接受從事以下行業之機構申請： 1. 非單一僱主或僱傭關係的團體 2. 合資格僱員包括季節性、非技術性、兼職或臨時性質的團體 3. 個人或公司協會 4. 巴士、的士或卡車司機（不包括在中國大陸駕駛的風險） 5. 建設團體 6. 工會 7. 醫院 / 醫生 / 護士 / 醫療或診所團體 8. 政治或宗教團體 9. 運動員團體 10. 地下礦工 11. 農場經營者 / 農業 / 動物加工 12. 僱員租賃公司或臨時僱員中介公司 13. 窗戶及 / 或工業清潔服務 14. 溫泉、土耳其浴室、按摩院、健身房、健康度假村或相似的企業 15. 劇院、遊樂園、歌舞廳、桌球室、保齡球館或運動推廣人員 16. 涉及特殊危害 / 風險的團體 a) 商業航空公司人員 b) 核能或化學工廠 c) 警務人員或保安人員 d) 消防員 e) 彈藥或爆炸品製造商 f) 軍事和軍事相關團體 g) 集體旅遊團體（例如：專業運動員團體、飛機工作人員、海上作業人員、鑽油台工作人員、船上工作人員、潛水員或鑽探員（石油 / 水 / 地下煤礦）或地下礦工） 備註：公司的商業類別變更為我們須停止提供保障的類別。有關不保行業 / 機構的最新列表，請瀏覽我們的網站aia.com.hk。 公司有權就該列表不時作出更改、更新或修訂，不論公司有否就上述的更改、更新或修訂發出任何通告，於公司網頁刊載之日期將視為任何改變之生效日期。	

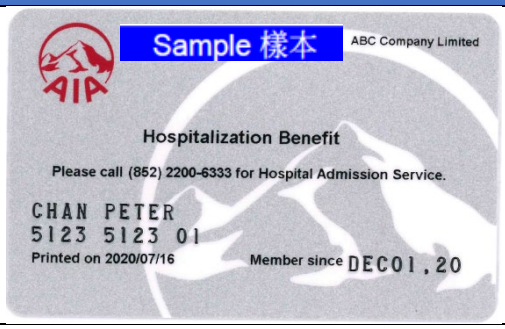
<table>
<tr><td>組別劃分</td><td>
• 企業可按僱員職級、合約類別或年資將合資格僱員劃分為不同組別，可劃分之組別視乎以下所示全職僱員人數而定：
<table>
<tr><th>全職僱員人數</th><th>可劃分組別數目</th></tr>
<tr><td>3</td><td>1</td></tr>
<tr><td>4至6</td><td>2</td></tr>
<tr><td>7至10</td><td>3</td></tr>
<tr><td>11至15</td><td>4</td></tr>
<tr><td>16至20</td><td>5</td></tr>
<tr><td>21或以上</td><td>6</td></tr>
</table>
• 除企業內屬最高組別的僱員外，所有組別須有至少3名全職僱員。
</td></tr>
<tr><td>主要保障之參加指引</td><td>
• 所有合資格之僱員必須參與。
• 僱主須為同一組別的所有僱員投保相同的計劃。
• 高一級組別提供的保障須與低其一級的組別相同或較高。
• 如計劃包括家屬保障，該僱員之所有合資格家屬必須參加與其相同的計劃。
• 如最低組別包括家屬保障，其他所有組別均須包括家屬保障。
</td></tr>
<tr><td>附加保障之參加指引</td><td>
i) 額外醫療保障 (SMM)
• 如僱主參與附加額外醫療保障，須為同一組別的所有僱員投保相同的計劃。
• 僱主須為同一組別的所有僱員投保相同的計劃。
• 為高一級組別提供的保障須與低其一級的組別相同或較高。
• 如計劃包括家屬保障，該僱員之所有合資格家屬必須參加與其相同的計劃。
• 如最低組別包括家屬保障，其他所有組別均須包括家屬保障。
ii) 身故賠償及意外死亡及傷殘賠償（只適用於僱員）
• 如僱主參與附加身故賠償及意外死亡及傷殘賠償，須為同一組別的所有僱員投保相同的計劃。
• 為高一級組別提供的保障須與低其一級的組別相同或較高。
iii) 門診保障及／或牙科保障
• 如僱主參與附加門診保障及／或牙科保障，須為同一組別的所有僱員投保相同的計劃。
• 為高一級組別提供的保障須與低其一級的組別相同或較高。
• 若計劃包括家屬保障，該僱員之所有合資格家屬必須參加與其相同的計劃。
• 如最低組別包括家屬保障，其他所有組別均須包括家屬保障。
</td></tr>
<tr><td>靈活福利安排 (FSA)之參加指引</td><td>
• 如計劃包括靈活福利安排 (FSA)，所有合資格僱員將可選擇預設計劃或調低計劃，而其選擇亦將適用於其合資格家屬（如適用）。
• 所有合資格僱員必須在申請期內選擇他們的福利，每保單年度只開放一次申請期予每位合資格僱員（保障生效日為下一個保單週年日前3個月的僱員及參加日期為下一個保單週年日前2個月的僱員除外。此等僱員及其合資格家屬將自動參與預設計劃）。
• 所有未在申請期內選擇福利的合資格僱員將繼續留在預設計劃。
• 所有選擇調低計劃的合資格僱員，所有福利（調低計劃不適用的福利除外）將一併調低。
• 一旦選擇福利計劃，即使狀況有所改變〔例如職場事件(職位晉升/降級)或增加/移除合資格家屬〕，所有合資格僱員在保單年度內亦不可由預設計劃轉換至調低計劃；或由調低計劃轉換至預設計劃。
</td></tr>
<tr><td>「AIA Vitality 健康程式」團體客戶</td><td>如僱主參與「AIA Vitality 健康程式」，所有合資格僱員必須參與。</td></tr>
</table>

備註：所有保險申請以AIA的核保及接納為準。AIA保留批核任何保單申請的最終權利。AIA 如拒絕接受保單申請，將會無息退還客戶所繳付實際保費及保費徵費款額。

C. 保費

保費形式	每年續保，保費為非保證
續保保費	非保證。下一個續保年期的保費將根據續保時受保成員的年齡適用之保費率及續保此保障時適用之保費表而定。
繳費形式	年繳
保費調整	我們會於每個保單年度終結時覆核「智悠選」團體保障計劃 2 之保費並作出相應調整(如有需要)。我們在覆核時會考慮的因素包括但不限於： • 此計劃下所有保單的理賠成本及來年的預期理賠支出（反映醫療趨勢、醫療成本通脹和產品內容改動所帶來的影響）； • 與保單直接有關的支出及分配至此產品的間接開支。

D. 醫療網絡

如計劃只提供主要保障（住院）的醫療網絡安排	
醫療卡樣本	
醫療網絡服務	I. 住院治療 II. 日間手術
網絡醫生數目	約 230[2] 網絡醫生
網絡醫生分佈[2]	**專科** 地域分佈 / 醫生數目 香港 59 九龍 136 新界 37 合共 232 **門診手術中心** 地域分佈 / 中心數目 香港 1 九龍 2 合共 3
專科門診分類[2]	• 心臟科 • 胸腔外科 • 臨床腫瘤科 • 內分泌及糖尿科 • 腸胃肝臟科 • 外科 • 內科 • 腎病科 • 腦神經科 • 腦外科 • 婦產科 • 眼科 • 骨科 • 耳鼻喉科 • 兒科 • 呼吸系統科 • 風濕病學 • 泌尿外科

[2] 根據AIA於2022年4月3日內部資料搜集所得，網絡醫生的數目於不同時期會有所差異。

如計劃提供主要保障（住院）及附加門診保障的醫療網絡安排

醫療卡樣本



醫療網絡服務

- 住院治療
- 日間手術
- 出院後門診診症
- 普通科門診醫生諮詢
- 專科門診醫生諮詢
- 轉介診斷檢查

網絡醫生數目

約1,827[3] 網絡醫生

網絡醫生分佈[3]

普通科	
地域分佈	醫生數目
香港	209
九龍	298
新界	390
離島	16
合共	913

專科	
地域分佈	醫生數目
香港	299
九龍	421
新界	116
合共	836

化驗所	
地域分佈	化驗所數目
香港	28
九龍	38
新界	12
合共	78

門診手術中心	
地域分佈	中心數目
香港	4
九龍	3
合共	7

專科門診分類[3]

- 心臟科
- 胸腔外科
- 臨床腫瘤科
- 皮膚及性病科
- 內分泌及糖尿科
- 腸胃肝臟科
- 外科
- 血液及血液腫瘤科
- 內科
- 內科腫瘤科
- 腎病科
- 腦神經科
- 腦外科
- 婦產科
- 眼科
- 骨科
- 耳鼻喉科
- 小兒外科
- 兒科
- 呼吸系統科
- 風濕病學
- 泌尿外科

[3] 根據AIA於2022年4月3日內部資料搜集所得，網絡醫生的數目於不同時期會有所差異。

<table>
<tr><th colspan="2">索償手續程序 – 使用友邦在香港的醫療網絡安排</th></tr>
<tr><td>主要保障</td><td>

<u>預先醫療批核</u>

- 住院申請、外科手術或診斷程序等均須由友邦預先核准。網絡醫生向成員提供任何服務前，需取得由友邦發出的醫療批核。網絡醫生會作出有關安排。友邦可能會聯絡有關成員協助提供資料。
- 需住院及獲友邦批准「預先醫療批核」，成員可享有住院醫療費用代支服務，網絡醫院會直接向友邦保險收取成員之住院醫療服務費用。如有超過上述保障限額的差額或若成員享用一些不受保障之服務，友邦保險將會發出『醫療費用繳款通知書』通知成員立即繳交所需之款額。如代支服務上 限經特別批核而被提高，成員可參閱團體醫療保單及/或其後的修訂文件以確認實際上限。

主要保障計劃	
向友邦申請醫療核准	需要 (每次住院)
賠償率	100%
墊底費	0港元
醫院費用代支服務	提供
醫院費用代支上限 (每次住院)	100,000港元

- 請注意：醫療核准的批核和住院費用代支，並不保證所有住院費用會受到保障，成員需負責支付任何超出保障範圍的差額。

<u>緊急入院程序</u>

「急症」是指毫無徵兆而突然發生的疾病或受傷，所呈現的症狀十分嚴重，且按合理推斷，若不立即診治，有可能危及生命，或導致身體器官或任何部分嚴重或永久傷殘。急症例子包括心臟病突發、中風、中毒、窒息、昏迷、痙攣及失血過多等等。

a. 在緊急情況下，成員應即向最就近醫院求診並接受駐院醫生治療。
b. 成員應在接受治療或入院後二十四小時內盡快致電成員服務熱線(852) 2200 6333通知友邦保險，友邦保險會於辦公時間內聯絡成員以安排掛賬服務，並會為成員安排轉由網絡醫生跟進。
c. 有需要時請致電999求助。
d. 該次住院治療必須由駐院醫生轉介及醫治
e. 除非成員入住網絡醫院並已經安排掛賬，否則成員須先行支付一切醫療費用，然後根據俊愉的成員指南之索償手續申請索償

</td></tr>
<tr><td>附加門診保障</td><td>

<u>由網絡醫療機構提供之門診醫療服務</u>

- **查詢醫療網絡名單及資料:** 客戶可登入友邦僱員福利網上服務搜尋最新的網絡醫生列表
  - 您可由友邦網站AIA.COM.HK進入受保成員專區。選擇「登入」>> 「僱員福利」 >>「僱員」>> 登入以進入登入版面。
  - 如欲登記此網上服務，請選擇如何登入/新用戶登記，點選「僱員（成員）登記」，填妥項目（1）或（3）*以進行登記。您將需要設定您的用戶編號、密碼、安全問題及答案。如對選項有疑問或欲瞭解更多，請選擇「提示」或「說明」。
  - 如您已成功登記成為用戶但忘記密碼，請按「忘記密碼」設定新密碼。
  - 如您已成功登記成為用戶但忘記用戶編號，請按「忘記用戶編號」重新登記。
- **預約：**客戶可於辦工時間內致電心儀的網絡醫生進行預約
- **門診諮詢：**在索取服務前，閣下應先向網絡醫療機構出示其保健卡及香港身份證(或其他有效身份證明文件)以供核實保障狀況，及後應即時支付所需之自付費（如適用）及不受保障之費用。友邦保險會賠償予網絡醫療機構有關閣下受

</td></tr>
</table>

	保障的醫療服務費用。即使無須作出索償申請，閣下應保留單據副本以作記錄。若閣下享用一些不受保障之服務，友邦保險將會發出「醫療費用繳款通知書」通知閣下立即繳交所需之款額。

E. 「AIA Vitality健康程式」團體客戶

參加指引	如僱主申請此計劃時參與「AIA Vitality 健康程式」，所有合資格僱員必須參與。
每年會費	• 如欲查詢計劃及會費詳情，請瀏覽 aia.com.hk/aiavitality 網頁內之「如何成為會員」部分。 • 「AIA Vitality 健康程式」會費或會隨時變更而不作另行通知。同樣，計劃所提供之獎賞與優惠亦會隨時變更而不作另行通知。 • 「AIA Vitality 健康程式」會員須年滿18歲或以上及為有效的AIA團體保險保單的受保成員。 • 「AIA Vitality 健康程式」並非受保險監管條例監管的保險產品。企業客戶參加「AIA Vitality 健康程式」與否，受保成員在保單下一切應有之保障將維持不變。如欲查詢計劃詳情，請瀏覽aia.com.hk/aiavitality。
如何幫僱員加入「AIA Vitality 健康程式」	1. 如僱主提供「AIA Vitality 健康程式」給所有僱員，請在申請表上選擇附加「AIA Vitality 健康程式」團體客戶。 2. 當僱主成功投保俊愉團體保險計劃及「AIA Vitality 健康程式」後，有關保單的財務策劃顧問會收到由AIA寄出的啓動「AIA Vitality 健康程式」之電郵。相關財務策劃顧問可以轉發該電郵予該保單的僱主。 3. 該保單的僱主需轉發該啓動「AIA Vitality 健康程式」之電郵至所有合資格的僱員。僱員只須輸入個人資料，就能加入「AIA Vitality 健康程式」。 4. 詳情可參閱「AIA Vitality 健康程式」團體客戶起動指南。

F. 計劃轉換

「智悠選」團體保險計劃 2 內已劃分之組別轉換至不同級別的保障

- 申請只可在下一個保單週年日到期前以書面提出
- 如公司擁有3至7名僱員並按照下列列表為其已劃分的組別升級保障，則不需進行醫療核保。任何保障升級不符合以下列表之申請將被拒絕

保障	不需進行醫療核保，如	接受保障升級的例子	拒絕其申請的例子
主要保障（住院）(無論是否包括額外醫療保障)	上升一個級別	由計劃2升級至計劃3	由計劃2升級至計劃4
門診保障	轉換至任何級別	由計劃2A升級至計劃6B	不適用
牙科保障	轉換至任何級別	沒有牙科保障轉換至計劃2	不適用
身故賠償及意外死亡及傷殘賠償	上升一個級別	由計劃1升級至計劃2	由計劃2升級至計劃4
「AIA Vitality健康程式」團體客戶	不適用	不適用	不適用

- 任何保障升級不符合上述列表之要求，其申請需經過AIA的審核及批准。
- 如福利計劃有任何因類別或計劃的變動而引致的福利金額改動（計劃改動），在計劃改動生效日時的保障金額會根據新的福利金額。如受保人就某一病況於福利改動之前12個月內有持續接受治療（事前病況），則該病況的保障金額會根據計劃改動以前的福利金額計算。

  儘管以上提及的處理，如果符合以下條件，事前病況的保障金額將會根據新的福利金額計算：

  i) 福利金額的改變是由於受保人從（a）預設計劃轉換到調低計劃，（b）調低計劃轉換到降低的調低計劃，或（c）預設計劃轉換到降低的預設計劃；或
  ii) 即使改變是從（a）調低計劃轉換到預設計劃，（b）調低計劃轉換到提升的調低計劃，或（c）預設計劃轉換到提升的預設計劃，如受保人在計劃改動後於預設計劃，提升的調低計劃，或提升的預設計劃（視情況而定）連續受保12個月（不管受保人有否就某一事前病況於此12個月內持續接受治療）；或
  iii) 該事前病況在從（a）調低計劃轉換到預設計劃，（b）調低計劃轉換到提升的調低計劃，或（c）預設計劃轉換到提升的預設計劃的計劃改動生效日後連續90日內毋須任何治療，此後該病況的治療賠償將以新福利金額計算。

「智悠選」團體保險計劃 與「智悠選」團體保險計劃 2 之間計劃轉換細則	
申請遞交日	• 申請必需在下一個保單週年日到期前30日內以書面提出
所需文件	• 現有客戶需在申請信內包含以下資料： ○ 清楚表明客戶希望在下一個保單週年日從「智悠選」團體保險計劃 轉換至「智悠選」團體保險計劃 2 ○ 清楚列明計劃選擇 ○ 關於現有受保成員的計劃變更 • 「智悠選」團體保險計劃 2 的完整申請表格
年齡限制	沒有限制只要受保成員的年齡不高於相關產品的最高受保年齡
醫療核保要求	• 此計劃轉換申請需經過AIA的審核和批准。 • 詳情請參閱 F部分
計劃選擇指引	• 需符合「智悠選」團體保險計劃 2 的投保資格、組別劃分及參加指引 • 詳情請參閱 B部分
保障理賠	• 所有保障理賠會根據「智悠選」團體保險計劃 2 之保障利益表、不保事項、契約條款及條件及由「智悠選」團體保險計劃 轉換至「智悠選」團體保險計劃 2 的轉換計劃批注
	• 轉換成員於新計劃下之保障範圍： 如於新計劃的保單生效日前 90 天內已接受治療的受傷或疾病，而該受傷或疾病於新計劃中沒有被列為不保事項，該受傷或疾病相關的任何索償將會以下兩者中較低者： （a）根據舊計劃的應付保障； 及 （b）於新計劃的保單生效日後發生的受傷或疾病，則根據新計劃的應付保障 「轉換成員」是指舊計劃中受保的成員，而其保障將轉換至新計劃。
佣金安排	• **佣金:** 於轉換後，將以新計劃之佣金率按舊保障年期延續計算。 • **「AIA Vitality 健康程式」團體客戶:** 如現有客戶是第一次參加「AIA Vitality 健康程式」，將獲發佣金
備註	• 「新計劃」是指現有成員將會轉換至「智悠選」團體保險計劃 2 • 「舊計劃」是指現有成員受保於「智悠選」團體保險計劃
重要事項	• 任何計劃轉換申請需經過AIA的批准。 • 理財顧問應充分說明新舊計劃的區別，以及「智悠選」團體保險計劃 2 的細節

G. 佣金

佣金	保障分類	佣金率 (所有保單年份)
	• 主要保障 • 主要保障 及額外醫療保障 • 身故賠償及意外死亡及傷殘賠償	15%
	• 附加門診保障 • 附加牙科保障	10%
「AIA Vitality 健康程式」	首年: 總會費之28.6% 第2-6年(續會): 總會費之7%	

H. 產品資料

<table>
<tr><td>產品簡介</td><td>繁體中文、簡體中文及英文版本</td><td>

電子版：財務策劃顧問可於2022年7月26日起登入營業員專區 eAgency Corner > 部門資訊 > 團體業務部 > 營業員活動概覽 > 營銷推廣 > 團險產品一覽 > 團險產品 >「智悠選」團體保險計劃 2 瀏覽及下載
印刷版本：於2022年7月26日起開始送抵香港各營業辦事處。財務策劃顧問亦可由2022年7月26日起透過訂取印刷系統（PSS）訂取新產品簡介
產品簡介編號：
<table>
<tr><th></th><th>英文</th><th>繁體中文</th><th>簡體中文</th></tr>
<tr><td>產品簡介</td><td>PTA001267</td><td>PTA001268</td><td>PTA001269</td></tr>
<tr><td>保費表</td><td>ADD000319</td><td>ADD000320</td><td>ADD000321</td></tr>
</table>

</td></tr>
<tr><td>申請表</td><td>繁體中文及英文版本</td><td>

電子版可由2022年7月26日起可登入營業員專區 eAgency Corner > 部門資訊 > 團體業務部 > 營業員活動概覽 > 營銷推廣 > 團險產品一覽 > 團險產品 >「智悠選」團體保險計劃 2 下載

</td></tr>
<tr><td>保單契約</td><td>英文版本</td><td>

電子版可由2022年7月26日起可登入營業員專區 eAgency Corner > 部門資訊 > 團體業務部 > 營業員活動概覽 > 營銷推廣 > 團險產品一覽 > 團險產品 >「智悠選」團體保險計劃 2 下載
為客戶更容易理解保單契約，我們優化及簡化了契約的部分文字。文字的改動對現有索賠安排沒有影響。

</td></tr>
</table>

I. 重要事項

<table>
<tr><td>終止保單條款</td><td>
1. 如以下情況發生，我們將會在下個保單周年日終止您的保單，所有受保成員將失去保障：

受保全職僱員人數少於3名；
公司的商業類別被歸類為不受保障的行業#

#最新的不受保障的行業名單，請查閱本公司網頁www.aia.com.hk所刊載之指定不受保障的行業。公司有權就不受保障的行業之名單不時作出更改、更新或修訂，不論公司有否就上述的更改、更新或修訂發出任何通告，於公司網頁www.aia.com.hk刊載之日期將視為任何改變之生效日期。保單持有人可參考公司網頁所刊載之不受保障的行業名單。
2. 如以下情況發生，我們將會終止您的保單，所有受保成員將失去保障：

於保費到期日後31日內仍未繳交保費；
公司故意提供受保成員的錯誤資料，或未能披露受保成員的重要資料。

3. 如公司不再於香港營運，我們保留權力終止您的保單，所有受保成員將失去保障。
4. 如受保成員不再於香港定居，所有受保成員將失去保障。
</td></tr>
</table>

附錄二 – 年繳保費表

年度保費表 (港元)

未來保費會受持續的醫療通脹及此產品整體理賠情況影響。如有需要，我們會每年就保費作出覆核及相應調整。下列保費為根據受保人現時實際年齡為此保障應支付的首年保費，並不能視為實際未來所需支付的保費。我們會在每個保單年度終結前以書面通知保單持有人來年實際所需支付的保費。

預設計劃

主要保障

實際年齡	普通房			半私家房		
	計劃1	計劃2	計劃3	計劃4	計劃5	計劃6
0-15	1,047	1,475	1,741	1,876	2,155	2,533
16-24	532	712	807	1,530	1,769	2,083
25-29	691	934	1,060	1,736	1,984	2,328
30-34	824	1,142	1,317	2,624	2,983	3,492
35-39	1,459	2,059	2,405	3,750	4,358	5,141
40-44	1,849	2,624	3,068	5,060	5,872	6,932
45-49	2,093	2,981	3,511	5,792	6,746	7,979
50-54	2,387	3,354	3,916	6,637	7,742	9,163
55-59	2,898	4,116	4,845	8,036	9,448	11,336
60-64	3,352	4,781	5,632	12,461	14,775	17,695
65-69*	4,078	5,750	6,720	15,342	17,916	21,542

生效日期 : 2022年7月21日

主要保障（包括附加額外醫療保障）

實際年齡	普通房			半私家房		
	計劃1	計劃2	計劃3	計劃4	計劃5	計劃6
0-15	1,417	1,916	2,163	2,363	2,666	3,151
16-24	810	1,027	1,104	1,985	2,239	2,635
25-29	1,141	1,489	1,610	2,426	2,712	3,165
30-34	1,658	2,191	2,402	3,332	3,727	4,365
35-39	2,257	3,007	3,315	4,472	5,131	6,103
40-44	2,832	3,822	4,253	5,493	6,291	7,486
45-49	3,165	4,288	4,804	7,014	8,087	9,662
50-54	3,821	5,152	5,753	8,493	9,733	11,619
55-59	4,242	5,735	6,473	11,376	13,280	16,115
60-64	4,766	6,452	7,254	14,878	17,537	21,488
65-69*	6,180	8,525	9,710	18,282	21,354	26,396

生效日期 : 2022年7月21日
* 只供續保

注意事項：
- AIA 保留更改此保費表的權利。
- 此保費表只供參考及只在香港發放。應繳保費是根據投保或續保此保障時受保人的實際年齡及適用之保費而定。
- 上表所列之保費為非保證，本公司可作出更改。
- 保費以年繳方式繳付。

年度保費表 (港元) (續)

預設計劃 (續)

附加保障
人壽及意外保障 (只適用於僱員)

實際年齡	計劃1		計劃2		計劃3		計劃4		計劃5	
	男性	女性	男性	女性	男性	女性	男性	女性	男性	女性
16-24	59	48	93	76	117	95	146	119	175	143
25-29	61	49	97	78	121	98	151	122	181	147
30-34	62	51	99	82	123	102	154	127	185	152
35-39	69	56	110	89	138	111	172	139	206	167
40-44	85	66	136	105	170	131	213	164	255	197
45-49	112	79	179	126	224	158	280	197	336	236
50-54	157	100	251	159	314	199	392	249	470	298
55-59	235	133	376	213	470	266	587	333	704	399
60-64	352	182	563	292	703	364	879	455	1,055	546
65-69*	553	296	885	474	1,106	592	1,382	740	1,658	888

生效日期 : 2022年7月21日

門診保障

實際年齡	計劃1	計劃2A	計劃2B	計劃3A	計劃3B	計劃4A	計劃4B	計劃5A	計劃5B	計劃6A	計劃6B
0-15	1,756	1,864	1,899	2,049	2,103	2,248	2,331	2,622	2,778	2,918	3,164
16-24	714	849	865	939	965	1,035	1,074	1,215	1,293	1,352	1,475
25-29	1,093	1,315	1,341	1,459	1,504	1,600	1,664	1,862	1,981	2,063	2,249
30-34	1,220	1,508	1,538	1,686	1,738	1,860	1,938	2,186	2,332	2,450	2,677
35-39	1,337	1,643	1,676	1,846	1,906	2,035	2,124	2,385	2,548	2,672	2,920
40-44	1,461	1,783	1,820	2,014	2,081	2,226	2,325	2,613	2,796	2,931	3,212
45-49	1,580	1,903	1,943	2,153	2,227	2,374	2,483	2,784	2,982	3,125	3,424
50-54	1,648	1,997	2,039	2,257	2,336	2,494	2,609	2,931	3,141	3,291	3,607
55-59	1,765	2,141	2,188	2,427	2,513	2,695	2,820	3,189	3,417	3,577	3,923
60-64	1,922	2,319	2,371	2,646	2,741	2,920	3,060	3,461	3,716	3,917	4,300
65-69*	2,174	2,606	2,662	3,021	3,124	3,372	3,524	4,045	4,337	4,605	5,058

生效日期 : 2022年7月21日

牙科保障

實際年齡	計劃1	計劃2
0-64	940	1,252
65-69*	940	1,252

生效日期 : 2022年7月21日
* 只供續保

調低計劃

調低計劃的主要保障及附加保障的年度保費與其相應的預設計劃相同。

注意事項 :
- AIA 保留更改此保費表的權利。
- 此保費表只供參考及只在香港發放。應繳保費是根據投保或續保此保障時受保人的實際年齡及適用之保費而定。
- 上表所列之保費為非保證，本公司可作出更改。
- 保費以年繳方式繳付。

附錄三 – 「智悠選」團體保險計劃 2 的健康申報表樣本

Sample 樣本

AIA International Limited
(Incorporated in Bermuda
with limited liability)

FLEXI CHOICE GROUP INSURANCE PLAN 2 HEALTH DECLARATION FORM
「智悠選」團體保險計劃 2 健康申報表

Guideline 指示

- If the corporate group has 3 – 7 full-time employees when submitting application, each proposed insured (including any dependent), (regardless whether he/she joins at the time of application or during the policy year) must complete own Health Declaration Form 如企業於遞交申請時擁有 3 至 7 名全職僱員，則每名準受保人（及其家屬（如適用）），（不論於遞交申請時或於保單年度內參加）均須填寫一份其個人的健康申報表
- If the corporate group has less than 8 full-time employees at the time of renewal, each proposed insured (including any dependent) joining during the policy year must complete own Health Declaration Form 如企業於續保時擁有少於 8 名全職僱員，則於保單年度內參加的每名準受保人（及其家屬（如適用））均須填寫一份其個人的健康申報表

Please submit this form to your intermediaries once completed
請填妥及遞交此表格予您的中介人

PART I PERSONAL DETAILS 第一部分 個人資料

1. English Full Name of Proposed Insured (As shown on HKID Card) (Please underline family name)
準受保人之英文姓名（以香港身份證為準）（請於姓氏下加劃線）

2. HKID Card No. 香港身份證號碼	3. Date of Birth 出生日期
	____ / ____ / ____ MM 月 DD 日 YYYY 年
4. Sex 性別 ☐ Male 男 ☐ Female 女	5. Relationship with Employee 與僱員之關係 ☐ Self 本人 ☐ Spouse 配偶 ☐ Child 子女
6. Name of Employer 僱主名稱	7. Group Policy No. 團體保單編號（if available 如有）

PART II HEALTH DETAILS AND OTHERS 第二部分 健康資料及其他資料 （This section is compulsory 必須填寫此部分）

1. (a) Height 身高：_____ ft / 呎 (b) Weight 體重：_____ lbs / 磅
or 或 _____ cm / 厘米 or 或 _____ kg / 公斤

2. In the past 5 years, have you ever been declined, postponed or accepted on modified terms for life, critical illness, medical or disability insurance due to medical reason? ☐ Yes 是 ☐ No 否
於過去五年內，您是否曾因健康理由而於申請壽險、危疾、醫療或傷殘保險時被拒受保、擱置受保或修改合約條款？
****If "Yes", please specify the date and reason(s) **如「是」，請註明日期及原因** _____

3. Have you ever had, or received medical advice, or been treated for any of the following conditions? ☐ Yes 是 ☐ No 否
您是否曾患有，或因下列各種狀況而接受醫療諮詢或治療？
(a) Cancer 癌症
(b) Stroke, or cerebral vascular disease 中風或腦血管疾病
(c) Heart attack, coronary heart disease, chronic congestive heart failure, or heart valve replacement surgery
心臟病，冠心病，慢性心臟衰竭或心瓣膜置換術
(d) Autoimmune diseases such as Systematic Lupus Erythematosus (SLE) or Rheumatoid Arthritis
自身免疫疾病，如紅斑狼瘡或類風濕關節炎
(e) Chronic liver disease such as chronic liver failure or liver cirrhosis 慢性肝病，如肝衰竭或肝硬化
(f) Chronic renal disease such as chronic renal failure 慢性腎病，如慢性腎衰竭

4. In the past 5 years, have you stayed in hospital or clinic or consulted doctor for any diagnostic tests such as X-ray, ultrasound, CT scan, MRI, ECG, urine or other investigations and required continuous medical treatment or follow-up consultation (except general health check-up with normal result or without medical advice for follow-up consultation or treatment)? ☐ Yes 是 ☐ No 否
於過去五年內，您曾否在任何醫院、診所或諮詢醫生後接受一些診斷性之檢查如 X 光、超聲波、電腦掃描、磁力共振掃描、心電圖、驗尿或其他身體檢查，及需要繼續治療或進一步諮詢？（檢查結果正常或無須接受進一步諮詢或治療的例行身體檢查除外）
****If "Yes", please specify the date, reason, type of tests and result **如「是」，請註明日期、原因、檢查項目及診斷結果** _____

5. Do you plan to attend or are you currently attending any diagnostic tests such as X-ray, ultrasound, CT scan, MRI, ECG, urine or other investigations? (except general health check-up) ☐ Yes 是 ☐ No 否
您是否打算或現正接受一些診斷性之檢查如 X 光、超聲波、電腦掃描、磁力共振掃描、心電圖、驗尿或其他身體檢查？（一般例行身體檢查除外）

Please tick the appropriate box. 請在適當方格內填上「✓」號。

PTA001178

Please sign on page 2 請於第二頁簽署

Sample 樣本

Group Policy No. 團體保單編號（For AIA Internal Use 只供 AIA 內部使用）：

DECLARATION and AUTHORISATION

I / We declare and agree on behalf of myself / ourselves, firm or corporation, who may have or claim any interest in any insurance on this health declaration that:

(a) No statement, information or agreement made or given by or to the person soliciting or making this health declaration or by or to any other persons, shall be binding on AIA International Limited (herein called “AIA”), unless reduced to writing, and then only if presented to and approved by an officer specified in the relevant policy.

(b) All the foregoing statements and answers in this health declaration form together with those in any required medical examination, questionnaire or amendments, are full, complete and true, and I understand that AIA, believing them to be such will rely and act on them, otherwise any policy issued hereunder may be void.

(c) Any insurance herein applied for shall not take effect unless and until the relevant policy or policies is/are issued and delivered to me pursuant to my health declaration as completed and the first premium under the policy or policies requested is actually paid in full during my lifetime and good health, provided, however, that if any payment of premium is made in cash at the time of signing this health declaration and a conditional receipt issued. Therefore, the terms of the receipt shall apply hereto and are agreed to.

(d) I confirm that I have read and understood the AIA Personal Information Collection Statement (“AIA PIC”). On behalf of myself and my covered dependants (if applicable), I declare and agree that any personal data and other information relating to me or my covered dependants (if any) or my / our policy(ies) or investments contained in this health declaration form or collected, obtained, compiled or held by AIA by any means from time to time may be collected and utilised in accordance with the AIA PIC. I acknowledge and consent to the transfer of my personal data (and that of my covered dependants, if any) outside of Hong Kong for the purposes and to the types of transferee as set out in the AIA PIC. The updated version of AIA PIC is available for download from its website: www.aia.com.hk and is made available upon request.

(e) All my declaration herein made, and my statements or answers in this health declaration form and any required questionnaire or amendments together with the relevant policy shall constitute the entire contract between the parties thereto in so far as it may be relevant to the policy or policies I have requested.

(f) In the event of differences arising in respect of this health declaration form, it is hereby noted and agreed that the English version which is the basis of all policies issued pursuant to this health declaration form is considered absolute and binding.

(g) If I request AIA to provide copy of results of my medical examination initiated by AIA, AIA shall reserve the right to charge a corresponding service fee applicable at that time.

Furthermore, I hereby irrevocably authorise:

(i) any organisation, institution, or individual that has any record or knowledge of my employment, sick leave records, accident or loss details (of any sorts), health and medical history or any treatment or advice and that has been or may hereafter be consulted to disclose to AIA such information. This authorisation shall bind my successors and assignees and remain valid notwithstanding my death or incapacity in so far as legally possible. A photocopy of this authorisation shall be as valid as the original.

(ii) AIA or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate my health status in relation to this health declaration and any claim arising therefrom. These tests may include, but are not limited to, tests for cholesterol and related blood lipids, diabetes, liver or kidney disorders, acquired immunodeficiency syndrome (AIDS), infection by any human immunodeficiency virus (HIV), immune disorder or the presence of medications, drugs, nicotine or their metabolites.

聲明及授權

本人／我們代表與所有依據本健康申報表所繕發之保單有利益關係之人士或行號公司，聲明及同意：

(a) 除用書面經友邦保險（國際）有限公司（以下稱「友邦保險」）執行職員簽字批准外，其他收受或遞送此健康申報表之人士，或任何人員，與任何人，在口頭或書面上所作之陳述之報告或合約，友邦保險一概不負責任。

(b) 本健康申報表上列各項陳述及答覆，以及所有於所需身體檢查、問卷或修正的陳述及答覆乃完全確實無偽，本人更明白友邦保險乃根據上述各項而繕發保單，否則任何根據本健康申報表而繕發之保單將可能無效。

(c) 倘根據此健康申報表繕發之有關保單尚未送交本人或第一期保費尚未繳付時，本人已生疾病或死亡，則本保險不生效力。如在簽署健康申報表時，已將第一期應繳保費全數交付友邦保險，則按照所繕發之第一期保費臨時收據內之條款辦理。

(d) 本人確認本人已閱讀及明白 AIA 個人資料收集聲明（「AIA 個人資料收集聲明」）。本人及本人謹代表的受保家屬（如適用）等聲明及同意在本健康申報表所載或友邦保險不時以任何方法收集所得、編製或持有的任何個人資料及關於本人或本人的受保家屬（如有）或本人／我們的保單或投資的其他資料，可根據 AIA 個人資料收集聲明收集及使用。本人知悉及同意就 AIA 個人資料收集聲明所述目的轉讓本人（和本人的受保家屬（如有））的個人資料至香港境外予 AIA 個人資料收集聲明所載的資料承讓人。AIA 個人資料收集聲明的最新版本可於友邦保險網址下載：www.aia.com.hk，及可向友邦保險索取。

(e) 本人在此所作的聲明，於健康申報表內及任何所需問卷或修正之陳述及答覆暨與上述有關之保單將作為雙方間契約之全部。

(f) 本人同意如對根據本健康申報表繕發之所有保單發生異議時，則以英文原文為標準。

(g) 若本人要求友邦保險提供本人由友邦保險安排驗身之報告，友邦保險將保留權利向本人收取友邦保險於當時適用之服務費用。

再者，本人茲授權：

(i) 任何知悉或擁有本人之工作、病假記錄、意外或損失（任何類別）之詳情、健康狀況及病歷或任何治療或諮詢記錄及曾為或將為本人診治之機構、組織或人士，向友邦保險透露有關資料，不得撤回。即使本人死亡或喪失能力，此授權書仍然存有法律效力，而本人繼承人及轉讓人亦會受此授權書約束。此授權書之正本與副本同屬有效。

(ii) 友邦保險或任何其認可之驗身醫生或化驗所，替本人進行所需之醫療評估及測試，並對本人之健康狀況進行審核及評估，作為處理本健康申報表及其後與之有關的賠償事宜，不得撤回。此等化驗會包括，但並不限於膽固醇及有關之血脂肪、糖尿病、肝或腎功能失常、愛滋病或感染人體免疫力缺乏病毒、免疫系統失常或體內藥物、毒品、尼古丁及其代謝物之含量等化驗。

Signed at Place 簽署地方	Signature of Proposed Insured Employee 準受保僱員簽署	Signature of Proposed Insured Dependent (18 years of age or over) 準受保家屬簽署（十八歲或以上）	Date Signed 簽署日期

Correspondence Address: AIA Corporate Solutions, 12/F, AIA Financial Centre, 712 Prince Edward Road East, Kowloon, Hong Kong
通訊地址：香港九龍太子道東 712 號友邦九龍金融中心 12 樓友邦團體業務部
Website 網址：aia.com.hk
Please contact your intermediaries for any enquiries. 如有任何查詢，請聯絡您的中介人。

PTA001178

附錄四 – 理賠控制

(與「智悠選」團體保險計劃 相同)

我們致力為我們的企業客戶提供可持續性及長遠保費健康增長的產品。我們的目標是幫助客戶可有效的控制保費預算支出同時為客戶的高級行政要員提供高質量的醫療保障。

為向我們的客戶提供更具可持續性和具競爭力的保費，我們將結合下列個人保單的「醫療所需」（medically necessary）和「合理及慣常」（reasonable and customary charges）的原則來評俊愉團體保險計劃所有理賠。



可於診所或日間手術中心進行的手術

受惠於醫療科技的發展，不少診所現已設有合適的醫療設備。在診所進行小型手術不單省時方便,而且門診手術的醫療費用比較相宜，可減輕病人的經濟負擔之餘，亦可有效紓緩醫療保險索償及風險池的財務壓力，從而減低保費上調的壓力。

在門診進行簡單的手術，我們可以支持醫療系統持續健康發展。長遠來看，可為客戶提供更具可持續性和競爭力的保費。

假若主診醫主認為住院為必需並能提供詳細及合理解釋，AIA 定必根據保單條款作出賠償。如主診醫生未能提供詳細解釋留院理由，我們仍會根據一般醫院及非醫院的日間手術中心收費作出合理及慣常賠償。

I. 什麼是「醫療所需」？

對於醫生來說，「醫療所需」原則等同於「實證為本的診治」，即規定臨床指示的檢查，用藥，程序或手術，目的是以便於診斷過程或減輕或治療現有的醫療狀況。醫生的判斷和決定需要以臨床證據為依據，遵循科學邏輯，並與患者的健康狀況相關。簡言之，病人的喜好，為求舒適方便，絕非「醫療所需」。

在「醫療所需」的大原則下，留院治療所需的考慮因素包括：

（一）病人健康狀況	（1）病情惡化或有死亡風險 • 病情快速變化，如器官衰竭及敗血病 （2）反復出現病症，如 • 不穩定的糖尿病 • 心臟病 • 肝臟/腎臟異常 • 精神病
（二）處方之程序及手術	• 高風險併發症 • 全身麻醉及需持續觀察 • 設施/設備需要 • 程序/手術複雜程度
（三）風險評估	• 年齡 • 合併症 • 手術後照料

II. 有關「日間手術」的理賠處理方法

在審核客戶有否留院治療所需時，倘我們發現客戶沒有留院治療的需要，但客戶接受的手術及相關測試是符合「醫療所需」，我們會以日間手術的賠償形式處理該索償申請，並按下列方法作出賠償：

價格參考

(1) 如入住的醫院有公布相關日間手術的套餐價格或門診價格

我們會因應所公布的套餐價格或門診價格作出賠償。如客戶接受了有「醫療所需」的測試並不包含在套餐內，我們會根據入住醫院的門診價格水平作出相關項目賠償。

(2) 如入住的醫院沒有公布相關日間手術的套餐價格或門診價格

我們會參考香港其他醫院是日間手術套餐價格或門診價格，以較佳的參考價作出賠償。如客戶已接受有「醫療所需」的測試並不包含在套餐的收費內，我們會根據入住醫院的門診價格水平作出賠償。

(3) 倘全港醫院均沒有相關日間手術的套餐價格或門診價格

我們會根據客戶入住的醫院普通病房的價格水平作出賠償。

因應上述「日間手術」的理賠處理方法，我們會根據客戶保障計劃中有關之保障項目的最高限額，計算一個一筆過的賠償總額，並會以書面形式向客戶解釋有關的賠償決定。隨支票發出的賠償結算表僅供客戶參考或作申請其他保險公司差額賠償之用。

為方便大家瀏覽全港私家醫院的日間手術套餐價格，下列是醫院的網址作參考：

Hospital Name 私家醫院名稱	Hospital Website 私家醫院網頁
Hong Kong Sanatorium & Hospital 養和醫院	http://www.hksh.com/
St. Teresa’s Hospital 聖德肋撒醫院	http://www.sth.org.hk/
Hong Kong Baptist Hospital 香港浸會醫院	http://www.hkbh.org.hk/
St. Paul’s Hospital 聖保祿醫院	http://www.stpaul.org.hk/
Hong Kong Adventist Hospital – Stubbs Road 香港港安醫院 – 司徒拔道	https://www.hkah.org.hk/
Hong Kong Adventist Hospital – Tsuen Wan 香港港安醫院 – 荃灣	https://www.twah.org.hk/
Canossa Hospital 嘉諾撒醫院	https://www.canossahospital.org.hk/
Evangel Hospital 播道醫院	http://www.evangel.org.hk/
Union Hospital 仁安醫院	http://www.union.org/
Matilda Hospital 明德國際醫院	http://www.matilda.org/
Precious Blood Hospital 寶血醫院	https://www.pbh.hk/
Gleneagles Hong Kong Hospital 港怡醫院	https://gleneagles.hk/

詳情請參閱附錄四 - 賠償例子有關醫療網絡日間手術賠償的計算方法。

預先醫療批核

為幫助受保成員有效去控制其財務狀況，如客戶希望更加確定理賠金額，可致電我們的預先批核熱線(852)2200 6333。整個申請手續將由我們收到醫療費用預先批核表格及相關醫療報告後起計最少2個工作天(香港、澳門或中國內地)或 7個工作天(指定國家（透過AIA醫療網絡通行證）)內完成。

預先醫療批核的好處:

- 對成員：網絡醫生向成員提供任何服務前，需取得由友邦審批，讓成員於接受治療前更有預算
- 對僱主：因友邦會審批預先醫療批核個案，確保成員得到合適醫療及確保網絡醫生收費合理，幫助僱主控制整體索償開支

註：上述闡釋已上載於友邦營業員專頁>相關連結>賠償管理模式>培訓資料>賠償管理2017以供參考。

Flexi Choice Group Insurance Plan 2 Launch Pack

[AIA - CONFIDENTIAL]

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Remarks:

1. This is an internal document of AIA and intended for use by its employees and agents only. You must not disseminate, distribute, and circulate to any third parties outside AIA. You are not allowed to use it in sales solicitation by interview or presentation or for other similar purposes.
2. This Launch Pack is for general information purposes only. It is not a contract of insurance nor does it form any part of the Policy. Please refer to the policy contract for the definitions of capitalized terms, and the exact and complete terms and conditions of coverage.
3. Unless otherwise specified, when referring to the classification of employees with respect to their grades, contract types or years of service, all instances of “group” in this launch pack shall carry the same meaning as “class” in the policy schedule of the policy contract.
4. “Company”, “AIA”, “we”, “us” or “our” as used herein (including all appendices) refers to AIA International Limited (Incorporated in Bermuda with limited liability).
5. The Chinese translation of this Launch Pack is for reference only. In case of discrepancy, the English version of this Launch Pack prevails.

A. Introduction



To untapped Hong Kong small and medium-sized enterprises (SME) market, AIA Corporate Solutions have launched **Flexi Choice Group Insurance Plan 2 *(“Flexi Choice 2”)*, a highly customizable medical protection plan** for corporate groups with 3 to 100 employees. It covers a range of benefit levels for hospitalisation and surgical protection, plus comprehensive optional benefits that employers can choose to add to their package, providing a convenient solution to cater to the unique needs of client’s workforce and budget.

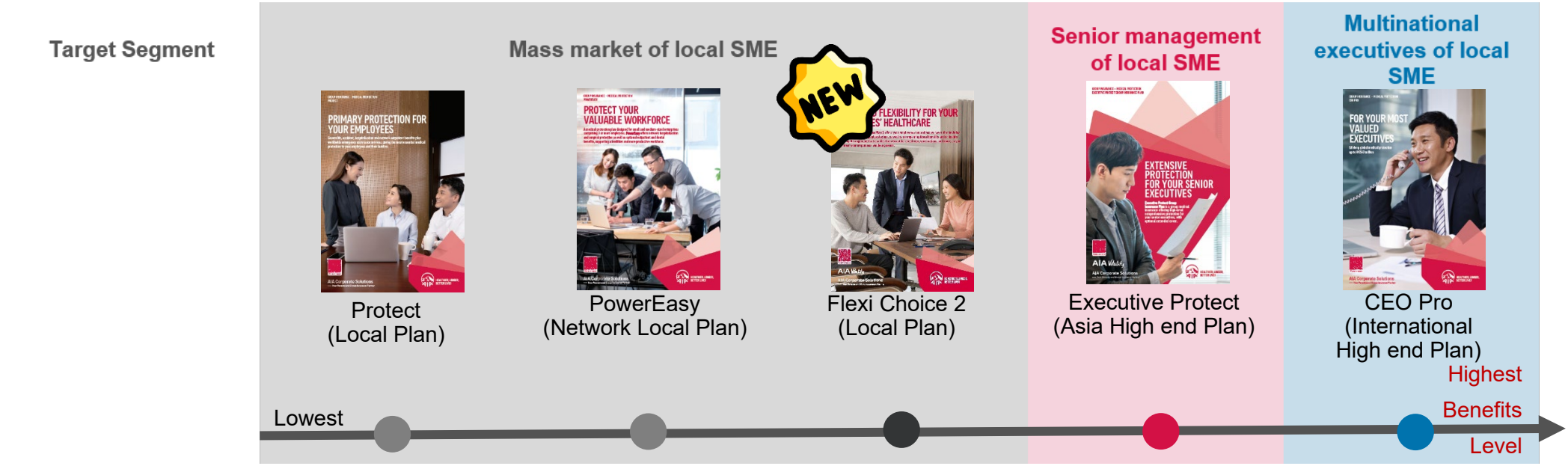
Designed to meet the unique requirements of SMEs, AIA’s Flexi Choice 2 is a customizable medical insurance package offering a range of benefit levels for hospitalisation and surgical protection. Employer can build the package according to their employees’ protection needs with a wide range of **optional benefits, including life and accident benefits, outpatient benefits, dental benefits** and more. In each benefits option, they are designed to offer comprehensive medical coverage to protect employees from sickness and accidents.

Flexi Choice 2 also introduce **Flexible Spending Arrangement (FSA)**. If employer selects this option, employees can opt down their benefit to obtain Flex Dollar, based on their needs during different life cycle. **Flex Dollar can be spent on different items related to insurance**.

With the peace of mind that employees are suitably protected, employer can focus on growing the company with employees together as a team.

The application process is simple and easy which can be submitted through CS iPoS or paper application form.

B. Product Position for Group Medical Protection

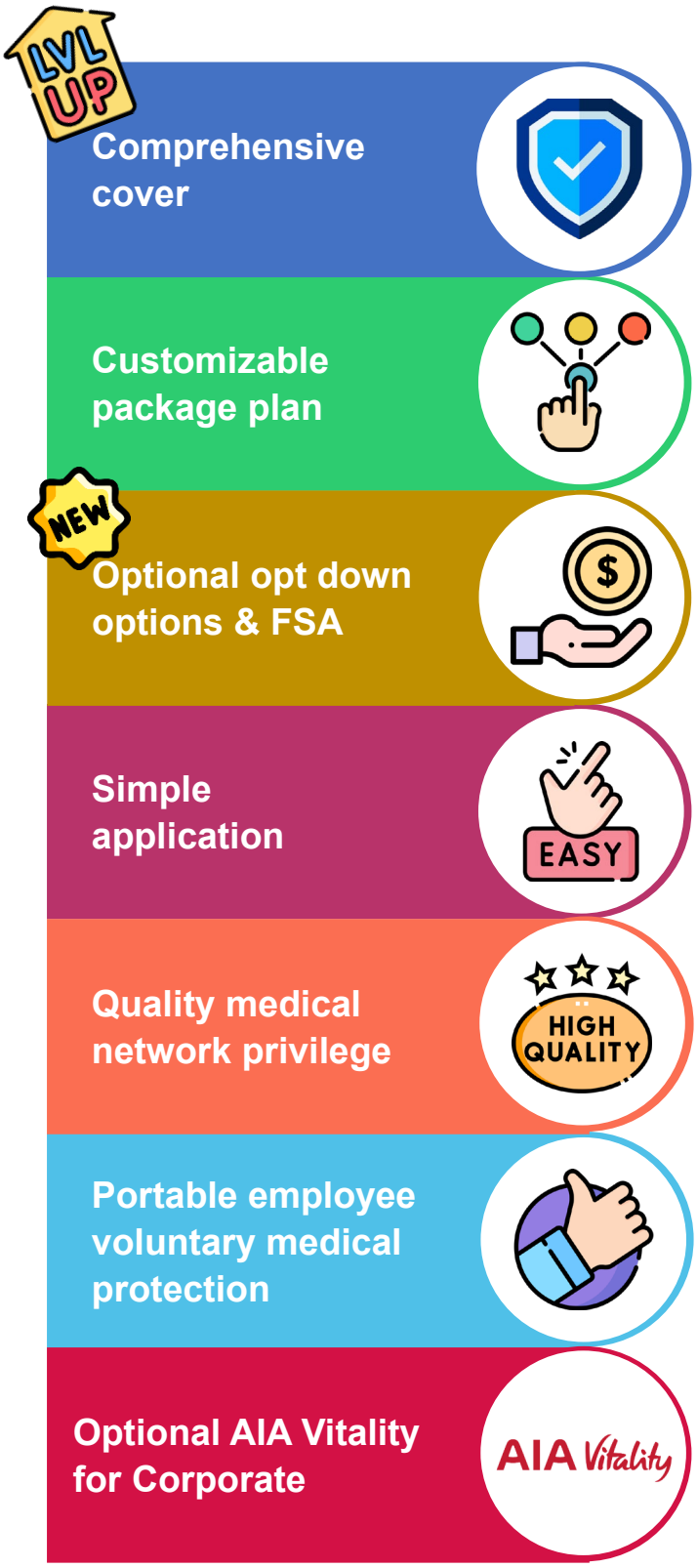


Product Name	Protect	PowerEasy[1]	Flexi Choice 2	Executive Protect	CEO Pro
Target group size	3 - 19	3 - 50	3 - 100	3 - 19	3 - 19
Medical underwriting	Not required	Required for group with 3 – 7 employees	Required for group with 3 – 7 employees	Required	Required
Issue Age - Employees & Spouse - Unmarried child(ren)	- Age 64 or below - 2 weeks to age 18 or age 22 for full time student	- Age 64 or below - 2 weeks to age 18 or age 22 for full time student	- Age 64 or below - 2 weeks to age 18 or age 22 for full time student	- Age 65 or below - 2 weeks to age 18 or age 22 for full time student	- Age 65 or below - 2 weeks to age 18 or age 22 for full time student
Protection up to Age - Employees & Spouse - Unmarried child(ren)	- Age 64 - Age 18 or age 22 for full time student	- Age 69 - Age 18 or age 22 for full time student	- Age 69 - Age 18 or age 22 for full time student	- Age 69 - Age 18 or age 22 for full time student	- Age 69 - Age 18 or age 22 for full time student
Reimbursement	Benefit with sub-limit	Lumpsum plan with no sub-limit on benefit	Benefit with sub-limit	No sub-limit on major surgical expenses	No sub- limit on major surgical & outpatient cover

[1] P2 license is required

Geographic cover 1. All cover	Hospitalisation: Worldwide Outpatient: Hong Kong	Hospitalisation: Hong Kong Outpatient: Worldwide	Worldwide	Asia	Worldwide/ Worldwide without USA
2. Emergency	Worldwide on hospital cover only	Worldwide		Worldwide	Worldwide
Core benefits	• Life and accident • Hospital income and minimal cover on surgery • Outpatient - network	Hospitalisation (network only)	Hospitalisation	Hospitalisation	Hospitalisation Outpatient
Room type	N/A (as it is a hospital income benefit)	Ward/ Semi- private/ Standard Private	Ward/ Semi- private	Semi- private (Hong Kong, Macau China) Standard Private (Other countries excluding Hong Kong, Macau and China)	Standard Private
Deductible in HK$	N/A	N/A	N/A	0/ 16,000/ 25,000	N/A
Optional benefits	-	• Outpatient • Dental	• Supplementary major medical • Outpatient • Dental • Life and accident (employees only)	• Outpatient • Dental • Optical • Maternity	• Dental • Optical • Maternity
FSA & Opt down option	N/A	N/A	Yes	N/A	N/A
Personal Medical Case Management	N/A	N/A	N/A	Included	N/A
Optional conversion privilege	N/A	N/A	N/A	Yes, employees only	Yes, employees only
AIA Vitality for corporate (employees only)	N/A	N/A	Yes, optional	Yes, optional	N/A
Medical Network					
Hong Kong	Yes, on outpatient benefits	Yes, on hospitalisation and optional outpatient benefits	Yes, on hospitalisation and optional outpatient benefits	Yes, on hospitalisation and optional outpatient benefits	N/A
Overseas	N/A	N/A	N/A	Yes, for hospitalization at designated countries	N/A

C. Key Product Features



Comprehensive cover and **wide range of options** on medical protection, life protection and wellness options. Aside of **core benefit** covering hospitalisation and surgical benefit, this plan also offers **optional benefit** for outpatient, dental, death and accidental death & disablement. Flexi Choice 2 also introduce enhancement on core benefit with **Designated Clinical Surgery Incentive** & **Psychiatric Treatment**.

Customizable package plan targeting Hong Kong **SME market**. SMEs can **mix and match** different levels of core benefits and optional benefits for different classes of employees with **over 1320 combination**

Employer can select allowing employees to **opt down benefit with Flexible Spending Arrangement (FSA)** and obtain **Flex Dollar**, which can be spent on different items related to wellness and insurance.

Simple application

- For companies with 3 to 7 employees, only simple medical underwriting is required
- For companies with 8 or more employees, underwriting is not required

Insured persons can access to **AIA medical network with cashless arrangement** on:

- inpatient treatment and day surgery via prior authorisation in Hong Kong
- designated outpatient services[a] by presenting our medical card at the clinic

For companies with 10 or more employees, we offer **Portable employee voluntary medical protection**[b] for insured employees and their dependents[c], if applicable, to purchase this portable voluntary protection plan at their own expense without any extra cost to the employer

Employers can offer **AIA Vitality** to their employees to improve productivity and bolster the morale of their workforce, driving their business forward through **wellness**

Remarks:

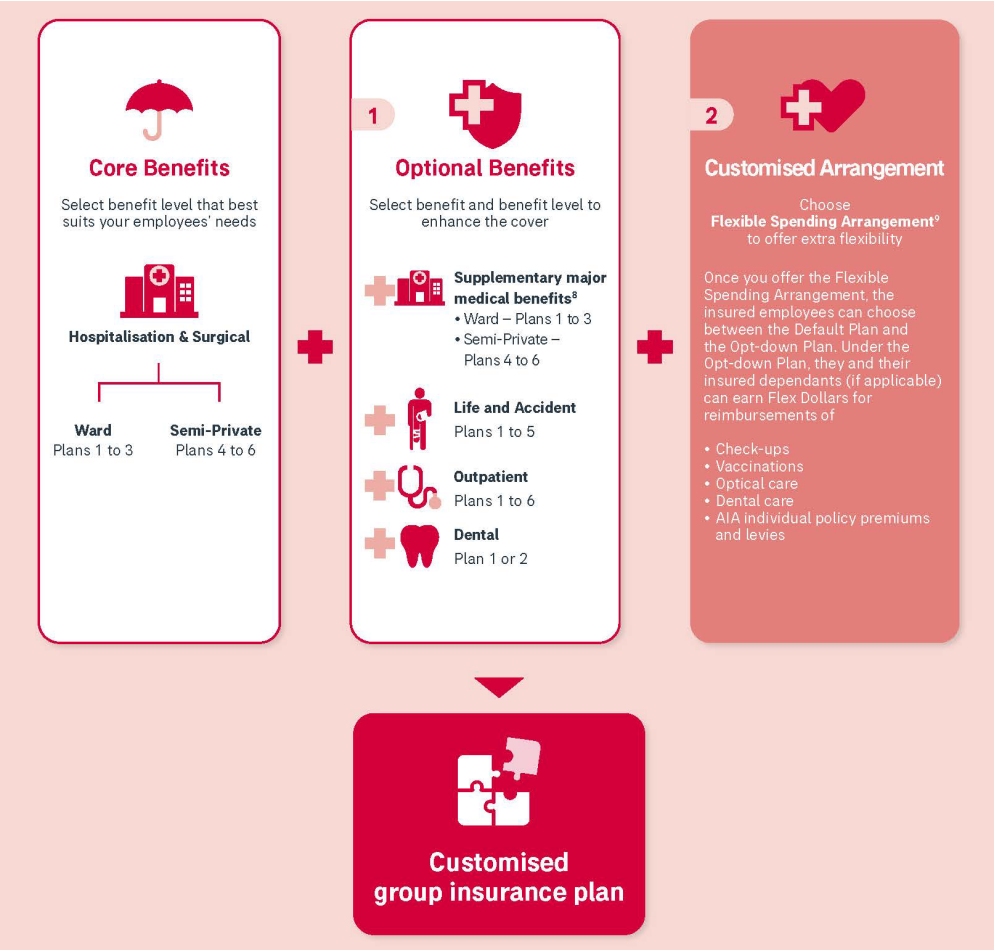
a) If optional outpatient benefit is provided, insured person can access the designated network outpatient services within AIA medical network.
b) Subject to product availability. For more details about “portable employee voluntary medical protection, please refer to eAgency Corner > Departments > Corporate Solutions > Agency Activities > Marketing > Group Products for relevant product brochure and policy contract.
c) If your company offers AIA group medical insurance scheme to insured employees’ dependants (not including voluntary dependant cover)

D. Benefits Structure & Benefits Schedule

We understand that every company's situation is different. Unlike other group package plans on the market, Flexi Choice Group Insurance Plan 2 gives employer the flexibility to customise their group insurance plan to suit their budget and the needs of the employees. Employer can build their package by simply selecting core benefit level and optional benefits for a healthy and happy workforce.

- Core Benefit (hospitalisation and surgical benefit under both medical network and non-network): 6 plans for selection
- Optional benefits:
  - Outpatient – 11 plans for selection
  - Dental – 2 plans for selection
  - Death and Accidental Death & Disablement – 5 plans for selection
- Corporate “AIA Vitality” – 1 plan for all employees for selection
- Opt down choices:
  - Employer can allow employees to opt down benefits with Flexible Spending Arrangement (FSA)
  - Employee will receive Flex Dollar by opting down benefits, which can be spent on different items related to wellness

How to customize a package for the company:



Eligibility

Number of employees	3 to 100 full-time employees
Issued age of employees	• Full-time employees: age 64 or below • Employees between the age of 65 and 69 are allowed to renew their existing policies, but not to enroll for the first time.
Issued age of employee(s)' family member(s) / dependent(s)	• Spouse: age 64 or below • Spouses between the ages of 65 and 69 are allowed to renew their existing policies, but not to enroll for the first time. • Unmarried children: from the age of 2 weeks to 18 years; full-time students are eligible up to age 22.

Grouping

Group level setup

- The company can divide eligible employees into different groups by grade, contract type or years of service, depending on the number of full-time employees as shown below.

Number of full-time employees	Number of groups available
3	1
4 to 6	2
7 to 10	3
11 to 15	4
16 to 20	5
21 or above	6

- Except the top group in the company, all groups must have at least 3 full-time employees.

Participation guidelines

Core Benefits	• All eligible employees of the company must join the plan. • The employer must select the same plan for participating employees of the same group. • The benefits provided for the upper group must be the same or higher than the benefit provided for the lower group. • If the plan includes family protection, all eligible family members of the employee must join the same plan as the employee. • If the lowest group includes family protection, all other groups must include family protection as well.
Optional Benefits	**i) Supplementary major medical benefits (SMM)** • If the plan includes optional supplementary major medical benefits, the employer must select the same plan level as the core benefits. • The employer must select the same plan for participating employees of the same group. • The benefits provided for the upper group must be the same or higher than the benefits provided for the lower group. • If the plan includes family protection, all eligible family members of the employee must join the same plan as the employee. • If the lowest group includes family protection, all other groups must include family protection as well. **ii) Life and accident benefits (only applicable to employees)** • If the plan includes optional life and accident benefits, the employer must select the same plan for participating employees of the same group. • The benefits provided for the upper group must be the same or higher than the benefit provided for the lower group **iii) Outpatient and/or dental benefits** • If the plan includes optional outpatient and/or dental benefits, the employer must select the same plan for participating employees of the same group. • The benefits provided for the upper group must be the same or higher than the benefits provided for the lower group. • If the plan includes family protection, all eligible family members of the employee must join the same plan as the employee. • If the lowest group includes family protection, all other groups must include family protection as well
Flexible Spending Arrangement	• If the plan includes Flexible Spending Arrangement, all eligible employees of the company will have the option to choose the Default Plan or the Opt-down Plan, and the choice will be applied to their eligible family members (if applicable). • All eligible employees must select their benefits within the enrolment window which will be open for each eligible employee once a policy year (except employees whose effective date of the cover will be 3 months before the next policy anniversary and employees whose enrolment dates are 2 months before the policy anniversary). These employees and their eligible family members will be enrolled in Default Plan automatically. • All eligible employees who do not select their benefits within the enrolment window will stay under the Default Plan. • For eligible employees who choose the Opt-down Plan, all benefits (except where Opt-down Plans are not applicable) will be opted down together. • All eligible employees are not allowed to change from Default Plan to Opt-down Plan or from Opt-down Plan to Default Plan within the policy year once the selection is made; even in the event of any change in circumstances such as career events (a job promotion / demotion); or upon the addition / deletion of eligible dependants.

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AIA Vitality for Corporate (only applicable to employees)	• If the employer includes “AIA Vitality”, all eligible employees of the company must join the plan.

Make selling of Flexi Choice Group Insurance Plan 2 even easier by using CS iPoS!

Example:

Company ABC has 10 full time employees. Company ABC can provide the core benefits of Flexi Choice 2 to different grouping of employees according to their classification and can include optional benefits.
According to the term of grouping, the maximum number of groups that Company ABC can set up by dividing eligible employees into different groups by grade, contract type or years of service is 3.

Classification	Number of Employees	Core Benefits (Hospitalisation and Surgical Benefits)	Optional Benefits - Outpatient	Optional Benefits – death benefits and accidental death and disablement benefits (only applicable to employees)	Optional Benefits - Dental	Corporate “AIA Vitality” (only applicable to employees)	Family Protections
General Staff	5	Core Benefits – Plan 2	Plan 3A at 80% reimbursement	Not Include	Not Include	Include[F]	Not include
Manager	4	Core Benefits with Supplementary Major Medical – Plan 4[A]	Plan 4B at 100% reimbursement[C]	Plan 3	Not Include	Include[F]	Include[G]
Director	1	Core Benefits with Supplementary Major Medical – Plan 6[B]	Plan 6B at 100% reimbursement[D]	Plan 5[E]	Plan 1	Include[F]	Include[G]

Remarks:

A. According to the above “Participation guideline of core benefits (hospitalisation and surgical benefits) and core benefits with supplementary major medical”, the employer can select a plan within Plan 2 to Plan 6 with or without SMM for manager
B. According to the above “Participation guideline of core benefits (hospitalisation and surgical benefits) and core benefits with supplementary major medical”, the employer can select a plan within Plan 4 to Plan 6 with SMM for director
C. According to the above “Participation guideline of optional benefits for outpatient benefits”, the benefits provided for the upper group must be the same or higher than the benefit provided for the lower group. Therefore, the optional outpatient benefit plan that employer can select is between Plan 3 and 6 for manager at 80% or 100% reimbursement
D. According to the above “Participation guideline of optional benefits for outpatient benefits”, the benefits provided for the upper group must be the same or higher than the benefit provided for the lower group. Therefore, the optional outpatient benefit plan that employer can select is between Plan 4 and 6 for director at 100% reimbursement
E. According to the above “Participation guideline of optional benefits for Death benefit and accidental death and disablement benefits, the benefits provided for the upper group must be the same or higher than the benefit provided for the lower group. Therefore, the employer can select a plan between Plan 3 and Plan 5 for director
F. According to the above “Participation guideline of Corporate “AIA Vitality”, all eligible employees of the company must join the plan if the employer includes “AIA Vitality”
G. According to the participation guideline, the benefits provided for the upper group must be the same or higher than the benefit provided for the lower group. If the plan includes family protection, all eligible family members of the employee must join the same plan as the employee. Mr. Chan can select to offer family protection to director and manager grade only.

F. Product Comparison

Product comparison for SME group medical packaged product – Product features

Features / Benefits highlighted in yellow refers to the benefit of other plans is lower than Flexi Choice.

	AIA Flexi Choice 2	ManuX XSelect	ManuX XCare	AXX XHealth Partner	BupX HealthX Plus	FWX CARINX
Eligibility						
No. of employees	3-100 employees	3-50 employees	3-50 employees	3-50 employees	5-50 employees	4 employees or more
Medical Underwriting	required for 3 – 7 employees	required for 3 - 9 employees	required for 3 - 9 employees	required for 3 – 5 employees	Not required	Not required
Extend Coverage for dependants	Yes (except Life and accident benefit and Corporate "AIA Vitality")	Yes (except Critical illness benefit)	Yes	Yes	Yes	Yes
SMM Offered?	Yes	Yes	No	Yes	Yes	Yes
Issue age - Employee and Spouse	Age 64 or below	Age 64 or below	Age 64 or below	Age 64 or below	Age 64 or below	Age 69 or below
- Unmarried Child(ren)	14 days - Age 18	15 days to Age 18	15 days to Age 18	14 days to age 18	15 days - age 17	15 days to age 18
Protection up to age - for employee and spouse	Age 69	Age 64 (coverage of insured employee can extend to age 69 and can only renew hospital and surgical benefit, clinical benefit and disease management program)	Age 64 (coverage of insured employee can extend to age 69)	Age 69 (for member between age 65 and age 69, coverage subject to medical underwriting at each policy anniversary)	No info	Age 69
- for full time student (with proof)	age 22	age 24	age 24	age 22	age 22	age 25
Allow to mix and match with different levels of benefits	Yes (subject to selection rules)	No	No	No	No	Yes (subject to selection rules)
Class Level Set Up	• 1 plan for 3 EE • 2 plans for 4 – 6 EE • 3 plans for 7 – 10 EE • 4 plans for 11 – 15 EE • 5 plans for 16 – 20 EE • 6 plans for >= 21 EE Other than top class, all class should have 3 full time employees	• 2 plans for 3 - 9 EE • 3 plans for 10 - 20 EE • 6 plans for >=21 EE	• 2 plans for 3 - 9 EE • 3 plans for >=10 EE	- 1 plan for 3 EE - 2 plans for 4 - 9 EE - 3 plans for 10 - 50 EE	No Info	No Info

	AIA Flexi Choice 2	ManuX XSelect	ManuX XCare	AXX XHealth Partner	BupX HealthX Plus	FWX CARINX
Core Benefits - Hospitalisation and surgical benefits						
Credit facility for hospitalisation and day surgery	Yes	Yes (for designated day case surgeries only)	No	No	No	No
Minimum confinement hours	X	X	6 hours	overnight stay	No info	X
Cover for pre-existing conditions	Cover eligible expenses after insured for 12 consecutive months	Cover eligible expenses after insured for 12 consecutive months	Not covered	Cover eligible expenses after insured for 12 consecutive months	Not covered	Cover eligible expenses after insured for 12 consecutive months
Optional conversion privilege/ portable employee voluntary medical protection	Offer portable employee voluntary medical protection to corporate with 10 or more employees **without medical underwriting** and **cover pre-existing condition after insured in group medical scheme and StepUp for 12 consecutive months**	X	X	X	Yes, when they retire or have a change of employment, members have the option of transferring to designated individual health insurance scheme	X
China Assist Card	Included	Included	X	Included	Included	Included
SMM reimbursement	According to room accommodation level of benefits entitlement	According to room accommodation level of benefits entitlement	N/A	Adjust based on average daily room and board limit	According to room accommodation level of benefits entitlement	According to room accommodation level of benefits entitlement
Optional Outpatient Benefit						
Network services (Hong Kong)	Yes	Yes	No	Yes	Yes	Yes
No. of network doctors (data collected from respective insurer's brochure as of Feb 2022)	Approximately 1,827	Approximately 1,400	X	Approximately 2,000	Approximately 1,600	No info
Copayment	Yes, copayment for designated plans	Yes, copayment for designated plans	X	Yes, copayment for all outpatient plans	Yes, co-payment for designated plans	Yes, copayment for designated plans
Waiver of SP referral letter	No	Yes (7 types of SP consultation)	Yes (7 types of SP consultation)	No	Yes (9 types of SP consultation)	Yes (6 types of SP consultation)
Optional Dental Benefit						
Choice of doctors	Free choice	Not provided	Not provided	network only	network only	network only

	AIA Flexi Choice 2	ManuX XSelect	ManuX XCare	AXX XHealth Partner	BupX HealthX Plus	FWX CARINX
Options of Benefits						
- Core benefits (hospitalisation and surgical benefit)	12 plans (6 plans + 6 opt-down plans)	6 plans	3 plans	6 plans	N/A	5 plans
- Core benefits with supplementary major medical	12 plans (6 plans + 6 opt-down plans)	4 plans	N/A	2 plans	3 plans	5 plans
- Outpatient benefits	21 plans (including 10 opt-down plans)	6 plans	3 plans	12 plans	6 plans	10 plans
- dental benefits	4 plans (2 plans + 2 opt-down plans)	N/A	N/A	2 plans	N/A (embed in outpatient benefit)	2 plans
- Death and accidental death & disablement benefits	5 plans	N/A	N/A	N/A	N/A	N/A
Opt down option & FSA	Employer can select allowing employees to opt down their benefit and obtain Flex Dollar. With the Flexible Spending Arrangement, the Flex Dollar can be spent for items related to wellness	N/A	N/A	N/A	N/A	N/A
- wellness programme	Yes, Corporate AIA Vitality	N/A	N/A	N/A	N/A	N/A
- other benefits	N/A	Non-confinement cancer and dialysis benefits – 4 plans Critical illness benefits – 4 plans	N/A	Outpatient Kidney Dialysis & Outpatient Cancer Treatment - 1 plan	N/A	N/A
Premium Structure and Calculation						
Premium Calculation	attained age of insured members	attained age of insured members	according to the average attained age of employees and spouses	Flat premium rate regardless of age	Flat premium rate regardless of age	attained age of insured members
Key factors considered on renewal premium	overall claim history of Flexi Choice 2	overall claim history of XSelect	claim history of each policies, medical trend and inflation	No info	No info	overall loss ratio of CarinX

AIA Flexi Choice 2 key selling points:

- Wide range of plans for employer to customise their benefits from hospitalisation benefits, outpatient benefits, dental benefits, death and accidental death & disablement benefits and AIA Vitality Programme according to the budgets and needs
- Employer mix and match different levels of life, medical and wellness protection for different classes of employees, can also extend to provide coverage for dependants
- Flexi Choice 2 offers opt down option and Flexible Spending Arrangement which is unique in the market.

Remarks: Above information is collected by AIA internally and for reference only. You must not disseminate, distribute, circulate to any third parties outside AIA. For details, please refer to Market Product Comparison Remarks & Disclaimer.

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Market Product Comparison Remarks & Disclaimer

Disclaimer: AIA does not guarantee the accuracy and completeness of the comparison information as the above analysis and comparisons made by the Company are based on other company’s product information on the internet in Feb 2022. As the nature and/or characteristic of the relevant plans may be different, different age groups and/or premium amounts may generate different projected results. The compared information is based on specific scenarios only. All information is subject to change at any time without notice. AIA does not bear any liability for any errors and omissions.

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Product comparison for SME group medical packaged product – Core Benefits

Please note that if the other insurers do not offer relevant plan options, they will not be included in that respective comparison.
Features / Benefits highlighted in yellow refers to the benefit of other plans is lower than Flexi Choice 2.

A) Ward – Plan 1

Insurer	AIA Flexi Choice 2	ManX XCare	AXX XHealth Partner	FWX CarinX
Currency	HKD	HKD	HKD	HKD
Accommodation level	Ward	Ward	-	Ward
Plan	1	1	5	LHG2
Hospitalisation Benefits				
Emergency Cash Benefit (employee only)	10,000	1,000	-	10,000
Daily Room & Board Max. day	600 180	500 45	600 90	600 180
In-Hospital Physician's Consultation Max. day	600 180	500 45	600 90	600 180
In-Hospital Specialist Physician's Consultation	1,000	-	2,000	3,000
Intensive Care Unit Max. day	1,200 10	-	1,200 14	2,000 15
Other Hospital Services	8,000	6,000	10,000	10,000
Surgeon's Fees • Complex Operation • Major Operation • Intermediate Operation • Minor Operation	 30,000 15,000 7,500 3,000	 30,000 15,000 7,500 3,000	 36,000 24,000 12,000 4,800	 54,000 18,000 9,000 3,600
Anaesthetist's Fee / Operation Room • Complex Operation • Major Operation • Intermediate Operation • Minor Operation	 10,000 5,000 2,500 1,000	 9,000 4,500 2,250 900	 10,800 7,200 3,600 1,440	 16,200 5,400 2,700 1,080
Special Nursing Max day	600 45	-	-	300 60
Hospital Companion Bed Charges Max day	600 180	-	-	-

Insurer	AIA Flexi Choice 2	ManX XCare	AXX XHealth Partner	FWX CarinX
Currency	HKD	HKD	HKD	HKD
Accommodation level	Ward	Ward	-	Ward
Plan	1	1	5	LHG2
Hospitalisation Benefits				
Emergency Accident	600	-	-	800
Pre & Post-Hospitalisation Outpatient Consultation	2,000	-	1,000 (post- hospitalisation)	800 (post- hospitalisation)
Second Claim Incentive	600	-	-	300
Max day	180			60
Government (HA) Hospital Benefit	600	250	300	300
Max. day	180	45	90	60
Day Confinement Benefit	-	4,000	-	-
Reimbursement Percentage		90%		
Increased Overseas Hospitalisation Benefit (Non-Network Benefits due to Accident)	200%	-	-	-
Psychiatric Treatments	30,000	-	-	-
Designated Clinical Surgery Incentive	600	-	-	-
Worldwide Emergency Assistance	Included	Included	Included	Included
Maximum Limit Per Disability Per member	-	-	-	365,000
Remarks (if any)	May elect Opt-Down Plan and entitled to Flexible Spending Arrangement	-	Organ transplant - 50,000 per year	-

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Coloured cells indicate AIA's Flexi Choice 2 is better: Low premium in relevant age

Product comparison for SME group medical packaged product – Premium rate (annual premium, HK dollar)

Attained Age	AIA Flexi Choice 2	ManX^ XCare	Flexi Choice 2 vs XCare	AXX^ XHealth Partner	Flexi Choice 2 vs XHealth Partner	FWX CarinX	Flexi Choice 2 vs CarinX
5	1,047	1,041	1%	1,107	-5%	970	8%
10	1,047	1,041	1%	1,107	-5%	970	8%
15	1,047	1,041	1%	1,107	-5%	970	8%
20	532	699	-24%	1,407	-62%	1,285	-59%
25	691	811	-15%	1,407	-51%	1,285	-46%
30	824	915	-10%	1,407	-41%	1,285	-36%
35	1,459	1,040	40%	1,407	4%	1,285	14%
40	1,849	1,299	42%	1,407	31%	1,285	44%
45	2,093	1,606	30%	1,407	49%	1,498	40%
50	2,387	1,944	23%	1,407	70%	1,498	59%
55	2,898	2,258	28%	1,407	106%	1,498	93%
60	3,352	3,183	5%	1,407	138%	1,498	124%
65	4,078	N/A	N/A	1,407	190%	4,494	-9%

Remarks: Annual premium (HKD) per member

^ The premium rate used in age 5, 10 and 15 are child(ren)'s premium rate

B) Ward – Plan 2

Insurer	AIA Flexi Choice 2	ManX XCare	AXX XHealth Partner
Currency	HKD	HKD	HKD
Accommodation level	Ward	Ward	-
Plan	2	2	4
Hospitalisation Benefits			
Emergency Cash Benefit (employee only)	10,000	1,000	-
Daily Room & Board Max. day	900 180	800 45	800 90
In-Hospital Physician's Consultation Max. day	900 180	800 45	800 90
In-Hospital Specialist Physician's Consultation	1,500	-	3,000
Intensive Care Unit Max. day	1,800 10	-	1,600 14
Other Hospital Services	13,000	12,000	12,000
Surgeon's Fees			
• Complex Operation	50,000	48,000	45,000
• Major Operation	25,000	24,000	30,000
• Intermediate Operation	12,500	12,000	15,000
• Minor Operation	5,000	4,800	6,000
Anaesthetist's Fee / Operation Room			
• Complex Operation	16,000	14,400	13,500
• Major Operation	8,000	7,200	9,000
• Intermediate Operation	4,000	3,600	4,500
• Minor Operation	1,600	1,440	1,800
Special Nursing Max day	900 45	-	-
Hospital Companion Bed Charges Max day	900 180	-	-

Insurer	AIA Flexi Choice 2	ManX XCare	AXX XHealth Partner
Currency	HKD	HKD	HKD
Accommodation level	Ward	Ward	-
Plan	2	2	4
Hospitalisation Benefits			
Emergency Accident	900	-	-
Pre & Post-Hospitalisation Outpatient Consultation	3,000	-	1,000 (post- hospitalisation)
Second Claim Incentive	900	-	-
Max day	180		
Government (HA) Hospital Benefit	900	400	300
Max. day	180	45	90
Day Confinement Benefit	-	4,000	-
Reimbursement Percentage		90%	
Increased Overseas Hospitalisation Benefit (Non-Network Benefits due to Accident)	200%	increase benefits by 50%	-
Psychiatric Treatments	30,000	-	-
Designated Clinical Surgery Incentive	900	-	-
Worldwide Emergency Assistance	Included	Included	Included
Maximum Limit Per Disability Per member	-	-	-
Remarks (if any)	May elect Opt-Down Plan and entitled to Flexible Spending Arrangement	-	Organ transplant - 50,000 per year

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Attained Age	AIA Flexi Choice 2	ManX^ XCare	Flexi Choice 2 vs XCare	AXX^ XHealth Partner	Flexi Choice 2 vs XHealth Partner
5	1,475	1,718	-14%	1,502	-2%
10	1,475	1,718	-14%	1,502	-2%
15	1,475	1,718	-14%	1,502	-2%
20	712	1,139	-37%	1,908	-63%
25	934	1,327	-30%	1,908	-51%
30	1,142	1,501	-24%	1,908	-40%
35	2,059	1,709	20%	1,908	8%
40	2,624	2,143	22%	1,908	38%
45	2,981	2,651	12%	1,908	56%
50	3,354	3,218	4%	1,908	76%
55	4,116	3,749	10%	1,908	116%
60	4,781	5,292	-10%	1,908	151%
65	5,750	N/A	N/A	1,908	201%

Remarks: Annual premium (HKD) per member

^ The premium rate used in age 5, 10 and 15 are child(ren)'s premium rate

C) Ward – Plan 3

Insurer	AIA Flexi Choice 2	ManX Xselect	AXX XHealth Partner	FWX CarinX
Currency	HKD	HKD	HKD	HKD
Accommodation level	Ward	Ward	-	Semi-Private
Plan	3	3	3	LHG3
Hospitalisation Benefits				
Emergency Cash Benefit (employee only)	10,000	10,000	-	10,000
Daily Room & Board	1,200	1,000	1,200	1,000
Max. day	180	120	90	180
In-Hospital Physician's Consultation	1,200	1,000	1,200	1,000
Max. day	180	120	90	180
In-Hospital Specialist Physician's Consultation	2,000	-	4,000	5,000
Intensive Care Unit	2,400	2,000	2,400	3,000
Max. day	10	15	14	15
Other Hospital Services	18,000	16,000	18,000	14,000
Surgeon's Fees				
• Complex Operation	70,000	64,000	63,000	66,000
• Major Operation	35,000	32,000	42,000	22,000
• Intermediate Operation	17,500	16,000	21,000	11,000
• Minor Operation	7,000	8,000	8,400	4,400
Anaesthetist's Fee / Operation Room				
• Complex Operation	22,400	19,200	18,900	19,800
• Major Operation	11,200	9,600	12,600	6,600
• Intermediate Operation	5,600	4,800	6,300	3,300
• Minor Operation	2,240	2,400	2,520	1,320
Special Nursing	1,200	-	-	500
Max day	45			60
Hospital Companion Bed Charges	1,200	400	-	-
Max day	180	30		

Insurer	AIA Flexi Choice 2	ManX Xselect	AXX XHealth Partner	FWX CarinX
Currency	HKD	HKD	HKD	HKD
Accommodation level	Ward	Ward	-	Semi-Private
Plan	3	3	3	LHG3
Hospitalisation Benefits				
Emergency Accident	1,200	-	-	1,200
Pre & Post-Hospitalisation Outpatient Consultation	4,000	4,000	2,000 (post- hospitalisation)	$1,200 (post- hospitalisation)
Second Claim Incentive	1,200	-	-	500
Max day	180			60
Government (HA) Hospital Benefit	1,200	800	600	500
Max. day	180	45	90	60
Day Confinement Benefit	-	-	-	-
Reimbursement Percentage	-	-	-	-
Increased Overseas Hospitalisation Benefit (Non-Network Benefits due to Accident)	200%	100% (Employee Only)	-	-
Psychiatric Treatments	30,000	-	-	-
Designated Clinical Surgery Incentive	1,200	800	-	-
Worldwide Emergency Assistance	Included	Included	Included	Included
Maximum Limit Per Disability Per member	-	-	-	562,000
Remarks (if any)	May elect Opt-Down Plan and entitled to Flexible Spending Arrangement	-	Organ transplant - 100,000 per year	-

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Attained Age	AIA Flexi Choice 2	ManX^ XSelect	Flexi Choice 2 vs XSelect	AXX^ XHealth Partner	Flexi Choice 2 vs XHealth Partner	FWX CarinX	Flexi Choice 2 vs CarinX
5	1,741	1,980	-12%	2,408	-28%	1,422	22%
10	1,741	1,980	-12%	2,408	-28%	1,422	22%
15	1,741	1,980	-12%	2,408	-28%	1,422	22%
20	807	1,968	-59%	3,061	-74%	1,884	-57%
25	1,060	1,968	-46%	3,061	-65%	1,884	-44%
30	1,317	2,520	-48%	3,061	-57%	1,884	-30%
35	2,405	2,520	-5%	3,061	-21%	1,884	28%
40	3,068	2,604	18%	3,061	0%	1,884	63%
45	3,511	2,604	35%	3,061	15%	2,197	60%
50	3,916	3,768	4%	3,061	28%	2,197	78%
55	4,845	5,076	-5%	3,061	58%	2,197	121%
60	5,632	5,628	0%	3,061	84%	2,197	156%
65	6,720	7,920	-15%	3,061	120%	6,589	2%

Remarks: Annual premium (HKD) per member

^ The premium rate used in age 5, 10 and 15 are child(ren)'s premium rate

D) Semi- Private – Plan 4

Insurer	AIA Flexi Choice 2	FWX CarinX
Currency	HKD	HKD
Accommodation level	Semi-private	Semi-Private
Plan	4	LHG4
Hospitalisation Benefits		
Emergency Cash Benefit (employee only)	10,000	10,000
Daily Room & Board	1,600	1,500
Max. day	180	180
In-Hospital Physician's Consultation	1,600	1,500
Max. day	180	180
In-Hospital Specialist Physician's Consultation	2,700	7,000
Intensive Care Unit	3,200	4,000
Max. day	10	15
Other Hospital Services	22,000	20,000
Surgeon's Fees		
• Complex Operation	100,000	84,000
• Major Operation	50,000	28,000
• Intermediate Operation	25,000	14,000
• Minor Operation	10,000	5,600
Anaesthetist's Fee / Operation Room (AF/OR)		
• Complex Operation	30,400	25,200
• Major Operation	15,200	8,400
• Intermediate Operation	7,500	4,200
• Minor Operation	3,000	1,680
Special Nursing	1,600	600
Max day	45	60
Hospital Companion Bed Charges	1,600	-
Max day	180	

Insurer	AIA Flexi Choice 2	FWX CarinX
Currency	HKD	HKD
Accommodation level	Semi-private	Semi-Private
Plan	4	LHG4
Hospitalisation Benefits		
Emergency Accident	1,600	1,600
Pre & Post-Hospitalisation Outpatient Consultation	6,000	1,600 (post- hospitalisation)
Second Claim Incentive	1,600	750
Max day	180	60
Government (HA) Hospital Benefit	1,600	750
Max. day	180	60
Day Confinement Benefit	-	-
Reimbursement Percentage	-	-
Increased Overseas Hospitalisation Benefit (Non-Network Benefits due to Accident)	200%	-
Psychiatric Treatments	30,000	-
Designated Clinical Surgery Incentive	1,800	-
Worldwide Emergency Assistance	Included	Included
Maximum Limit Per Disability Per member	-	800,600
Remarks (if any)	May elect Opt-Down Plan and entitled to Flexible Spending Arrangement	-

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Attained Age	AIA Flexi Choice 2	FWX CarinX	Flexi Choice 2 vs CarinX
5	1,876	2,080	-10%
10	1,876	2,080	-10%
15	1,876	2,080	-10%
20	1,530	2,757	-45%
25	1,736	2,757	-37%
30	2,624	2,757	-5%
35	3,750	2,757	36%
40	5,060	2,757	84%
45	5,792	3,215	80%
50	6,637	3,215	106%
55	8,036	3,215	150%
60	12,461	3,215	288%
65	15,342	9,646	59%

Remarks: Annual premium (HKD) per member

Semi-private – Plan 5

Insurer	AIA Flexi Choice 2	ManX Xselect	AXX XHealth Partner
Currency	HKD	HKD	HKD
Accommodation level	Semi-private	-	-
Plan	5	2	2
Hospitalisation Benefits			
Emergency Cash Benefit (employee only)	10,000	10,000	-
Daily Room & Board	1,800	1,800	1,800
Max. day	180	120	90
In-Hospital Physician's Consultation	1,800	1,800	1,800
Max. day	180	120	90
In-Hospital Specialist Physician's Consultation	3,000	2,500 (120 days)	5,000
Intensive Care Unit	3,600	3,600	3,200
Max. day	10	15	14
Other Hospital Services	30,000	30,000	27,000
Surgeon's Fees			
• Complex Operation	120,000	120,000	87,000
• Major Operation	60,000	60,000	58,000
• Intermediate Operation	30,000	30,000	29,000
• Minor Operation	12,000	15,000	11,600
Anaesthetist's Fee / Operation Room (AF/OR)			
• Complex Operation	38,400	36,000	26,100
• Major Operation	19,200	18,000	17,400
• Intermediate Operation	9,600	9,000	8,700
• Minor Operation	3,840	4,500	3,480
Special Nursing	1,800	1,000	-
Max day	45	120	
Hospital Companion Bed Charges	1,800	1,000	-
Max day	180	30	

Insurer	AIA Flexi Choice 2	ManX Xselect	AXX XHealth Partner
Currency	HKD	HKD	HKD
Accommodation level	Semi-private	-	-
Plan	5	2	2
Hospitalisation Benefits			
Emergency Accident	1,800	-	-
Pre & Post-Hospitalisation Outpatient Consultation	8,000	8,000	2,500 (post-hospitalisation)
Second Claim Incentive	1,800	-	-
Max day	180		
Government (HA) Hospital Benefit	1,800	1,500	800
Max. day	180	45	90
Day Confinement Benefit	-	-	-
Reimbursement Percentage	-	-	-
Increased Overseas Hospitalisation Benefit (Non-Network Benefits due to Accident)	200%	100% (Employee Only)	-
Psychiatric Treatments	30,000	-	-
Designated Clinical Surgery Incentive	1,800	1,500	-
Worldwide Emergency Assistance	Included	Included	Included
Maximum Limit Per Disability Per member	-	-	-
Remarks (if any)	May elect Opt-Down Plan and entitled to Flexible Spending Arrangement	-	Organ transplant - 100,000 per year

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Coloured cells indicate AIA's Flexi Choice 2 is better: Low premium in relevant age

Attained Age	AIA Flexi Choice 2	ManX^ XSelect	Flexi Choice 2 vs XSelect	AXX^ XHealth Partner	Flexi Choice 2 vs XHealth Partner
5	2,155	2,700	-20%	4,311	-50%
10	2,155	2,700	-20%	4,311	-50%
15	2,155	2,700	-20%	4,311	-50%
20	1,769	2,616	-32%	3,389	-48%
25	1,984	2,616	-24%	3,389	-41%
30	2,983	3,480	-14%	3,389	-12%
35	4,358	3,480	25%	3,389	29%
40	5,872	3,720	58%	3,389	73%
45	6,746	3,720	81%	3,389	99%
50	7,742	5,424	43%	3,389	128%
55	9,448	7,356	28%	3,389	179%
60	14,775	8,196	80%	3,389	336%
65	17,916	11,652	54%	3,389	429%

Remarks: Annual premium (HKD) per member

^ The premium rate used in age 5, 10 and 15 are child(ren)'s premium rate

E) Semi-Private – Plan 6

Insurer	AIA Flexi Choice 2	AXX XHealth Partner	FWX CarinX
Currency	HKD	HKD	HKD
Accommodation level	Semi-private	-	Private
Plan	6	1	LHG5
Hospitalisation Benefits			
Emergency Cash Benefit (employee only)	10,000	-	10,000
Daily Room & Board	2,000	2,200	2,500
Max. day	180	90	180
In-Hospital Physician's Consultation	2,000	2,200	2,500
Max. day	180	90	180
In-Hospital Specialist Physician's Consultation	3,400	6,000	10,000
Intensive Care Unit	4,000	3,500	6,000
Max. day	10	14	15
Other Hospital Services	34,000	33,000	30,000
Surgeon's Fees			
• Complex Operation	140,000	99,000	105,000
• Major Operation	70,000	66,000	35,000
• Intermediate Operation	35,000	33,000	15,500
• Minor Operation	14,000	13,200	7,000
Anaesthetist's Fee / Operation Room			
• Complex Operation	44,800	29,700	31,500
• Major Operation	22,400	19,800	10,500
• Intermediate Operation	11,200	9,900	5,250
• Minor Operation	4,480	3,960	2,100
Special Nursing	2,000	-	700
Max day	45		60
Hospital Companion Bed Charges	2,000	-	-
Max day	180		

Insurer	AIA Flexi Choice 2	AXX XHealth Partner	FWX CarinX
Currency	HKD	HKD	HKD
Accommodation level	Semi-private	-	Private
Plan	6	1	LHG5
Hospitalisation Benefits			
Emergency Accident	2,000	-	2,000
Pre & Post-Hospitalisation Outpatient Consultation	10,000	3,000 (post- hospitalisation)	2,000 (post- hospitalisation)
Second Claim Incentive	2,000	-	1,000
Max day	180		60
Government (HA) Hospital Benefit	2,000	1,000	1,000
Max. day	180	90	60
Day Confinement Benefit	-	-	-
Reimbursement Percentage	-	-	-
Increased Overseas Hospitalisation Benefit (Non-Network Benefits due to Accident)	200%	-	-
Psychiatric Treatments	30,000	-	-
Designated Clinical Surgery Incentive	2,000	-	-
Worldwide Emergency Assistance	Included	Included	Included
Maximum Limit Per Disability Per member	-	-	1,244,000
Remarks (if any)	May elect Opt-Down Plan and entitled to Flexible Spending Arrangement	Organ transplant - 100,000 per year	-

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Attained Age	AIA Flexi Choice 2	AXX^ XHealth Partner	Flexi Choice 2 vs XHealth Partner	FWX CarinX	Flexi Choice 2 vs CarinX
5	2,533	5,414	-53%	3,576	-29%
10	2,533	5,414	-53%	3,576	-29%
15	2,533	5,414	-53%	3,576	-29%
20	2,083	4,258	-51%	4,737	-56%
25	2,328	4,258	-45%	4,737	-51%
30	3,492	4,258	-18%	4,737	-26%
35	5,141	4,258	21%	4,737	9%
40	6,932	4,258	63%	4,737	46%
45	7,979	4,258	87%	5,524	44%
50	9,163	4,258	115%	5,524	66%
55	11,336	4,258	166%	5,524	105%
60	17,695	4,258	316%	5,524	220%
65	21,542	4,258	406%	16,573	30%

Remarks: Annual premium (HKD) per member

^ The premium rate used in age 5, 10 and 15 are child(ren)'s premium rate

Product comparison for SME group medical packaged product – Core Benefits with SMM

Please note that if the other insurers do not offer relevant plan options, they will not be included in that respective comparison.
Features / Benefits highlighted in yellow refers to the benefit of other plans is lower than Flexi Choice 2.

A) Ward – Plan 1

Insurer	AIA Flexi Choice 2	AXX XHealth Partner	FWX CarinX	BupX HealthXPlus
Currency	HKD	HKD	HKD	HKD
Accommodation level	Ward	-	Ward	Ward
Plan	1	5	LHG2	3
Hospitalisation Benefits				
Emergency Cash Benefit (employee only)	10,000	-	10,000	-
Daily Room & Board	600	600	600	685
Max. day	180	90	180	120
In-Hospital Physician's Consultation	600	600	600	685
Max. day	180	90	180	120
In-Hospital Specialist Physician's Consultation	1,000	2,000	3,000	4,580
Intensive Care Unit	1,200	1,200	2,000	7,510
Max. day	10	14	15	-
Other Hospital Services	8,000	10,000	10,000	9,100
Surgeon's Fees				
• Complex Operation	30,000	36,000	54,000	38,950
• Major Operation	15,000	24,000	18,000	19,500
• Intermediate Operation	7,500	12,000	9,000	9,750
• Minor Operation	3,000	4,800	3,600	4,900
Anaesthetist's Fee / Operation Room				
• Complex Operation	10,000	10,800	16,200	11,500
• Major Operation	5,000	7,200	5,400	5,750
• Intermediate Operation	2,500	3,600	2,700	2,870
• Minor Operation	1,000	1,440	1,080	1,450
Special Nursing	600	-	300	360
Max day	45		60	120
Hospital Companion Bed Charges	600	-	-	-
Max day	180			

Insurer	AIA Flexi Choice 2	AXX XHealth Partner	FWX CarinX	BupX HealthXPlus
Currency	HKD	HKD	HKD	HKD
Accommodation level	Ward	-	Ward	Ward
Plan	1	5	LHG2	3
Hospitalisation Benefits				
Emergency Accident	600	-	800	-
Pre & Post-Hospitalisation Outpatient Consultation	2,000	1,000 (post- hospitalisation)	800 (post- hospitalisation)	1,990
Second Claim Incentive	600	-	300	343
Max day	180		60	120
Government (HA) Hospital Benefit	600	300	300	300
Max. day	180	90	60	120
Day Confinement Benefit	-	-	-	-
Reimbursement Percentage				
Increased Overseas Hospitalisation Benefit (Non-Network Benefits due to Accident)	200%	-	-	-
Psychiatric Treatments	30,000	-	-	10,000
Designated Clinical Surgery Incentive	600	-	-	343
Worldwide Emergency Assistance	Included	Included	Included	Included
Maximum Limit Per Disability Per member	-	-	365,000	-
Remarks (if any)	May elect Opt-Down Plan and entitled to Flexible Spending Arrangement	Organ transplant - 50,000 per year	-	Electing SMM is compulsory
Supplementary Major Medical Benefit - per disability				
Benefit limit	80,000	200,000	60,000	50,000
Reimbursement	80%	80%	80%	80%
Deductible Amount	1,000	1,000	1,000	0

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Attained Age	AIA Flexi Choice 2	AXX^ XHealth Partner	Flexi Choice 2 vs XHealth Partner	FWX CarinX	Flexi Choice 2 vs CarinX	BupX HealthXPlus	Flexi Choice 2 vs HealthXPlus
5	1,417	1,650	-14%	1,340	6%	2,293	-38%
10	1,417	1,650	-14%	1,340	6%	2,293	-38%
15	1,417	1,650	-14%	1,340	6%	2,293	-38%
20	810	2,087	-61%	1,746	-54%	2,293	-65%
25	1,141	2,087	-45%	1,746	-35%	2,293	-50%
30	1,658	2,087	-21%	1,746	-5%	2,293	-28%
35	2,257	2,087	8%	1,746	29%	2,293	-2%
40	2,832	2,087	36%	1,746	62%	2,293	24%
45	3,165	2,087	52%	2,177	45%	2,293	38%
50	3,821	2,087	83%	2,177	76%	2,293	67%
55	4,242	2,087	103%	2,177	95%	2,293	85%
60	4,766	2,087	258%	2,177	243%	2,293	226%
65	6,180	2,087	196%	6,265	-1%	N/A	N/A

Remarks: Annual premium (HKD) per member

^ The premium rate used in age 5, 10 and 15 are child(ren)'s premium rate

B) Ward – Plan 2

Insurer	AIA Flexi Choice 2	AXX XHealth Partner
Currency	HKD	HKD
Accommodation level	Ward	-
Plan	2	4
Hospitalisation Benefits		
Emergency Cash Benefit (employee only)	10,000	-
Daily Room & Board Max. day	900 180	800 90
In-Hospital Physician's Consultation Max. day	900 180	800 90
In-Hospital Specialist Physician's Consultation	1,500	3,000
Intensive Care Unit Max. day	1,800 10	1,600 14
Other Hospital Services	13,000	12,000
Surgeon's Fees		
• Complex Operation	50,000	45,000
• Major Operation	25,000	30,000
• Intermediate Operation	12,500	15,000
• Minor Operation	5,000	6,000
Anaesthetist's Fee / Operation Room		
• Complex Operation	16,000	13,500
• Major Operation	8,000	9,000
• Intermediate Operation	4,000	4,500
• Minor Operation	1,600	1,800
Special Nursing Max day	900 45	-
Hospital Companion Bed Charges Max day	900 180	-

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Insurer	AIA Flexi Choice 2	AXX XHealth Partner
Currency	HKD	HKD
Accommodation level	Ward	-
Plan	2	4
Hospitalisation Benefits		
Emergency Accident	900	-
Pre & Post-Hospitalisation Outpatient Consultation	3,000	1,000 (post- hospitalisation)
Second Claim Incentive	900	-
Max day	180	
Government (HA) Hospital Benefit	900	300
Max. day	180	90
Day Confinement Benefit	-	-
Reimbursement Percentage		
Increased Overseas Hospitalisation Benefit (Non-Network Benefits due to Accident)	200%	-
Psychiatric Treatments	30,000	-
Designated Clinical Surgery Incentive	900	-
Worldwide Emergency Assistance	Included	Included
Maximum Limit Per Disability Per member	-	-
Remarks (if any)	May elect Opt-Down Plan and entitled to Flexible Spending Arrangement	Organ transplant - 50,000 per year
Supplementary Major Medical Benefit - per disability		
Benefit limit	60,000	200,000
Reimbursement	80%	80%
Deductible Amount	1,000	1,000

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Attained Age	AIA Flexi Choice 2	AXX^ XHealth Partner	Flexi Choice 2 vs XHealth Partner
5	1,916	1,968	-3%
10	1,916	1,968	-3%
15	1,916	1,968	-3%
20	1,027	2,490	-59%
25	1,489	2,490	-40%
30	2,191	2,490	-12%
35	3,007	2,490	21%
40	3,822	2,490	53%
45	4,288	2,490	72%
50	5,152	2,490	107%
55	5,735	2,490	130%
60	6,452	2,490	159%
65	8,525	2,490	242%

Remarks: Annual premium (HKD) per member

^ The premium rate used in age 5, 10 and 15 are child(ren)'s premium rate

C) Ward – Plan 3

Insurer	AIA Flexi Choice 2	ManX Xselect	AXX XHealth Partner	FWX CarinX	BupX HealthXPlus
Currency	HKD	HKD	HKD	HKD	HKD
Accommodation level	Ward	Ward	-	Semi-Private	Semi-Private
Plan	3	3	3	LHG3	2
Hospitalisation Benefits					
Emergency Cash Benefit (employee only)	10,000	10,000	-	10,000	-
Daily Room & Board	1,200	1,000	1,200	1,000	1,092
Max. day	180	120	90	180	120
In-Hospital Physician's Consultation	1,200	1,000	1,200	1,000	1,092
Max. day	180	120	90	180	120
In-Hospital Specialist Physician's Consultation	2,000	-	4,000	5,000	8,855
Intensive Care Unit	2,400	2,000	2,400	3,000	13,500
Max. day	10	15	14	15	-
Other Hospital Services	18,000	16,000	18,000	14,000	14,900
Surgeon's Fees					
• Complex Operation	70,000	64,000	63,000	66,000	53,000
• Major Operation	35,000	32,000	42,000	22,000	26,500
• Intermediate Operation	17,500	16,000	21,000	11,000	13,150
• Minor Operation	7,000	8,000	8,400	4,400	6,910
Anaesthetist's Fee /Operation Room (AF/OR)					
• Complex Operation	22,400	19,200	18,900	19,800	15,360/ 15,360
• Major Operation	11,200	9,600	12,600	6,600	7,680/ 7680
• Intermediate Operation	5,600	4,800	6,300	3,300	4,810 / 5,000
• Minor Operation	2,240	2,400	2,520	1,320	2,724/ 3,055
Special Nursing	1,200	-	-	500	500
Max day	45			60	120
Hospital Companion Bed Charges	1,200	400	-	-	-
Max day	180	30			

Insurer	AIA Flexi Choice 2	ManX Xselect	AXX XHealth Partner	FWX CarinX	BupX HealthXPlus
Currency	HKD	HKD	HKD	HKD	HKD
Accommodation level	Ward	Ward	-	Semi-Private	Semi-Private
Plan	3	3	3	LHG3	2
Hospitalisation Benefits					
Emergency Accident	1,200	-	-	1,200	-
Pre & Post-Hospitalisation Outpatient Consultation	4,000	4,000	2,000 (post-hospitalisation)	1,200 (post-hospitalisation)	5,555
Second Claim Incentive	1,200	-	-	500	546
Max day	180			60	120
Government (HA) Hospital Benefit	1,200	800	600	500	450
Max. day	180	45	90	60	120
Day Confinement Benefit	-	-	-	-	-
Reimbursement Percentage	-	-	-	-	-
Increased Overseas Hospitalisation Benefit (Non-Network Benefits due to Accident)	200%	100% (Employee Only)	-	-	-
Psychiatric Treatments	30,000	800	-	-	15,500
Designated Clinical Surgery Incentive	1,200	-	-	-	546
Worldwide Emergency Assistance	Included	Included	Included	Included	Included
Maximum Limit Per Disability Per member	-	-	-	562,000	-
Remarks (if any)	May elect Opt-Down Plan and entitled to Flexible Spending Arrangement	-	Organ transplant - 100,000 per year	-	Electing SMM is compulsory
Supplementary Major Medical Benefit - per disability					
Benefit limit	80,000	70,000	200,000	80,000	50,000
Reimbursement	80%	80%	80%	80%	80%
Deductible Amount	1,000	1,000	1,000	1,000	0

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5	2,163	2,304	-6%	3,481	-38%	1,963	10%	5,687	-62%
10	2,163	2,304	-6%	3,481	-38%	1,963	10%	5,687	-62%
15	2,163	2,304	-6%	3,481	-38%	1,963	10%	5,687	-62%
20	1,104	2,232	-51%	4,402	-75%	2,560	-57%	5,687	-81%
25	1,610	2,232	-28%	4,402	-63%	2,560	-37%	5,687	-72%
30	2,402	3,048	-21%	4,402	-45%	2,560	-6%	5,687	-58%
35	3,315	3,048	9%	4,402	-25%	2,560	29%	5,687	-42%
40	4,253	3,612	18%	4,402	-3%	2,560	66%	5,687	-25%
45	4,804	3,612	33%	4,402	9%	3,193	50%	5,687	-16%
50	5,753	5,412	6%	4,402	31%	3,193	80%	5,687	1%
55	6,473	7,092	-9%	4,402	47%	3,193	103%	5,687	14%
60	7,254	8,004	-9%	4,402	65%	3,193	127%	5,687	28%
65	9,710	N/A	N/A	4,402	121%	9,186	6%	N/A	N/A

Remarks: Annual premium (HKD) per member

^ The premium rate used in age 5, 10 and 15 are child(ren)'s premium rate

D) Semi- Private – Plan 4

Insurer	AIA Flexi Choice 2	AXX XHealth Partner	FWX CarinX
Currency	HKD	HKD	HKD
Accommodation level	Semi-private	-	Semi-Private
Plan	4	2	LHG4
Hospitalisation Benefits			
Emergency Cash Benefit (employee only)	10,000	-	10,000
Daily Room & Board	1,600	1,800	1,500
Max. day	180	90	180
In-Hospital Physician's Consultation	1,600	1,800	1,500
Max. day	180	90	180
In-Hospital Specialist Physician's Consultation	2,700	5,000	7,000
Intensive Care Unit	3,200	3,200	4,000
Max. day	10	14	15
Other Hospital Services	22,000	27,000	20,000
Surgeon's Fees			
• Complex Operation	100,000	87,000	84,000
• Major Operation	50,000	58,000	28,000
• Intermediate Operation	25,000	29,000	14,000
• Minor Operation	10,000	11,600	5,600
Anaesthetist's Fee / Operation Room (AF/OR)			
• Complex Operation	30,400	26,100	25,200
• Major Operation	15,200	17,400	8,400
• Intermediate Operation	7,500	8,700	4,200
• Minor Operation	3,000	3,480	1,680
Special Nursing	1,600	-	600
Max day	45		60
Hospital Companion Bed Charges	1,600	-	-
Max day	180		

Insurer	AIA Flexi Choice 2	AXX XHealth Partner	FWX CarinX
Currency	HKD	HKD	HKD
Accommodation level	Semi-private	-	Semi-Private
Plan	5	2	LHG4
Hospitalisation Benefits			
Emergency Accident	1,600	-	1,600
Pre & Post-Hospitalisation Outpatient Consultation	6,000	2,500 (post-hospitalisation)	1,600 (post-hospitalisation)
Second Claim Incentive	1,600	-	750
Max day	180		60
Government (HA) Hospital Benefit	1,600	800	750
Max. day	180	90	60
Day Confinement Benefit	-	-	-
Reimbursement Percentage	-	-	-
Increased Overseas Hospitalisation Benefit (Non-Network Benefits due to Accident)	200%	-	-
Psychiatric Treatments	30,000	-	-
Designated Clinical Surgery Incentive	1,800	-	-
Worldwide Emergency Assistance	Included	Included	Included
Maximum Limit Per Disability Per member	-	-	800,600
Remarks (if any)	May elect Opt-Down Plan and entitled to Flexible Spending Arrangement	Organ transplant - 100,000 per year	-
Supplementary Major Medical Benefit - per disability			
Benefit limit	100,000	200,000	100,000
Reimbursement	80%	80%	80%
Deductible Amount	1,000	1,000	1,000

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Attained Age	AIA Flexi Choice 2	AXX^ XHealth Partner	Flexi Choice 2 vs XHealth Partner	FWX CarinX	Flexi Choice 2 vs CarinX
5	2,363	4,319	-45%	2,873	-18%
10	2,363	4,319	-45%	2,873	-18%
15	2,363	4,319	-45%	2,873	-18%
20	1,985	5,474	-64%	3,748	-47%
25	2,426	5,474	-56%	3,748	-35%
30	3,332	5,474	-39%	3,748	-11%
35	4,472	5,474	-18%	3,748	19%
40	5,493	5,474	0%	3,748	47%
45	7,014	5,474	28%	4,628	52%
50	8,493	5,474	55%	4,628	84%
55	11,376	5,474	108%	4,628	146%
60	14,878	5,474	172%	4,628	221%
65	18,282	5,474	234%	13,334	37%

Remarks: Annual premium (HKD) per member

^ The premium rate used in age 5, 10 and 15 are child(ren)'s premium rate

E) Semi- Private – Plan 5

Insurer	AIA Flexi Choice 2	ManX Xselect	AXX XHealth Partner	BupX HealthXPlus
Currency	HKD	HKD	HKD	HKD
Accommodation level	Semi-private	-	-	Private
Plan	5	2	2	1
Hospitalisation Benefits				
Emergency Cash Benefit (employee only)	10,000	10,000	-	-
Daily Room & Board	1,800	1,800	1,800	2,260
Max. day	180	120	90	120
In-Hospital Physician's Consultation	1,800	1,800	1,800	2,260
Max. day	180	120	90	120
In-Hospital Specialist Physician's Consultation	3,000	2,500 (120 days)	5,000	12,925
Intensive Care Unit	3,600	3,600	3,200	27,200
Max. day	10	15	14	-
Other Hospital Services	30,000	30,000	27,000	29,400
Surgeon's Fees				
• Complex Operation	120,000	120,000	87,000	77,000
• Major Operation	60,000	60,000	58,000	39,200
• Intermediate Operation	30,000	30,000	29,000	19,200
• Minor Operation	12,000	15,000	11,600	9,600
Anaesthetist's Fee / Operation Room (AF/OR)				AF/ OR
• Complex Operation	38,400	36,000	26,100	25,800/ 26,250
• Major Operation	19,200	18,000	17,400	12,850 / 13,210
• Intermediate Operation	9,600	9,000	8,700	6,470 / 6,570
• Minor Operation	3,840	4,500	3,480	3,330 / 3,670
Special Nursing	1,800	1,000	-	910
Max day	45	120		120
Hospital Companion Bed Charges	1,800	1,000	-	-
Max day	180	30		

Insurer	AIA Flexi Choice 2	ManX Xselect	AXX XHealth Partner	BupX HealthXPlus
Currency	HKD	HKD	HKD	HKD
Accommodation level	Semi-private	-	-	Private
Plan	5	2	2	1
Hospitalisation Benefits				
Emergency Accident	1,800	-	-	-
Pre & Post-Hospitalisation Outpatient Consultation	8,000	8,000	2,500 (post-hospitalisation)	8,025
Second Claim Incentive	1,800	-	-	1,130
Max day	180			120
Government (HA) Hospital Benefit	1,800	1,500	800	700
Max. day	180	45	90	120
Day Confinement Benefit	-	-	-	-
Reimbursement Percentage	-	-	-	-
Increased Overseas Hospitalisation Benefit (Non-Network Benefits due to Accident)	200%	100% (Employee Only)	-	-
Psychiatric Treatments	30,000	-	-	24,000
Designated Clinical Surgery Incentive	1,800	1,500	-	1,130
Worldwide Emergency Assistance	Included	Included	Included	Included
Maximum Limit Per Disability Per member	-	-	-	-
Remarks (if any)	May elect Opt-Down Plan and entitled to Flexible Spending Arrangement	-	Organ transplant - 100,000 per year	Electing SMM is compulsory
Supplementary Major Medical Benefit - per disability				
Benefit limit	120,000	100,000	200,000	100,000
Reimbursement	80%	80%	80%	80%
Deductible Amount	1,000	1,000	1,000	0

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Attained Age	AIA Flexi Choice 2	ManX^ XSelect	Flexi Choice 2 vs XSelect	AXX^ XHealth Partner	Flexi Choice 2 vs XHealth Partner	BupX HealthXPlus	Flexi Choice 2 vs HealthXPlus
5	2,666	3,156	-16%	4,319	-38%	11,579	-77%
10	2,666	3,156	-16%	4,319	-38%	11,579	-77%
15	2,666	3,156	-16%	4,319	-38%	11,579	-77%
20	2,239	2,988	-25%	5,474	-59%	11,579	-81%
25	2,712	2,988	-9%	5,474	-50%	11,579	-77%
30	3,727	4,236	-12%	5,474	-32%	11,579	-68%
35	5,131	4,236	21%	5,474	-6%	11,579	-56%
40	6,291	5,160	22%	5,474	15%	11,579	-46%
45	8,087	5,160	57%	5,474	48%	11,579	-30%
50	9,733	7,776	25%	5,474	78%	11,579	-16%
55	13,280	10,236	30%	5,474	143%	11,579	15%
60	17,537	11,580	51%	5,474	220%	11,579	51%
65	21,354	N/A	N/A	5,474	290%	11,579	84%

Remarks: Annual premium (HKD) per member

^ The premium rate used in age 5, 10 and 15 are child(ren)'s premium rate

F) Semi- Private – Plan 6

Insurer	AIA Flexi Choice 2	AXX XHealth Partner	FWX CarinX
Currency	HKD	HKD	HKD
Accommodation level	Semi-private	-	Private
Plan	6	1	LHG5
Hospitalisation Benefits			
Emergency Cash Benefit (employee only)	10,000	-	10,000
Daily Room & Board	2,000	2,200	2,500
Max. day	180	90	180
In-Hospital Physician's Consultation	2,000	2,200	2,500
Max. day	180	90	180
In-Hospital Specialist Physician's Consultation	3,400	6,000	10,000
Intensive Care Unit	4,000	3,500	6,000
Max. day	10	14	15
Other Hospital Services	34,000	33,000	30,000
Surgeon's Fees			
• Complex Operation	140,000	99,000	105,000
• Major Operation	70,000	66,000	35,000
• Intermediate Operation	35,000	33,000	15,500
• Minor Operation	14,000	13,200	7,000
Anaesthetist's Fee / Operation Room			
• Complex Operation	44,800	29,700	31,500
• Major Operation	22,400	19,800	10,500
• Intermediate Operation	11,200	9,900	5,250
• Minor Operation	4,480	3,960	2,100
Special Nursing	2,000	-	700
Max day	45		60
Hospital Companion Bed Charges	2,000	-	-
Max day	180		

Insurer	AIA Flexi Choice 2	AXX XHealth Partner	FWX CarinX
Currency	HKD	HKD	HKD
Accommodation level	Semi-private	-	Private
Plan	6	1	LHG5
Hospitalisation Benefits			
Emergency Accident	2,000	-	2,000
Pre & Post-Hospitalisation Outpatient Consultation	10,000	3,000 (post- hospitalisation)	2,000 (post- hospitalisation)
Second Claim Incentive	2,000	-	1,000
Max day	180		60
Government (HA) Hospital Benefit	2,000	1,000	1,000
Max. day	180	90	60
Day Confinement Benefit	-	-	-
Reimbursement Percentage	-	-	-
Increased Overseas Hospitalisation Benefit (Non-Network Benefits due to Accident)	200%	-	-
Psychiatric Treatments	30,000	-	-
Designated Clinical Surgery Incentive	2,000	-	-
Worldwide Emergency Assistance	Included	Included	Included
Maximum Limit Per Disability Per member	-	-	1,244,000
Remarks (if any)	May elect Opt-Down Plan and entitled to Flexible Spending Arrangement	Organ transplant - 100,000 per year	-
Supplementary Major Medical Benefit - per disability			
Benefit limit	150,000	200,000	150,000
Reimbursement	80%	80%	80%
Deductible Amount	1,000	1,000	1,000

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Coloured cells indicate AIA's Flexi Choice 2 is better: Low premium in relevant age

Attained Age	AIA Flexi Choice 2	AXX^ XHealth Partner	Flexi Choice 2 vs XHealth Partner	FWX CarinX	Flexi Choice 2 vs CarinX
5	3,151	5,045	-38%	4,939	-36%
10	3,151	5,045	-38%	4,939	-36%
15	3,151	5,045	-38%	4,939	-36%
20	2,635	6,398	-59%	6,440	-59%
25	3,165	6,398	-51%	6,440	-51%
30	4,365	6,398	-32%	6,440	-32%
35	6,103	6,398	-5%	6,440	-5%
40	7,486	6,398	17%	6,440	16%
45	9,662	6,398	51%	7,952	22%
50	11,619	6,398	82%	7,952	46%
55	16,115	6,398	152%	7,952	103%
60	21,488	6,398	236%	7,952	170%
65	26,396	6,398	313%	22,907	15%

Remarks: Annual premium (HKD) per member

^ The premium rate used in age 5, 10 and 15 are child(ren)'s premium rate

Product comparison for SME group medical packaged product – Optional Benefits - Outpatient

Please note that if the other insurers do not offer relevant plan options, they will not be included in that respective comparison.
Features / Benefits highlighted in yellow refers to the benefit of other plans is lower than Flexi Choice 2.

A) Outpatient – Plan 2B - General Practitioner @HK$150

Insurer	AIA Flexi Choice 2	ManX XCare	AXX XHealth Partner	FWX CarinX
Currency	HKD	HKD	HKD	HKD
Plan	2B	1	5	LPG1
% of reimbursement	100	80	100	100
Optional Outpatient Benefits				
A)General Physician's Consultation (per visit）	$150	$150	$150	$140
Co-payment (Network）	20	N/A	N/A	30
Max. visits per year	30	20	30	30
General Physician's Consultation - At home (per visit)	N/A	N/A	N/A	N/A
Max. visits per year				
B) Physiotherapy and Chiropractor Treatment	$150	N/A	$300	$210
Co-payment (Network）	N/A		N/A	50
Max. visits per year	30		10	10
C) Chinese Medicine	$100	$100	$150	$120
Co-payment (Network）	N/A	N/A	N/A	40
Max. visits per year	5	5	8	10
D) Specialist Physician's Consultation	$300	$300	$300	$280
Co-payment (Network）	40	N/A	N/A	80
Max. visits per year	30	10	10	10
Overall maximum visits per year (Item A, B, C & D)	30	N/A	N/A	30 (Item A and C)
E) X-ray and Lab Test per disability (Combined Network and Non-Network)	$500	$500 (100% reimbursement and limit per year)	$1,500	$1,500
Other outpatient benefits (if any)	N/A	N/A	N/A	N/A

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Attained Age	AIA Flexi Choice 2	ManX^ XCare	Flexi Choice 2 vs XCare	AXX^ XHealth Partner	Flexi Choice 2 vs XHealth Partner	FWX CarinX	Flexi Choice 2 vs CarinX
5	1,899	2,181	-13%	5,284	-64%	2,241	-15%
10	1,899	2,181	-13%	5,284	-64%	2,241	-15%
15	1,899	2,181	-13%	5,284	-64%	2,241	-15%
20	865	1,758	-51%	4,228	-80%	1,900	-54%
25	1,341	1,758	-24%	4,228	-68%	1,900	-29%
30	1,538	1,758	-13%	4,228	-64%	1,900	-19%
35	1,676	1,758	-5%	4,228	-60%	1,900	-12%
40	1,820	1,758	4%	4,228	-57%	1,900	-4%
45	1,943	1,758	11%	4,228	-54%	1,900	2%
50	2,039	1,758	16%	4,228	-52%	1,900	7%
55	2,188	1,758	24%	4,228	-48%	1,900	15%
60	2,371	1,758	35%	4,228	-44%	1,900	25%
65	2,662	N/A	N/A	4,228	-37%	2,375	12%

Remarks: Annual premium (HKD) per member

^ The premium rate used in age 5, 10 and 15 are child(ren)'s premium rate

B) Outpatient – Plan 3B - General Practitioner @HK$180

Insurer	AIA Flexi Choice 2	AXX XHealth Partner	FWX CarinX
Currency	HKD	HKD	HKD
Plan	3B	4	LPG3
Optional Outpatient Benefits			
A)General Physician's Consultation (per visit）	$180	$200	$180
Co-payment (Network）	20	N/A	N/A
Max. visits per year	30	30	30
General Physician's Consultation - At home (per visit)	N/A	N/A	N/A
Max. visits per year			
B) Physiotherapy and Chiropractor Treatment	$180	$400	$270
Co-payment (Network）	N/A	N/A	0
Max. visits per year	30	10	10
C) Chinese Medicine	$120	$200	$150
Co-payment (Network）	N/A	N/A	10
Max. visits per year	5	8	10
D) Specialist Physician's Consultation	$360	$400	$360
Co-payment (Network）	40	N/A	0
Max. visits per year	30	10	10
Overall maximum visits per year (Item A, B, C & D)	30	N/A	30 (Item A and C)
E) X-ray and Lab Test per disability (Combined Network and Non-Network)	$800	$2,000	$2,200
Other outpatient benefits (if any)	N/A	N/A	N/A

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Attained Age	AIA Flexi Choice 2	AXX^ XHealth Partner	Flexi Choice 2 vs XHealth Partner	FWX CarinX	Flexi Choice 2 vs CarinX
5	2,103	6,674	-68%	2,868	-27%
10	2,103	6,674	-68%	2,868	-27%
15	2,103	6,674	-68%	2,868	-27%
20	965	5,340	-82%	2,432	-60%
25	1,504	5,340	-72%	2,432	-38%
30	1,738	5,340	-67%	2,432	-29%
35	1,906	5,340	-64%	2,432	-22%
40	2,081	5,340	-61%	2,432	-14%
45	2,227	5,340	-58%	2,432	-8%
50	2,336	5,340	-56%	2,432	-4%
55	2,513	5,340	-53%	2,432	3%
60	2,741	5,340	-49%	2,432	13%
65	3,124	5,340	-41%	3,040	3%

Remarks: Annual premium (HKD) per member

^ The premium rate used in age 5, 10 and 15 are child(ren)'s premium rate

C) Outpatient – Plan 4B - General Practitioner @HK$210

Insurer	AIA Flexi Choice 2	ManX Xselect	AXX XHealth Partner	FWX CarinX	BupX HealthXPlus
Currency	HKD	HKD	HKD	HKD	HKD
Plan	4B	3	4	LPG3	6
Optional Outpatient Benefits					
A)General Physician's Consultation (per visit）	$210	$250 (60% reimbursement)	$200	$180	$200
Co-payment (Network）	20	N/A	N/A	N/A	20
Max. visits per year	30	5	30	30	30
General Physician's Consultation - At home (per visit)	N/A	N/A	N/A	N/A	345
Max. visits per year					30
B) Physiotherapy and Chiropractor Treatment	$210	$350 (Chiro only)	$400	$270	$350
Co-payment (Network）	N/A	N/A	N/A	0	20
Max. visits per year	30	10	10	10	30
C) Chinese Medicine	$150	$250	$200	$150	$200
Co-payment (Network）	N/A	N/A	N/A	10	20
Max. visits per year	5	10	8	10	30
D) Specialist Physician's Consultation	$420	$250 (60% reimbursement)	$400	$360	$400
Co-payment (Network）	40	N/A	N/A	0	20
Max. visits per year	30	5	10	10	30
Overall maximum visits per year (Item A, B, C & D)	30	30	N/A	30 (Item A and C)	30
E) X-ray and Lab Test per disability (Combined Network and Non-Network)	$1,000	$1,500	$2,000	$2,200	$1,184
Other outpatient benefits (if any)	N/A	Prescription (outside clinic) – 1,500	N/A	N/A	Panel Dental Benefit

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Attained Age	AIA Flexi Choice 2	ManX^ XSelect	Flexi Choice 2 vs XSelect	AXX^ XHealth Partner	Flexi Choice 2 vs XHealth Partner	FWX CarinX	Flexi Choice 2 vs CarinX	BupX HealthXPlus	Flexi Choice 2 vs HealthXPlus
5	2,331	2,760	-16%	6,674	-65%	2,868	-19%	3,308	-30%
10	2,331	2,760	-16%	6,674	-65%	2,868	-19%	3,308	-30%
15	2,331	2,760	-16%	6,674	-65%	2,868	-19%	3,308	-30%
20	1,074	1,692	-37%	5,340	-80%	2,432	-56%	3,308	-68%
25	1,664	1,692	-2%	5,340	-69%	2,432	-32%	3,308	-50%
30	1,938	2,436	-20%	5,340	-64%	2,432	-20%	3,308	-41%
35	2,124	2,436	-13%	5,340	-60%	2,432	-13%	3,308	-36%
40	2,325	2,760	-16%	5,340	-56%	2,432	-4%	3,308	-30%
45	2,483	2,760	-10%	5,340	-54%	2,432	2%	3,308	-25%
50	2,609	3,192	-18%	5,340	-51%	2,432	7%	3,308	-21%
55	2,820	3,408	-17%	5,340	-47%	2,432	16%	3,308	-15%
60	3,060	3,636	-16%	5,340	-43%	2,432	26%	3,308	-7%
65	3,524	3,888	-9%	5,340	-34%	3,040	16%	N/A	N/A

Remarks: Annual premium (HKD) per member

^ The premium rate used in age 5, 10 and 15 are child(ren)'s premium rate

D) Outpatient – Plan 5B - General Practitioner @HK$250

Insurer	AIA Flexi Choice 2	ManX Xselect	AXX XHealth Partner	FWX CarinX	BupX HealthXPlus
Currency	HKD	HKD	HKD	HKD	HKD
Plan	5B	2	3	LPG4	5
Optional Outpatient Benefits					
A)General Physician's Consultation (per visit）	$250	$350 (60% reimbursement)	$250	$250	$270
Co-payment (Network）	0	N/A	N/A	0	0
Max. visits per year	30	5	30	30	30
General Physician's Consultation - At home (per visit)	N/A	N/A	N/A	N/A	435
Max. visits per year					30
B) Physiotherapy and Chiropractor Treatment	$250	$500 (Chiro only)	$500	$300	$480
Co-payment (Network）	N/A	N/A	N/A	0	0
Max. visits per year	30	10	10	10	30
C) Chinese Medicine	$200	$300	$250	$200	$215
Co-payment (Network）	N/A	N/A	N/A	0	0
Max. visits per year	5	10	8	10	30
D) Specialist Physician's Consultation	$500	$350 (60% reimbursement)	$500	$500	$530
Co-payment (Network）	0	N/A	N/A	0	0
Max. visits per year	30	5	10	10	30
Overall maximum visits per year (Item A, B, C & D)	30	50	N/A	30 (Item A and C)	30
E) X-ray and Lab Test per disability (Combined Network and Non-Network)	$1,500	$2,000	$3,000	$3,000	$1,462
Other outpatient benefits (if any)	N/A	Prescription (outside clinic) – 2,000	N/A	N/A	Panel Dental Benefit

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Attained Age	AIA Flexi Choice 2	ManX^ XSelect	Flexi Choice 2 vs XSelect	AXX^ XHealth Partner	Flexi Choice 2 vs XHealth Partner	FWX CarinX	Flexi Choice 2 vs CarinX	BupX HealthXPlus	Flexi Choice 2 vs HealthXPlus
5	2,778	2,832	-2%	8,189	-66%	3,928	-29%	4,512	-38%
10	2,778	2,832	-2%	8,189	-66%	3,928	-29%	4,512	-38%
15	2,778	2,832	-2%	8,189	-66%	3,928	-29%	4,512	-38%
20	1,293	1,740	-26%	6,553	-80%	3,331	-61%	4,512	-71%
25	1,981	1,740	14%	6,553	-70%	3,331	-41%	4,512	-56%
30	2,332	2,496	-7%	6,553	-64%	3,331	-30%	4,512	-48%
35	2,548	2,496	2%	6,553	-61%	3,331	-24%	4,512	-44%
40	2,796	2,832	-1%	6,553	-57%	3,331	-16%	4,512	-38%
45	2,982	2,832	5%	6,553	-54%	3,331	-10%	4,512	-34%
50	3,141	3,276	-4%	6,553	-52%	3,331	-6%	4,512	-30%
55	3,417	3,504	-2%	6,553	-48%	3,331	3%	4,512	-24%
60	3,716	3,744	-1%	6,553	-43%	3,331	12%	4,512	-18%
65	4,337	3,996	9%	6,553	-34%	4,161	4%	N/A	N/A

Remarks: Annual premium (HKD) per member

^ The premium rate used in age 5, 10 and 15 are child(ren)'s premium rate

E) Outpatient – Plan 6B - General Practitioner @HK$300

Insurer	AIA Flexi Choice 2	ManX Xselect	AXX XHealth Partner	FWX CarinX	BupX HealthXPlus
Currency	HKD	HKD	HKD	HKD	HKD
Plan	6B	2	2	LPG5	4
Optional Outpatient Benefits					
A)General Physician's Consultation (per visit）	$300	$350 (60% reimbursement)	$300	$350	$300
Co-payment (Network）	0	N/A	N/A	0	0
Max. visits per year	30	5	30	30	30
General Physician's Consultation - At home (per visit)	N/A	N/A	N/A	N/A	540
Max. visits per year					30
B) Physiotherapy and Chiropractor Treatment	$300	$500 (Chiro only)	$600	$350	$670
Co-payment (Network）	N/A	N/A	N/A	0	0
Max. visits per year	30	10	10	10	30
C) Chinese Medicine	$250	$300	$300	$250	$285
Co-payment (Network）	N/A	N/A	N/A	0	0
Max. visits per year	5	10	8	10	30
D) Specialist Physician's Consultation	$600	$350 (60% reimbursement)	$600	$700	$700
Co-payment (Network）	0	N/A	N/A	0	0
Max. visits per year	30	5	10	10	30
Overall maximum visits per year (Item A, B, C & D)	30	50	N/A	30 (Item A and C)	30
E) X-ray and Lab Test per disability (Combined Network and Non-Network)	$2,000	$2,000	$4,000	$4,000	$2,210
Other outpatient benefits (if any)	N/A	Prescription (outside clinic) – 2,000	N/A	N/A	Panel Dental Benefit

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Attained Age	AIA Flexi Choice 2	ManX^ XSelect	Flexi Choice 2 vs XSelect	AXX^ XHealth Partner	Flexi Choice 2 vs XHealth Partner	FWX CarinX	Flexi Choice 2 vs CarinX	BupX HealthXPlus	Flexi Choice 2 vs HealthXPlus
5	3,164	2,832	12%	9,650	-67%	5,402	-41%	6,656	-52%
10	3,164	2,832	12%	9,650	-67%	5,402	-41%	6,656	-52%
15	3,164	2,832	12%	9,650	-67%	5,402	-41%	6,656	-52%
20	1,475	1,740	-15%	7,721	-81%	4,581	-68%	6,656	-78%
25	2,249	1,740	29%	7,721	-71%	4,581	-51%	6,656	-66%
30	2,677	2,496	7%	7,721	-65%	4,581	-42%	6,656	-60%
35	2,920	2,496	17%	7,721	-62%	4,581	-36%	6,656	-56%
40	3,212	2,832	13%	7,721	-58%	4,581	-30%	6,656	-52%
45	3,424	2,832	21%	7,721	-56%	4,581	-25%	6,656	-49%
50	3,607	3,276	10%	7,721	-53%	4,581	-21%	6,656	-46%
55	3,923	3,504	12%	7,721	-49%	4,581	-14%	6,656	-41%
60	4,300	3,744	15%	7,721	-44%	4,581	-6%	6,656	-35%
65	5,058	3,996	26%	N/A	N/A	5,726	-12%	N/A	N/A

Remarks: Annual premium (HKD) per member

^ The premium rate used in age 5, 10 and 15 are child(ren)'s premium rate

Product comparison for SME group medical packaged product – Optional Benefits - Dental

Please note that if the other insurers do not offer relevant plan options, they will not be included in that respective comparison.
Features / Benefits highlighted in yellow refers to the benefit of other plans is lower than Flexi Choice 2.

Insurer	AIA Flexi Choice 2		AXX XHealth Partner		BupX HealthX Plus	FWX CARINX	
Dental Benefits (Rider)	Yes	Yes	Yes	Yes	Embedded	Yes	Yes
Plan	1	2	1-3	4-6	Plan 4-9	LDG1	LDG2
Free Choice/ Panel Arrangement	Free Choice	Free Choice	Panel	Panel	Panel	Free Choice	Free Choice
Reimbursement	80%	100%	80%	80%	-	80% (100% for 1.)	80% (100% for 1.)
1. Preventive oral examination, scaling and polishing	$2,000	$3,000	$400 per visit	$300 per visist	-	$350	$500
Max. visits	2	2	2	2	1	1	1
2. Intra-oral x-ray and medication	$2,000	$3,000	$800	$500	Full cover	$100 each film	$150 each film
3. Filling and extractions	$2,000	$3,000	$1,200	$800	Full cover	$350 each tooth	$500 each tooth
4. Drainage of abscesses	$2,000	$3,000	-	-	-	-	-
5. Pins for cusp restoration	$2,000	$3,000	-	-	-	-	-
6. Dentures, crowns and bridges (only if necessitated by an accident)	$2,000	$3,000	-	-	-	-	-
7. Other			Accidental Denture Treatment: $1,000	Accidental Denture Treatment: $800	Periodontal (gum) treatment & Emergency consultation and treatment: full cover	Abscesses: $350 each Extractions: $350 each tooth	Abscesses: $500 each Extractions: $500 each tooth
Overall maximum limit per year (1+2+3+4+5+6+7)	$2,000	$3,000	$32,00	$2,200	-	$3,000	$5,000

Plan	AIA Flexi Choice 2		AXX XHealth Partner		BupX HealthX Plus	FWX CARINX	
Network Service Provider	Non- Network		Network	Network	Network	Non- Network	Non- Network
Plan	1	2	1-3	4-6	4-9	LDG1	LDG2
Reimbursement percentage	80%	100%	80%	80%	-	80% (100% for 1.)	80% (100% for 1.)
Age 25	$940	$1,252	$1625	$1220	-	$621	$892
Age 30							
Age 35							
Age 40							
Age 45							
Age 50							
Age 55							
Age 60							
Age 65			N/A	N/A			

Remarks:
Remarks: Annual premium (HKD) per member
+Same premium is applied for members under same level of benefit irrespective of the insured persons’ ages

Product comparison disclaimer:

AIA does not guarantee the accuracy and completeness of the comparison information as the above analysis and comparisons made by the Company are based on the respective brochures and respective companies’ website in Feb 2022. The above analysis and comparisons made by the Company are based on partial information of the relevant plans as the nature and/or some features of the relevant plans may be different from this plan. All information is subject to change at any time without notice. AIA does not bear any liability for any errors and omissions. This document is for internal use only. You are not allowed to use it in sales solicitation by interview or presentation or for other similar purposes.

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G. Frequently Asked Questions

The following information is for reference only and does not constitute any part of the insurance contract. For full terms and conditions and exclusions, please refer to the policy document itself which shall prevail in case of inconsistency.

Glossary

Flexible Spending Arrangement (FSA)
Flexible Spending Arrangement (FSA) is an optional arrangement assisting employers to design and deliver attentive flexible solution to members that satisfying the diverse coverage needs of their employees and balancing the benefits costs for employers. The reimbursement on AIA individual policy premiums and levies is not an insurance item and Flex Dollar used for this item will be taxable to the insured employee. AIA will provide administrative service for the insured employee to reimburse premiums and levies paid for an AIA individual policy in Hong Kong with the use of Flex Dollar.

Flex Dollar
Flex Dollar is the amount of credit members can spend on a list of covered items under FSA.

Default Plan
The plan(s) as selected by the employer according to the position grade of the employees.

Opt-Down Plan
The plan(s) with lower benefits that employees can choose in exchange of Flex Dollar.

Policy Year
A period of 12 consecutive months starting from the policy anniversary date and subsequent policy anniversaries.

Related to Eligibility

1. **Who is eligible to apply for Flexi Choice 2?**

   Companies that have Hong Kong Business Registration Certificate and 3 or more full-time employees to enrol are eligible to apply for Flexi Choice 2

2. **For the minimum enrolment, are dependants counted?**

   No, dependants are not counted. All eligible employees must join the plan, and companies must enrol a minimum of 3 employees.

3. **Can dependants be enrolled Flexi Choice 2?**
   Yes.

4. **What are the entry age and termination age of insured employee?**

   The entry age of insured employee (i.e. full time and permanent employee in active service) is below 65 years old*.

   The termination age of insured employee is 70 years old, which is determined at start of Policy Year.
   *Age is calculated at the date of enrolment

5. **What is the entry age of dependants?**

   Legally married spouse aged below 65 upon initial participation and not yet reached age 69 as at start of Policy Year.

   For unmarried children of insured employee aged from 2 weeks up to 18 years old (or up to 22 years old in the case of children who are full-time students)*.

   *Age is calculated at the date of enrolment

6. **What is the Protection up to Age for dependants?**

   Legally married spouse: Protection up to age 69

   Unmarried children of insured employee: Protection up to age 18 (age 22 for full-time students)

7. **Is medical underwriting or health declaration required to enrol into this plan?**

   For companies with 3-7 full-time employees, health declaration is required and is subject to AIA’s approval. For companies with 8 or more employees, medical underwriting is not required.

Benefit Options

1. What are the benefit coverages and options available under Flexi Choice 2?

A. Core Benefits
- Comprehensive hospitalisation and surgical cover under AIA medical network or free choice of doctors
- Follow-up consultation after confinement or Day Surgery
- Hospital cash for government hospital ward room level
- Hospital cash for a second claim
- Designated clinical surgery incentive and Psychiatric treatment offered (new benefits added)
- Other benefits including worldwide emergency assistance services and the China Assist Card

B. Optional Benefits
- Supplementary Major Medical Benefits (SMM)
- Outpatient
- Dental
- Death and accidental death and disablement

C. Corporate "AIA Vitality"

D. Flexible Spending Arrangement (FSA)
- Allow employees to opt-down benefits based on their needs during different life cycle
- Flex Dollar will be provided after choosing opt-down plans, in which can be spent on different items related to insurance

2. Product feature highlights for Flexi Choice 2

Different to majority of similar packaged group medical insurance products^, **Flexi Choice 2** offers flexibility for employer to mix and match with different levels of life, medical and wellness protections according to their budget and benefits needs. Flexi Choice 2 empowers employer to offer Flexible Spending Arrangement to their employees to opt down benefits according to their needs at different life stage and in exchange for Flex Dollar to claim on a list of designated health and wellness items.

^ Based on AIA's internal data gathered in January 2022

3. How many doctors are there under Flexi Choice 2's medical network?

There are around 1,827 doctors* under the medical network arrangement for plans covering core benefits and optional outpatient benefits.

General Practitioner	
Location Area	Number of Doctors
Hong Kong	209
Kowloon	298
New Territories	390
Outlying Islands	16
Total	913

Specialist Practitioner	
Location Area	Number of Doctors
Hong Kong	299
Kowloon	421
New Territories	116
Total	836

Laboratory	
Location Area	Number of Centres
Hong Kong	28
Kowloon	38
New Territories	12
Total	78

Network Day Surgery Centre	
Location Area	Number of Centres
Hong Kong	4
Kowloon	3
Total	7

* Based on AIA's internal data as of 3 April 2022. The figures may vary from time to time.

4. Can the company set up different groups of benefit plans for insured employees of different classes and their dependants (if dependant coverage is applicable)?

Yes and subject to the following conditions:

- All eligible employees of the company must join the plan.
- The insured company can divide eligible employees into different groups by grade, contract type or years of service, depending on the number of full-time employees as shown below:

Number of full-time employees	Number of groups available
3	1
4 to 6	2
7 to 10	3
11 to 15	4
16 to 20	5
21 or more	6

- Except the highest group in the company, all groups must have at least 3 full-time employees.
- All insured employees within the same group must enrol in the same plan. Also, their eligible dependants (if dependant coverage is applicable) must enrol in the same plan.
- If the lowest group includes family protection, all other groups must include family protection as well.

Example:
For an insured company with 11 full time employees, the maximum number of groups it can set up is 4. The insured company can divide employees into different groups based on grade, contract type of years of services. Except the highest group in the company (i.e. Group 4), all groups must have at least 3 full-time employees.
Group 1: Employee who is below managerial grade
Group 2: Employee who is managerial grade
Group 3: Employee who is senior managerial grade
Group 4: Employee who is executive grade

5. Can the company provide dependant coverage for eligible dependants of a particular class of insured employees?

Yes. Insured company can choose to provide dependant coverage for eligible dependants of insured employees, based on the grouping of the eligible employees. If the plan includes family protection, all eligible family employees of the employee must join the same plan as the employee. If the lowest group includes family protection, all other groups must include family protection as well.

Example:

For an insured company with 11 full- time employees, the insured company can divide eligible employees into different groups by grade, contract type or years of service:

- Group 1: Employees who are below managerial grade, without dependant coverage
- Group 2: Employees who are managerial grade or above, with dependant coverage

6. What are the participation guidelines for company to provide different benefit plans to different classes of insured employees?

The participation guidelines for company to provide different benefit plans for insured employees of different classes are outlined below:

Participation Guidelines	
Core Benefits	• All eligible employees of the company must join the plan. • The employer must select the same plan for participating employees of the same group. • The benefits provided for the upper group must be the same or higher than the benefit provided for the lower group. • If the plan includes family protection, all eligible family members of the employee must join the same plan as the employee. • If the lowest group includes family protection, all other groups must include family protection as well.
Optional Benefits	**i) Supplementary major medical benefits (SMM)** • If the plan includes optional supplementary major medical benefits, the employer must select the same plan level as the core benefits. • The employer must select the same plan for participating employees of the same group. • The benefits provided for the upper group must be the same or higher than the benefits provided for the lower group. • If the plan includes family protection, all eligible family members of the employee must join the same plan as the employee. • If the lowest group includes family protection, all other groups must include family protection as well. **ii) Life and accident benefits (only applicable to employees)** • If the plan includes optional life and accident benefits, the employer must select the same plan for participating employees of the same group. • The benefits provided for the upper group must be the same or higher than the benefit provided for the lower group **iii) Outpatient and/or dental benefits** • If the plan includes optional outpatient and/or dental benefits, the employer must select the same plan for participating employees of the same group. • The benefits provided for the upper group must be the same or higher than the benefits provided for the lower group. • If the plan includes family protection, all eligible family members of the employee must join the same plan as the employee. • If the lowest group includes family protection, all other groups must include family protection as well
Flexible Spending Arrangement	• If the plan includes Flexible Spending Arrangement, all eligible employees of the company will have the option to choose the Default Plan or the Opt-down Plan, and the choice will be applied to their eligible family members (if applicable). • All eligible employees must select their benefits within the enrolment window which will be open for each eligible employee once a policy year (except employees whose effective date of the cover will be 3 months before the next policy anniversary and employees whose enrolment dates are 2 months before the next policy anniversary). These employees and their eligible family members will be enrolled in Default Plan automatically. • All eligible employees who do not select their benefits within the enrolment window will stay under the Default Plan. • For eligible employees who choose the Opt-down Plan, all benefits (except where Opt-down Plans are not applicable) will be opted down together. • All eligible employees are not allowed to change from Default Plan to Opt-down

	Plan or from Opt-down Plan to Default Plan within the policy year once the selection is made; even in the event of any change in circumstances such as career events (a job promotion / demotion); or upon the addition / deletion of eligible dependants.
AIA Vitality for Corporate (only applicable to employees)	• If the employer includes "AIA Vitality", all eligible employees of the company must join the plan.

7. If an insured employee is entitled to dependant coverage, are all eligible dependants of such insured employee required to enrol in the plan?

Yes, dependant coverage is on a family basis. If an insured employee is entitled to dependant coverage and has one or more eligible dependant, all of them are required to enrol in the plan.

Claims and Conversion Privilege

1. Will the pre-existing condition of the new employee be covered?

The pre-existing condition of the new employee will be covered after insured for 12 consecutive months.

2. For optional outpatient benefits, which benefit items require referral by a general physician?

Referral by a general physician is required for outpatient consultation by a specialist doctor, physiotherapy, chiropractic treatment and basic diagnostic test. The referral letter is valid within 180 days from the date of referral.

3. Does Flexi Choice 2 have Conversion Privilege?

Conversion Privilege is not available for this product.

For insured groups that can fulfil the requirement of number of employees, we will offer portable voluntary employee medical protection* to the insured employees. They have the option to enrol in the portable medical product to top up their group medical plans, enhancing the cover for just an affordable premium. Even when they leave the company or enter retirement, they will remain covered under portable voluntary employee medical protection, giving them the assurance they need.

Remarks: *Subject to product availability. For more details about "portable employee voluntary medical protection, please refer to eAgency Corner>Departments >Corporate Solutions > Agency Activities> Marketing> Group Products for relevant product brochure and policy contract.

4. Are Anaesthetist's fee and Operating room fee covered under FSA Opt-down plans?

For Opt-down plans, although Anaesthetist's fee and Operating room fee are not covered under "Surgical Benefits", they are still covered under "Other hospital services" in "Hospitalisation Benefits" (subject to the relevant benefit limit).

Flexible Spending Arrangement (FSA) & Flex Dollar

1. **What additional information is required to be submitted for choosing Flexible Spending Arrangement?**
   Please submit a Service Acknowledgement for Flexible Spending Arrangement with policyholder’s signature and employee’s email address.

2. **How is the employee’s allocated Flex Dollar determined?**

   The allocated Flex Dollar is determined by the Opt-Down Options selected. For details, please refer to the latest product brochure of Flexi Choice 2.

3. **What are the claimable Flexible Spending Arrangement (FSA) items?**

   The claimable FSA items are check-up, vaccination, optical care, dental and AIA individual insurance premium.

   For details including the claim adjudication rules of a list of claimable FSA items, the insured employee can refer to the Insured Member Guide in “**Customer Service > Online Manuals**” section in Employee Benefits platform or “**Account > e-Document > Group Insurance**” section in AIA Connect.

4. **How to make claims against Flexible Spending Arrangement (FSA) items?**

   The claims for eligible FSA items will be reimbursed during the Policy Year up to the available balance of Flex Dollar under FSA. The employee can submit the claims by completing hardcopy Group Insurance Medical Claim Form or eClaim submission via AIA Connect. We will credit all approved FSA claims to the bank account recorded with AIA by autopay. Please note that any reimbursement claimed from “AIA individual insurance premium” under FSA item are taxable.

   Please note that any claim for FSA must be submitted within 90 days of incurring the expense. For terminated insured employees, they cannot submit FSA claim after the termination date.

5. **What will happen to the Flex Dollar in Flexible Spending Arrangement (FSA) at the end of Policy Year?**

   All unused Flex Dollar will be forfeited at the end of the Policy Year, and no carry forward of Flex Dollar under the FSA will be allowed. No refund would be made to the employer or the insured employees.

6. **What will happen to the Flex Dollar in Flexible Spending Arrangement (FSA) if the employee leaves the Company or being promoted during the Policy Year?**

   The Flex Dollar will be pro-rated, in which the daily pro-rata rate equals to the No. of days covered / 365 days (or 366 days for a leap year). For terminated insured employees, they cannot submit FSA claim on or after the termination date. All unused Flex Dollar will be forfeited upon the termination of employment and would not be refunded to the employer or the insured employees.

7. If the employee leaves the Company during the Policy Year and the Flex Dollar is overspent, will AIA clawback the overspent amount from the employer?

For overspent Flex Dollar, we understand it creates additional administration work to the employer to claw back from the employee. As such, AIA will not clawback the amount from the employer.

8. Can the employee make claims against Flexible Spending Arrangement (FSA) items after submitting resignation?

Any submission for claim under Flexible Spending Arrangement by the insured employee and his / her insured family members **on or after the date of employment termination of the insured employee** will be declined. All unused Flex Dollar will be forfeited upon the termination of employment and would not be refunded to the employer or the insured employees.

9. Will the expenses related to influenza vaccine be covered?

Yes, the expenses related to influenza vaccine will be covered.

For more details on the scope of coverage, eligibility and exclusion for the FSA item of Vaccination, please refer to the Insured Member Guide in “**Customer Service > Online Manuals**” section in Employee Benefits platform or “**Account > e-Document > Group Insurance**” section in AIA Connect..

10. Will the expenses of contact lens solution be covered?

No, the purchase of contact lens solution will not be covered as it falls into the exclusion of Optical Care. The following eligible expenses will be covered:

- Prescribed and non-prescribed lens and frames (including frames and lenses for sunglasses)
- Prescribed and non-prescribed contact lens
- Repair of prescribed and non-prescribed glasses
- Vision check-up by optometrist, optician or eye specialist

For more details on the scope of coverage, eligibility and exclusion for the FSA item of Optical Care, please refer to the Insured Member Guide in “**Customer Service > Online Manuals**” section in Employee Benefits platform or “**Account > e-Document > Group Insurance**” section in AIA Connect..

11. What kind of insurance policy will be covered in “AIA Individual Insurance Premium”?

All individual insurance policy issued by AIA International Limited will be covered. It covers the insured employees, insured dependants, dependants and / or parents of the insured employee, and / or parents of insured dependant. Please provide the original receipt / payment record / payment certificate / anniversary statement showing the name of employee and his/her eligible insured dependent(s). The original receipt / payment record / payment certificate / anniversary statement must fall within current Policy Year for valid reimbursement.

Insured employees are always suggested to submit the FSA reimbursement once the payment record is available.

For more details on the scope of coverage, eligibility and exclusion for the FSA item of AIA Insurance Premium, please refer to the Insured Member Guide in “**Customer Service > Online Manuals**” section in Employee Benefits platform or “**Account > e-Document > Group Insurance**” section in AIA Connect..

12. What are AIA’s support and services on equipping employers choosing FSA?

In the Employer/HR section of Employee Benefits platform, there are different reports that allow the monitoring on staff enrolment and Flex Dollar usage, and tax reporting.

13. What are AIA’s support and services on equipping employees choosing Opt-Down Plan?

Employees can see their Flex Dollar balance and their Flex Dollar usage in AIA Connect.

14. What is the FSA enrolment journey for employees?

Employees will receive an enrolment email once the policy is issued or confirmed renewed. With the enrolment email, they can click on the link inside the email, directing them to AIA Connect to do selection on the FSA.

Selection of Benefits Option in Flexible Spending Arrangement (FSA)

1. **What will happen if the employee does not submit benefit options during annual enrolment window?**

   The benefit option will be defaulted to Default Plan according to the position grade for the Policy Year.

2. **Can the employee re-selects benefit options during the Policy Year?**

   The employee is only allowed to select benefits options during the annual enrolment window. Once the selection is submitted, the employee is not allowed to re-select benefit options. The employee may only change the selection in the next Policy Year during enrolment window.

3. **Can the employee re-selects benefit options if there is a career event change (and it leads to a change of Default Plan) during the Policy Year?**

   No. The employee is not allowed to re-select the benefit options.

   Example 1: if the Default Plan is selected during annual enrolment window and the changes of career grade led to a change of Default Plan (i.e. changes from Plan 2 to Plan 3), Default Plan will be changed to Plan 3 starting from the promotion. The employee cannot opt-down benefits during the Policy Year.

   Example 2: The employee opt down their benefit during the annual enrolment window from Plan 2 to Plan 2X with FSA $300. After 180 days, he was being promoted with a change of Default Plan (i.e. changes from Plan 2 to Plan 3), he will automatically cover in Plan 3X with FSA $350.

   Daily pro-rata rate (Plan 2)

   = Number of days member is covered / 365 days (or 366 days for a leap year)

   = 180 / 365 = 0.49, rounded to 2 decimal places

   Daily pro-rata rate (Plan 3)

   = Number of days member is covered / 365 days (or 366 days for a leap year)

   = 185 / 365 = 0.51, rounded to 2 decimal places

   His entitled pro-rated Flex Dollar = $300 * 0.49 + $350 * 0.51 = $325.50, rounded to 2 decimal places

4. **Can the employee re-select benefit options if he/she get married or having new born during Policy Year?**

   No. The employee is not allowed to re-select the benefit options, where the benefit options of the dependant will follow the same benefit options of the employee.

5. **What will be the benefit options available for selection for dependant(s)?**

   All dependants will follow the same benefit options as selected the employee.

6. **Will the prior condition of the employee be covered if the employee selects default plan in current Policy Year while he was covered under the opt-down plan in previous Policy Year (or vice versa)?**

   If new benefit is higher than previous benefit (i.e. select Default Plan after opt-down), the prior condition will be covered under new benefit after insured for 12 consecutive months.
   If new benefit is lower than previous benefit (i.e. opt-down from Default Plan), all benefits payable (including prior conditions, if any) shall be subject to the new downgraded benefit coverage.

7. **Can the employee opt-down the Optional Dental Benefit while keeping the Core Benefits at default?**

   No. All benefits (except Optional Life & Accident Insurance Benefits where opt-down plans are not applicable) must be opted down together.

8. **If the employee joins Flexi Choice 2 with an effective date less than 3 months before the next policy anniversary date, will the employee be eligible for selecting benefit options for the current Policy Year?**

   No, for new employee whose effective date is within 3 months before the next policy anniversary date, the employee will be enrolled in Default Plan automatically and enrolment window will not be opened.

   Kindly note that if the HR of the company informs us the enrolment of the employee within 2 months before the next policy anniversary date, even if the new employee's effective date is more than 3 months before the next policy anniversary date, enrolment window will not be opened for the new employee.

9. **Where can the employee view the benefits of selected benefit options after annual enrolment window?**

   Members can view the benefit summary in **Account > Account Overview > Group Insurance Policy > Coverage** at AIA Connect.

Tax Arrangement under FSA and Support from AIA to HR on Tax Reporting

1. **Are the Flexible Spending Arrangement (FSA) items taxable? If yes whom would be the reimbursement be taxable to?**
   Other than AIA Individual Insurance Premium, all FSA items are not taxable. The reimbursement on FSA item - "AIA Individual Insurance Premium" will be taxable to the employee.

2. **What are AIA's support and services on equipping employers choosing FSA to facilitate tax reporting?**
   AIA will provide online report on the amount of Flex Dollar spent on "AIA Individual Insurance Premium" for each employee to facilitate the tax reporting in the Employer/HR section of Employee Benefits platform. Employer/HR can make use of the report to find out the amount of taxable income due to FSA item – "AIA Individual Insurance Premium" at the termination of employment or tax year end for each employee. For details, please refer to "**Policyholder Activities > Flexi Choice 2 FSA > Taxable report**" in the Employer/HR section of Employee Benefits platform.

Application and Submitted Documents

1. **Before submitting the application form via CS iPoS, what are the important areas I need to take care of?**

   Please ensure the image uploaded to CS iPoS are clear and readable.

2. **What information do I need to submit after submitting the application form of Flexi Choice 2 (either submitted via CS iPoS or submitted with paper application form)?**

   Please submit first year’s premium either with company cheque, telegraphic transfer (TT) payment or bank draft.

3. **What do I need to be aware of when helping my client to submit premium payment with company cheque or telegraphic transfer (TT) payment?**

   Please ensure the payor of the company cheque or telegraphic transfer (TT) is same as the applicant filled in the application form.

4. **When assisting my client to complete “The Guideline on Anti-Money Laundering and Counter-Terrorist Financing”, are there anything I need to be aware of?**

   Please ensure the company chop (and its shape) stamped on the application form is same as the one stamped on other documents.

Offshore Risk

1. **What is offshore risk?**
   According to AIA offshore customer guidelines, if a corporate customer requires coverage of employees located outside Hong Kong/ Macau, AIA should ensure the coverage is not prohibited by relevant legislation or regulation. We should undertake due diligence and seek relevant legal advice.

   Due to legislative or regulatory restrictions, AIA may be prevented from providing protection in some jurisdictions. In such an event, AIA reserves the right to terminate the policy or the cover of specific employees, or to decline claims.

2. **If my client ticks “No” under the Offshore Risk Declaration on the application form, what should I do next?**

   Please ask your client to complete the “Offshore Risk Questionnaire” and then send to AIA Corporate Solutions, 12/F, AIA Financial Centre, 712 Prince Edward Road East, Kowloon, Hong Kong for review and assessment. AIA will review your application. If AIA is prevented from providing protection due to regulations, we have the right to decline the application. You can download the soft copy of “Offshore Risk Questionnaire” via CS iPoS or **eAgency Corner > Departments > Corporate Solutions**.

3. **During the policy year, what should I do if my client informs me some of the insured employees are currently stationing outside Hong Kong?**
   Please ask your client to complete the “Offshore Risk Questionnaire” and then send to AIA Corporate Solutions, 12/F, AIA Financial Centre, 712 Prince Edward Road East, Kowloon, Hong Kong for review and assessment. AIA will review your application. If AIA is prevented from providing protection due to regulations, we have the right to decline the application.

Others

1. **Does Flexi Choice 2 offer automatic renewal?**
   Yes, but not guaranteed renewal.

2. **Will the premium of Flexi Choice 2 be adjusted according to the respective corporate client’s loss ratio?**
   No. In order to provide continuous protection, we will annually review this plan and adjust the premium of this plan accordingly at the end of policy year if necessary. During the review, we may consider factors including but not limited to the following:
   - Claim costs incurred from all policies under this plan and the expected claim outgo in the coming year which reflects the impact of medical trend, medical cost inflation and product feature revisions;
   - Expenses directly related to the policy and indirect expenses allocated to this product

   We reserve the right to make any changes to benefits structure, terms and conditions, product features and/or premium rates based on the factors outlined above. If there is/are any change(s), we will inform the policyholders the information and arrangement

3. **What is the premium payment mode of Flexi Choice 2?**
   Annual Mode.

4. **What is the commission for selling Flexi Choice 2?**
   All years:

• Core Benefits • Core Benefits with Supplementary Major Medical Benefits • Death Benefit and Accidental Death and Disablement Benefits	15%
Optional Benefits: • Outpatient • Dental	10%
Corporate “AIA Vitality”	First year: 28.6% of total membership fee Renewal year (2 to 6): 7% of total membership fee

5. **Is Flexi Choice 2 subject to the collection of levy by the Insurance Authority?**
Yes. However, for Flexi Choice Group Insurance Plan 2, the levy payable to the IA will be borne by AIA. For the avoidance of doubt, in cases where the premium is to be refunded to the policyholder, the levy which was borne by AIA will not be included in the refunded amount.

6. **Who can the employee contact if he/she has further queries?**

AIA Ongoing Hotline Support

Ongoing enquiries support will be provided throughout the Policy Year with the below details:

Employee Services	
Telephone:	(852) 2200 6333
General Enquiries:	Office Hours: 9:00 am to 5:30 pm (Monday to Friday, except Public Holidays)
Emergency Servicing Hours:	24 hours (Monday – Sunday including Public Holidays)
NurseLine Services Hotline:	Office hours: 9:00 am to 5:30 pm Monday to Friday: 9:00 am to 5:30 pm Saturday: 10:00 am to 2:30 pm Closed on Sunday and Public Holidays
Email Address	hk.eb.enquiry@aia.com
Website:	aia.com.hk
By Post:	12/F, AIA Financial Centre, 712 Prince Edward Road East, Kowloon, Hong Kong
AIAS (Emergency Overseas Hotline)	
Telephone:	(852) 2200 6399

7. **Who can the employer contact if he/she has further queries?**

AIA Ongoing Hotline Support

Ongoing enquiries support will be provided throughout the Policy Year with the below details:

Employer Services	
Telephone:	(852) 2232 8118
General Enquiries:	Office Hours: 9:00 am to 5:30 pm (Monday to Friday, except Public Holidays)
Email Address	hk.eb.enquiry@aia.com
Website:	aia.com.hk
By Post:	12/F, AIA Financial Centre, 712 Prince Edward Road East, Kowloon, Hong Kong

Appendix 1 – Product Particulars

A. Product Information

Launch Date	26 July 2022	
Region	Hong Kong	
Basic	Basic Medical Plan	
Line of Benefits	Long term risk – Class I	
Target Customer	SME / Corporate with • Hong Kong Business Registration Certificate; and • 3 to 100 full-time employees • Did not insure in Power Plus/ SMEasy Hong Kong for at least 1 year	
Issue Age (of the insured)	Employee / Spouse	Age 64 or below
	Unmarried children	2 weeks to age 18, or age 22 for full-time students
Protection up to Age	Employee / Spouse	Age 69* (*Employee/ Spouse between the ages of 65 and 69 are allowed to renew their existing policies but not to enrol for the first time)
	Unmarried children	Age 18, or up to age 22 for full-time students
Geographic Cover	• Network – Hong Kong • Non-network – Hong Kong & Worldwide	
Core Benefits	Hospitalisation and surgical cover • Comprehensive hospitalisation and surgical cover • Consultation by in-hospital specialist and special nursing fee • Pre- / Post-hospitalisation outpatient consultation • Time-saving and convenient outpatient surgeries • Other benefits include increased overseas hospitalisation benefit (due to accident), worldwide emergency assistance services and the China Assist Card	
Optional Benefits	• Supplementary Major Medical Benefits (SMM) • Death benefit and accidental death & disablement benefit • Outpatient benefit • Dental benefit • AIA Vitality for corporate (only applicable to employees)	
Opt down options & FSA	• Employer can select allowing employees to opt down benefits with Flexible Spending Arrangement (FSA) • Employee will receive Flexi Dollars by opting down benefits, which can be spent on different items related to wellness	
Policy Currency	Hong Kong Dollar	
Room Type / Plan Option	**Core Benefits**	
	Core Benefits (Hospitalisation and surgical benefits) • Plan 1 to 3 ─ Ward Plan • Plan 4 to 6 ─ Semi-Private Plan	
	Optional Benefits	
	Death benefit and accidental death and disablement benefits (only applicable to employees) • Plan 1 to 5	
	Outpatient benefits 100% or 80% reimbursement – Plan 1 to 6	
	Dental benefits Plan 1 and 2	
	Corporate "AIA Vitality" (only applicable to employees) • Offer to all employees	

B. Underwriting Guideline

Medical Underwriting Requirement	Company with 3 to 7 full-time employees	• Medical underwriting is required • Please refer to Appendix 3 for "Sample of Health Declaration Form"
	Company with 8 full-time employees or more	• No medical underwriting required
Financial Requirement	Documents required by "The Guideline on Anti-Money Laundering and Counter-Terrorist Financing"	
Other Requirement	For new business: • Photocopy of pension contribution record showing names of eligible employees (if the company has 3 to 7 full-time employees) For existing policies: The validation on the number of full-time employees insured in Flexi Choice 2 will be reviewed on each anniversary. • If the insured company has 8 or more full time employees at policy anniversary, medical underwriting will not be required for any new join member in the coming policy year • if the insured company has less than 8 full time employees, all new join member(s) (employees and their dependents, if applicable) will need medical underwriting	
Offshore risk	• According to AIA offshore customer guidelines, we may not be able to provide protection to companies or employees who do not operate or reside in Hong Kong due to applicable laws and regulations. • AIA reserves the right to assess whether cover could be provided, to terminate the policy or cover for the company and/or employees; or reject all claims for the amount submitted or incurred. • On the application form, applicant will need to complete the offshore risk declaration	
Excluded industry list	This plan is not applicable to the below industries/organisations: 1. Group where other than a single employer or employee relationship exists 2. Group where eligible employees include seasonal, unskilled, part-time or transient workers 3. Association of individuals or companies 4. Bus, taxi or truck driver (Risks involved with driving in mainland China will be excluded) 5. Construction group 6. Labour union 7. Hospital / doctor / nurse / medical or clinic group 8. Political or religious group 9. Sports team 10. Underground mine worker 11. Farmer / agriculture / animal processing 12. Employee leasing firm or temporary agency 13. Window and/or industrial cleaning service 14. Spa, Turkish bath, massage parlor, gymnasium, health resort or similar enterprises 15. Theatre, amusement park, dance hall, billiard parlor, and bowling alley or sports promoter 16. Group which involves special hazards / risks a) Commercial airline personnel b) Nuclear power or chemical production plant c) Police or security officer d) Fireman e) Manufacturer or user of ammunition or explosive f) Military and military related group g) Collective traveling group (e.g. Professional sports team, air crew, offshore worker, oil rig worker, ship crew, diver or driller (oil, water, underground coal), underground miner) Remarks: A list of business fields which are excluded from coverage is posted on AIA website (www.aia.com.hk). The list may be varied, updated and amended from time to time at the Company's discretion, and any change shall be deemed as effective on the date of publication on the AIA website irrespective of whether any separate notice is given.	

<table>
<tr><td>Group Level Set Up</td><td>

The company can divide eligible employees into different groups by grade, contract type or years of service, depending on the number of full-time employees as shown below.

<table>
<tr><th>Number of full-time employees</th><th>Number of groups available</th></tr>
<tr><td>3</td><td>1</td></tr>
<tr><td>4 to 6</td><td>2</td></tr>
<tr><td>7 to 10</td><td>3</td></tr>
<tr><td>11 to 15</td><td>4</td></tr>
<tr><td>16 to 20</td><td>5</td></tr>
<tr><td>21 or above</td><td>6</td></tr>
</table>

Except the top group in the company, all groups must have at least 3 full-time employees.

</td></tr>
<tr><td>Participation Guidelines for Core Benefits</td><td>

All eligible employees of the company must join the plan.
The employer must select the same plan for participating employees of the same group.
The benefits provided for the upper group must be the same or higher than the benefit provided for the lower group.
If the plan includes family protection, all eligible family members of the employee must join the same plan as the employee.
If the lowest group includes family protection, all other groups must include family protection as well.

</td></tr>
<tr><td>Participation Guidelines for Optional Benefits</td><td>
i) Supplementary major medical benefits (SMM)

If the plan includes optional supplementary major medical benefits, the employer must select the same plan level as the core benefits.
The employer must select the same plan for participating employees of the same group.
The benefits provided for the upper group must be the same or higher than the benefits provided for the lower group.
If the plan includes family protection, all eligible family members of the employee must join the same plan as the employee.
If the lowest group includes family protection, all other groups must include family protection as well.

ii) Life and accident benefits (only applicable to employees)

If the plan includes optional life and accident benefits, the employer must select the same plan for participating employees of the same group.
The benefits provided for the upper group must be the same or higher than the benefit provided for the lower group

iii) Outpatient and/or dental benefits

If the plan includes optional outpatient and/or dental benefits, the employer must select the same plan for participating employees of the same group.
The benefits provided for the upper group must be the same or higher than the benefits provided for the lower group.
If the plan includes family protection, all eligible family members of the employee must join the same plan as the employee.
If the lowest group includes family protection, all other groups must include family protection as well

</td></tr>
</table>

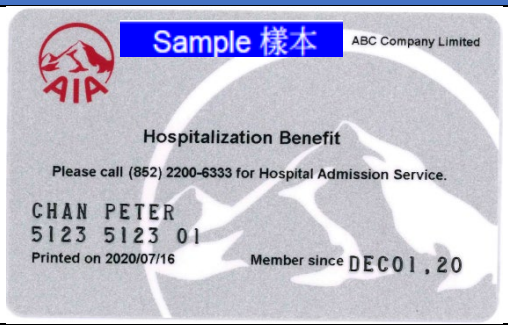
Participation Guidelines for Flexible Spending Arrangement	• If the plan includes Flexible Spending Arrangement, all eligible employees of the company will have the option to choose the Default Plan or the Opt-down Plan, and the choice will be applied to their insured dependants (if applicable). • All eligible employees must select their benefits within the enrolment window which will be open for each eligible employee once a policy year (except employees whose cover effective date will be 3 months before the policy anniversary and employees whose enrolment date will be 2 months before the policy anniversary). • All eligible employees who do not select their benefits within the enrolment window will stay under the Default Plan. • For eligible employees who choose the Opt-down Plan, all benefits (except optional life and accident benefits where Opt-down Plans are not applicable) will be opted down together. • All eligible employees are not allowed to change from Default Plan to Opt-down Plan or from Opt-down Plan to Default Plan within the policy year once the selection is made; even in the event of any change in circumstances such as career events (a job promotion / demotion); or upon the addition / deletion of eligible dependants.
Participation Guidelines AIA Vitality for Corporate	If the employer includes "AIA Vitality", all eligible employees of the company must join the plan.

Remarks: All insurance applications are subject to AIA's underwriting and acceptance. AIA reserves the final right to approve any policy application. In case the policy application is declined, AIA will make full refund of the actual amount of premium and any levy paid by the customer without interest.

C. Premium

Premium structure	Yearly renewable and premium are not guaranteed
Renewal premium	Renewal premium are non- guaranteed, and the next renewal premium will be based on the prevailing premium for the age of the insured members at the time of renewal and the applicable premium table at the time of renewal of the cover.
Payment Mode	Annual mode
Premium adjustment factor	We will annually review and adjust the premium of Flexi Choice Group Insurance Plan 2 accordingly at the end of policy year if necessary. During the review, we may consider factors including but not limited to the following: • claim costs incurred from all policies under this plan and the expected claim outgo in the coming year which reflects the impact of medical trend, medical cost inflation and product feature revisions; • expenses directly related to the policy and indirect expenses allocated to this product

D. Medical Network

<table>
<tr><th colspan="3">Medical network arrangement for plan covering core benefits (hospitalisation benefit) only</th></tr>
<tr><td>Medical card sample</td><td colspan="2">
</td></tr>
<tr><td>Medical network services</td><td colspan="2">I. Inpatient treatment
II. Day surgery/procedure</td></tr>
<tr><td>Estimated network doctors</td><td colspan="2">Around 230[2] network doctors</td></tr>
<tr><td>AIA network doctors distribution list[2]</td><td colspan="2">
<table>
<tr><th colspan="2">Specialist Practitioner</th></tr>
<tr><td>Location Area</td><td>Number of Doctors</td></tr>
<tr><td>Hong Kong</td><td>59</td></tr>
<tr><td>Kowloon</td><td>136</td></tr>
<tr><td>New Territories</td><td>37</td></tr>
<tr><td>Total</td><td>232</td></tr>
</table>
<table>
<tr><th colspan="2">Network Day Surgery Centre</th></tr>
<tr><td>Location Area</td><td>Number of Centres</td></tr>
<tr><td>Hong Kong</td><td>1</td></tr>
<tr><td>Kowloon</td><td>2</td></tr>
<tr><td>Total</td><td>3</td></tr>
</table></td></tr>
<tr><td>Panel Network Support[2] (Specialist by Specialty)</td><td>• Cardiology
• Cardio-Thoracic Surgery
• Clinical Oncology
• Endocrinology Diabetes & Metabolism
• Gastroenterology & Hepatology
• General Surgery
• Internal Medicine</td><td>• Nephrology
• Neurology
• Neurosurgery
• Obstetrics & Gynaecology
• Ophthalmology
• Orthopedics & Traumatology
• Otorhinolaryngology
• Pediatrics
• Respiratory Medicine
• Rheumatology
• Urology</td></tr>
</table>

[2] Data as of 3 April 2022 and the number of doctors may vary from time to time

Medical network arrangement for plan covering core benefit and optional outpatient benefits

Medical card sample	
Medical network services	• Inpatient treatment • Day surgery/procedure • Post hospitalisation outpatient consultation • General physician outpatient consultation • Specialist outpatient consultation • Referred investigative tests
Estimated network doctors	Around 1,827[3] network doctors

AIA network doctors distribution list[3]

General Practitioner

Location Area	Number of Doctors
Hong Kong	209
Kowloon	298
New Territories	390
Outlying Islands	16
Total	913

Specialist Practitioner

Location Area	Number of Doctors
Hong Kong	299
Kowloon	421
New Territories	116
Total	836

Laboratory

Location Area	Number of Centres
Hong Kong	28
Kowloon	38
New Territories	12
Total	78

Network Day Surgery Centre

Location Area	Number of Centres
Hong Kong	4
Kowloon	3
Total	7

Panel Network Support[3] (Specialist by Specialty)

- Cardiology
- Cardio-Thoracic Surgery
- Clinical Oncology
- Dermatology & Venereology
- Endocrinology, Diabetes & Metabolism
- Gastroenterology & Hepatology
- General Surgery
- Haematology & Haematological Oncology
- Internal Medicine
- Medical Oncology
- Nephrology
- Neurology
- Neurosurgery
- Obstetrics & Gynaecology
- Ophthalmology
- Orthopedics & Traumatology
- Otorhinolaryngology
- Pediatric Surgery
- Pediatrics
- Respiratory Medicine
- Rheumatology
- Urology

[3] Data as of 3 April 2022 and the number of doctors may vary from time to time.

<table>
<tr><th colspan="2">Claim Procedure of AIA's medical network arrangement in Hong Kong</th></tr>
<tr><td>Core Benefits</td><td>

Prior Authorisation

- Prior authorisation by AIA is required for hospital admissions, surgical as well as diagnostic procedures, etc. AIA network providers will obtain prior authorisation for insured before providing any services.
- If an insured person requires confinement and is granted Prior Authorisation by AIA, hospital credit facility will be provided which will directly be charged to AIA. The member will be notified of shortfalls exceeding the benefit limit or uncovered expenses, if any, and should settle the same with AIA immediately upon receipt of Medical Expenses Shortfall Notification from AIA. Members can refer to the Group Medical Policy and/or its endorsement(s) for any exception of such limit (an approved higher limit).

<table>
<tr><th colspan="2">Core Benefits Plan – All Plans (Plan 1 – Plan 6)</th></tr>
<tr><td>Prior Authorisation by AIA</td><td>Required for each confinement</td></tr>
<tr><td>Reimbursement Percentage</td><td>100%</td></tr>
<tr><td>Deductible</td><td>HK$0</td></tr>
<tr><td>Credit Facility</td><td>Will be provided</td></tr>
<tr><td>Limit of Hospital Credit Facility (for each confinement)</td><td>HK$100,000</td></tr>
</table>

- Please note: The granting of prior authorisation and the provision of credit facility does not guarantee full cover of the hospitalisation charges. Member is required to settle any amounts in excess of the cover at discharge or upon receiving notification from AIA.

Emergency Hospital Admission

An Emergency is defined as a sudden and unexpected illness or injury manifesting itself by symptoms of sufficient severity that the absence of immediate medical attention could reasonably be believed to result in a life-threatening condition or serious or permanent dysfunction of any bodily organ or limb. Examples of an emergency include, but are not limited to, heart attacks, strokes, poisoning, loss of breath, loss of consciousness, convulsions and excessive bleeding.

a. In the event of an emergency, you should obtain medical assistance from the nearest available medical facility.
b. You should notify AIA through the Member Services Hotline on (852) 2200 6333 within 24 hours of the treatment or admission. AIA will contact you during office hours for arrangement of credit facility and follow up of the case by Network Doctor.
c. You should remember that dialing 999 is always an option.
d. The hospital admission must be referred and attended to by Residential Medical Officer of the hospital.
e. You are required to pay all medical expenses at the time of treatment and claim reimbursement in accordance with the procedures set out in Claim Procedures of Executive Protect's member guide, unless you have been admitted to a Network Hospital and arrangement had been made for bills to be sent directly to the Insurer.

</td></tr>
<tr><td>Optional Outpatient Benefits</td><td>

Outpatient Medical Services Provided by Network Doctors

- **Access the latest Network Doctor Directory:** Log in to AIA Employee Benefits Online Services to access the latest Network Doctor directory

</td></tr>
</table>

	○ To get access to the Member's Corner, simply start with AIA Hong Kong website AIA.COM.HK. Go to “Login” >> “Employee Benefits” >> “Employee” >> Login to reach the Login page. ○ To register, please click How To Login / New User Registration, then select “Member (Employee)” and fill in either item 1 or 3*. You will be directed to set up your own User ID, Password, Security Question and Answer. If you need assistance on selecting options or getting the required information, please click “Tips” or “Help”. ○ If you have already registered but forgotten your password, please click “Forgot Password” to reset your password. ○ If you have already registered but forgotten your user ID, please click “Forgot User ID” to perform user registration again. • **Appointment:** Select a Network Doctor based on the member’s preference and make an appointment within the office hour of the Network Doctor • **Outpatient Consultation:** The member should present his/her HealthCard to the Network Providers and HK I.D. Card (or other valid identification document) for coverage status verification before using their services. The member should settle the applicable copayments (if any) and any uncovered expenses upfront after the services. AIA will reimburse Network Providers directly upon their requests for expenses of covered health services incurred by you. You are advised to keep a copy of the voucher for record even though no claim filling is required. The member will be notified of uncovered expenses, if any, and should settle the same with AIA immediately upon receipt of Medical Expenses Shortfall Notification from AIA

E. AIA Vitality for Corporate

Participation Guidelines	If the employer includes “AIA Vitality” in the application, all eligible employees of the company must join the plan.
Annual membership fee	• For details related to the membership and membership fee, please visit “How to join” section under https://www.aia.com.hk/en/our-products/aia-vitality.html. • The membership fee of AIA Vitality may vary at any time without prior notice. Likewise, programme benefits may be added or removed without prior notice. • The members of AIA Vitality must be 18 years old or above and must be the insured employees of the in-force AIA group insurance policy. • AIA Vitality is not an insurance product that falls under the jurisdiction of the insurance regulation. Moreover, the coverage of the insured employees under the policy shall remain unchanged no matter whether the corporate client chooses to join AIA Vitality or not.
How to help employees to join “AIA Vitality”:	1. If the employer provides “AIA Vitality” to all employees, all employees will be eligible to become AIA Vitality members. Please select optional benefit, “AIA Vitality” for corporate, in the application form. 2. When the employer successfully insures in Flexi Choice Group Insurance Plan 2 and joins “AIA Vitality” 3. Once the Corporate Vitality account has been set up for the Group Insurance Plan, the financial planner of respective policy will receive an email from AIA about AIA Vitality membership activation details. The relevant financial planner can then forward the email to the employer of respective policy. 4. Employer should forward the invitation email to all eligible employees then they can activate via the designated link or activate their AIA Vitality membership via AIA Connect mobile app. 5. The Employees need to provide personal data in order to activate their AIA Vitality membership. 6. For more details, you can refer to AIA Vitality Fast Start Guide.

F. Plan Change Guidelines

Change Plan within Flexi Choice Group Insurance Plan 2

- Request can only be made before the next policy anniversary in writing.
- For companies with 3 – 7 employees, no medical underwriting if the company upgrades benefit by following the below table. Any upgrade benefit request will be rejected if it does not fulfil the requirement outlined below:

Benefits	No underwriting rule if	Examples of accept cases	Examples of reject cases
Core benefit (hospitalization with or without SMM)	moving 1 level up	Upgrade from Plan 2 to 3	Upgrade from Plan 2 to 4
Outpatient benefit	moving to any level	Upgrade from Plan 2A to 6B	N/A
Dental benefit	moving to any level	No dental coverage and select Plan 2	N/A
Life and ADD Benefits	moving 1 level up	Upgrade from Plan 1 to 2	Upgrade from Plan 2 to 4
AIA Vitality for corporate	N/A	N/A	N/A

- Other plan change request will be reviewed on cases by case and subject to AIA's approval
- In the event of any subsequent change to benefit amount(s) due to a change in Classification and Plan ("Plan Change"), the amount of insurance in effect as of the effective date of the Plan Change shall be based on the new benefit amount(s), except that the amount of insurance shall be based on the benefit amount(s) applicable prior to the Plan Change in the case of a covered loss arising from Sickness or Injury of the insured person which had been continually treated within 12 months before the effective date of Plan Change ("Prior Condition").

  Notwithstanding the foregoing, the amount of insurance in the case of a Prior Condition shall be based on the new benefit amount(s) after the Plan Change if:

  i) the change to benefit amount(s) is due to a change from (a) Default Plan to Opt-down Plan, (b) Opt-down Plan to a downgraded Opt-down Plan or (c) Default Plan to a downgraded Default Plan, of the insured person; or
  ii) despite there was a change from (a) Opt-down Plan to Default Plan, (b) Opt-down Plan to an upgraded Opt-down Plan or (c) Default Plan to an upgraded Default Plan, the insured person has been insured under the Default Plan, the upgraded Opt-down Plan or the upgraded Default Plan (as the case may be) continuously for 12 months after the Plan Change (regardless the insured person has been continually treated for the Prior Condition during this said 12 months); or
  iii) the Prior Condition has not required any treatment for a continuous period of 90 days following the effective date of Plan Change from (a) Opt-down Plan to Default Plan, (b) Opt-down Plan to an upgraded Opt-down Plan or (c) Default Plan to an upgraded Default Plan. In this connection, the new benefit amount will be available to the insured person upon expiry of the said 90 days period.

Plan change details from Flexi Choice 1 to Flexi Choice 2	
Request submission date	• Request can only be made before the next policy anniversary in writing. • Application must be submitted within 30 days before the next policy anniversary ends

Document required	• Existing customer needs to submit a cover letter with the below information:
	  ○ Clearly indicate the client would like to switch from Flexi Choice 1 o Flexi Choice 2 upon policy anniversary date
	  ○ State the plan selection
	  ○ The plan change of existing insured members
	• Complete application form of Flexi Choice 2

Age limit	No restriction as long as the insured member(s) is/are below maximum insured age of the relevant product.
Medical underwriting requirement	• Plan switch request will be reviewed by AIA and subject to approval. • Please follow plan change rules under Section F.
Plan selection rule	• Require fulfilling the eligibility, grouping and participation guidelines of Flexi Choice 2. • For details, please refer to section B
Benefit Payable	• All benefit payable will subject to the benefit schedule, exclusion, T&C under Flexi Choice 2 and plan change endorsement (from Flexi Choice 1 to Flexi Choice Group Insurance Plan 2).
	• **Coverage of the Transferred Members under the New Plan:** For Injury or Illness which has been treated within 90 days before the Policy Effective Date of the New Plan and given such Injury or Illness is not otherwise excluded under the New Plan, any benefit(s) payable for a claim related to such Illness or Injury shall be limited to the lesser of: (a) the benefit payable under the Old Plan; and (b) the benefit that would have been payable under the New Plan had such Injury or Illness occurred after the policy effective date of the New Plan “Transferred member" refers to existing member, who is covered in Old Plan, will transfer his/her coverage to New Plan.
Commission arrangement	• **Commission:** commission rate based on new plan and according to the renewal year of original plan • **AIA Vitality for corporate**: commission will be paid if it is the first time for the existing customer to purchase AIA Vitality and from renewal year 2 to 6
Note	• “New Plan” refers to Flexi Choice 2, which is the new plan that the existing members will be switched to • “Old Plan” refers to Flexi Choice 1, which is the plan that existing members are covered
Important Note	• Any plan change request will be subject to AIA’s approval • Financial planners should fully explain the difference between the old and new plan, and the details of Flexi Choice 2

G. Commission

Commission	Line of benefits	Commission rate (all years)
	• Core Benefits • Core Benefits with Supplementary Major Medical Benefits • Death Benefit and Accidental Death and Disablement Benefits	15%
	• Optional outpatient benefits • Optional dental benefits	10%
AIA Vitality	First year: 28.6% of total membership fee Renewal year (2 to 6): 7% of total membership fee	

H. Product Materials

<table>
<tr><td>Product Brochure</td><td>Traditional Chinese, Simplified Chinese & English versions</td><td>

Electronic version: It will be ready for financial planners to view and download in eAgency Corner > Departments > Corporate Solutions > Agency Activities > Marketing > Group Products > Group Packaged Products > Flexi Choice Group Insurance Plan 2 on 26 July 2022
Printed version: It will be delivered to agency offices in Hong Kong starting from 26 July 2022. Financial planners may place orders via PSS for the new product brochures from 26 July 2022.
PTA codes of product brochure are listed below:
<table>
<tr><th></th><th>EN</th><th>TC</th><th>SC</th></tr>
<tr><td>Brochure</td><td>PTA001267</td><td>PTA001268</td><td>PTA001269</td></tr>
<tr><td>Premium table</td><td>ADD000319</td><td>ADD000320</td><td>ADD000321</td></tr>
</table>

</td></tr>
<tr><td>Application Form</td><td>Traditional Chinese & English version</td><td>

E-version is available for download at eAgency Corner > Departments > Corporate Solutions > Agency Activities > Marketing > Group Products > Group Packaged Products > Flexi Choice Group Insurance Plan 2 from 26 July 2022

</td></tr>
<tr><td>Policy Contract</td><td>English version</td><td>

E-version is available for download at eAgency Corner > Departments > Corporate Solutions > Agency Activities > Marketing > Group Products > Group Packaged Products > Flexi Choice Group Insurance Plan 2 from 26 July 2022
For customers’ easy understanding on policy contract, we have refined and simplified some of the contract wordings. The change in the wordings will not impact the existing claim practice.

</td></tr>
</table>

I. Important Notes

Termination Clause	1. We will terminate the policy of the corporate group upon policy anniversary and all the insured persons will lose their cover when the following happens: • the number of insured full-time employees falls below 3; • the nature of the company’s business changes to another nature which falls within the excluded industry list that we shall cease to provide cover. # # A list of business fields which are excluded from coverage is posted on AIA website (www.aia.com.hk). The list may be varied, updated and amended from time to time at the Company’s discretion, and any change shall be deemed as effective on the date of publication on the AIA website irrespective of whether any separate notice is given. 2. We will terminate the policy of the corporate group and all the insured persons will lose their cover when the following happens: • the corporate group do not pay the premium within 31 days of the premium due date; • the company intentionally provides incorrect information or is unable to disclose important information regarding the insured persons. 3. We reserve the right to terminate the policy and all the insured persons will lose their cover when the company transfers to operate out of Hong Kong. 4. The insured person may lose the cover when the insured person is no longer resides in Hong Kong.

Appendix 2 – Annual Premium Table

Annual Premium Table (HK$)

Future premiums will be reviewed and adjusted annually if necessary to reflect continuous medical inflation and overall claim experience under this product. Premiums stated below are based on the first year premium of the cover according to the insured person's current attained age, but cannot be regarded as the actual premiums payable by you in the future. We will give you a written notice before each end of policy year regarding the actual premiums payable of the coming year.

Default Plan

Core Benefits

Attained Age	Ward			Semi-Private		
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
0-15	1,047	1,475	1,741	1,876	2,155	2,533
16-24	532	712	807	1,530	1,769	2,083
25-29	691	934	1,060	1,736	1,984	2,328
30-34	824	1,142	1,317	2,624	2,983	3,492
35-39	1,459	2,059	2,405	3,750	4,358	5,141
40-44	1,849	2,624	3,068	5,060	5,872	6,932
45-49	2,093	2,981	3,511	5,792	6,746	7,979
50-54	2,387	3,354	3,916	6,637	7,742	9,163
55-59	2,898	4,116	4,845	8,036	9,448	11,336
60-64	3,352	4,781	5,632	12,461	14,775	17,695
65-69*	4,078	5,750	6,720	15,342	17,916	21,542

Effective date: 21 July 2022

Core Benefits (Including optional SMM)

Attained Age	Ward			Semi-Private		
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
0-15	1,417	1,916	2,163	2,363	2,666	3,151
16-24	810	1,027	1,104	1,985	2,239	2,635
25-29	1,141	1,489	1,610	2,426	2,712	3,165
30-34	1,658	2,191	2,402	3,332	3,727	4,365
35-39	2,257	3,007	3,315	4,472	5,131	6,103
40-44	2,832	3,822	4,253	5,493	6,291	7,486
45-49	3,165	4,288	4,804	7,014	8,087	9,662
50-54	3,821	5,152	5,753	8,493	9,733	11,619
55-59	4,242	5,735	6,473	11,376	13,280	16,115
60-64	4,766	6,452	7,254	14,878	17,537	21,488
65-69*	6,180	8,525	9,710	18,282	21,354	26,396

Effective date: 21 July 2022
* For renewal only

Notes:
- AIA reserves the right to revise this premium table.
- The premium table is for reference only and is for distribution in Hong Kong only. Premium payable is calculated according to the insured person's attained age and the applicable premium at the time of application or renewal.
- Premiums stated above are non-guaranteed and subject to revision by the Company.
- Premium is paid on an annual basis.

Annual Premium Table (HK$) (continued)

Default Plan (continued)

Optional Benefits
Life and Accident Benefits (For employees only)

Attained Age	Plan 1		Plan 2		Plan 3		Plan 4		Plan 5	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
16-24	59	48	93	76	117	95	146	119	175	143
25-29	61	49	97	78	121	98	151	122	181	147
30-34	62	51	99	82	123	102	154	127	185	152
35-39	69	56	110	89	138	111	172	139	206	167
40-44	85	66	136	105	170	131	213	164	255	197
45-49	112	79	179	126	224	158	280	197	336	236
50-54	157	100	251	159	314	199	392	249	470	298
55-59	235	133	376	213	470	266	587	333	704	399
60-64	352	182	563	292	703	364	879	455	1,055	546
65-69*	553	296	885	474	1,106	592	1,382	740	1,658	888

Effective date: 21 July 2022

Outpatient Benefits

Attained Age	Plan 1	Plan 2A	Plan 2B	Plan 3A	Plan 3B	Plan 4A	Plan 4B	Plan 5A	Plan 5B	Plan 6A	Plan 6B
0-15	1,756	1,864	1,899	2,049	2,103	2,248	2,331	2,622	2,778	2,918	3,164
16-24	714	849	865	939	965	1,035	1,074	1,215	1,293	1,352	1,475
25-29	1,093	1,315	1,341	1,459	1,504	1,600	1,664	1,862	1,981	2,063	2,249
30-34	1,220	1,508	1,538	1,686	1,738	1,860	1,938	2,186	2,332	2,450	2,677
35-39	1,337	1,643	1,676	1,846	1,906	2,035	2,124	2,385	2,548	2,672	2,920
40-44	1,461	1,783	1,820	2,014	2,081	2,226	2,325	2,613	2,796	2,931	3,212
45-49	1,580	1,903	1,943	2,153	2,227	2,374	2,483	2,784	2,982	3,125	3,424
50-54	1,648	1,997	2,039	2,257	2,336	2,494	2,609	2,931	3,141	3,291	3,607
55-59	1,765	2,141	2,188	2,427	2,513	2,695	2,820	3,189	3,417	3,577	3,923
60-64	1,922	2,319	2,371	2,646	2,741	2,920	3,060	3,461	3,716	3,917	4,300
65-69*	2,174	2,606	2,662	3,021	3,124	3,372	3,524	4,045	4,337	4,605	5,058

Effective date: 21 July 2022

Dental Benefits

Attained Age	Plan 1	Plan 2
0-64	940	1,252
65-69*	940	1,252

Effective date: 21 July 2022
* For renewal only

Opt-down Plan

The annual premiums for the core benefits and the optional benefits of the Opt-down Plan is the same as th corresponding Default Plan.

Notes:
- AIA reserves the right to revise this premium table.
- The premium table is for reference only and is for distribution in Hong Kong only. Premium payable is calculated according to the insured persor attained age and the applicable premium at the time of application or renewal.
- Premiums stated above are non-guaranteed and subject to revision by the Company.
- Premium is paid on an annual basis.

Appendix 3 – Sample of "Flexi Choice Group Insurance Plan 2" Health Declaration Form

Sample 樣本

AIA International Limited
(Incorporated in Bermuda
with limited liability)

FLEXI CHOICE GROUP INSURANCE PLAN 2 HEALTH DECLARATION FORM
「智悠選」團體保險計劃 2 健康申報表

Guideline 指示

- If the corporate group has 3 – 7 full-time employees when submitting application, each proposed insured (including any dependent), (regardless whether he/she joins at the time of application or during the policy year) must complete own Health Declaration Form 如企業於遞交申請時擁有 3 至 7 名全職僱員，則每名準受保人（及其家屬（如適用）），（不論於遞交申請時或於保單年度內參加）均須填寫一份其個人的健康申報表
- If the corporate group has less than 8 full-time employees at the time of renewal, each proposed insured (including any dependent) joining during the policy year must complete own Health Declaration Form 如企業於續保時擁有少於 8 名全職僱員，則於保單年度內參加的每名準受保人（及其家屬（如適用））均須填寫一份其個人的健康申報表

Please submit this form to your intermediaries once completed
請填妥及遞交此表格予您的中介人

PART I PERSONAL DETAILS 第一部分 個人資料

1. English Full Name of Proposed Insured (As shown on HKID Card) (Please underline family name)
準受保人之英文姓名（以香港身份證為準）（請於姓氏下加劃線）

2. HKID Card No. 香港身份證號碼

3. Date of Birth 出生日期
____ / ____ / ____
MM 月 DD 日 YYYY 年

4. Sex 性別
☐ Male 男 ☐ Female 女

5. Relationship with Employee 與僱員之關係
☐ Self 本人 ☐ Spouse 配偶 ☐ Child 子女

6. Name of Employer 僱主名稱

7. Group Policy No. 團體保單編號（if available 如有）

PART II HEALTH DETAILS AND OTHERS 第二部分 健康資料及其他資料 （This section is compulsory 必須填寫此部分）

1. (a) Height 身高：_____ ft / 呎 or 或 _____ cm / 厘米
(b) Weight 體重：_____ lbs / 磅 or 或 _____ kg / 公斤

2. In the past 5 years, have you ever been declined, postponed or accepted on modified terms for life, critical illness, medical or disability insurance due to medical reason? ☐ Yes 是 ☐ No 否
於過去五年內，您是否曾因健康理由而於申請壽險、危疾、醫療或傷殘保險時被拒受保、擱置受保或修改合約條款？
****If "Yes", please specify the date and reason(s) **如「是」，請註明日期及原因** _____

3. Have you ever had, or received medical advice, or been treated for any of the following conditions? ☐ Yes 是 ☐ No 否
您是否曾患有，或因下列各種狀況而接受醫療諮詢或治療？
(a) Cancer 癌症
(b) Stroke, or cerebral vascular disease 中風或腦血管疾病
(c) Heart attack, coronary heart disease, chronic congestive heart failure, or heart valve replacement surgery
心臟病，冠心病，慢性心臟衰竭或心瓣膜置換術
(d) Autoimmune diseases such as Systematic Lupus Erythematosus (SLE) or Rheumatoid Arthritis
自身免疫疾病，如紅斑狼瘡或類風濕關節炎
(e) Chronic liver disease such as chronic liver failure or liver cirrhosis 慢性肝病，如肝衰竭或肝硬化
(f) Chronic renal disease such as chronic renal failure 慢性腎病，如慢性腎衰竭

4. In the past 5 years, have you stayed in hospital or clinic or consulted doctor for any diagnostic tests such as X-ray, ultrasound, CT scan, MRI, ECG, urine or other investigations and required continuous medical treatment or follow-up consultation (except general health check-up with normal result or without medical advice for follow-up consultation or treatment)? ☐ Yes 是 ☐ No 否
於過去五年內，您曾否在任何醫院、診所或諮詢醫生後接受一些診斷性之檢查如 X 光、超聲波、電腦掃描、磁力共振掃描、心電圖、驗尿或其他身體檢查，及需要繼續治療或進一步諮詢？（檢查結果正常或無須接受進一步諮詢或治療的例行身體檢查除外）
****If "Yes", please specify the date, reason, type of tests and result **如「是」，請註明日期、原因、檢查項目及診斷結果**
_____

5. Do you plan to attend or are you currently attending any diagnostic tests such as X-ray, ultrasound, CT scan, MRI, ECG, urine or other investigations? (except general health check-up) ☐ Yes 是 ☐ No 否
您是否打算或現正接受一些診斷性之檢查如 X 光、超聲波、電腦掃描、磁力共振掃描、心電圖、驗尿或其他身體檢查？（一般例行身體檢查除外）

Please tick the appropriate box. 請在適當方格內填上「✓」號。

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Please sign on page 2 請於第二頁簽署

Sample 樣本

Group Policy No. 團體保單編號（For AIA Internal Use 只供 AIA 內部使用）：

DECLARATION and AUTHORISATION

I / We declare and agree on behalf of myself / ourselves, firm or corporation, who may have or claim any interest in any insurance on this health declaration that:

(a) No statement, information or agreement made or given by or to the person soliciting or making this health declaration or by or to any other persons, shall be binding on AIA International Limited (herein called “AIA”), unless reduced to writing, and then only if presented to and approved by an officer specified in the relevant policy.

(b) All the foregoing statements and answers in this health declaration form together with those in any required medical examination, questionnaire or amendments, are full, complete and true, and I understand that AIA, believing them to be such will rely and act on them, otherwise any policy issued hereunder may be void.

(c) Any insurance herein applied for shall not take effect unless and until the relevant policy or policies is/are issued and delivered to me pursuant to my health declaration as completed and the first premium under the policy or policies requested is actually paid in full during my lifetime and good health, provided, however, that if any payment of premium is made in cash at the time of signing this health declaration and a conditional receipt issued. Therefore, the terms of the receipt shall apply hereto and are agreed to.

(d) I confirm that I have read and understood the AIA Personal Information Collection Statement (“AIA PIC”). On behalf of myself and my covered dependants (if applicable), I declare and agree that any personal data and other information relating to me or my covered dependants (if any) or my / our policy(ies) or investments contained in this health declaration form or collected, obtained, compiled or held by AIA by any means from time to time may be collected and utilised in accordance with the AIA PIC. I acknowledge and consent to the transfer of my personal data (and that of my covered dependants, if any) outside of Hong Kong for the purposes and to the types of transferee as set out in the AIA PIC. The updated version of AIA PIC is available for download from its website: www.aia.com.hk and is made available upon request.

(e) All my declaration herein made, and my statements or answers in this health declaration form and any required questionnaire or amendments together with the relevant policy shall constitute the entire contract between the parties thereto in so far as it may be relevant to the policy or policies I have requested.

(f) In the event of differences arising in respect of this health declaration form, it is hereby noted and agreed that the English version which is the basis of all policies issued pursuant to this health declaration form is considered absolute and binding.

(g) If I request AIA to provide copy of results of my medical examination initiated by AIA, AIA shall reserve the right to charge a corresponding service fee applicable at that time.

Furthermore, I hereby irrevocably authorise:

(i) any organisation, institution, or individual that has any record or knowledge of my employment, sick leave records, accident or loss details (of any sorts), health and medical history or any treatment or advice and that has been or may hereafter be consulted to disclose to AIA such information. This authorisation shall bind my successors and assignees and remain valid notwithstanding my death or incapacity in so far as legally possible. A photocopy of this authorisation shall be as valid as the original.

(ii) AIA or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate my health status in relation to this health declaration and any claim arising therefrom. These tests may include, but are not limited to, tests for cholesterol and related blood lipids, diabetes, liver or kidney disorders, acquired immunodeficiency syndrome (AIDS), infection by any human immunodeficiency virus (HIV), immune disorder or the presence of medications, drugs, nicotine or their metabolites.

聲明及授權

本人／我們代表與所有依據本健康申報表所繕發之保單有利益關係之人士或行號公司，聲明及同意：

(a) 除用書面經友邦保險（國際）有限公司（以下稱「友邦保險」）執行職員簽字批准外，其他收受或遞送此健康申報表之人士，或任何人員，與任何人，在口頭或書面上所作之陳述之報告或合約，友邦保險一概不負責任。

(b) 本健康申報表上列各項陳述及答覆，以及所有於所需身體檢查、問卷或修正的陳述及答覆乃完全確實無偽，本人更明白友邦保險乃根據上述各項而繕發保單，否則任何根據本健康申報表而繕發之保單將可能無效。

(c) 倘根據此健康申報表繕發之有關保單尚未送交本人或第一期保費尚未繳付時，本人已生疾病或死亡，則本保險不生效力。如在簽署健康申報表時，已將第一期應繳保費全數交付友邦保險，則按照所繕發之第一期保費臨時收據內之條款辦理。

(d) 本人確認本人已閱讀及明白 AIA 個人資料收集聲明（「AIA 個人資料收集聲明」）。本人及本人謹代表的受保家屬（如適用）等聲明及同意在本健康申報表所載或友邦保險不時以任何方法收集所得、編製或持有的任何個人資料及關於本人或本人的受保家屬（如有）或本人／我們的保單或投資的其他資料，可根據 AIA 個人資料收集聲明收集及使用。本人知悉及同意就 AIA 個人資料收集聲明所述目的轉讓本人（和本人的受保家屬（如有））的個人資料至香港境外予 AIA 個人資料收集聲明所載的資料承讓人。AIA 個人資料收集聲明的最新版本可於友邦保險網址下載：www.aia.com.hk，及可向友邦保險索取。

(e) 本人在此所作的聲明，於健康申報表內及任何所需問卷或修正之陳述及答覆暨與上述有關之保單將作為雙方間契約之全部。

(f) 本人同意如對根據本健康申報表繕發之所有保單發生異議時，則以英文原文為標準。

(g) 若本人要求友邦保險提供本人由友邦保險安排驗身之報告，友邦保險將保留權利向本人收取友邦保險於當時適用之服務費用。

再者，本人茲授權：

(i) 任何知悉或擁有本人之工作、病假記錄、意外或損失（任何類別）之詳情、健康狀況及病歷或任何治療或諮詢記錄及曾為或將為本人診治之機構、組織或人士，向友邦保險透露有關資料，不得撤回。即使本人死亡或喪失能力，此授權書仍然存有法律效力，而本人繼承人及轉讓人亦會受此授權書約束。此授權書之正本與副本同屬有效。

(ii) 友邦保險或任何其認可之驗身醫生或化驗所，替本人進行所需之醫療評估及測試，並對本人之健康狀況進行審核及評估，作為處理本健康申報表及其後與之有關的賠償事宜，不得撤回。此等化驗會包括，但並不限於膽固醇及有關之血脂肪、糖尿病、肝或腎功能失常、愛滋病或感染人體免疫力缺乏病毒、免疫系統失常或體內藥物、毒品、尼古丁及其代謝物之含量等化驗。

Signed at Place 簽署地方	Signature of Proposed Insured Employee 準受保僱員簽署	Signature of Proposed Insured Dependent (18 years of age or over) 準受保家屬簽署（十八歲或以上）	Date Signed 簽署日期

Correspondence Address: AIA Corporate Solutions, 12/F, AIA Financial Centre, 712 Prince Edward Road East, Kowloon, Hong Kong
通訊地址：香港九龍太子道東 712 號友邦九龍金融中心 12 樓友邦團體業務部
Website 網址：aia.com.hk
Please contact your intermediaries for any enquiries. 如有任何查詢，請聯絡您的中介人。

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Appendix 4 – Claims Control

Same as Flexi Choice 1

We strive to offer products with sustainable and healthy premium growth to our corporate clients in the long run. Our aim is to help our clients having better control on budgeting their insurance expenditure while offering high quality of medical protection to their executives.

In order to provide more sustainable and competitive premium to our clients, we will align the following Flexi Choice Group Insurance Plan's claim practice with individual medical policies based on the principle of medically necessary and reasonable and customary charges.



Undergo minor surgeries in clinic or day surgery centre

Fortunately, and thanks to advances in medical technology, many clinics are equipped with appropriate medical facilities. Minor surgeries in clinics can be more convenient to carry out. Lower surgical costs can reduce patients' financial burden. At the same time, outpatient surgeries can also ease the financial pressure of medical claims on the risk pool which could help future premium adjustments.

By carrying out minor surgeries in clinics, we can help support a more sustainable healthcare system and more sustainable with more competitive premium rates to our corporate clients in the long run.

If the primary care physician believes that hospitalization is necessary and can provide a detailed and reasonable explanation, AIA will reimburse the eligible claim according to the terms of the policy. If the attending doctor fails to provide a detailed explanation of the reasons for staying in the hospital, we may make reasonable and customary compensation adjustment based on the standard charges of the day surgery centres of general hospitals and non-hospitals.

I. What is “Medically Necessary”?

The “medically necessary” principle is equivalent to “evidence-based practice”, i.e., prescribing investigation, medication, procedure, or surgery that is clinically indicated to facilitate the diagnostic process of, or to alleviate or cure an existing medical condition. Judgement and decision by the caring doctor need to be based on clinical evidence, following sound scientific logic, and relevant to the health status of the individual patient.

Under the principle of Medically Necessary, the factors affecting inpatient necessity include the below:

(A) Health condition of the patient	(1) Worsening condition or risk of death • Worsening of health condition such as organ failure and septicaemia (2) On and off occurrence of co-morbidities, such as • Poor- controlled diabetes mellitus heart disease/ hypertension • Abnormal liver and renal condition • Mental disorder
(B) Prescribed procedure and Surgery	• High risk of complications • General anesthesia requiring persistent observation • Necessary facilities and equipment • Complexity of procedure/ surgery
(C) Risk assessment	• Age • Co-morbidities • Post-surgery management

II. “Day Surgery” and its handling procedures

During the claim process, if the claims information does not indicate inpatient necessity but the surgery and related tests are medically necessary, we shall process the claim based on the following steps:

Reference price

(1) If there is a relevant day surgery package price or outpatient price released by the attending hospital, we shall pay the claim with reference to the day surgery package price or outpatient price of the attending hospital. If the customer has undergone Medically Necessary tests but not included in the package price, we shall pay the additional items according to the outpatient price.

(2) If there is NO day surgery package price or outpatient price released by the attending hospitals, we shall pay the claim with reference to a higher package price of the relevant day surgery among Hong Kong private hospitals. If the customer has undergone certain Medically Necessary tests but not included in the package price, we shall pay the additional items according to the outpatient price.

(3) If there is no relevant day surgery package price or outpatient price available in Hong Kong and Macau hospitals, we shall pay the day surgery according to the price level of the general ward of the attending hospital.

Riding on the above handling procedure of “Day Surgery” case, we shall honor the claim in one lump sum with reference to the day surgery package price or outpatient price of the private hospitals in the market subject to relevant maximum limit of the plan.

For easy reference, the Hong Kong private hospitals' website, we have listed the hyperlinks below:

Hospital Name	Hospital Website
Hong Kong Sanatorium & Hospital	http://www.hksh.com/
St. Teresa's Hospital	http://www.sth.org.hk/
Hong Kong Baptist Hospital	http://www.hkbh.org.hk/
St. Paul's Hospital	http://www.stpaul.org.hk/
Hong Kong Adventist Hospital – Stubbs Road	https://www.hkah.org.hk/
Hong Kong Adventist Hospital – Tsuen Wan	https://www.twah.org.hk/
Canossa Hospital	https://www.canossahospital.org.hk/
Evangel Hospital	http://www.evangel.org.hk/
Union Hospital	http://www.union.org/
Matilda Hospital	http://www.matilda.org/
Precious Blood Hospital	https://www.pbh.hk/
Gleneagles Hong Kong Hospital	https://gleneagles.hk/

For more information, please refer to calculation illustration and example on day surgery cases in Appendix 4 – Example of Claims Control.

Prior Authorization

For better control on insured member's finance and to get more certainty about the claim amount, they can call our pre-approval hotline at (852) 2200 6333. It takes at least 2 working days (Hong Kong, Macau or Mainland China) or 7 working days (designated countries via AIA Regional Passport Service) to process prior authorization application once we have received the completed medical expense pre-approval form and relevant medical reports.

The advantages of prior authorisation:

- For members: network providers will obtain prior authorisation for insured before providing any services, allowing them to have better financial planning
- For employers: as AIA will review cases for prior authorisation, it can be ensured that effective and appropriate treatment is provided to the insured, and the charges of the network providers are reasonable

Note: The details explanation about the above claims controls can be found from Agency Corner> Useful Links> Claims Management>Training Material> Claims Management Training 2017

GPA Choice Plus「顧」員意外保增強版

1. 引言

- **GPA Choice Plus** 為團體意外保險套裝計劃，為受保人提供最全面的意外保障。
- 若營業員成功簽獲保單，可獲計**FYC**。
- 「受保人」指受保僱員及受保家屬。
- 本產品筆記只供參考而並非保單合約。有關保單條款、條文、詞彙定義及不保事項之原文及原整敘述，請參閱“「顧」員意外保增強版”團體保單。如此筆記與保單有異，一概以保單為準。

2. 市場對象

- 擁有3 – 50名受保成員之中小型機構

3. 基本會員核保要求

3.1. 職業類別

- 有關投保人的職業，只限職業級別第一至第四等級職員及家屬參加。（請參考PA Occupation Rating Manual）

3.2. 投保人數要求

- 3至50名僱員即：「受保成員」。

3.3. 保障年齡

	受保成員	受保成員**配偶**	受保成員**子女**
投保年齡	65歲以下	65歲以下	出生2 星期至19歲以下 (19歲以上未婚全日制學生則為23歲以下)
最高保障年齡	70歲	70歲	19歲(19歲或以上未婚全日制學生則保障至23歲)

4. 參加計劃之指引

- 同一職級之受保僱員必須參加同一計劃。
- 計劃3A/B只適用於職業級別第一及第二之受保僱員參加。若受保僱員為職業級別第三或四而投保公司將該僱員列入計劃3A/B，該僱員只可被歸入計劃2A/B。
- 如投保公司選擇投保的計劃有家屬保障，所有合資格參加該計劃的家屬必須參加。
- 計劃3A/B不適用於家屬保障。
- 家屬必須參加與受保僱員同一個計劃，惟受保僱員受保於計劃3A/B除外，在此情況下其家屬便會被歸入計劃2A/B之內。

職業級別：第一至四等級職員

- 等級一：辦公室工作而絕無危險性的職業。例如：律師、行政人員
- 等級二：具輕微危險性的職業，如經常性於戶外工作人士。例如：工程師（電子業）、營業員（戶外）、買手
- 等級三：熟練或半熟練技術人員。例如：電子硬件維修員、造樣版人員(紡織及製衣業)、電子裝配員
- 等級四：需使用重型機械工作之工人或一般工人。例如：管工（電子業、塑膠業）、機器操作員

5. 保障

承保項目 (HK$ 港幣):

	計劃1 A/B	**計劃 2 A/B**	**計劃 3 A/B**
職業等級	**1 to 4**	**1 to 4**	**1 & 2**
個人意外保障（主要保額）包括: - 完全及永久傷殘 - 意外死亡及傷殘賠償	300,000	600,000	1,200,000
雙陪賠償保障（額外）	300,000	600,000	1,200,000
醫療費用賠償 每次意外最高賠償 (包括因意外引致的跌打費) – 跌打費（骨折治療） – 跌打費（其他治療）	10,000 1,000 500	30,000 1,000 500	50,000 1,000 500
緊急醫療護送 遺體運返	不限 不限	不限 不限	不限 不限
身故恩恤賠償（只適用於受保僱員）	1,000	1,000	1,000

6. 保障範圍

本產品主要包括:

- 意外死亡保障 Accidental Death Benefit
- 意外傷殘保障 Accidental Disablement Benefit
- 完全及永久傷殘賠償 Permanent Total Disability Benefit
- 雙倍賠償保障 Double Indemnity
- 醫療費用賠償 Medical Expenses Reimbursement
- 緊急醫療護送及遺體運返 Emergency Medical Evacuation & Repatriation Benefit
- 身故恩恤賠償(只適用於受保僱員)Compassionate Death Benefit (only applicable to employees)

6.1.1. 意外死亡保障(Accidental Death Benefit)[#1]

若受保人於意外發生後一百八十天內因遭遇受保受傷而導致死亡，友邦保險將賠償保單附表所示之主要保額。

6.1.2. 意外傷殘保障(Accidental Disablement Benefit)[#1] [#3]

若受保人於意外發生後一百八十天內遭受下列其中一項由受保受傷導致的損失，而該受傷並沒有導致受保人死亡，友邦保險將根據下列賠償金額表付一筆過之傷殘賠償:

		主要保額百分比
1.	永久完全喪失雙眼視力	100%
2.	永久完全喪失一眼視力	100%
3.	喪失兩肢或永久完全喪失其功能	100%
4.	喪失一肢或永久完全喪失其功能	100%
5.	喪失說話能力及失聰	100%
6.	永久及不能痊癒的精神失常	100%
7.	永久完全失聰	
	- 雙耳	75%
	- 一耳	25%
8.	喪失說話能力	50%
9.	永久完全喪失一眼球之晶體	50%
10.	喪失任何一手四指及拇指或永久完全喪失其功能	
	-右手	70%
	-左手	50%
11.	喪失任何一手四指或永久完全喪失其功能	
	-右手	40%
	-左手	30%
12.	喪失任何一手拇指或永久完全喪失其功能	
	-右手兩節關節	30%
	-右手一節關節	15%
	-左手兩節關節	20%
	-左手一節關節	10%
13.	喪失任何一手手指或永久完全喪失其功能	
	-右手三節關節	10%
	-右手兩節關節	7.5%
	-右手一節關節	5%
	-左手三節關節	7.5%
	-左手兩節關節	5%
	-左手一節關節	2%
14.	喪失任何一腳腳趾或永久完全喪失其功能	
	-一腳所有腳趾	15%
	-拇趾兩節關節	5%
	-拇趾一節關節	3%
15.	腿骨或膝蓋骨折裂而不能復完	10%
16.	任何一腿畸短五厘米或以上	7.5%
17.	三級燒傷	

身體部位	燒傷部份佔全身皮膚面積百分比	
頭	不少於2%但少於5%	50%
	不少於5%但少於8%	75%
	不少於8%	100%
身體	不少於10%但少於15%	50%
	不少於15%但少於20%	75%
	不少於20%	100%

o 若該受保受傷引致的損失沒有於上述金額表列明，友邦保險將決定可以支付之主要保額百分比(如有)。

6.1.3. 完全及永久傷殘賠償（Permanent Total Disability Benefit）[#1] [#2]

(a) 若受保人於意外發生後一百八十天內因受保受傷而導致永久及完全傷殘，而該傷殘持續最少12個月，友邦保險將於受保人持續傷殘期間支付高達主要保額的賠償。

(b) 完全及永久傷殘賠償支付方法如下：

(i) 於每月月底支付相等於主要保額的1%，最長可達100個月。

(ii) 若受保人身故，賠償將立即終止。

備註:

#1. 若受保人因某次意外已獲發傷殘賠償，而其後又因同一意外死亡或完全及永久傷殘，則之前已支付的傷殘賠償將會由須支付的意外死亡或完全及永久傷殘賠償中扣除。

#2. 若受保人獲發完全及永久傷殘之賠償，其「顧」員意外保增強版的保障將於意外發生日自動終止。

#3. 若同一次意外導致多於一項傷殘賠償損失，友邦保險只會賠償損失金額最高的一項。

6.1.4. 雙倍賠償保障（Double Indemnity）

若意外在下列情況發生，受保人將可就上述第1-3項獲得雙倍賠償保障額：

- 受保人以付款乘客身份乘坐公共交通工具;
- 受保人以行人身份於交通意外中受傷及/或被任何機動車輛撞倒;
- 在香港因自然災害造成之水浸及/或山泥傾瀉。

6.1.5. 醫療費用賠償（Medical Expenses Reimbursement）

若受保人因意外遭受受保受傷而需接受註冊醫生或跌打醫師治療、或住院或僱用註冊護士，友邦保險將支付受保人由意外當日起計52個星期內，就是次意外治療、住院及僱用護士所支付的有關費用，但就同一次意外支付的總賠償不會多於保單附表所示的賠償金額。

6.1.6. 緊急醫療護送及遺體運返（Emergency Medical Evacuation & Repatriation Benefit）

若受保人在其居住地之境外的旅程中因意外遭受受保受傷，我們之服務供應商(友邦國際支援服務)將在合適的情況下安排緊急醫療護送到最接近之醫療中心。若受保人在其居住地之境外的旅程中不幸因意外身故，友邦國際支援服務將安排把受保人的遺體運返回其原居地或居住地。

6.1.7. 身故恩恤賠償 — 只適用於受保僱員 (Compassionate Death Benefit — For Insured Employees only)

如受保僱員在保單生效時不幸離世，不論是否因意外導致，友邦保險將發放身故恩恤賠償。

7. 優點及服務要點

7.1 保費低至每人每日港幣1.1元，視乎所參加計劃及人數。
7.2 投保人數低至3名僱員
7.3 可選擇將保障延至家屬
7.4 職業等級一至四均享劃一保費
7.5 若受保成員達20名或以上可享保費九折優惠
7.6 特設網上服務可讓受保人隨時隨地查詢保障範圍及賠償情況
7.7 電子賠償通知書以知會獲得賠償的金額及處理日期

8. 一般不受保障項目 - [保障賠償(上述之6.1.6緊急醫療護送及遺體運返保障及6.1.7身故恩恤賠償除外)並不會提供予任何由以下導致之損失]

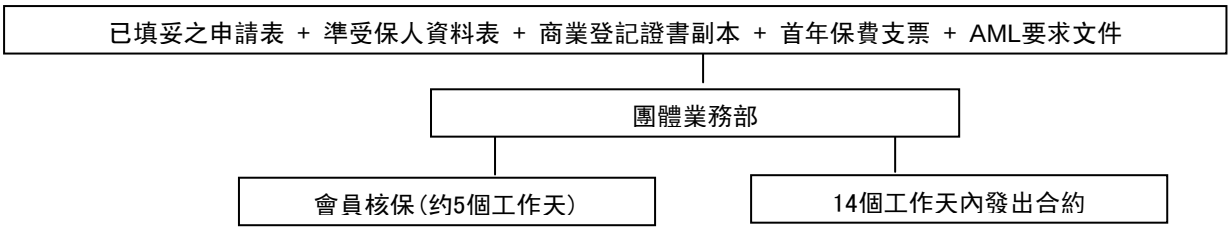
- 宣戰或不宣戰之戰爭、侵略、內戰、革命或任何軍事行動
- 抵觸或企圖抵觸法律的行為或拒捕
- 受保人從事或參與海軍、陸軍或空軍服務或行動
- 受保人參與空中飛行，惟受保人以需付費乘客乘搭註冊私人飛機或商業客機則除外
- 自殺，或企圖自殺或自致之受傷
- 分娩、流產、懷孕或其併發症
- 任何疾病
- 任何已存在的情況
- 牙齒護理的治療或手術，惟因意外導致健全自然的牙齒受傷而需接受的治療則除外。
- 受保人以專業運動員身份參與運動
- 精神病、精神分裂、神經紊亂、睡眠失調、酗酒或濫用藥物
- 美容或整形手術，惟因意外而需進行的重整手術除外
- 被襲擊、被謀殺、暴亂、民事騷亂、罷工或進行逮捕，而事發時受保人為警務人員或懲教署官員或成員。
- 被襲擊、被謀殺、暴亂、民事騷亂或罷工，而事發時受保人任職消防員或以消防員身份當值，並在發生火警時參與滅火或挽救生命及保護財產。

備註:1. 以上的簡介只供參考。有關不保事項的全部及詳細項目，請參閱保單合約。
2. 上述之6.1.6（緊急醫療護送及遺體運返保障，以及身故恩恤賠償）受管制於在保單內列明的另一套不保事項。

9. 投保所需資料

- 商業登記證書之影印本
- 由申請人(投保公司)填妥之申請表及準受保人資料表
- 首年保費之支票，抬頭為「友邦保險(國際)有限公司」
- 《打擊洗錢及恐怖分子資金籌集指引》(AML)要求文件

10. 申請程序及處理時間



11. 常見問題

1. 問： **GPA Choice Plus 有何特別之處？為什麼您要選擇銷售這項產品？**
答： GPA Choice Plus 能助您開拓市場，您當然要對它更加了解：
   1. GPA Choice為針對中小企客戶而設計，價錢經濟而且申請程序簡單，能助您成功踏出銷售團體保險的第一步，而團體保險絕對有助您拓展個人壽險及其他保險產品。
   2. 現時香港有接近六十萬間註冊公司，而其中九成以上的公司是僱用十名以下員工之小型機構，這龐大的市場正是GPA Choice Plus的目標客戶。

2. 問： **為甚麼您要銷售團體保險產品？**
答：
   1. 團體保單每年續保之佣金成為營業員固定之收入。
   2. 團體保險客戶之受保成員數目較多，可為營業員帶來更多拓展其他保險產品的商機。
   3. 團體保險的生意亦可計算於各會籍如Superstar、SMDC、MDRT及Convention等。
   4. 團體保險的生意亦有助營業員與公司維持營業員合約。(Non-life case count)

3. 問： **GPA Choice Plus有甚麼銷售重點？**
答：
   1. 保費低至每人每日**港幣1.1元!** 視乎所參加計劃及人數。
   2. 投保人數低至3名僱員
   3. 可選擇將保障延至家屬
   4. 職業等級一至四均享劃一保費
   5. 若受保成員達20名或以上可享保費九折優惠
   6. **申請程序簡易**：僱主只須遞交填妥之申請表、準受保人資料表、首年保費之支票、商業登記證書副本及AML要求文件便可完成申請程序
   7. 特設網上服務可讓受保人隨時隨地查詢保障範圍及賠償情況

4. 問： **如何尋找團體保險客戶？**
答：
   1. GPA Choice Plus設計較簡單，適合架構簡單之小型機構如貿易公司、零售商店等。
   2. 當掌握了基本團體保險銷售技巧，您便可繼而展開銷售度身訂造計劃予較大型之機構，開拓更多商機。
   3. 另外，我們建議營業員可多參與團體保險部定期所舉辦之銷售技巧工作坊，汲取其他營業同事之銷售經驗與心得，並加以練習。

5. 問： **GPA Choice Plus是否具足夠的市場競爭力？**
答：
   1. GPA Choice Plus 的產品設計簡單，容易明白，切合市場需要；
   2. GPA Choice Plus 保費相宜，保費低至每人每日**港幣1.1元**，即可享有全面的意外保障。

6. 問：**中小型機構的流失率一般較高，這些僱主會樂意為僱員提供僱員福利嗎？**
答：緊記住，GPA Choice Plus乃低保費之產品，讓僱主以合理的價錢換取全面的意外保障。再者，長遠而言，僱主為僱員提供福利，可提升僱員的歸屬感，對其人力資源管理是絕對有好處的。而團體保險保費可列作投保公司的支出，投保公司可自行申請稅務優惠。因此，營業員應藉GPA Choice Plus，打開這些小型機構的市場。

7. 問：**GPA Choice Plus之投保人數要求是多少？**
答：3至50名僱員(即：受保成員)。

8. 問：**在GPA Choice Plus之下，有沒有家屬保障?**
答：有，家屬保障的規定是根據申請表上受保成員列入的計劃及級別而定。如投保公司選擇投保的計劃有家屬保障，所有合資格參加該計劃的家屬必須參加。而家屬必須參加與受保僱員同一個計劃。請注意，計劃3A/B不適用於家屬保障，受保僱員受保於計劃3A/B之家屬，會被歸入計劃2A/B之內。

9. 問：**在GPA Choice Plus之下，是否所有受保人都可受保於計劃 3A/B 之下？**
答：否，計劃3A/B不適用於職業級別被列為第三或第四等級，以及家屬之保障。若受保僱員為職業級別第三或四而投保公司將該僱員列入計劃3A/B，該僱員只可被歸入計劃2A/B。家屬必須參加與受保僱員同一個計劃，惟受保僱員受保於計劃3A/B除外，在此情況下其家屬便會被歸入計劃2A/B之內。

10. 問：**何謂「已存在的情況」**(Pre-existing Condition)？
答：「已存在的情況」乃指任何受保成員於保障生效日前：(1)已存在、(2)曾接受註冊醫生檢查、診斷或治療、曾向註冊醫生諮詢、或已出現有關徵狀或病徵的 (3) 任何身體、醫療或精神狀況。

11. 問：**緊急醫療護送及遺體運返的保障範圍是甚麼？**
答：緊急醫療護送及遺體運返的保障範圍是受保人的居住地之境外(一般而言是指香港、中國或澳門以外的地方)。

12. 問：**團體業務部會否安排GPA Choice Plus課程給各區之營業員？**
答：團體業務部每月均舉行課程，分別講解團體保險產品及銷售技巧。

13. 問：**是否有些職業的保費會被加大？**
答：否，但我們只限職業級別第一至第四等級職員參加。職業級別詳情請參考PA Occupation Rating Manual。

14. 問：**在保障生效前是否須要會員核保？**
答：我們將核保僱員或家屬是否介乎職業級別第一至第四等級。

15. 問：**每間公司的最低投保人數，僱員之家屬是否包括在內？**
答：否，最低投保人數會以僱員人數為準。

16. 問：**若受保成員人數改變，保費是否會獲得退還？**
答：會，客戶必須於一個月內通知有關改變之資料，而保費調整則於保單周年日之賬單內計算。

註：「友邦」、「友邦保險」、「我們」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)。

附件一：「顧」員意外保增強版申請表

AIA International Limited (Incorporated in Bermuda with limited liability)
友邦保險(國際)有限公司(於百慕達註冊成立之有限公司)

Application Form for GPA Choice Plus
「顧」員意外保增強版申請表

In order to process your application promptly, please submit the following items to AIA Corporate Solutions Department, 12/F, AIA Financial Centre, 712 Prince Edward Road East, Kowloon, Hong Kong
為了盡快完成您的申請，請遞交以下文件至香港九龍太子道東712號友邦九龍金融中心12樓友邦團體業務部。

- ☐ Photocopy of Business Registration Certificate 商業登記證之影印本
- ☐ Application Form duly completed by the Applicant 由投保公司填妥之申請表
- ☐ Proposed Insured Person Data Form duly completed by the Applicant 由投保公司填妥之準受保人資料表
- ☐ Cheque for first year premium, payable to "AIA International Limited"
  首年保費之支票，抬頭為「友邦保險(國際)有限公司」

GPA Choice Plus「顧」員意外保增強版
GPA Choice's Benefits + HK$1,000 Compassionate Death Benefit^ !
「顧」員意外保 + 1,000港幣身故恩恤賠償^ !

- Submission of required documents by The Guideline on Anti-money Laundering and Counter-Terrorist Financing (as indicated in the inserted AML form) is required
  必須提交《打擊洗錢及恐怖分子資金籌集指引》要求文件（請參閱插頁：AML表格）
- This plan is for new application only
  此計劃只適用於新保單
- ^ HK$1,000 Compassionate Death Benefit is not applicable to insured dependents
  1,000港幣身故恩恤賠償不適用於受保家屬

Application is hereby made for **GPA Choice Plus** 茲申請「顧」員意外保增強版如下：

Applicant 投保公司：_____

Registered Office Address 註冊辦事處地址：_____ Business Address (if different from registered office address) 業務地址 (如與註冊辦事處地址不同)：_____

Telephone No. 電話：_____ Contact Person 負責人：_____

Business Nature 商業類別：_____ E-mail Address 電郵地址：_____

Eligibility: For employees upon completion _____ of Month(s) employment 參加資格：僱員連續服務滿 _____ 個月後均可參加 Effective Date 生效日期 _____ mm 月 / _____ dd 日 _____ yyy 年

The policy effective date can be on any day of the month. Insurance coverage for employees or dependents will be subject to occupational underwriting approval.
保單生效日可以是任何一天，惟僱員或家屬之保障需經職業核保後才可生效。

Description of Class 計劃類別 **Dependent Coverage 家屬保障**

Please specify the relevant plan code in the bracket & tick where appropriate. For any given Plan, Dependent coverage can only be chosen with "Yes" or "No". If "Yes" is chosen, all eligible Dependents of insured employees must enroll.
請於括號內填上有關計劃編號及在適當方格內填上✓。同一計劃中，家屬保障只可選擇「是」或「否」。如選擇「是」，所有合資格參加該計劃的僱員家屬必須參加。

E.g. 例：	Plan 計劃 (1A) Class 職級 經理 Manager	☑ Yes 是	☐ No 否
	Plan 計劃 ( ) Class 職級	☐ Yes 是	☐ No 否
	Plan 計劃 ( ) Class 職級	☐ Yes 是	☐ No 否
	Plan 計劃 ( ) Class 職級	☐ Yes 是	☐ No 否

The Applicant hereby declares, acknowledges and agrees:
本投保公司茲聲明及同意：

1. The Applicant shall enroll all eligible employees and their dependents, if applicable.
   投保公司需投保所有合資格之僱員及其家屬(如適用者)。
2. The statements in the Proposed Insured Person Data Form, and any information received by AIA International Limited (Incorporated in Bermuda with limited liability) ("AIA") as to an employee's subsequent change(s) in occupational class shall form a part of this application, and shall be the basis for underwriting thereof.
   凡準受保人資料表之陳述及隨後職級之變更，均視為本投保書之部份，亦為友邦保險(國際)有限公司(於百慕達註冊成立之有限公司)(「友邦保險」)核保之憑證。
3. All individuals, for whom application for insurance is submitted, or may be submitted during the continuance of the policy, shall be full-time permanent and active salaried employees working for the Applicant.
   凡簽本申請表已提交申請投保之僱員或在保險有效期間內可能提交投保之僱員，均須為投保公司之全職與慣常地執行其固定職務之僱員。
4. If any material facts are misstated or omitted in furnishing the application or any other statement in connection with the insurance on the employees and dependents, any policy issued hereunder may be void and AIA has the right to reject any and all claims submitted thereunder.
   在填報本申請及提供其他關於保險的陳述有關僱員或家屬資料時，若有任何虛報或遺漏，發出之保單將視為無效，友邦保險亦有權不接受本保單內應有之賠償要求。
5. I/We (the Applicant) confirm that I/we have read and understood the AIA Personal Information Collection Statement ("AIA PIC") and have obtained all necessary authorization (if so required) from my/our employees to process the current insurance coverage on their behalf. I/ We declare and agree that any personal data and other information relating to me/us or my/our employees (and also their dependents, if any) or my/our policy(ies) or investments contained in this application or collected, obtained, compiled or held by AIA by any means from time to time may be collected and utilized in accordance with the AIA PIC. I/We acknowledge and consent to the transfer of my/our personal data (and that of my/our employees and their dependents) outside of Hong Kong for the purposes and to the types of transferee as set out in the AIA PIC. The updated version of AIA PIC is available for download from its website: www.aia.com.hk, and is made available upon request.
   本人/我們(申請人/投保公司)確認本人/我們已閱讀及明白AIA個人資料收集聲明(「AIA個人資料收集聲明」)，及已向本人/我們的僱員取得所有所需的授權(如需要)以代他們作出處理本保險申請。本人/我們等聲明及同意在本申請所載或AIA不時以任何方法收集所得、編製或持有的任何個人資料及關於本人/我們或本人/我們的僱員(和其受保家屬(如有))或本人/我們的保單或投資的其他資料，可根據AIA個人資料收集聲明收集及使用。本人/我們知悉及同意就AIA個人資料收集聲明所述目的轉讓本人/我們(和本人/我們的僱員(和其受保家屬(如有))的個人資料至香港境外予AIA個人資料收集聲明所載的資料承讓人。AIA個人資料收集聲明的最新版本可於AIA網址下載：www.aia.com.hk，及可向AIA索取。
6. To enjoy further insurance coverage in addition to the coverage provided under the GPA Choice Plus, an Insured Member employed with the Applicant may, during his or her employment with the Applicant, enroll into any AIA's voluntary group insurance policies subject to paying the appropriate premium and observing AIA's requirements, if any. The Applicant, by signing this application form, has duly endorsed any such enrollment by an Insured Employee.
   若希望享有更多「顧」員意外保增強版以外的保障計劃，投保公司之受保成員可於任職於投保公司期間，自願參與友邦保險之自選團體保險計劃並繳交保費及遵守友邦保險有關產品的條款(如適用)。投保公司在簽署此申請書的同時已同意受保僱員參與由友邦保險提供的自選團體保險計劃之申請。
7. This application form should only be issued in conjunction with the brochure (including product description and premium rates brochures and/or leaflets) and the Policy (this application form, the brochure and the Policy being collectively referred to as the "Policy Materials"). We, the Applicant, have read and understood the Policy Materials before signing this application form and agree to be bound by the Policy Materials.
   此投保申請書必須連同產品簡介(包括產品介紹及保費小冊子及/或單張)及團體保單(包括此申請表、產品簡介及保單約章保單刊物)一併發出。我們/投保公司在簽署此投保申請書前已詳閱及完全明白有關保單刊物並同意遵守有關條款。

Date 申請日期：	Applicant 投保公司：
Witnessed by 見證人：	Authorized Signature with Company Chop 授權簽署及公司印鑑：

AGENT USE 營業員填寫

Full Name 姓名	Contact No. 電話	Area Code 地區編號	Unit/Agent Code 組別/營業員編號	D/U/A 組別名稱

OFFICE USE 內部填寫

GPA Choice Plus Policy No. 「顧」員意外保增強版保單編號	Anniversary Date 週年日期 _____/_____/_____ mm 月/ dd 日/ yyy 年
Existing Group Medical Policy No. (if any) 現有團體醫療保單編號（如適用）	

☐ Please tick where appropriate 請在適當方格內填上✓

"AIA" herein refers to AIA International Limited (Incorporated in Bermuda with limited liability). 「友邦保險」及「友邦」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)。

GPCPA F03.07s13 (PTA000082.05s13)

附件二：「顧」員意外保增強版準受保人資料表

GPA Choice Plus - Proposed Insured Person Data Form「顧」員意外保增強版 - 準受保人資料表

	Name of Employee (same as HKID/Passport) 僱員英文姓名 (須與香港身份證/護照相同)	Sex 性別	HKID/Passport Number 香港身份證 / 護照號碼	Marital Status 婚姻狀況	Date of Birth 出生日期 MM 月	DD 日	YY 年	Date of Employment 受僱日期 MM 月	DD 日	YY 年	Plan No. 計劃編號	Major Duties 主要工作範圍	Premium for Employee 僱員保費	Bank Code 銀行編號	Branch Code 分行編號	Account Number 戶口編號	Name of Dependent (same as HKID/Passport) 家屬英文姓名 (須與香港身份證/護照相同)	Sex 性別	HKID/Passport Number 香港身份證 / 護照號碼	Relationship 家屬關係	Date of Birth 出生日期 MM 月	DD 日	YY 年	Major Duties 主要工作範圍	Premium for Dependent 家屬保費
1																									
2																									
3																									
4																									
5																									
6																									
7																									
8																									
9																									
										Subtotal 小計 (HK$):												Subtotal 小計 (HK$):	
																							Grand Total 總額 (HK$):	

Please make copies of this form if necessary. 若此表格不敷填寫，請自行複印。

Note:
Employee Participation Guideline
- Any full time permanent employee below age 65 who has completed the required Waiting Period and is in Active Service can participate up to age 70.
- Insured employees in the same class must be covered under the same plan.

Dependent Participation Guideline
- If the plan includes Dependent coverage, all eligible Dependent(s) of an insured employee must enroll into the plan.
- Spouse who is below 65 years of age can participate up to age 70.
- Each unmarried child who is at least two weeks old and is under 19 years of age and each unmarried Dependent child aged 19 years or above up to 23, who is a full-time student, can participate.
- Plan 3A/B is not applicable to Dependents.
- Dependents must be covered under the same plan as the insured employee except when the insured employee is covered under Plan 3A/B, his Dependents shall be enrolled under Plan 2 A/B.

GPGPAF04_07 13 (PTA000982.0513)

註：
僱員參加指引
- 所有65歲以下已完成等候期並獲投保公司長期聘用及慣常地執行其因主職務的全職僱員可參加至70歲。
- 同一職級之受保僱員必須參加同一計劃。

家屬參加指引
- 如投保公司選擇投保的計劃有家屬保障，所有合資格參加該計劃的家屬必須參加。
- 65歲以下之配偶可參加至70歲。
- 出生2星期至19歲以下的未婚子女，或19歲至23歲以下未婚、受撫養及為全日制學生的子女均可參加。
- 計劃3 A/B 不適用於家屬保障。
- 家屬必須參加與受保僱員同一個計劃，惟受保僱員受保於計劃3 A/B除外，在此情況下其家屬便會被歸入計劃2A/B之內。

團體業務部「企業精要保障計劃」產品資料冊

	項目	頁碼
I.	產品簡介	1
II.	銷售程序	2
III.	佣金	2
IV.	常見問題	2-4
V.	產品比較 — PROTECT 對比 POWER	5-7
VI.	門診醫療機構分佈	8-10

I. 產品簡介

產品理念

僱員如企業的一磚一瓦，為企業最基本的原動力。為僱員提供福利保障，是每家企業必須的，更是為業務發展作好準備，建立更強大的企業！



現時，香港大部份的小企業還未開始為僱員提供福利保障。尤其是資金較少的公司，往往因資源有限，或認為申請手續繁複，而未能為僱員福利保障踏出第一步。為支持更多中小企開展僱員福利計劃，AIA香港特別推出「企業精要保障計劃」，以最經濟實惠的價格提供精要合用的醫療保障，重點向資金較少的中小企或初次投保的公司出擊！此產品以經濟價格及簡單易明的結構取勝，一份簡單計劃已包括人壽、意外、住院、環球緊急支援服務及門診保障，切合僱員及家屬最基本的醫療需要，令僱主無須費神。

立即把握先機，憑藉「企業精要保障計劃」，繼續贏盡中小企生意！

產品特點

超經濟實惠

- 以經濟價格，享有由人壽、意外、住院、環球緊急支援服務至網絡門診保障，切合基本醫療需要
- 門診自付費低至港幣30元

超簡單計劃

- 成功投保即可享有所有保障，另附兩個級別的保障額供選擇，簡單易明

超簡易申請手續

- 3人即起保
- 無須醫療批核及健康申報
- 無須提供索償紀錄
- 無須等待期

超越一般受保條款

- 凡受保成員已連續受保12個月，其已存在病症均可受保
- 不設最低住院時間
- 支援門診手術
- 憑保健卡使用網絡門診服務，無須索償手續

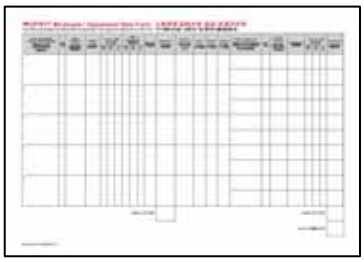
II. 銷售程序

1. 備妥申請文件，包括:

A.



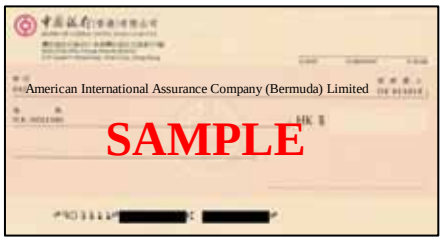
B.



C.



D.



A. 填妥申請表格
B. 填妥準受保人資料表
C. 商業登記證副本 (BR Copy)
D. 首年保費之支票
E. 《打擊洗錢及恐怖分子資金籌集指引》要求文件
(請到AIA網頁下載**《打擊洗錢及恐怖分子資金籌集指引》要求文件(GP-AML-RD)**，按所屬公司類別參閱所需文件清單。)

法定要求
2012 年 4 月 1 日
起生效

2. 把所有申請文件寄到:
九龍太子道東712號友邦九龍金融中心8樓團體業務部
註明: 申請「企業精要保障計劃」

3. 保單可即時或按企業指示之日期生效（以時間較後者為準）;保單的生效日期可以是每月的任何一天。

4. 團體保單將經由AIA香港營業代表交予成功申請之投保企業。

III. 佣金

15%

IV. 常見問題

A) 關於申請資格	
1.	**誰有資格申請「企業精要保障計劃」?** **必須為企業** • 持有香港商業登記證之企業 • 擁有3名或以上申請僱員之企業 **受保人** • 受保人包括受保成員及其家屬 • 受保成員:65歲*以下長期聘用並慣常地執行其固定職務之全職僱員 • 家屬:受保成員65歲*以下之配偶 • 家屬:受保成員出生兩星期至19歲*以下之未婚子女或23歲*以下之全日制學生 • 受保成員及受保配偶最高受保年齡為65歲 *所有年齡以參加計劃時計算

2.	**每間公司的最低投保人數，僱員之家屬是否包括在內？** 不是。企業必須投保最少3名僱員。
3.	**若受保成員人數於保單生效後有所更改，已交付之保費是否會調整？** 會，唯企業必須於有關更改出現後一個月內通知AIA香港，而保費調整則於下一個保單周年日之賬單內進行。
4.	**若受保成員人數在保單生效之後減至少於3人，有關保單會否被終止?** 會，保單將於下一個保單周年日時被終止。保單必須維持至少3名受保成員。
5.	**本計劃是否需要進行醫療批核或健康申報？** 不需要。
B) 關於保障範圍	
1.	**「企業精要保障計劃」有什麼保障範圍?** 我們提供以下保障範圍: • **人壽保障(只適用於僱員)** • **意外死亡及傷殘賠償(只適用於僱員)** • **每日住院現金保障及手術費用賠償** • **環球緊急支援服務** • **網絡門診保障**包括：普通科醫生諮詢、專科醫生諮詢、中藥治療及跌打、基本診斷檢查 企業一旦申請「企業精要保障計劃」，將獲享以上所有保障，亦可為各職級之受保人選擇**不同保障額的計劃(計劃1/計劃2)**。
2.	**企業能否只為個別受保僱員或個別職級受保僱員之合資格家屬提供家屬保障?** 不可以。家屬保障必須以「保單」為參加基準。如企業客戶選擇家屬保障，則所有合資格受保僱員之合資格家屬均需享有其所選擇的保障計劃。
3.	**如受保成員擁有家屬保障，是否其所有合資格家屬都必須參加?** 是。家屬保障是以整個家庭作基準，如受保成員選擇了家屬保障並擁有超過一位合資格家屬，則其所有合資格家屬均需參加此計劃。
4.	**不同職級的受保成員及其家屬能否享有不同級別的計劃?** 可以，唯所有同一職級的受保成員均需享有完全相同的計劃。而同一職級受保僱員之合資格家屬(如該計劃包括家屬保障)亦需享有完全相同的計劃。
5.	**「企業精要保障計劃」提供的網絡門診服務是否包括海外？** 否，「企業精要保障計劃」提供的門診網絡只限於香港。
6.	**如成員於保單生效日後才加入，其保障是否按比例作調整？** 是，所有保障皆按比例作調整。如計劃2，於1月1日生效，於7月新加入的成員於該保單年度(7月至12月)之網絡門診保障將計算如下： 普通科門診 = 30 x 0.5 = 15次 專科門診 = 10 x 0.5 = 5次 中醫治療及跌打門診 = 5 x 0.5 = 3次 基本診斷檢查最高保額 = $1,000 x 0.5 = $500

C) 關於賠償及保障範圍	
1.	**門診手術的保障範圍如何？** 西醫門診手術或醫院門診手術乃按照「手術費用賠償」一項受保。「手術費用賠償」皆適用於住院或門診情況下進行之手術。
2.	**有哪些項目需要醫生轉薦才可受保?** 專科醫生諮詢需要普通科醫生轉薦才可受保。基本診斷檢查則需要網絡醫生轉薦才可受保。所有轉薦信由轉薦日起180日內生效。
3.	**受保人可否於同一天接受網絡普通科醫生/網絡專科醫生/網絡註冊中醫諮詢？** 受保人於同一天接受網絡普通科醫生及網絡註冊中醫 / 網絡普通科醫生及網絡專科醫生的諮詢 / 網絡專科醫生及網絡註冊中醫的諮詢。
4.	**「企業精要保障計劃」是否會在受保成員受保於保單連續12個月後覆蓋所有其已存在疾病?** 是。
5.	**如何計算額外海外醫療保障？** **額外海外醫療保障是按所選擇的計劃及實際手術開支計算的。請參看以下例子。** 如某僱員參加**計劃1**： 最高手術費用賠償 = 港幣3,000元 最高海外手術費用賠償將高達 港幣3,000元x 200% =港幣6,000元 如其**實際手術開支 = 港幣5,400元** 賠償金額 = 港幣5,400元
D) 其他行政	
1.	**「企業精要保障計劃」保健卡之發卡期需時多少天？** 「企業精要保障計劃」保健卡之發卡期為保單申請程序完成後5-10天內。
2.	**受保成員錦囊包括保健卡、會員指南及福利概要，將以甚麼途徑分發？** 受保成員錦囊包括保健卡、會員指南及福利概要，將於成功申請後直接發予僱主並由其分發。(請參看「企業精要保障計劃」小冊子)
3.	**「企業精要保障計劃」是否自動續保?** 是。
4.	**「企業精要保障計劃」會否因應客戶之賠償率 (Loss Ratio) 個別調整保費?** 不會。此計劃屬套裝產品，在調整價格時我們會衡量所有客戶的整體賠償率及其他風險因素。然而，客戶或有機會因個別受保人年齡增長而需調整保費。
E) 營業員福利	
1.	**「企業精要保障計劃」之營業員佣金是多少?** 15%

V. 產品比較 — PROTECT 對比 POWER

1. 重點比較 — 保障條件及範圍

保障條件及範圍	PROTECT 企業精要保障計劃	POWER 企業躍升保障計劃
產品定位	經濟實惠，必需保障齊備 資金較少的中小企入門必選	保障全面，物有所值 中小企業務發展基石
銷售重點	經濟實惠、自付費式網絡門診、 政府醫院	自由選擇門診醫生、私家醫院
保障組合數目	1	4
不同保障額之計劃數目	2	3
無須健康申報	✓	✓
已存在狀況之保障	若受此等狀況影響之受保人已在此保障連續受保12個月才可獲此保障	若受此等狀況影響之受保人已在此保障連續受保12個月才可獲此保障
不設最低住院時限	✓	✓
團體人壽保險	✓(只限僱員)	✓(只限僱員)
團體意外保險	✓(只限僱員)	✓(只限僱員)
保健卡(網絡門診)	✓	不設(自由選擇醫生)
中國支援卡	不設	✓
嚴重疾病保障	不設	附加額外醫療保障
海外意外醫療保障	海外意外手術費用賠償高達200% (需於當地住院)	海外意外住院及出院後及手術費用賠償高達200%
住院日數上限	每日住院現金保障 最多90日	每日病房及膳食 / 醫生巡房 / 住院現金惠益 最多120日

2. 重點比較 — 每年保費 (港幣)

基本 + 門診保障 (僱員)	PROTECT 企業精要保障計劃		POWER 企業躍升保障計劃
	計劃 1	**計劃 2**	**計劃 1**
39 歲	1,483	2,076	2,966
對比 POWER 之百分比	50%	70%	

3. 詳細比較 — 保障範圍

保障範圍	最高保障額(港幣)				
	PROTECT 企業精要保障計劃		POWER 企業躍升保障計劃		
	計劃 1	計劃 2	計劃 1	計劃 2	計劃 3
人壽保障(只適用於受保僱員)					
身故賠償	50,000	80,000	50,000	80,000	100,000
意外保障(只適用於受保僱員)					
意外死亡及傷殘(保障金額)	150,000	250,000	150,000	250,000	300,000
住院及出院後及手術費用賠償(每病症最高保障額)					
每日住院現金保障(PROTECT) / 住院現金惠益(POWER)	500	800	250	400	800
	醫院類別不限 每日限額，最多 90 日		只限政府醫院/不收住院費的醫院 每日限額，最多 120 日		
每日病房及膳食賠償	-	-	500	800	1,600
	-		每日限額，最多 120 日		
深切治療費用賠償	-	-	1,000	1,600	3,200
	-		每日限額， 最多 14 日(包括於每日病房及膳食賠償所限之 120 日內)		
住院雜費賠償	-	-	8,000	13,000	22,000
普通科醫生巡房費	-	-	500	800	1,600
	-		每日限額，最多 120 日		
出院後門診諮詢	-	-	750	1,200	2,000
外科醫生費及手術醫療用品費(PROTECT) / 外科醫生費 (POWER)	3,000	5,000	3,000 - 30,000	5,000 - 50,000	10,000 - 100,000
麻醉師費用	-	-	1,000 - 10,000	1,600 - 16,000	3,000 - 30,000
手術室費用	-	-	1,000 - 10,000	1,600 - 16,000	3,000 - 30,000
海外意外醫療保障	海外意外手術費用賠償高達200% (受保人需於當地住院才可受保)		海外意外住院及出院後及手術費用賠償高達200%		
門診保障(每次最高保障額)	網絡門診保障		自由選擇醫生，附加保障		
普通科醫生諮詢/物理治療/脊骨神經治療	50 自付費	30 自付費	150	200	250
	只限普通科醫生諮詢 每保單年度最多 30 次		普通科醫生諮詢 + 物理治療 + 脊骨神經治療 80%賠償，每保單年度最多 30 次		
專科醫生諮詢	100 自付費	60 自付費	300	400	500
	每保單年度最多 10 次		80%賠償，每保單年度最多 10 次		
中醫保障	50 自付費	30 自付費	100	120	150
	只限中藥治療及跌打 每保單年度最多 5 次		中藥治療、跌打、針炙及推拿 80%賠償，每保單年度最多 5 次		
基本診斷檢查	500	1,000	800	1,000	1,500
	每保單年度最高保障額 每次 20%自付費		100%賠償，每保單年度最高保障額		
其他					
緊急醫療運送及運返遺體	不設上限		不設上限		
中國支援卡	-		已包括		
額外醫療保障(SMM)	-		100,000	100,000	200,000
			80%賠償，每病症最高保障額 每病症 1,000 墊底費，附加保障		

4. 詳細比較 — 每年保費（僱員）

基本 + 門診保障	每年保費（港幣）			保費比較	
	PROTECT		POWER	PROTECT 計劃 1 / POWER 計劃 1	PROTECT 計劃 2 / POWER 計劃 1
	計劃 1	計劃 2	計劃 1		
16 - 24	1,361	1,905	2,722	50%	70%
25 - 29	1,361	1,905	2,722		
30 - 34	1,483	2,076	2,966		
35 - 39	1,483	2,076	2,966		
40 - 44	1,580	2,212	3,160		
45 - 49	1,642	2,299	3,284		
50 - 54	1,756	2,458	3,511		
55 - 59	1,875	2,624	3,749		
60 - 64	2,152	3,012	4,303		

VI. 「企業精要保障計劃」門診醫療機構分佈

(資料於 2012 年 4 月更新)

A) 普通科門診

District 地區		Number of Clinic 門診數目
Hong Kong 香港		
Aberdeen	香港仔	8
Apleichau	鴨脷洲	2
Causeway Bay	銅鑼灣	18
Central	中環	17
Chai Wan	柴灣	5
Happy Valley	跑馬地	1
Kennedy Town	堅尼地城	3
North Point	北角	11
Pokfulam	薄扶林	1
Quarry Bay	鰂魚涌	6
Sai Wan	西環	1
Sai Ying Pun	西營盤	1
Shau Kei Wan	筲箕灣	7
Tai Koo Shing	太古城	2
Tin Hau	天后	1
Wanchai	灣仔	8
Total 總數		**92**

District 地區		Number of Clinic 門診數目
Kowloon 九龍		
Cheung Sha Wan	長沙灣	10
Choi Hung	彩虹	2
Diamond Hill	鑽石山	1
Ho Man Tin	何文田	2
Hung Hom	紅磡	7
Jordan	佐敦	16
Kowloon Bay	九龍灣	2
Kowloon City	九龍城	5
Kwun Tong	觀塘	12
Lam Tin	藍田	5
Lok Fu	樂富	1
Mei Foo	美孚	2
Mongkok	旺角	23
Ngau Tau Kok	牛頭角	6
San Po Kong	新蒲崗	3

Sau Mau Ping	秀茂萍	2
Shamshuipo	深水埗	7
Shek Kip Mei	石硤尾	1
Tai Kok Tsui	大角咀	9
Tokwawan	土瓜灣	1
Tsim Sha Tsui	尖沙咀	11
Tsz Wan Shan	慈雲山	6
Wong Tai Sin	黃大仙	11
Yau Ma Tei	油麻地	5
Yau Tong	油塘	2
Total 總數		**152**

District 地區		**Number of Clinic 門診數目**
New Territories 新界		
Chek Lap Kok	赤鱲角	3
Fanling	粉嶺	13
Kwai Chung	葵涌	13
Ma On Shan	馬鞍山	6
Sai Kung	西貢	2
Sha Tin	沙田	25
Sheung Shui	上水	14
Shum Tseng	深井	3
Tai Po	大埔	14
Tin Shui Wai	天水圍	13
Tseung Kwan O	將軍澳	21
Tsing Yi	青衣	3
Tsuen Wan	荃灣	24
Tuen Mun	屯門	25
Tung Chung	東涌	1
Yuen Long	元朗	25
Total 總數		**205**

B) Specialist Practitioner 專科門診

Category of Specialist 專科類別		Number of Clinic 門診數目
Cardiology	心臟科	17
Dermatology	皮膚科	5
Endocrinology, Diabetes & Metabolism	內分泌及糖尿科	5
Family Medicine	家庭醫學	2
Gastroenterology & Hepatology	腸胃肝臟科	28
General Surgery	外科	39
Internal Medicine	內科	3
Nephrology	腎科	3
Neurology	腦神經科	4
Neurosugery	神經及腦外科	2
Obstetrics & Gynaecology	婦產科	21
Ophthalmology	眼科	24
Orthopaedic & Traumatic	骨科及創傷外科	29
Oto-Rhino-Laryngology	耳、鼻、喉科	21
Paediatrics	兒科	21
Paediatric Cardiology	小兒心臟科	1
Paediatric Surgery	小兒外科	2
Respiratory Medicine	呼吸系統科	3
Rheumatology	風濕病科	1
Urology	泌尿外科	6
Total 總數		**237**

C) Traditional Chinese Medicine Clinics 中醫門診 **9**

備注：

1. 於此文件內提及的「AIA 香港」、「本公司」或「我們」是指美國友邦保險(百慕達)有限公司(於百慕達註冊成立之有限公司)。
2. 此資料只供參考用途，有關個別專有名詞之定義、條款之準確及完整敘述，及保障細則，請參閱保單。
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Corporate Solutions Department – "PROTECT" Launch Pack

	Item	Page
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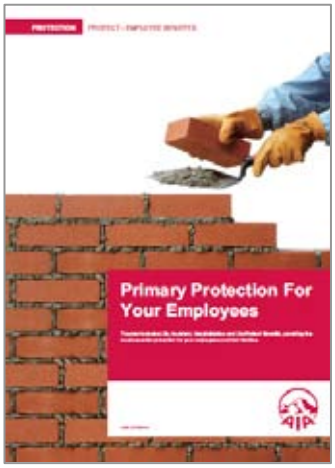
II.	Closing Procedures	12
III.	Commission	12
IV.	FAQ	13-14
V.	Product Comparison – PROTECT VS POWER	15-17
VI.	Network Out-patient Provider Distribution	18-20

I. Product Introduction

Product Philosophy

Employees are the fundamental source of energy of a corporation, like the bricks of a building. Providing protection to employees is not only essential, but also paving the way for the business' success, building a stronger corporation.



Today, many small enterprises have not yet started providing protection plan to their employees. Most companies, especially those with tight budgets, might hesitate because of their limited resources and the misperception of the complicated application procedures. To encourage more SMEs to start providing employee benefits, AIA Hong Kong proudly presents a new employee benefit plan "PROTECT", offering primary protection with the best value and targeting SMEs with small budgets or those new to employee benefits. Good price and simple plan structure are the strengths of "PROTECT". This simple package caters to all essential protection needs of employees and dependents with Life, Accident, Hospitalization, Worldwide Emergency Assistance Services and Out-Patient Benefits, by which employers can benefit their workforce effortlessly.

Don't miss the chance! Let's continue to win the SME market by "PROTECT"!

Product Highlights

Exceptional Value

- Exceptional price in return for all primary protection including Life, Accident and Hospitalization benefits, Worldwide Emergency services as well as Network Out-Patient benefits

Simple Plan

- Out-patient copayment from HK$30
- Enjoy all benefits upon successful acceptance; 2 plans with different benefit amounts for selection

Easy Application

- Easy entry from 3 employees
- Waiver of medical underwriting and health declaration
- No claim record is required
- No waiting period

Beyond Conventional Constraints

- Covers pre-existing conditions for members who have been insured continuously for 12 months
- No minimum hours of Hospital Confinement
- Covers Out-Patient Surgery
- Convenient Network Out-Patient Services by using HealthCard; no claim procedures required (EASY)

II. PROTECT Closing Procedures

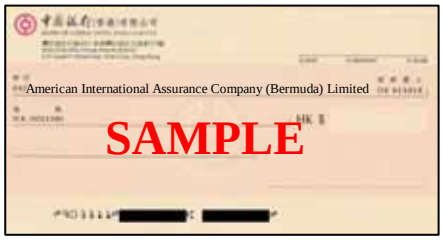
1. Prepare Application Documents including:

A. B. C. D.









A. Completed Application Form
B. Completed Proposed Insured Person Data Form
C. Photocopy of Business Registration
D. Cheque for first year premium
E. Required Document by The Guideline on Anti-Money Laundering and Counter-Terrorist Financing
(Please go to AIA website to download **Required Document by The AML Guideline (GP-AML-RD)** and check the required document according to company type.)

Statutory Requirement Effective from 1 Apr 2012

2. Send the Application Documents to:
Corporate Solutions Department
8/F, AIA Financial Centre, 712 Prince Edward Road East, Kowloon
Attn: "PROTECT" Application

3. The Policy will be effective upon receipt of all documents or on the date designated by the corporation, whichever is later. The Policy Effective Date can be on any day of a month.

4. The Group Policy document will be sent to the successful applicant via our AIA Hong Kong Representative.

III. Commission

15%

IV. FAQ

A) About Eligibility	
1.	**Who is eligible to apply for "PROTECT"?** **Corporate Group** • Corporate group with Hong Kong Business Registration Certificate • Corporate group with 3 or more applying employees **Insured Person** • Insured Person includes Insured Member and Dependent • Insured Member: Full time and permanent employee in Active Service who is below 65 years old* • Dependent: Spouse of Insured Member who is below 65 years old* • Dependent: Unmarried Dependent children of Insured Member aged from 2 weeks to up to 19 years old (or up to 23 years old for full-time students)* • The maximum cover age for Insured Member and Insured Spouse is 65 * Ages are calculated at the time of enrollment
2.	**For the minimum enrollment, are Dependents counted?** No. Corporate groups must enroll a minimum of 3 employees.
3.	**If the number of Insured Persons changes after the Policy takes effect, will the paid premium be adjusted?** Yes, but the corporate group must inform AIA Hong Kong of such changes within one month from the date of the relevant change. The premium adjustment will be made on the next Policy anniversary date on a daily pro-rata basis.
4.	**If the number of Insured Members falls below 3 after the Policy is effective, will the Policy be terminated?** Yes, and the Policy will be terminated on the next Policy anniversary date. A minimum of 3 Insured Members must be maintained for the Policy to remain effective.
5.	**Is medical underwriting or health declaration required?** No.
B) About Benefit Coverage	
1.	**What are the benefit coverage under "PROTECT"?** We offer the following benefit coverage under "PROTECT": • **Life Insurance (applicable to employees only)** • **Accidental Death & Disablement Benefit (applicable to employees only)** • **Hospital Income & Surgical Benefits** • **Worldwide Emergency Assistance Services** • **Network Out-Patient Benefits** including: General Physician Consultation, Specialist Consultation, Chinese Herbal Medicine & Bone-setting, Basic Diagnostic Testing Once applied, corporate groups are offered all benefits above and can choose **different levels of benefit amount (Plan 1 / Plan 2)** for each class of Insured Persons.
2.	**Can the corporate group provide Dependents' coverage to a particular Insured Member or a particular class of Insured Members?** No. Dependents' coverage is provided at the policy level. If Dependents' coverage applies, it is provided across the board to all Insured Members.
3.	**If an Insured Member is entitled to Dependents' coverage, are all eligible Dependents of such Insured Member required to enroll for the plan?** Yes. Dependents' coverage is on a family basis. If an Insured Member is entitled to Dependents' coverage and has more than one eligible Dependent, all of them are required to enroll in the plan.
4.	**Can different benefit plans be chosen for Insured Members of different classes and their Dependents (if Dependents' coverage is applicable)?** Yes, but all Insured Members within the same class must enroll in the plan designated for Insured Members of that class. Also, their eligible Dependents (if Dependents' coverage is applicable) must enroll in the plan designated for Insured Dependents of that class.

5.	**Is the Network Out-patient service cover overseas location?** No, PROTECT's Network Out-patient Providers are within Hong Kong only.
6.	**Will benefit be counted on pro-rata basis if a member joins later than the effective date?** Yes, all benefits will be counted on pro-rata basis. For example, for Plan 2 case effective on 1 Jan, a member joins in July, his Network Out-patient benefit within the policy year (July to Dec) will be counted as below: General Physician's Consultation: 30 x 0.5 = 15 visits Specialist Physician's Consultation: 10 x 0.5 = 5 visits Chinese Herbal Medicine & Bone-setting: 5 x 0.5 = 3 visits Basic Diagnostic Testing max amount of benefit: $1,000 x 0.5 = $500
C) About Claims & Coverage	
1.	**How is Out-Patient surgery covered?** Surgical fees for Out-Patient surgery (whether in a Physician's clinic or Hospital Out-Patient Department) are covered under Surgical Benefits, which apply to surgeries performed both on an In-Patient and Out-Patient basis.
2.	**Referral is required for which benefit items?** Specialist Consultation requires a referral letter from a General Physician while Basic Diagnostic Testing requires a referral letter from a Network Physician. All referral letters shall be valid within 180 days from the date of referral.
3.	**Is there any restriction on visiting Network General Physician / Network Specialist Physician / Network Chinese Medicine Practitioner on the same day?** No prohibition on visiting Network General Physician and Network Chinese Medicine Practitioner / Network General Physician and Network Specialist Physician / Network Specialist Physician and Chinese Medicine Practitioner on the same day.
4.	**Is a Pre-existing Condition covered after the Insured Person affected by such condition has been insured continuously under the Policy for 12 months?** Yes.
5.	**How is Increased Overseas Surgical Benefit be calculated?** The Increased Overseas Surgical Benefit will be based on the plan enrolled and the actual expense incurred. Please see below example. If a member enrolled **plan 1**, Max Surgical Benefit = HK$3,000 Max Overseas Surgical Benefit will be up to HK$3,000 x 200% = HK$6,000 If the **surgical fee incurred = HK$5,400** Benefit Payable = HK$5,400
D) Other Administration	
1.	**How long does it take for PROTECT Healthcard to be issued upon completed application?** Upon application completed, PROTECT Healthcard will be ready within 5-10 days.
2.	**How will the Insured Member Pack including HealthCard, Member Guide and Benefit Summary be distributed?** Insured Member pack including HealthCard, Member Guide and Benefit Summary will be sent to the employer directly for distribution upon successful enrollment. (See P.5 of PROTECT brochure)
3.	**Does "PROTECT" offer automatic renewal?** Yes
4.	**Will the premium of "PROTECT" be adjusted according to the respective corporate client's loss ratio?** No. For packaged products, we consider the loss ratio of and other risk factors affecting all clients as a pool when we adjust the premium. However, the premium for a particular corporate client may be adjusted because of aging of particular Insured Persons.
E) Agent Benefits	
1.	**What is "PROTECT"'s commission percentage?** 15%

V. Product Comparison – PROTECT VS POWER

1. Comparison Highlights – Conditions & Benefits

Conditions & Benefits	PROTECT	POWER
Positioning	All essential protection with economic price, as entry-level plan for SMEs with tight budgets	All-in-one protection & value-for-money package for SMEs' development
Selling Points	Economic price, Network Out-patient co-payment benefit, public hospital level benefit	Free choice of Out-patient Doctors, private hospital level benefit
No. of Benefit Bundles for selection	1	4
No. of Plans of Different Coverage Amount for selection	2	3
No Health Declaration requirement	✓	✓
Coverage on pre-existing Conditions	Pre-existing Conditions covered after an Insured Person has been continuously insured under the Plan for 12 months	Pre-existing Conditions covered after an Insured Person has been continuously insured under the Plan for 12 months
No minimum hours of Hospital Confinement	✓	✓
Group Life Insurance	✓ (for employees only)	✓ (for employees only)
Group Accident Insurance	✓ (for employees only)	✓ (for employees only)
HealthCard (Network Out-Patient)	✓	No (free choice of doctors)
China Assist Card	No	✓
Catastrophic Medical Coverage	No	Optional SMM
Overseas Medical Benefit (due to Accident)	Increased Overseas Surgical Benefits up to 200%	Increased Hospitalization & Post-Hospitalization & Surgical Benefits up to 200%
Max No. of Days for Hospitalization	Hospital Income Max. 90 days	Daily Room & Board / In-Hospital Physician's Consultation / Hospital Cash Max. 120 days

2. Comparison Highlights – Annual Premium (HK$)

Basic + Out-Patient Benefits (Employees)	PROTECT		POWER
	Plan 1	Plan 2	Plan 1
Aged 36	1,483	2,076	2,966
% of POWER	50%	70%	

3. Detailed Comparison – Benefits

Benefit Coverage	Maximum Amount of Benefit (HK$)				
	PROTECT		POWER		
	Plan 1	Plan 2	Plan 1	Plan 2	Plan 3
Life Insurance Benefit (for insured employees only)					
Death Benefit	50,000	80,000	50,000	80,000	100,000
Accident Insurance Benefits (for insured employees only)					
Accidental Death & Disablement Benefit (Principal Sum)	150,000	250,000	150,000	250,000	300,000
Hospitalization & Post-Hospitalization & Surgical Benefits (Max per Disability)					
Hospital Income for PROTECT / Hospital Cash for POWER	500	800	250	400	800
	No limitation on type of Hospital, limit per day, max 90 days		Only for government Hospital / Hospital without charge, limit per day, max 120 days		
Daily Room & Board	-	-	500	800	1,600
	-		limit per day, max 120 days		
ICU	-	-	1,000	1,600	3,200
	-		limit per day, max 14 days (included within Daily Room & Board Max 120 days)		
Other Hospital Services	-	-	8,000	13,000	22,000
In-Hospital Physician's Consultation	-	-	500	800	1,600
	-		limit per day, max 120 days		
Post-Hospitalization Out-Patient Consultation	-	-	750	1,200	2,000
Surgeon's Fee & Surgical Supplies for PROTECT / Surgeon's Fee for POWER	3,000	5,000	3,000 - 30,000	5,000 - 50,000	10,000 - 100,000
Anaesthetist's Fee	-	-	1,000 - 10,000	1,600 - 16,000	3,000 - 30,000
Operating Room Charges	-	-	1,000 - 10,000	1,600 - 16,000	3,000 - 30,000
Overseas Medical Benefit (due to Accident)	Increased Overseas Surgical Benefits up to 200% (Insured Persons must be confined in a Hospital for reimbursement)		Increased Hospitalization & Post-Hospitalization & Surgical Benefits up to 200%		
Out-Patient Benefits (Max per Visit)	Network Out-Patient		Free Choice of Doctors, Optional Benefits		
General Physician's Consultation / Physiotherapy / Chiropractic Treatment	50 Copay	30 Copay	150	200	250
	GP only, max 30 visits per policy year		GP + Physio + Chiro, 80% reimbursement, max 30 visits per policy year		
Special Physician's Consultation	100 Copay	60 Copay	300	400	500
	max 10 visits per policy year		80% reimbursement, max 10 visits per policy year		
Chinese Medicine	50 Copay	30 Copay	100	120	150
	Chi Herbal Medicine & Bone-setting only, max 5 visits per policy year		Chinese Herbal Medicine, Bonesetting, Acupuncture & Tui Na, 80% reimbursement, max 5 visits per policy year		
Basic Diagnostic Testing	500	1,000	-	-	-
	max per policy year 20% copay per visit		-		
X-ray & Lab Test	-	-	800	1,000	1,500
	-		100% reimbursement, max per policy year		
Others					
Emergency Medical Evacuation & Repatriation of Remains	No Limit		No Limit		
China Assist Card	-		Included		
Supplementary Major Medical Benefits (SMM)	-		100,000	100,000	200,000
			80% reimbursement up to max per disability with 1,000 detuctible, Optional Benefits		

4. Detailed Comparison – Annual Premium (Employees Only)

Basic + Out-Patient Benefits	Annual Premium (HK$)			Comparison	
	PROTECT		POWER	PROTECT Plan 1 / POWER Plan 1	PROTECT Plan 2 / POWER Plan 1
	Plan 1	Plan 2	Plan 1		
16 - 24	1,361	1,905	2,722	50%	70%
25 - 29	1,361	1,905	2,722		
30 - 34	1,483	2,076	2,966		
35 - 39	1,483	2,076	2,966		
40 - 44	1,580	2,212	3,160		
45 - 49	1,642	2,299	3,284		
50 - 54	1,756	2,458	3,511		
55 - 59	1,875	2,624	3,749		
60 - 64	2,152	3,012	4,303		

VI. Network Out-patient Provider Distribution

(Updated as of April 2012)

A) 普通科門診

District 地區		**Number of Clinic 門診數目**
Hong Kong 香港		
Aberdeen	香港仔	8
Apleichau	鴨脷洲	2
Causeway Bay	銅鑼灣	18
Central	中環	17
Chai Wan	柴灣	5
Happy Valley	跑馬地	1
Kennedy Town	堅尼地城	3
North Point	北角	11
Pokfulam	薄扶林	1
Quarry Bay	鰂魚涌	6
Sai Wan	西環	1
Sai Ying Pun	西營盤	1
Shau Kei Wan	筲箕灣	7
Tai Koo Shing	太古城	2
Tin Hau	天后	1
Wanchai	灣仔	8
Total 總數		**92**

District 地區		**Number of Clinic 門診數目**
Kowloon 九龍		
Cheung Sha Wan	長沙灣	10
Choi Hung	彩虹	2
Diamond Hill	鑽石山	1
Ho Man Tin	何文田	2
Hung Hom	紅磡	7
Jordan	佐敦	16
Kowloon Bay	九龍灣	2
Kowloon City	九龍城	5
Kwun Tong	觀塘	12
Lam Tin	藍田	5
Lok Fu	樂富	1
Mei Foo	美孚	2
Mongkok	旺角	23
Ngau Tau Kok	牛頭角	6
San Po Kong	新蒲崗	3

Sau Mau Ping	秀茂萍	2
Shamshuipo	深水埗	7
Shek Kip Mei	石硤尾	1
Tai Kok Tsui	大角咀	9
Tokwawan	土瓜灣	1
Tsim Sha Tsui	尖沙咀	11
Tsz Wan Shan	慈雲山	6
Wong Tai Sin	黃大仙	11
Yau Ma Tei	油麻地	5
Yau Tong	油塘	2
Total 總數		**152**

District 地區		**Number of Clinic 門診數目**
New Territories 新界		
Chek Lap Kok	赤鱲角	3
Fanling	粉嶺	13
Kwai Chung	葵涌	13
Ma On Shan	馬鞍山	6
Sai Kung	西貢	2
Sha Tin	沙田	25
Sheung Shui	上水	14
Shum Tseng	深井	3
Tai Po	大埔	14
Tin Shui Wai	天水圍	13
Tseung Kwan O	將軍澳	21
Tsing Yi	青衣	3
Tsuen Wan	荃灣	24
Tuen Mun	屯門	25
Tung Chung	東涌	1
Yuen Long	元朗	25
Total 總數		**205**

B) Specialist Practitioner 專科門診

Category of Specialist 專科類別		Number of Clinic 門診數目
Cardiology	心臟科	17
Dermatology	皮膚科	5
Endocrinology, Diabetes & Metabolism	內分泌及糖尿科	5
Family Medicine	家庭醫學	2
Gastroenterology & Hepatology	腸胃肝臟科	28
General Surgery	外科	39
Internal Medicine	內科	3
Nephrology	腎科	3
Neurology	腦神經科	4
Neurosugery	神經及腦外科	2
Obstetrics & Gynaecology	婦產科	21
Ophthalmology	眼科	24
Orthopaedic & Traumatic	骨科及創傷外科	29
Oto-Rhino-Laryngology	耳、鼻、喉科	21
Paediatrics	兒科	21
Paediatric Cardiology	小兒心臟科	1
Paediatric Surgery	小兒外科	2
Respiratory Medicine	呼吸系統科	3
Rheumatology	風濕病科	1
Urology	泌尿外科	6
Total 總數		**237**

C) Traditional Chinese Medicine Clinics 中醫門診 **9**

Remarks

1. “AIA Hong Kong”, “the Company”, “we”, “us” or “our” as used herein refers to American International Assurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability).
2. This Launch Pack is for general information purposes only. Please refer to the Policy contract for the definitions of capitalized terms, and the exact and complete terms and conditions of coverage
3. The Chinese translation of this Launch Pack is for reference only. In case of discrepancy, the English version of this Launch Pack prevails.
4. Disclaimer: The above analysis and comparisons made by the Company are based on the relevant information. They are subject to change at any time without notice. The Company does not bear any liability for any errors and omissions. This document is for Internal Use Only. You are not allowed to use it in sales solicitation by interview or presentation or for other similar purposes. The above comparison is not a comprehensive analysis and based on particularly product features. For product details, please refer to the relevant principle brochure and marketing materials.

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產品細節

A. 基本資料

產品名稱	企業至尊醫療計劃 CEO PRO
銷售重點	• 每年高達港幣 16,000,000 元的全面醫療保障及高達港幣 40,000,000 元的個人終生醫療保障 • 優惠企業保費率，並不設保險附加保費 • 可選擇將企業計劃轉換為個人保障 • 特設美國醫療代支服務(適用於美國住院，惟須於事前通知友邦)
目標客戶	擁有 3 名或以上投保僱員的企業，推廣對象舉例如下: • 跨國企業高級行政人員 • 中小企僱主及要員 • 財經界行政人員 • 企業合夥人
銷售日期	**2011 年 1 月 27 日**
基本計劃	住院保障、門診保障
附加保障	牙科保障、分娩保障、視力保障
投保年齡	出生 2 星期 至 65 歲
計劃保障期	受保成員、受保配偶：70 歲 受保子女：19 歲之未婚子女（如屬全日制學生則延伸至 23 歲）
銷售地點	香港
貨幣	美元 / 港幣
續保形式	每年續保
繳費形式	季繳 / 半年繳 / 年繳

B. 核保要求

健康核保	**擁有 3-19 名受保僱員之企業：** 每位準受保人(包括受保僱員及家屬) 均須填寫「健康申報資料表」。在有需要情況下，我們有機會要求準受保人提供「健康申報資料表」以外之其他健康資料。在有需要情況下，我們有權要求受保人進行驗身，而有關費用將由申請人負責。 **擁有 20 名或以上受保僱員之企業：** 我們將以度身訂造計劃處理，毋須驗身，唯企業申請個人保障轉換權利*除外。 * 如企業申請個人保障轉換權利，所有受保僱員均需進行健康核保。
基本計劃參加指引	**基本參加資格** • 基本計劃須最少有 3 位僱員參與, 而每項附加保障須最少有 3 位僱員參與。 • 合資格受保人包括: 所有 65 歲以下獲投保企業長期聘用及慣常地執行其固定職務的全職僱員、其 65 歲以下之配偶，以及出生 2 星期至 19 歲之未婚子女(如屬全日制學生則延伸至 23 歲)。 • 僱員及其配偶之最高受保年齡均為 70 歲 **基本計劃之參加指引** • 所有合乎資格之僱員必須參與 • 所有同一職級之僱員必須按其列入的職級參加基本計劃 (環球保障計劃或環球保障計劃—北美除外); 而其受保家屬(如該計劃包括家屬保障)亦必須按其列入的職級參加基本計劃。
附加保障參加指引	**附加保障之參加指引** • 如企業參與附加保障，此將適用於所有職級之參與僱員，唯每項附加保障計劃之最少參與僱員人數為 3 人，而同一職級的參與僱員應選擇同一附加保障計劃(如適用)。 • 如該計劃包括家屬保障，任何已選擇的附加保障皆可選擇性地提供予受保家屬(投保公司可選擇不提供附加保障計劃予所有職級之受保家屬, 或為同一職級之家屬選擇同一或保障較低的附加保障計劃)。
個人保障轉換權利	**個人保障轉換權利** • 適用於申請友邦企業至尊醫療計劃時通過醫療核保並獲得合符標準核保風險之受保僱員。其企業需於相關受保僱員之企業醫療保障生效日為所有僱員申請個人保障轉換，而受保僱員申請轉換個人計劃前必須連續 2 年受保於該企業計劃中。 • 最高轉換年齡為 65 歲

C. 佣金

佣金	第一年：22.95% 第二年：8.5% 第三年及以後：15%

D. 重要事項

1.	**美國共負保險** 若受保人是美國公民，或受保人於住院/接受手術治療及/或治療首日之前 12 個月內曾於美國連續逗留 182 日以上，其任何於美國就合符條件的開支而可獲賠償的惠益需要承擔 50%之美國共負保險，如保障一覽表上所顯示（除緊急治療外）。
2.	**美國國籍之受保僱員人數** 於申請參加友邦企業至尊醫療計劃時，環球計劃下屬美國國籍之受保僱員人數不得超過整份保單中受保僱員總人數的百分之二十。
3.	每日病房及膳食費用賠償將按照一間標準私家房的收費而作出賠償。「標準私家房」(Standard Private Room)是指在醫院內的連浴室的標準單人住房。
4.	已存在疾病之不保事項： 3 – 19 名受保成員的保障計劃： 不論保單生效多久，任何已存在之疾病均屬不保項目，除非有關已存在疾病已於投保時所遞交之健康申報表向友邦誠實、全面及準確無誤地披露並為友邦所接納，以及保單內並無特意列明有關治療屬不受保項目。 20 名或以上受保成員的保障計劃： 在保單生效 12 個月後會覆蓋所有已存在疾病。
5.	友邦保留權利隨時以不少於 31 日前的書面通知取消此保單。
6.	企業至尊醫療計劃只適用於 3-19 名申請僱員之企業。如有需要，我們樂意為擁有 20 名或以上申請僱員的企業應要求提供度身訂造的計劃書。

備注：

- 「友邦」、「公司」或「我們」是指美國友邦保險（百慕達）有限公司（於百慕達註冊成立之有限公司）。
- 此產品資料只供參考用途，有關個別專有名詞之定義、條款之準確及完整敘述，及保障細則，請參閱保單。
- 此產品資料之中文翻譯只供參考用途。若有任何差異，將以英文版本作準。

Product Details

A. General Information

Product Name	CEO PRO
Selling Points	• Annual maximum coverage of HK$16,000,000 and overall lifetime limit of HK$40,000,000 • Favorable corporate premium rate without premium loading • Option to convert to individual medical insurance plan • Hassle free direct payment facility in the US (applicable to hospital Confinement in the US for which prior notification has been provided to AIA)
Target Customers	Corporations with 3 or more participating employees Target customers such as: • Top Executive Officers in Multinational Corporations • Proprietor & Top Executives of SME • Executive Officers in the Financial Industry • Partners of a Business
Launching Date	January 27, 2011
Basic Plan	In-Patient & Out-Patient Benefits
Optional Benefits	Dental Benefits, Maternity Benefits, Optical Benefits
Issue Age	Aged from 2 weeks to 65 years
Maximum Cover Age	Insured Members & Insured Spouses: Age 70 Insured Unmarried Dependent Children: Age of 19 or 23 (for full-time student)
Location	Hong Kong
Currency	US$ / HK$
Renewal Basis	Annual renewal basis
Payment Mode Available	Quarterly / Half-yearly / Annually

B. Underwriting Requirements

Medical Underwriting	**Corporations with 3-19 Insured Employees:** Each proposed Insured employee/Insured Dependent is required to submit the "Health Declaration Form", and such further information as may be requested by us where necessary. We reserve the right to request proposed Insured Persons to undergo a health examination for underwriting purposes if necessary, with the related expenses to be borne by the applicant. **Corporations with 20 or more Insured employees:** Such applications will be treated and processed as a tailor-made plan and no medical underwriting will be required, except where the corporation opts for the Conversion Privilege*. * If a corporation opts for the Conversion Privilege, all proposed Insured employees must undergo medical underwriting.
Participation Guidelines for Basic Plan	**General Eligibility** • Corporate groups must enroll a minimum of 3 employees in the Basic Plan, and a minimum of 3 employees for each Optional Benefit. • Eligible Insured Persons include: any full-time permanent employee who is in Active Service of your corporation and below 65 years of age; his or her spouse below 65 years of age; and his or her unmarried dependent child(ren) aged from at least 2 weeks up to the age of 19 or 23 (for full-time student). • Maximum cover age is 70 for both employees and their spouses **Participation Guidelines for Basic Plan** • All eligible employees within the corporation must participate • All employees within the same class in the corporation must enroll in the Basic Plan (Worldwide Plan or Worldwide Excluding North America Plan) designated for Insured Members of that class, and their eligible Dependents (if Dependents' coverage is available) must enroll in the Basic Plan designated for Insured Dependents of that class
Participation Guidelines for Optional Benefits	**Participation Guidelines for Optional Benefits** • If Optional Benefit(s) have been opted for by the corporation, they apply to all classes of participating employees: subject to minimum enrollment of 3 employees for each Optional Benefit added, and a choice (if available) of the Optional Benefits plan applicable to participating employees within a particular class. • Any Optional Benefit(s) added are also optionally available to Insured Dependents, if Dependents' coverage is applicable (Applicant may opt out of Optional Benefits plan for all classes of Insured Dependents, or may select the same or a lower level of Optional Benefits plan for Insured Dependents within a particular class).
Conversion Privilege	**Conversion Privilege** • Available to an insured employee with standard underwriting results at the time of application for AIA CEO PRO, whose corporation has opted for the Conversion Privilege for all insured employees as of the relevant insured employee's Coverage Effective Date, and who has been covered under CEO PRO for at least 2 consecutive years before the application for conversion. • Maximum conversion age is 65

C. Commission

Commission	First Year: 22.95% Second Year: 8.5% Third Year and after: 15%

D. Important Notes

1.	**US Coinsurance** If the Insured Person is a citizen of the US or stays in the US for any continuous period of over 182 days within the 12 month period immediately preceding the first day of a covered Confinement or the date on which covered treatment and / or services were performed, any benefits payable in respect of eligible expenses incurred in the US shall be subject to the US Coinsurance of 50% as shown on the Benefit Summary (except Emergency Benefits).
2.	**Number of Insured Employees of US Nationality** At the time of application for AIA CEO PRO, the number of insured employees of US nationality with the Worldwide Plan as their Basic Plan cannot exceed 20% of the total number of insured employees covered under the Worldwide Plan within the same company.
3.	Daily room and board reimbursement is based on the charge for a Standard Private Room. ”Standard Private Room” shall mean a standard single occupancy room with adjoining bathroom in a Hospital.
4.	**Exclusions of Pre-existing Condition:** **For group insurance plan with 3-19 Insured Members:** Any Pre-existing Condition is excluded regardless of how long the Policy has been in effect, unless such condition has been truly, completely and correctly disclosed to AIA in writing on the Health Declaration form for CEO PRO and accepted by AIA, and the Policy does not expressly exclude treatment relating to such Pre-existing Condition. **For tailor-made insurance plan with 20 or more Insured Members:** All Pre-existing Conditions will be covered after the Policy has been in effect for 12 months.
5.	AIA reserves the right to cancel the Policy on any Premium Due Date by giving no less than 31 days’ prior written notice.
6.	AIA CEO PRO is applicable only to organizations with 3-19 participating employees. For organizations with 20 or more participating employees, we would be delighted to provide a tailor-made proposal upon request.

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Benefit Summary
保障一覽表

Covered Area 保障範圍	Maximum Amount of Benefit 最高保障額	Referral 轉介	Description 詳情
OVERALL MAXIMUM BENEFIT AMOUNT PER LIFETIME **個人終身最高保障額**	HK$40,000,000		The maximum aggregate amount of benefits payable to Basic Benefits (excluding Compassionate Death Benefit, Worldwide Emergency Assistance Services and all Optional Benefits) per Insured Person's lifetime 每位受保人就基本計劃內終身可獲的最高保障總額（身故恩恤賠償、環球緊急支援服務及所有附加保障除外）
OVERALL MAXIMUM BENEFIT AMOUNT PER POLICY YEAR **個人每年最高保障額**	HK$16,000,000		The maximum aggregate amount of benefits payable to Basic Benefits (excluding Compassionate Death Benefit, Worldwide Emergency Assistance Services and all Optional Benefits) in any one Policy Year 每個保單年度就基本計劃內每位受保人終身可獲的最高保障總額（身故恩恤賠償、環球緊急支援服務及所有附加保障除外）
GEOGRAPHICAL LIMITATION **地域限制**			
CEO PRO - Worldwide **企業至尊醫療計劃 - 環球**	No limit 不設此限		
CEO PRO - Worldwide (Excluding North America) **企業至尊醫療計劃 - 環球（北美除外）**	Exclude North America 除北美以外		All medical treatments taking place in North America are not covered except for the purpose of emergency treatment. 除緊急治療外，於北美接受的所有治療均不在保障範圍內。
US Coinsurance (for Medical Expenses in US) **美國共負保險（於美國的醫療開支）**			Applicable to the Insured Persons covered under CEO PRO Worldwide Plan (except Emergency Benefits). 適用於受保於企業至尊醫療計劃之環球計劃之受保人（除緊急醫療外）。
• Stay in the US of 182 days or less 逗留美國182日或以下	100%		No US Coinsurance shall be applied 美國共負保險並不適用
• Stay in the US of over 182 days 逗留美國182日以上	50%		If the Insured Person stays in the US for any continuous period of over 182 days within the 12 month period immediately preceding the first day of covered treatment, any benefits payable in respect of eligible expenses incurred in the US shall be subject to the US Coinsurance of 50%. 如受保人於接受治療首日之前12個月內曾於美國連續居住182日以上，其任何於美國就合符條件的開支而可獲賠償的惠益需要承擔50%之美國共負保險。
• US citizen 美國公民	50%		If the Insured Person is a citizen of the US, any benefits payable incurred in the US shall be subject to the US Coinsurance of 50%. 如受保人為美國公民，其任何於美國就合符條件的開支而可獲賠償的惠益需要承擔50%之美國共負保險。
BASIC PLAN **基本計劃**			
I. HOSPITALIZATION & POST-HOSPITALIZATION BENEFITS **入院及出院後的惠益**			
1. Confinement Benefits **住院賠償**			
• Room & Board 病房及膳食費用賠償	Fully covered 全數受保		Actual room and board charges for a Standard Private Room 標準私家房的實際病房及膳食開支
• Intensive Care Unit 深切治療費用賠償	Fully covered 全數受保		Actual charges made by the hospital for the Insured Person's stay in Intensive Care Unit (ICU) of hospital 受保人入住深切治療病房的實際開支
• Other Hospital Services 住院雜費賠償	Fully covered 全數受保		Actual charges made by the hospital for specified services customarily rendered by hospital 醫院提供的指定慣常服務的實際開支
• In-Hospital Physician's and Specialist's Consultation 普通科及專科醫生巡房費	Fully covered 全數受保		Actual charges made by the a Physician or a Specialist Physician for visiting the Insured Person during his / her stay in hospital 受保人住院期間醫生巡房或接受專科醫生治療的實際開支
• Private Nursing 私家看護費用	Fully covered up to 30 days per Policy Year 全數受保，以每個保單年度計算，最多30日	✓	Actual charges incurred for private nursing service during hospitalization following surgery or after discharge from ICU 手術後或調出深切治療病房後於住院期間接受的私家看護服務的實際開支

	Covered Area 保障範圍	Maximum Amount of Benefit 最高保障額	Referral 轉介	Description 詳情
	• Companion Bed 住院陪床惠益	Fully covered 全數受保		If the Insured Person is under 16 years old, actual charges incurred for one extra bed for his/her companion 如受保人為16歲以下，為其陪伴人士而設之一張額外床的實際開支
	• Hospital Cash 住院現金惠益	HK$800 per day up to 30 days per Policy Year 每日HK$800 以每個保單年度計算，最多30日		Amount shown is payable for each day the Insured Person is hospitalized in a government hospital or in a hospital without charge 受保人如入住政府醫院或毋須收費之醫院可獲此項惠益
	2. Post-Hospitalization Benefits 出院後的惠益			
	• Post-Hospitalization Out-Patient Consultation 出院後門診諮詢	Fully covered 全數受保		Actual charges of the Insured Person's Out-Patient follow-up consultation within 60 days after the discharge from hospital 受保人出院後60日內接受複診的實際開支
	• Post Surgery Home Nursing Benefit 手術後家中看護惠益	Fully covered up to 196 days per Policy Year 全數受保，以每個保單年度計算，最多196日	✓	Actual charges for home nursing service after the Insured Person's discharge from hospital following surgery or admission to ICU 手術後或調出深切治療病房後接受家中看護服務的實際開支
	• Rehabilitation Benefit 康復惠益	60 days up to HK$80,000 per Policy Year 以每個保單年度計算，最多60日並不得超過HK$80,000	✓	Actual charges incurred for the Insured Person's stay in a Rehabilitation Centre and rehabilitation treatment 受保人入住康復中心及接受康復治療的實際開支
	• Hospice Care Benefit 善終關懷服務惠益	HK$80,000 per life HK$80,000 (以個人計)	✓	Actual charges incurred for the Insured Person's stay in, and care and nursing service provided by a hospice 受保人入住善終院舍及接收善終院舍提供的關懷及護理服務的實際開支
II.	**SURGICAL BENEFITS 手術費用賠償**			
	• Surgical Fees 手術惠益	Fully covered 全數受保		Actual charges of surgeon's fee, anaesthetist's fee and operating theatre fee 外科醫生費、麻醉師費及手術室費用的實際開支
	• Organ Transplant 器官移植 - Surgical Fee for Insured Person 受保人所需之手術費 - Surgical Fee for Donor (organ removal only) up to 器官捐贈者切除移植器官所需之手術費	 Fully covered 全數受保 30%[1]		In case of organ transplantation of heart, kidney, liver, lung, pancreas or bone marrow on the Insured Person as recipient, the actual surgical cost to remove the organ or bone marrow from the donor is also covered. 如受保人接受器官移植，包括心臟、腎、肝、肺、胰臟及骨髓，由器官捐贈者切除移植器官或骨髓所需的手術費用都包括在保障範圍內。
	• Medical Appliances implanted during surgery 手術期間植入之醫療裝備費用惠益			Actual charges for prosthetic device implanted during surgery and/or replacement of body organ or body part 於手術期間植入或於置換手術中所用的醫療物料或裝置的實際開支
	- Specified items 指定項目	Fully covered 全數受保		Fully covered items include: (i) pace maker; (ii) stents for Percutaneous Transluminal Coronary Angioplasty; (iii) intraocular lens; iv) artificial cardiac valve (v) metallic or artificial joints for joint replacement; (vi) prosthetic ligaments for replacement or implantation between bones; and (vii) prosthetic intervertebral disc 全數受保項目包括： (i)起搏器；(ii)經皮冠狀動脈腔內成形術的支架；(iii)眼內人造晶體；(iv)人工心瓣；(v)金屬或人工關節置換；(vi)人工韌帶置換或植入；及(vii)人工椎間盤
	- Other items 其他項目	HK$96,000 per item per life 每項HK$96,000 (以個人計)		



	Covered Area 保障範圍	Maximum Amount of Benefit 最高保障額	Referral 轉介	Description 詳情
III.	**EXTENDED BENEFITS 伸延惠益**			
	• Pre-Hospitalization Out-Patient Consultation 住院前門診諮詢	Fully covered 全數受保		Actual costs incurred for Out-Patient consultation for a Covered Illness/Covered Injury which occurs within 30 days immediately prior to the Insured's hospitalization for the same Covered Illness/Covered Injury. 因受保疾病或受保受傷於入院前的30日內，就同一受保疾病/受傷所接受之門診的實際開支。
	• Chemotherapy & Radiotherapy 化療及電療費用賠償	Fully covered 全數受保	✓	Actual charges of chemotherapy or radiotherapy performed on In-Patient or Out-Patient basis 於門診或住院期間接受化療或電療的實際開支
	• Dialysis 透析費用惠益	Fully covered 全數受保	✓	Actual charges incurred for dialysis (whether on an In-Patient or Out-Patient basis) 於門診或住院期間接受透析治療的實際開支
	• HIV/AIDS[2] 人體免疫力缺乏病毒/愛滋病治療惠益 (also covers related out-patient treatments 亦包括相關門診治療)	HK$100,000 per Policy Year 以每個保單年度計算 HK$100,000		Actual charges incurred for HIV Infection related treatment (including AIDS) arising from the following conditions: • AIDS due to Blood Transfusion • Occupational Acquired HIV 因下列情況接受有關人體免疫力缺乏病毒(HIV)感染治療(包括愛滋病)的實際開支: • 因輸血導致的愛滋病 • 因工作而感染的人體免疫力缺乏病毒
	• In-Patient Mental Health Treatment 住院精神健康治療	30 days up to HK$40,000 per Policy Year 以每個保單年度計算， 最多30日並不得超過 HK$40,000	✓	Actual charges for psychiatric treatment provided to the Insured Person by a psychiatrist as referred by a Physician performed on an In-Patient basis. 於住院期間接受由註冊醫生轉介之精神科醫生提供的精神科治療實際開支
IV.	**OUT-PATIENT BENEFITS 門診惠益**			
	• General and Specialist Physician Consultation 普通科及專科醫生諮詢	Fully covered up to 45 visits per Policy Year 全數受保，以每個保單年度計算，最多45次		Actual charges incurred for the general and specialist physician consultation visit on an Out-Patient basis 受保人接受普通科及專科門診諮詢的實際開支
	• Diagnostic Procedures and Laboratory Test 診斷程序及化驗室測試	Fully covered 全數受保	✓	Actual charges incurred for the diagnostic procedures and laboratory tests 受保人進行的診斷程序及化驗室測試的實際費用
	• Prescribed Medicine 處方藥物	Fully covered 全數受保	✓	Actual expenses for the purchases of medicines prescribed by a Physician for the treatment of a Covered Illness or Covered Injury. 受保人因受保疾病 / 受保受傷購買由註冊醫生處方藥物的實際費用
	• Physiotherapy, Chiropractic Treatment and Chinese Medicine 物理治療、脊骨神經治療及中醫	HK$8,000 per Policy Year 以每個保單年度計算 HK$8,000		Actual charges incurred for the medical treatment performed by a Chinese Medicine Practitioner, Physiotherapist, or Chiropractor The following treatment provided by a Chinese Medicine Practitioner for a Covered Illness or Covered Injury is covered: • Chinese Herbal Medicine • Bone-setting • Acupuncture • Tui Na 受保人進行由中醫、物理治療師、脊骨神經科醫生進行治療的實際費用。 下列由註冊中醫師提供之治療均可獲得保障: • 中醫藥 • 跌打 • 針灸 • 推拿



	Covered Area 保障範圍	Maximum Amount of Benefit 最高保障額	Referral 轉介	Description 詳情
	• Out-Patient Mental Health Treatment 門診精神健康治療	up to HK$1,000 per visit and 10 visits per Policy Year 每次HK$1,000及以每個保單年度計算，最高10次		Actual charges incurred for psychiatric treatment provided by a Specialist in psychiatry on an Out-Patient basis 受保人進行由精神科專科醫生提供以門診形式之精神病治療的實際費用
	• Vaccination[3] and Routine Physical Examination 接種疫苗及健康檢查	HK$2,400 per Policy Year 以每個保單年度計算 HK$2,400		Actual charges incurred for covered vaccinations and one health check-up per Policy Year 受保的疫苗接種及於每個保單年度進行一次的健康檢查的實際費用
V.	**EMERGENCY BENEFIT 緊急治療費用賠償**			
	• Emergency Confinement 緊急住院	Fully covered 全數受保		Actual charges for Emergency Confinement within 24 hours of the Accident causing a Covered Injury 於意外發生後24小時內就因意外而引致的受保受傷需緊急住院的實際開支
	• Emergency Out-Patient Treatment 意外急症門診費用賠償	Fully covered 全數受保		Actual charges for Emergency Out-Patient treatment within 24 hours of the Accident causing a Covered Injury 於意外發生後24小時內就因意外而引致的受保受傷進行緊急門診治療的實際開支
	• Emergency Dental Treatment (due to Accident) (因意外而引導致的)緊急牙齒治療費用賠償	Fully covered 全數受保		Actual charges for Emergency dental treatment within 2 weeks of the Accident causing Injury to teeth 於意外發生後兩星期內就因意外而導致的牙齒創傷進行緊急牙齒治療的實際開支
	• Worldwide Emergency Assistance Services 環球緊急支援服務	Maximum per trip HK$1,000,000 每一旅程最高限額 HK$1,000,000		Emergency assistance services including: • Emergency Medical Evacuation • Repatriation of Remains If the insured Person is hospitalized for more than 5 consecutive days, • Compassionate visit by one immediate family member • Return of Minor Children (under 12years old) to Hong Kong or Macau (if they are travelling alone with the Insured Person on the trip) 緊急支援服務包括： • 緊急醫療運送 • 運返遺體 如需住院超過連續5日或以上， • 安排一名直屬家屬探望 • 送返未成年兒童（指未滿12歲之人士）返回香港或澳門（如單獨與受保人同行）
VI.	**COMPASSIONATE DEATH BENEFIT 身故恩恤賠償**	HK$80,000 per Insured Employee 以每位受保僱員計算 HK$80,000		Death benefit payable regardless of the cause of death 不論死因而支付的身故賠償
OPTIONAL BENEFITS 附加保障				
1	**Maternity Benefits[4] 分娩保障**			
	Reimbursement Percentage 賠償百分率 Maximum per Pregnancy 每次懷孕之最高限額	100% Plan 計劃 1 - HK$75,000 Plan 計劃 2 - HK$50,000 Plan 計劃 3 - HK$25,000		Actual charges for pregnancy, childbirth, miscarriage or termination of pregnancy due to medical reasons including: • Infant's charges for the first seven (7) days • Any obstetrician's fee • Checkup, consultation and hospitalization during the pre-natal and post-natal period (limited to 14 days after delivery) relating to the same pregnancy 懷孕、分娩、流產或因醫療所需而中止懷孕之實際開支，包括： • 嬰兒之首七天費用 • 任何產科醫生收費 • 與同一次分娩相關之產前及產後（至產後14天）檢查、諮詢及住院



	Covered Area 保障範圍	Maximum Amount of Benefit 最高保障額	Referral 轉介	Description 詳情
2	**Dental Benefits 牙科惠益**			
	• Routine dental treatment 例行牙科治療 Reimbursement Percentage 賠償百分率 Maximum per Policy Year 每保單年度之最高限額	 80% HK$6,400		Actual charges incurred for the following routine dental treatment including: • Scaling and polishing (2 visits per Policy Year) • Routine dental X-ray • Tooth fillings with amalgam or composite materials • Simple tooth extraction • Medical and administration of local anaesthesia 受保人進行以下例行牙科治療的費用： • 洗牙服務（每保單年度2次） • 例行口腔X光檢查 • 以銀粉或瓷粉補牙 • 普通脫牙 • 局部麻醉處理
	• Major restorative treatment 主要之恢復性治療 Reimbursement percentage 賠償百分率 Maximum per Policy Year 每保單年度之最高限額	 65% HK$16,000		Actual charges incurred for the following major restorative treatment including: • Abscess • Pins for Cusp Restoration • Surgical removal of wisdom tooth under local anesthesia • Root canal treatment • Periodontal treatment other than for cosmetic purposes • Crown & Bridges 受保人進行以下主要之恢復性治療費用： • 放膿 • 齒尖或齒邊修復 • 局部麻醉下以手術脫除智齒 • 根管治療 • 美容除外的牙周手術 • 牙冠及牙橋
3	**Optical Benefits 視力保障**			
	• Optical Test, Lens and Frame 視力測試及眼鏡 Reimbursement Percentage 賠償百分率 Maximum per Policy Year 每保單年度之最高限額	 100% Plan 計劃 1 - HK$3,000 Plan 計劃 2 - HK$2,000 Plan 計劃 3 - HK$1,500		Actual charges incurred for: • One optical test performed by an optometrist per Policy Year • Contact lenses or one pair of glasses 以下實際開支： • 受保人於每保單年度進行一次由視光師進行的視力測試 • 隱形眼鏡或眼鏡一副之實際開支

Remarks 備註：

1 The maximum coverage of the donor's surgical costs is 30% of the aggregate of the surgical costs of removal of the organ or bone marrow from the donor and the surgical costs of procedures performed on the Insured Person as recipient.
有關切除移植器官費用所支付的實報實銷賠償不得超過捐贈者切除器官或抽取骨髓的手術費用及受保人接受器官之手術費用兩者總和的百分之三十(30%)。

2 This benefit is only payable when the signs or symptoms of the HIV Infection related Illness first occur after the Policy has been effective for 1 Policy Year.
此項利益只限於該疾病的徵狀或病徵於保單已持續1個保單年度有效後首次發生方會獲得支付。

3 Covered vaccinations include: Hepatitis B vaccine; Bacillus Calmette-Guerin (BCG) vaccine; polio (poliomyelitis) vaccine; diphtheria-pertussis-tetanus vaccine ; Leprosy vaccine; Japanese encephalitis vaccine; Meningitis vaccine; Hepatitis A vaccine; Measles vaccine; Influenza vaccine; and other vaccinations recommended by government or World Health Organization from time to time.
受保之疫苗接種包括：乙型肝炎疫苗；卡介苗疫苗；小兒麻痺疫苗；白喉、百日咳、破傷風混合疫苗；麻風疫苗；流行性乙型腦炎疫苗；腦膜炎疫苗；甲型肝炎疫苗；麻疹疫苗；流行感冒疫苗；及其他由政府或世界衛生組織不時推薦的疫苗接種。

4 No Maternity Benefit shall be payable in respect of the pregnancy, childbirth, pre-natal and post-natal care, miscarriage or termination of pregnancy for medical reasons, unless the pregnancy commenced after the Coverage Effective Date.
除非懷孕於保障生效日期後開始，懷孕、分娩、產前及產後護理、流產或因醫療所需而中止懷孕之實際開支將不獲保障。

Benefit Options 保障組合

Option 選擇1:	Basic Plan 基本計劃
Option 選擇2:	Basic Plan + Dental Benefits 基本計劃 + 牙科保障
Option 選擇3:	Basic Plan + Maternity Benefits 基本計劃 + 分娩保障
Option 選擇4:	Basic Plan + Optical Benefits 基本計劃 + 視力保障
Option 選擇5:	Basic Plan + Dental Benefits + Maternity Benefits 基本計劃 + 牙科保障 + 分娩保障
Option 選擇6:	Basic Plan + Dental Benefits + Optical Benefits 基本計劃 + 牙科保障 + 視力保障
Option 選擇7:	Basic Plan + Maternity Benefits + Optical Benefits 基本計劃 + 分娩保障 + 視力保障
Option 選擇8:	Basic Plan + Dental Benefits + Maternity Benefits + Optical Benefits 基本計劃 + 牙科保障 + 分娩保障 + 視力保障

The above information is for reference only. Please refer to the Policy contract for the definitions of the capitalized terms and the exact and complete terms and conditions of the benefits. The Company reserves the right to revise the Benefit Summary from time to time.
以上資料只供參考，有關保單契約條款之定義及契約條款及條件之原文及完整敘述，請參閱保單契約。公司保留權利不時修改保障一覽表。



Premium Table
保費表

Basic Plan Annual Premium Table (HK$)
基本計劃 年繳保費表 (港幣)

Age 實際年齡	Worldwide 環球保障計劃	Worldwide excluding North America 環球保障計劃(北美除外)
0 - 18	24,612	14,761
19 - 25	25,152	15,106
26 - 30	31,194	18,967
31 - 35	32,696	19,926
36 - 40	39,734	24,439
41 - 45	44,371	27,400
46 - 50	56,390	35,131
51 - 55	79,890	50,138
56 - 60	101,352	63,935
61 - 65	127,566	80,785
66 - 70*	159,209	101,200

Basic Plan + Conversion Privilege Annual Premium Table (HK$) (Applicable to employees only)
基本計劃 + 個人保障轉換權利 年繳保費表 (港幣) (只適用於僱員)

Age 實際年齡	Worldwide 環球保障計劃	Worldwide excluding North America 環球保障計劃(北美除外)
0 - 18	25,843	15,499
19 - 25	26,410	15,861
26 - 30	32,754	19,915
31 - 35	34,331	20,922
36 - 40	41,721	25,661
41 - 45	46,590	28,770
46 - 50	59,210	36,888
51 - 55	83,885	52,645
56 - 60	106,420	67,132
61 - 65	133,944	84,824

* For renewal only 只供續保



Premium Table
保費表

Optional Benefits Annual Premium Table (HK$)
附加保障 年繳保費表 (港幣)

Maternity Benefits Annual Premium Table (HK$)
分娩保障年繳保費表 (港幣)

Age 實際年齡	Worldwide 環球保障計劃 / Worldwide excluding North America 環球保障計劃 (北美除外)		
	Plan 計劃 1	Plan 計劃 2	Plan 計劃 3
0 - 18	4,610	2,910	1,455
19 - 25	4,178	2,637	1,318
26 - 30	24,185	15,264	7,632
31 - 35	41,890	26,439	13,219
36 - 40	28,808	18,183	9,091
41 - 45	14,080	8,886	4,443
46 - 50	9,857	6,221	3,111
51 - 55	9,725	6,138	3,069
56 - 60	9,703	6,124	3,062
61 - 65	8,745	5,519	2,760
66 - 70*	6,755	4,263	2,132

Dental Benefits Annual Premium Table (HK$)
牙科保障年繳保費表 (港幣)

Age 實際年齡	Worldwide 環球保障計劃 / Worldwide excluding North America 環球保障計劃 (北美除外)
0 - 65	2,764
66 - 70*	2,764

Optical Benefits Annual Premium Table (HK$)
視力保障年繳保費表 (港幣)

Age 實際年齡	Worldwide 環球保障計劃 / Worldwide excluding North America 環球保障計劃 (北美除外)		
	Plan 計劃 1	Plan 計劃 2	Plan 計劃 3
0 - 65	2,935	1,957	1,468
66 - 70*	2,935	1,957	1,468

* For renewal only 只供續保

Note:

- Premium payable is calculated according to the Insured Person's attained age and the applicable premium at the time of application or renewal.
- Premiums stated above are non-guaranteed and subject to revision by the Company from time to time.
- Premium payment can be made on quarterly / semi-annual / annual basis.
- Premium for Conversion Privilege is 5% of the relevant Basic Plan premium

注意事項：

- 應繳保費是根據受保人投保或續保時的實際年齡及適用之保費而定。
- 上表所列之保費為非保證，公司可隨時作出更改。
- 保費可以季繳/半年繳/年繳形式支付。
- 個人保障轉換權利之保費為其基本計劃保費的5%



附錄三　　常見問題
Appendix 3　Frequently Asked Questions (FAQ)

企業至尊醫療計劃 — 常見問題
CEO PRO - Frequently Asked Questions (FAQ)

A) 關於申請資格 Related to Eligibility	
1.	**誰有資格申請「企業至尊醫療計劃」?** **必須為企業** • 擁有3名或以上申請僱員之企業 • 持有香港商業登記證之企業 **受保人** • 受保人包括受保成員及其家屬 • 受保成員: 65歲*以下長期聘用並慣常地執行其固定職務之全職僱員 • 家屬:受保成員65歲*以下之配偶 • 家屬:受保成員出生兩星期至19歲*以下之未婚子女或23歲*以下之全日制學生 • 所有受保人均需通過本公司之醫療核保 • 受保成員及受保配偶最高受保年齡為70歲 *所有年齡以參加計劃時計算 **Who is eligible to apply for CEO PRO?** **Corporate Group** • Corporations with 3 or more applying employees • Corporations with Hong Kong Business Registration Certificate **Insured Person** • Insured Person includes Insured Member and Dependent • Insured Member : Full time and permanent employee in Active Service who is below 65 years old* • Dependent: Spouse of Insured Member who is below 65 years old* • Dependent: Unmarried Dependent children of Insured Member aged from 2 weeks to up to 19 years old (or up to 23 years old in the case of children who are full-time students)* • All Insured Persons must pass AIA's medical underwriting • The maximum cover age for Insured Member and Insured Spouse is 70 * Ages are calculated at the time of enrollment
2.	**於澳門或國內註冊之企業能否申請企業至尊醫療計劃?** 企業至尊醫療計劃目前只限於持有香港商業登記證之企業申請。 **Can corporations registered in Macau or Mainland China apply for CEO PRO?** CEO PRO is currently available for corporations with Hong Kong Business Registration Certificate only.
3.	**擁有2名申請僱員的企業能否申請企業至尊醫療計劃? 能否透過支付「免退還行政費用」申請此計劃?** 不可以。在提交企業至尊醫療計劃的申請時，企業必須擁有3名或以上的申請僱員。「免退還行政費用」在此計劃並不適用。 **Can corporations with 2 applying employees apply for CEO PRO? Can they apply for the plan by paying "Non-refundable Administration Charge"?** No. At the time of application of CEO PRO, a corporation must have 3 or more applying employees. "Non-refundable Administration Charge" is not applicable to this plan.
4.	**如企業在提交企業至尊醫療計劃時擁有3名申請僱員，唯最終只有2名僱員之醫療核保獲得受保，請問該企業之申請是否接納?** 不成立。申請企業最終必須擁有3名或以上僱員獲准受保，其申請方可接納。 **For corporations with 3 applying employees at the time of application for CEO PRO, if only 2 employees are finally accepted for coverage, will the application be successful?** No. The application is successful only when there are 3 or more employees accepted for coverage.

5.	**附加保障計劃有沒有最少申請人數規定?** 有。每個附加保障計劃必須有最少3名僱員申請方可接納。 **For Optional Benefits, is there any requirement on the minimum number of participants?** Yes. There should be at least 3 applying employees for each Optional Benefit opted for by the corporation. .
6.	**在企業申請企業至尊醫療計劃時，其本地及外籍申請人士之僱員比例有沒有特定要求?** 有。擁有美國國籍並投保全球計劃之受保僱員，不可超過整張保單之受保成員總數之百份之二十。 **Do any nationality restrictions apply at the time of application for CEO PRO?** Yes. at the time of application, the number of Insured Members with US nationality with the Worldwide Plan as their Basic Benefits Plan cannot exceed 20% of the total number of Insured Members covered under the Worldwide Plan within the same corporation.
7.	**承問題A6，如在保單生效之後，企業客戶之受保成員比例有所更改(如因新加受保成員或現有受保成員離職)以致全球計劃中擁有美國國籍之受保成員超過整張保單總受保成員之20%，該保單是否仍然生效?** 是，有關保單仍然生效。我們只考慮在申請計劃時之情況。 **Following on from question A6, after the policy is effective, if there are changes in the proportion of Insured Members (e.g. because of addition of new employees or termination of existing employees) such that the number of Insured Members with US nationality exceeds 20% of the aggregate number of Insured Members under the Worldwide Plan, is the policy still valid?** Yes, the policy is still valid. We consider the situation at the time of application only.
8.	**外籍僱員及其家屬能否參加企業至尊醫療計劃?** 外國來港工作之僱員及其家屬如合乎以下條件即可參加企業至尊醫療計劃: i. 有關外籍僱員必須與投保企業持有效僱員合約 ii. 有關外籍僱員必須持有有效工作證明文件 iii. 有關外籍僱員及其家屬必須合乎問題A1所列之申請資格 **Can expatriate employees and their Dependents enroll for CEO PRO?** Expatriate employees and their Dependents can enroll for CEO PRO if the following criteria are met: i. The expatriate employee holds a valid employment contract with the corporation applying for CEO PRO ii. The expatriate employee holds a valid working visa iii. The expatriate employee and his/her Dependent(s) fulfill the conditions of coverage listed in question A1
9.	**企業能否只為個別受保成員或個別職級之受保成員提供附加保障?** 不可以。附加保障必須以「保單」為參加基準。如企業客戶選擇附加保障，則所有合資格受保成員均需享有有關附加保障（同一職級的僱員應選擇同一附加保障計劃）。如該計劃包括家屬保障，則可選擇性地提供予受保家屬(投保公司可選擇不提供附加保障計劃予所有職級之受保家屬，或為同一職級之家屬選擇同一或保障較低的附加保障計劃)。 **Can the corporation provide Optional Benefits for a particular Insured Member or a particular class of Insured Members?** No. Optional Benefits are provided at the policy level. If Optional Benefits have been opted for by the company, they apply to all classes of Insured Members (subject to a choice of the Optional Benefits plan applicable to Insured Members within a particular class), and are optionally available to their Dependents (if Dependents' coverage is applicable).

10.	**企業能否只為家屬提供附加保障而不提供基本保障?** 不可以。如企業客戶選擇家屬保障，則所有合資格受保成員之合資格家屬均需享有基本保障。 反之，如企業客戶選擇為受保成員提供附加保障，則可選擇只為家屬提供基本保障而不提供相關附加保障。 **Can the corporation provide only Optional Benefits to Insured Dependents without providing the Basic Benefits?** No. If Dependents' coverage is applicable, all eligible Dependents of an Insured Member must join a Basic Benefits Plan, subject only to a choice as to which Basic Benefits Plan is designated for Insured Dependents of Insured Members within a particular class. On the other hand, the company can provide only Basic Benefits to Insured Dependents without providing Optional Benefits even if Optional Benefits are applicable to Insured Members.
11.	**企業能否只為個別受保僱員或個別職級受保僱員之合資格家屬提供家屬保障?** 不可以。家屬保障必須以「保單」為參加基準。如企業客戶選擇家屬保障，則所有合資格受保僱員之合資格家屬均需享有「基本計劃」。 **Can the corporation provide Dependents' coverage for a particular Insured Member or a particular class of Insured Members?** No. Dependents' coverage is provided at the policy level. If Dependents' coverage applies, it is provided across the board to all Insured Members.
12.	**如受保成員擁有家屬保障，是否其所有合資格家屬都必須參加?** 是。有關基本保障，家屬保障是以整個家庭作基準，如受保成員選擇了家屬保障並擁有超過一位合資格家屬，則其所有合資格家屬均需參加此計劃(如問題A10所列)。如該計劃包括附加保障，則可選擇性地提供予受保家屬(投保公司可選擇不提供附加保障計劃予所有職級之受保家屬，或為同一職級之家屬選擇同一或保障較低的附加保障計劃)。 **If an Insured Member is entitled to Dependents' coverage, are all eligible Dependents of such Insured Member required to enroll for the plan?** Yes, in relation to Basic Benefits, Dependents' coverage is on a family basis. If an Insured Member is entitled to Dependents' coverage and has more than one eligible Dependent, all of them are required to enroll in a Basic Benefits plan (as provided in question A10 above). In relation to Optional Benefits, the Policyholder may either opt out of an Optional Benefit for all Insured Dependents; or choose the same or a lower level of Optional Benefits plan available for that benefit for Insured Dependents of Insured Members within a particular class. The foregoing is subject to the condition that the same Basic Benefits Plan and Optional Benefits Plan(s) must be chosen for all Insured Dependents of Insured Members within the same class.
13.	**在同樣的保障下，不同職級的受保成員及其家屬能否享有不同級別的計劃?** 可以，唯所有同一職級的受保成員均需享有完全相同的計劃。而同一職級受保僱員之合資格家屬(如該計劃包括家屬保障)亦需享有完全相同的計劃。 **Can different benefit plans be chosen for Insured Members of different classes and their Dependents (if Dependents' coverage is applicable) ?** Yes, but all Insured Members within the same class must enroll in the plan designated for Insured Members of that class. Also, their eligible Dependents (if Dependents' coverage is applicable) must enroll in the plan designated for Insured Dependents of that class.
B) 關於醫療核保 Related to Medical Underwriting	
1.	**什麼人士必須進行醫療核保?** 所有參加企業至尊醫療計劃之僱員及其家屬均需進行醫療核保。 **Who must undergo medical underwriting?** All employees and Dependents applying for CEO PRO are required to undergo medical underwriting.

2.	**醫療核保有什麼程序?** 所有參加企業至尊醫療計劃之僱員及其家屬必須詳細填寫「企業至尊醫療計劃- 健康申報表」，然後我們會根據有關內容評估其醫療概況並進行個別醫療核保。在有需要時，我們保留權利要求個別僱員及其家屬提供醫療報告。 **What are the procedures for medical underwriting?** All employees and Dependents applying for CEO PRO must complete the "CEO PRO-Health Declaration Form". We will conduct medical underwriting based on the details given in the form. We reserve the right to request medical reports (for employees and/or Dependents) as necessary.
3.	**如僱員及其家屬一同參加企業至尊醫療計劃，唯僱員未能通過醫療核保，其成功通過醫療核保之家屬是否仍可參加此計劃?** 不可以。團體醫療保障以保障僱員為大前提，故家屬保障只會提供給受保成員之家屬。 **If an employee and his/her Dependent apply for CEO PRO but the employee is unable to meet medical underwriting requirements, can his/her Dependent who meets such requirements still enroll for the plan?** No. The principle of corporate medical insurance is to provide benefits for employees. Dependents' coverage will be provided only for Dependents of an Insured Member.
4.	**如僱員擁有超過一名家屬，其中一位家屬未能通過醫療核保，餘下其他成功通過醫療核保之家屬是否仍可參加此計劃?** 可以，大前提是與此家屬相關之僱員已通過醫療核保。 **If an employee has more than one Dependent and one of them is unable to meet medical underwriting requirements, can other Dependents of the employee who meet such requirements still enroll for the plan?** Yes, provided that the relevant employee to whom such Dependents relate has passed the medical underwriting.
5.	**因醫療核保程序而需要支付的額外費用(如體檢費用)將由哪一方承擔?** 有關費用將由申請人一方承擔。 **Who will bear the extra expenses (e.g. medical examination fees) incurred for medical underwriting procedures?** The applicant will be responsible for these expenses.
6.	**如有僱員/家屬未能通過醫療核保，能否透過收取附加費而提供保障?** 不可以，附加費並不適用於此計劃。所有申請人必須成功通過醫療核保方能獲得保障。 **If an employee / Dependent is unable to meet medical underwriting requirements, can he/she be accepted for coverage subject to adding a loading fee?** No loading can be applied to this product. All applicants must pass medical underwriting before coverage can be provided.
C) 關於目前受保於其他友邦團體醫療保障計劃之客戶 **Related to customers currently insured under other corporate plans provided by AIA**	
1.	**友邦團體醫療保障現有客戶可否增添企業至尊醫療計劃保障(即一家企業同時擁有兩份友邦醫療保單)?** 可以。受保人可同時享有該兩份醫療計劃下的保障。 **其受保人可否同時擁有兩份醫療保單?** 可以。 **For existing AIA corporate medical insurance customers, can they add CEO PRO to their coverage? (i.e. 1 corporation holds 2 AIA medical policies at the same time)** Yes, and Insured Persons can enjoy coverage under both medical plans at the same time.

	In addition to CEO PRO, can an Insured Person participate in 2 AIA corporate medical policies at the same time? Yes.
2.	**友邦團體醫療保障現有客戶在申請企業至尊醫療計劃時，其受保人可否獲豁免醫療核保程序？** 不可以。由於兩個計劃的福利保障並不一樣，故所有企業至尊醫療計劃的準受保人必需通過醫療核保方能成功參加此計劃。 **For existing AIA corporate medical insurance customers, can medical underwriting of their Insured Persons be waived?** No. As the benefits provided are different, all proposed Insured Persons of CEO PRO must pass medical underwriting to enroll for the plan successfully.
3.	**如友邦團體醫療保障現有客戶之受保人在申請企業至尊醫療計劃時因未能通過醫療核保而不獲接納投保，會否對其現有之保障構成影響?** 不會，該受保人可繼續享有既有之保障。 **If an Insured Person under an existing AIA corporate medical insurance plan is unable to pass medical underwriting such that his/her application for CEO PRO is rejected, will his/her existing coverage be affected?** No; the Insured Person can continue to enjoy his/her existing coverage.
4.	**如受保人同時受保於企業至尊醫療計劃及另一友邦團體醫療保障計劃，在索償時，哪一張保單會先作出賠償呢?** 索償人可選擇從哪一份保單先作出賠償。 **If an Insured Person is insured under both CEO PRO and another AIA corporate medical insurance plan, which policy will pay out first in the case of a claim?** The claimant can choose which policy pays out first.
D) 關於賠償及保障範 Related to Claims & Coverage	
1.	**於保障一覽表中的「全數受保」是什麼意思呢?** 就有關賠償惠益而言，是指我們會賠償所有因受保疾病/受保受傷而接受的醫療所需之住院、治療或手術的合理及慣常實際費用，惟受限於個人每保單年度之最高保障額、個人終身最高保障額及保單內的條款、細則及不保事項。大部份主要賠償項目皆全數受保，惟某些賠償項目受限於保障一覽表上的有關賠償百分率/限額。 **What is the meaning of "Fully Covered" as stated in the Benefit Summary?** For purposes of the relevant benefit, it means that we will reimburse all Reasonable and Customary actual charges for the Medically Necessary Confinement, treatment or surgery, subject to the Overall Maximum Benefit Amount per Policy Year, the Overall Maximum Benefit Amount per Lifetime, and the terms, conditions and exclusions of the Policy. Most major benefit items are fully covered, but certain benefits are subject to respective reimbursement percentage/sub-limits set out in the Benefit Summary.
2.	**請界定「北美」。** 「北美」即美國及加拿大。 **Please define "North America".** "North America" means the United States of America and Canada.
3.	**如受保人本身為美國公民，或長時間逗留於美國，其於美國的保障會否有所影響?** 如受保人為美國公民，或於住院或接受治療首日之前12個月內曾於美國連續逗留182日以上，其任何於美國就相關開支(除緊急治療外)而可獲賠償的惠益需要承擔50%之美國共負保險。 **If an Insured Person is a US citizen or stays in the US for long periods, are his/her entitled benefits affected?** If the Insured Person is a US citizen, or stays in the US for any continuous period of over 182 days within the 12 month period immediately preceding the first day of a covered hospitalization or treatment, any benefits payable in respect of related expenses incurred in the US (except Emergency Benefits) shall be subject to the US Coinsurance of 50%.

4.	**如受保人本身為香港永久居民及美國公民，應如何處理?** 如受保人本身為香港**永久居民**及美國公民，受保人在申請企業至尊醫療計劃時必須於健康申報表上呈報其美國公民身份，而受保人需要承擔美國共負保險。。 **If an Insured Person is both a Hong Kong permanent resident and a US citizen, how will the case be handled?** If an Insured Person is both a Hong Kong permanent resident and a US citizen, he/she must declare his/her US citizen status on the Health Declaration Form at the time of application for CEO PRO and the US coinsurance applies.
5.	**如受保於企業至尊醫療計劃—全球(北美除外)之受保人身處北美時，因意外受傷需緊急住院或緊急門診治療，有關住院費用是否在保障範圍之內?** 是，如受保人在該等地區逗留不超過連續90日，有關費用將會獲得賠償。 **If an Insured Person under the plan "CEO PRO – Worldwide (Excluding North America) is hospitalized on an Emergency basis, or requires Emergency Out-patient treatment in Hospital for an accidental injury while travelling in North America, are the related Hospital charges covered?** Yes, the related charges are covered provided that such travel in North America does not exceed a continuous period of 90 days
6.	**請界定緊急住院及緊急門診治療中「緊急」的意思。** • 因突如其來的受傷或患病引致嚴重的健康狀況而需合理而非常規服務或治療，並且按醫生意見，如不在24小時內開始接受治療將導致受保人死亡或其身體功能嚴重癱瘓。此情況界定為「緊急」。 • 若受保人情況穩定，此保障即告無效。 **Please define "Emergency" for purposes of Emergency Confinement and Emergency Out-Patient Treatment benefits.** • "Emergency" refers to non-routine services or treatment provided for a serious medical condition resulting from Injury or Illness which arises suddenly and that could reasonably be expected, in the opinion of a Physician, to result in death of the Insured Person or serious impairment of his bodily functions unless treatment is received within 24 hours of onset. • Coverage for an Emergency Confinement ceases when the Insured Person's medical condition is stable.

7. **如受保人入院時選擇入住套房，有關賠償將會如何處理？**

由於套房並不符合標準私家房的定義，所以於賠償時我們只會按一間標準私家房的收費作出賠償。但其他的賠償項目，如醫生巡房費、住院雜費及手術費等均不會作出相應調整。為更清楚解釋，請參考以下例子:

陳先生選擇入住醫院的套房，房內除附設有浴室外，更設有飯廳及會客室。有關套房的收費為每晚 HK$20,000，而在這醫院內只設有浴室的單人房收費為每晚 HK$2,000。詳細收費及賠償計算如下:

	實際收費(HK$)	賠償金額(HK$)
病房收費(5 天)	20,000 x 5 = 100,000	2,000 x 5 = 10,000
醫生巡房費	15,000 x 5 = 75,000	15,000 x 5 = 75,000
住院雜費	200,000	200,000
手術費，麻醉師費及手術室費用	350,000	350,000
總計:	**725,000**	**635,000**

How will the claim be handled if an Insured Person chooses to stay in a suite upon admission to hospital?

As a suite does not fulfill the definition of Standard Private Room, we will only reimburse the charges for room and board made by the Hospital in line with those charged for a Standard Private Room. However, the other benefit items, e.g. Physician's Visit, Miscellaneous Hospital Expenses Benefit and Surgery Benefit will not be adjusted accordingly. The following is an example for purposes of illustration:

Mr. Chan chooses to stay in a suite during his stay in Hospital. The suite includes a dining room and meeting room in addition to a bathroom. The charge of this suite is HK$20,000 per night while the charge for a standard occupancy room with adjoining bathroom in the same Hospital is HK$2,000. The detailed charges and calculation of the reimbursement amount are set out below:

	Actual Charges(HK$)	Reimbursement Amount (HK$)
Room and Board for 5 days	20,000 x 5 = 100,000	2,000 x 5 = 10,000
Physician's Visit	15,000 x 5 = 75,000	15,000 x 5 = 75,000
Miscellaneous Hospital Expenses	200,000	200,000
Surgeon's fee, Anaesthetist's fee and operating theatre fee	350,000	350,000
Total:	**725,000**	**635,000**

8. **當受保人入住政府醫院後，索償住院現金惠益時須提交什麼文件？**

索償人必須提交索償申請表、醫療報告、醫療收據及/或其他有關文件(所須文件與就入住私家醫院的索償相同)。

After hospitalization in a government hospital, what must the claimant submit to claim the Hospital Cash Benefit?

The claimant must submit a claim form, medical report, medical receipt(s) and/or other supporting document(s) are required (as with a claim for Confinement in a private hospital).

9. **手術費用賠償是否需要根據特定手術賠償表所列之賠償百份比計算之個別手術類別限額?**

不是。手術賠償表並不適用於企業至尊醫療計劃。我們將賠償受保人所接受之手術所有合理及慣常之實際費用，包括外科醫生之手術費、麻醉師費、手術室費及使用手術室期間所應用之物品及設備的費用，直至每個保單年度最高保障總額及終生最高保障總額。

Are Surgical Benefits under CEO PRO subject to sub-limits according to the type of surgical procedure based on the applicable percentages shown in the Schedule of Surgical Procedure?

No, the Schedule of Surgical Procedure is not applicable to CEO PRO. We reimburse all Reasonable and Customary charges for surgical procedures performed on the Insured Person, including the actual charges of the Surgeon's fee, Anaesthetist's fee and operating theatre fee, and the cost of items and equipment used during the use of operating theatre charged to the Insured Person, subject to the Overall Maximum Benefit Amount per Policy Year and Overall Maximum Benefit Amount per Lifetime.

10.	**如在同一次住院中受保人接受超過一位的專科醫生的治療、專科醫生的收費是否可以全數獲得賠償?** 在保單中並沒有限制作出治療的專科醫生數目，但賠償與否須視乎有關的治療方式、收費及作出治療的專科醫生數目是否合理及慣常。 **If an Insured Person receives medical treatment from more than one Specialist Physician during his/her stay in Hospital, will all of the charges made by the Specialist Physicians be reimbursed?** There is no limitation stated in the policy contract on the number of Specialist Physicians rendering medical treatment. Reimbursement will depend on whether the method(s) of treatment, charges made and the number of Specialist Physicians are Reasonable and Customary or not.
11.	**友邦可否於受保人出院前預先賠償受保開支?** 於美國以外的賠償:不可以，但如果客戶在出院前已繳付部份賬單，並已繳交索償時應繳之文件，即使受保人仍在住院，友邦亦會接受該索償要求，並作出分段賠償。索償人需遞交以下文件作分段賠償申請： 1. 住院賠償申請書 2. 住院收據 3. 住院賬單 在一般情況下，如資料完整及無額外跟進事項的個案(Clean Case)，申請審核會於7 個工作天內完成。 於美國的賠償: 受保人只需於入院前通知友邦，我們將安排墊支由醫院或康復中心收取的合理且慣常實際之費用。 **Can AIA pay for covered expenses in advance before the end of a Hospital Confinement?** For claims arising outside the US: There will be no advanced payment, except where the relevant expenses have been paid by the customer before the end of the Confinement and the required documents are submitted. In such case, AIA will accept a request for partial payment of the claim even if the Insured is still Confined in Hospital. The following documents must be submitted for a partial payment application: 1. Individual Hospitalization Claim Form 2. Hospital Receipts 3. Statement of Accounts / Hospital Bills If no further information or documents are required for assessment (Clean Case), claims assessment can usually be completed within 7 working days. For claims arising in the US:,AIA shall directly pay the Reasonable and Customary charges for actual charges made by the Hospital, hospice or Rehabilitation Centre (as the case may be), provided that the Insured Person notifies AIA of such Confinement prior to his admission to the relevant facility.
12.	**企業至尊醫療計劃中，門診手術的保障範圍如何?** 西醫門診手術或醫院門診手術乃按照「手術費用賠償之手術惠益」一項全數受保。「手術費用賠償之手術惠益」皆適用於住院或門診情況下進行之手術。 **How is Out-Patient surgery covered under CEO PRO?** Surgical fees for Out-Patient surgery (whether in a Physician's clinic or Hospital clinic) are fully covered under Surgical Benefits, which apply to surgery performed both on an In-Patient and Out-Patient basis.
13.	**購買洗腎機是否在保障範圍內?** 購買洗腎機並不在保障範圍內。 **Is the purchase of a dialysis machine covered?** Purchase of a dialysis machine is NOT covered.
14.	**標靶治療是否在保障範圍內?** 標靶治療是一種化學療法(簡稱化療)，故屬於化療及電療費用保障之保障範圍內。 **Is targeted therapy covered?** Targeted therapy is a type of chemotherapy and is covered under the Chemotherapy and Radiotherapy Benefit.

15.	**比較先進而毋須住院的治療如數碼導航刀，是否在保障範圍之內?** 數碼導航刀是一種門診手術，可按照「手術費用賠償之手術惠益」一項的最高賠償額理賠。 **Is cutting-edge Out-Patient treatment, like Cyber-Knife, covered?** Cyber-Knife is considered as an Out-Patient surgical procedure and is therefore covered under Surgical Benefits.
16.	**受保人在手術後聘請超過一名註冊護士在家中以輪班替換形式提供護理服務，有關費用是否可透過「家中看護」獲得保障?** 於指定期間內，我們會為一名註冊護士的費用提供保障。如同一時間有超過一名註冊護士，我們只會為其中一名註冊護士的費用提供保障。 **If the Insured Person hires more than one registered nurse to provide nursing care on a shift basis at home after surgery, are the expenses covered under "Post-Surgery Home Nursing"?** We cover the expenses for one registered nurse headcount during any given period. If there is more than one registered nurse at the same time during any such period, we will cover the expenses of one registered nurse only.
17.	**如受保人須要接受器官移植，其器官捐贈者之醫療費用是否可獲賠償?** • 如受保人以受贈者身份接受器官（心臟、肺、肝、腎、胰臟或骨髓）移植，我們將保障: i. 受保人進行手術所需之實際費用包括手術費、麻醉師費、手術室費 ii. 捐贈者進行切除器官或抽取骨髓手術並需由受保人支付之實際費用，包括外科醫生之手術費、麻醉師費及手術室費。有關費用所支付之實報實銷賠償不得超過捐贈者切除器官或抽取骨髓之手術費用及上述受保人之手術費總和之百分之三十(30%)。 • 我們有權要求索償人證明有關手術費是由受保人或索償人支付。 **If the Insured Person needs to undergo an organ transplant surgery as recipient, will the medical expenses of the related donor be reimbursed?** • If the Insured Person needs to undergo an organ transplantation of heart, lung, liver, kidney, pancreas or bone marrow as recipient, we cover: i. The actual charges of surgeon's fee, anesthetist's fee and operating theatre fees for surgical procedures performed on the Insured Person; and ii. The actual surgical costs to remove the organ or bone marrow from the donor which are charged to the Insured Person, including the surgeon's fee, anesthetist's fee and operating theatre fees, subject to a limit of 30% of the aggregate of the surgical costs of removal of the organ or bone marrow from the donor and the surgical costs of the Insured Person provided in clause i. • We reserve the right to require proof from the claimant that such surgical costs have been paid by the Insured Person or the claimant.

18. **當受保人接受器官(心臟、肺、肝、腎、胰臟或骨髓)移植時，其器官捐贈者進行之切除器官或抽取骨髓手術費用之最高賠償額如何計算？**
If the Insured Person undergoes an organ transplantation (of the heart, lung, liver, kidney, pancreas or bone marrow) as recipient, how is the maximum benefit amount of the surgical costs* for removing the organ or bone marrow from the donor calculated?

請參考下列例子Please refer to the examples below:

受保人的手術費用* Surgical costs* of the Insured Person Fully Covered 全數受保 [A]	**器官捐贈者的手術費用* Surgical costs* of the donor 30% Covered 30% 保障 [B]**	**最高賠償額 (受「每年最高保障總額」所限) Maximum benefit amount (Subject to Overall Maximum Benefit Amount per Policy Year) [A]+([B] x 30%)**	**備註 Remark**
HK$ 70,000	HK$ 10,000	HK$ 24,000	受保人的手術費用將全數獲得賠償。 Surgical costs of the Insured Person are fully covered
HK$ 70,000	HK$ 30,000	HK$ 30,000	
HK$ 70,000	HK$ 40,000	HK$ 33,000	受保人/器官捐贈者須承擔賠償差額，即HK$7,000。 Insured Person/ donor shall bear the shortfall of HK$7,000

受保人的手術費用將全數獲得賠償。
The surgical costs of the Insured Person will be fully

*手術費用包括外科醫生之手術費、麻醉師費及手術室費、但不包括器官或骨髓之費用。
*Surgical costs include the Surgeon's fee, Anaesthetist's fee and operating theatre fee, but exclude the costs of the organ or bone marrow.

19. **門診專科是否需要普通科醫生轉薦才可受保?**
不是。門診專科毋須普通科醫生轉薦亦可受保。

Is referral required for Out-Patient Specialist Physician Consultation?
No.　Referral is not required for Out-Patient Specialist Physician Consultation.

20. **基本診斷測試如X光、超聲波等是否需要普通科醫生轉薦才可受保?**
是。轉薦信由轉薦日起180日內只生效一次。

Is referral required for basic diagnostic testing like X-ray and ultrasound?
Yes, a referral letter is required which shall be valid for one time within 180 days from the date of referral.

21. **物理治療及脊醫治療是否需要普通科醫生轉薦才可受保?**
不是。

Is referral required for Physiotherapy and Chiropractic treatment?
No.

22.	**物理治療、脊醫治療及中醫保障是否受「每保單年度門診次數限額」或「每次診斷最高保障額」所限?** 不是，物理治療、脊醫治療及中醫保障並沒有「每保單年度門診次數限額」或「每次診斷最高保障額」，然而此三項保障一同受到「每保單年度物理治療、脊醫治療及中醫保障最高保障總額」所限。 **Is the Physiotherapy, Chiropractic Treatment and Chinese Medicine benefits restricted by a maximum number of visits per Policy Year or maximum benefit amount per visit?** No, but this benefit is subject to a maximum benefit amount which applies to the aggregate of charges incurred for Physiotherapy, Chiropractic Treatment and Chinese Medicine per Policy Year" under the Overall Maximum Out-Patient Benefit Amount per Policy Year in each Policy Year.
23.	**如受保人的註冊醫生向他/她處方傳統中藥，而藥單中包括了人參或其他已列明不受保之中藥成份，應如何處理此賠償?** 如受保人能夠提供詳列藥單中各項中藥的份量及收費，則有關人參(或其他不受保之中藥成份)將不獲賠償。如受保人未能夠提供上述詳列藥單，則整張藥單將不會獲賠償。 **If the Insured Person's Physician prescribes traditional Chinese medicine, and ginseng or other Chinese medicines on the exclusion list are included as part of the prescription, how will the prescription be reimbursed?** If a detailed list of every component of the prescription with itemized charges can be provided, only the charges relating to ginseng (or any other Chinese medicines on the exclusion list) will not be reimbursed. However, if the said detailed list cannot be provided, charges for the entire prescription will not be reimbursed.
24.	**有哪類中藥屬不保項目?** 以下中藥均屬不保項目（一）冬蟲夏草;（二）靈芝;（三）鹿茸;（四）燕窩;（五）阿膠;（六）海馬;（七）人參;（八）紅參;（九）花旗參;（十）野生參;（十一）羚羊角尖粉;（十二）紫河車;（十三）姬松茸;（十四）麝香及（十五）珍珠粉。 **What kind of Chinese medicines are excluded?** The following traditional Chinese medicines are excluded: (i) cordyceps; (ii) ganoderma; (iii) antler; (iv) cubilose; (v) donkey-hide gelatin; (vi) hippocampus; (vii) ginseng; (viii) red ginseng; (ix) American Ginseng; (x) Radix Ginseng Silvestris; (xi) antelope horn powder; (xii) placenta hominis; (xiii) Agaricus blazei murill; (xiv) musk; and (xv) pearl powder.
25.	**企業至尊醫療計劃是否如友邦大部份團體醫療保障一樣，在保單生效12個月後會覆蓋所有已存在疾病?** 3 – 19名受保成員的保障計劃: 不是。不論保單生效多久，任何已存在之疾病均屬不保項目，除非有關已存在疾病已於投保時所遞交之健康申報表向友邦誠實、全面及準確無誤地披露並為友邦所接納，以及保單內並無特意列明有關治療屬不受保項目。 20名或以上受保成員的保障計劃: 是，**在保單生效12個月後會覆蓋所有已存在疾病。** **Under CEO PRO, are Pre-existing Conditions covered after the Policy has been in effect for 12 months (as with most AIA corporate medical insurance policies)?** For group insurance plan with 3-19 Insured Members: No. Any Pre-existing Condition is excluded regardless of how long the Policy has been in effect, unless such condition has been truly, completely and correctly disclosed to AIA in writing on the Health Declaration form for CEO PRO and accepted by AIA, and the Policy does not expressly exclude treatment relating to such Pre-existing Condition. For tailor-made insurance plan with 20 or more Insured Members: Yes,. All Pre-existing Conditions will be covered after the Policy has been in effect for 12 months.
E) 關於附加保障 Related to Optional Benefits	
1.	**如受保人一年內超過一次懷孕、順產、剖腹生產、流產或因醫療所需而中止懷孕，是否每次均可獲分娩保障?** 是。受保人可按每次懷孕最高保障額獲得保障。 **Is an Insured Person covered under Maternity Benefits if she has more than one pregnancy, normal delivery, Caesarian section, miscarriage or termination of pregnancy for medical reasons in a year?** Yes. The Insured Person is covered subject to a maximum amount of Maternity Benefits per pregnancy.

2.	**如受保人分娩的是雙胞胎，是否兩名嬰兒之首七天費用均在保障範圍內?** 是。 **If an Insured Person delivers twins, are the infant's charges for the first 7 days of both babies covered?** Yes.
3.	**如受保人流產或因醫療所需而中止懷孕，其產前檢查、門診及住院費用是否在保障範圍內?** 是。受保人仍可按每次懷孕之最高保障額獲得賠償。 **In case of miscarriage or termination of pregnancy for medical reasons, are the expenses of pre-natal check up, consultation and hospitalization covered?** Yes. The Insured Person can still be reimbursed subject to the maximum benefit amount per pregnancy.
4.	**如受保人順產或剖腹生產，其產後檢查、門診及住院費用保障可延伸至產後多少天?** 受保人產後十四天內之檢查、門診及住院費用均在保障範圍之內，按其每次懷孕之最高保障額獲得賠償。 **In case of normal delivery or Caesarian section, for how long are the expenses of check up, consultation and hospitalization covered during the post-natal period?** Such expenses are covered for 14 days after delivery, subject to the maximum benefit amount per pregnancy.
5.	**分娩保障是否設有等候期?** 沒有。不過，分娩保障只適用於保障生效後方開始懷孕之受保人。 **Is there any waiting period for Maternity Benefits?** No. However, no Maternity Benefits are payable unless the pregnancy commences after the insurance of the Insured Person becomes effective.
6.	**太陽眼鏡是否在保障範圍內?** 不是。任何類型之太陽眼鏡均不在保障範圍之內。 **Are sunglasses covered?** No. Sunglasses of any kind are not covered.
7.	**現時流行的「大眼con」是否在保障範圍內?** 不是。以妝扮為前提之隱形眼鏡並不在保障範圍之內。 **Are cosmetic contact lenses covered?** No. Contact lenses for purely cosmetic purposes only are not covered.
F) 個人保障轉換權利 Conversion Privilege	
1.	**在受保成員退休或離職後，是否可將企業至尊醫療計劃轉換成友邦個人醫療保險計劃?** 可以。投保企業若於受保成員之保障生效日申請個人保障轉換，而受保成員又合乎問題F5所列的申請資格，則受保成員可以將企業至尊醫療計劃轉換成友邦個人醫療保險計劃。 **Can an Insured Member convert CEO PRO to an individual medical plan issued by AIA upon retirement or when he / she leaves the corporation?** Yes, provided that the Policyholder has opted for the Conversion Privilege as of the Insured Member's Coverage Effective Date and the conditions of eligibility as set out in question F5 herein are met.
2.	**家屬是否擁有個人保障轉換權利?** 沒有。只有受保成員(即僱員)擁有個人保障轉換權利。 **Is the Conversion Privilege applicable to dependents?** No. The Conversion Privilege applies to Insured Members (i.e. employees) only.

3.	**個人保障轉換權利是否免費?** 不是。如企業客戶選擇轉換個人計劃權利，我們將向投保企業收取每位受保人基本保障之額外5%的保費作為轉換個人計劃權利的費用。 **Is Conversion Privilege free of charge?** No. We will charge the Policyholder an extra 5% of the Basic Plan premium for the Conversion Privilege.
4.	**企業客戶能否只為個別受保成員或個別職級之受保成員提供個人保障轉換權利?** 不可以。**個人保障轉換權利**必須以「保單」為參加基準。如企業客戶選擇**個人保障轉換權利**，則<u>所有</u>合資格受保成員均需享有有關權利。 **Can the corporation provide Conversion Privilege for a particular Insured Member or a particular class of Insured Members?** No. Conversion Privilege is provided at the policy level. If Conversion Privilege has been opted for by the corporation, all Insured Members shall enjoy the privilege.
5.	**是否所有受保成員均可擁有個人保障轉換權利?** 所有受保成員必須符合以下條件方可擁有轉換個人計劃權利: • 65歲以下 • 投保企業需於受保成員之企業至尊醫療計劃保障生效日為所有受保成員申請個人保障轉換，而受保成員申請轉換個人計劃前必須連續2年受保於該企業計劃中。 • 受保成員在其保障生效日必須通過醫療核保並獲得合符標準核保風險 **Is the Conversion Privilege available to all Insured Members?** Conversion Privilege is available to Insured Members who meet the following requirements: • Age under 65 • The Policyholder has opted for CEO PRO with Conversion Privilege in respect of all Insured Members as at the Insured Member's Coverage Effective Date, and the Insured Member has been covered under such plan for at least 2 consecutive years before conversion. • The Insured Member has standard underwriting results as at his/her Coverage Effective Date
G) 其他行政 Other Administration	
1.	**企業至尊醫療計劃是否保證續保?** 此計劃是每年續保但並非保證續保。 **Does CEO PRO offer guaranteed renewal?** It offers yearly renewal but not guaranteed renewal.
2.	**企業至尊醫療計劃是否自動續保?** 不是。此計劃雖屬套裝產品，唯需要營業代表跟進每年之續保。 **Does CEO PRO offer automatic renewal?** No. Although it is a packaged product, follow-up action by a sales representative is required for annual renewal.
3.	**企業客戶在保單生效後，如受保成員數目有所更改以致不足3人，其保單能否繼續成立?** 企業至尊醫療計劃最低人數要求為3名受保成員。企業客戶在保單生效後，如受保成員數目不足3人，其保障將於該年度保單周年日時終止並不獲續保。 **If the number of Insured Members falls below 3 after the Policy takes effect, is the Policy still effective?** CEO PRO requires a minimum of 3 Insured Members. If the number of Insured Members falls below 3 after the Policy takes effect, the Policy will remain in effect only until the next policy anniversary date and policy renewal will not be offered.

4.	**企業至尊醫療計劃會否因應客戶之賠償率 (Loss Ratio) 個別調整保費?** 不會。此企業至尊醫療計劃屬套裝產品，在調整價格時我們會衡量所有客戶的整體賠償率及其他風險因素。然而，客戶或有機會因個別受保人年齡增長而需調整保費。 **Will the premium of CEO PRO be adjusted according to the respective corporate client's loss ratio?** No. For packaged products such as CEO PRO, we consider the loss ratio of and other risk factors affecting all clients as a pool when we adjust the premium. However, premium for a particular corporate client may be adjusted because of aging of particular Insured Persons.
5.	**企業至尊醫療計劃有哪幾種付款方法?** **共3種付款方法，包括年繳、半年繳及季繳。** **What are the payment modes available for CEO PRO?** There are 3 payment modes available: annual, semi-annual and quarterly.
H) 營業員福利 Agent Benefits	
1.	**企業至尊醫療計劃之營業員佣金是多少?** **What is CEO PRO's commission percentage?** 第一年 First Year: 22.95% 第二年 Second Year: 8.5% 第三年及以後 Third Year and after : 15%

Remarks
- "AIA", the "Company", "we", "us" or "our" as used herein refer to American International Assurance Company (Bermuda) Limited (incorporated in Bermuda with limited liability).
- This FAQ is for general information purposes only. Please refer to the Policy contract for the definitions of capitalized terms, and the exact and complete terms and conditions of coverage
- The Chinese translation of this FAQ is for reference only. In case of discrepancy, the English version of this FAQ prevails.

備注：
- 「友邦」、「公司」或「我們」是指美國友邦保險（百慕達）有限公司（於百慕達註冊成立之有限公司）。
- 此資料只供參考用途，有關個別專有名詞之定義、條款之準確及完整敘述，及保障細則，請參閱保單。
- 此資料之中文翻譯只供參考用途。若有任何差異，將以英文版本作準。

Travel Pro 企業萬里遊概覽

1. 引言

- 本培訓課程筆記只供參考之用，計劃細則以友邦保險（國際）有限公司(於百慕達註冊成立之有限公司)所發出之團體保單為準。
- 團體業務部保留修改計劃內容的權利，恕不另行通知。

2. 市場對象

- Travel Pro 為團體旅行保險套裝計劃，為擁有 5 名僱員或之上、需要跨境工作之團體而設。

3. 基本核保要求

3.1 任何年齡 69 歲或以下，持有香港身分證明文件之香港居民及居留香港之外國僑民之全職僱員均可投保。

3.2 職業類別

- 從事職業類別 1 至 4 的人士均可參加

3.3 投保人數要求

- 5 名或以上

3.4 保障年齡

最高投保年齡	69 歲
最高保障年齡	70 歲

4. 保障範圍

- 個人意外
- 醫療費用賠償
- 緊急支援服務
- 旅遊阻礙及延誤
- 行李及個人物品
- 個人責任
- 額外保障

4.1 個人意外（Personal Accident）

4.1.1 倘受保成員於自發生意外起 90 日內出現以下情況，可獲其保障額上限之賠償：

個人意外 Personal Accident	Plan 1 計劃一	Plan 2 計劃二	Plan 3 計劃三	Plan 4 計劃四 （只限中國）
	保障額			
Accident Death & Disablement 意外死亡及傷殘賠償	1, 000, 000	750, 000	500, 000	250, 000
Loss of sight of 1 or both eyes 單目或雙目失明	1, 000, 000	750, 000	500, 000	250, 000
Loss of 1 or 2 limbs 喪失一肢或雙肢	1, 000, 000	750, 000	500, 000	250, 000
Loss of speech and hearing 喪失語言能力及雙耳失聰	1, 000, 000	750, 000	500, 000	250, 000
Third Degree Burn – 20% of body surface 第三度燒傷（百份之二十的表面皮膚）	1, 000, 000	750, 000	500, 000	250, 000
Permanent Total Disability 永久完全殘廢賠償	1, 000, 000	750, 000	500, 000	250, 000

4.2 醫療費用賠償 Medical Expenses

4.2.1 醫療費用保障最高可達 HK$ 1,000,000

4.2.2 受保員工返港後繼續接受治療，於 90 天內仍可獲得保障

醫療費用賠償 Medical Expenses	Plan 1 計劃一	Plan 2 計劃二	Plan 3 計劃三	Plan 4 計劃四 (只限中國)
	保障額			
Medical Expenses Reimbursement 醫療費用賠償	1,000,000	750,000	500,000	250,000
Including Local Follow Up Treatment, maximum up to 90 days 包括回港後最多 90 日內覆診用	50,000	50,000	50,000	50,000
Hospital Confinement Income 住院現金津貼	5,000	4,000	–	–
Per day limit 每日最高	500	400	–	–

4.3 醫療支援服務 Emergency Assistance Services

4.3.1 「中國支援咭」China Assist Card

獲國內超過 130 間具規模及有水準之醫院認可。受保僱員只需於任何一家指定醫院出示「中國支援咭」，便可即時辦理入院手續獲得護理，減少因延誤所帶來不必要的後果。此外，透過此咭可獲得安排緊急現金匯款及 24 小時法律諮詢等服務。

4.3.2 緊急醫療運送 Emergency Medical Evacuation

受保成員不幸在旅途中遇上嚴重意外或患上嚴重疾病，本公司特約之「友邦國際支援服務(AIAS)」可負責安排及提供緊急醫療運送服務，包括交通安排及沿途醫療護理等事宜。

4.3.3 遺體運返 Repatriation of Remains

倘受保僱員在旅途中不幸身故，「友邦國際支援服務(AIAS)」可安排遺體或骨灰運返香港。

4.3.4 安排家屬探望 Compassionate Visit

倘受保僱員在海外嚴重受傷或因患重病而需住院連續超過 5 日，「友邦國際支援服務(AIAS)」可安排僱員的家屬前往該地探望照料，期間該名家屬的住宿及交通費用均在保障範圍之內。另外，該中心亦可安排受保僱員的家屬前往該地照顧受保僱員同行但無其他成人照顧之小童，並陪同該小童回港或往其他居住地區。

4.3.5 24 小時全球支援服務 24-Hour Worldwide Assistance Services

投保客戶可享用「友邦國際支援服務(AIAS)」提供的電話旅遊支援服務，包括以下項目：

- 醫療指導
- 旅遊前資訊服務
- 酒店住宿介紹
- 行李遺失支援
- 緊急訂票服務
- 一般支援服務

緊急支援服務 Emergency Assistance Services	Plan 1 計劃一	Plan 2 計劃二	Plan 3 計劃三	Plan 4 計劃四 (只限中國)
	保障額			
China Assist Card 中國支援咭	Included 已包括			
Emergency Medical Evacuation 緊急醫療運送	As Charged 全數			
Repatriation of Remains 遺體運送	As Charged 全數			
Compassionate Visit 安排家屬探望	30,000	20,000	10,000	3,000
Family Member Care Visit 家庭成員探望	Included 已包括			

Child Escort 照顧小童	Included 已包括
24-Hour Worldwide Assistance Services 24 小時全球支援服務	Included 已包括

4.4 旅遊阻礙及延誤 Travel Inconvenience

4.4.1 縮短行程 Journey Curtailment

倘受保僱員因以下任何原因需要縮短行程，其已預先繳付而又無法獲退還的旅費及住宿費用，或由旅遊代理所提供之未享用及不能退款項目，均可獲得賠償：

- 受保僱員需進行醫療運送
- 受保僱員患重病、嚴重受傷或被綁架
- 受保僱員的家人或公司合伙人患重病或嚴重受傷。

4.4.2 取消行程 Journey Cancellation

倘受保僱員若在出發前 30 日內因以下任何原因而被迫取消行程，其已預先繳付而又無法獲退還的旅費及住宿費用將可獲得賠償：

- 受保僱員、受保僱員的家人或公司合伙人患重病、嚴重受傷或死亡
- 受保僱員的住所受天然災禍而遭嚴重破壞
- 受保僱員需出任陪審員或被傳召出庭作証人
- 受保僱員被隔離
- 受保僱員前往的地區爆發戰爭、恐怖活動、暴動、騷亂或內戰等。

4.4.3 旅行證件遺失 Travel Document Loss

倘受保僱員若在旅途中被竊或遺失護照、機票或其他旅行証件，及因此而需支付的補償領費、額外住宿及交通費用，最高可獲其保障額上限之賠償。

4.4.4 行程延誤 Travel Delay

倘於受保僱員無法控制的因素而導致所安排的公共交通工具延誤 6 小時或以上，每連續 6 小時的延誤將獲得賠償港幣 250 元，並至其保障額上限為止。

4.4.5 行李延誤 Baggage Delay

倘受保僱員已安排的公共交通工具，因其無法控制的因素以致行李延誤 8 小時或以上，每連續 8 小時的延誤將獲得賠償港幣 400 元至其保障額上限為止。每次旅程只可獲一次行李延誤賠償。

旅行阻礙及延誤 Travel Inconvenience	**Plan 1** 計劃一	**Plan 2** 計劃二	**Plan 3** 計劃三	**Plan 4** 計劃四（只限中國）
	保障額			
Journey Curtailment 縮短行程	30,000	25,000	15,000	–
Journey Cancellation 取消行程	30,000	25,000	15,000	–
Travel Document Loss 旅行證件遺失	10,000	7,500	5,000	–
Travel Delay (after 6 consecutive hours) 行程延誤（連續 6 小時後）	5,000	4,000	2,000	–
– HK$250 per 6-hours 每 6 小時				–
Baggage Delay (after consecutive hours) 行李延誤（連續 8 小時後）	3,000	2,500	2,500	–
– HK$400 per 8-hours 每 8 小時				–

4.5 行李及個人物品 Baggage and Personal Delay

4.5.1 個人行李 / 物件遺失 Baggage Delay
倘受保僱員在旅遊途中，其行李或物件被盜竊或不幸遺失或損毀，最高可獲港幣保障額上限之賠償，並受每項物品限額所限制。個人手提電腦可獲其最高保障額上限之賠償。

4.5.2 個人金錢 Personal Money
倘受保僱員被盜竊或遺失現金、銀行本票、旅行支票或現金匯票，最高可獲得其保障額上限之賠償。

行李及個人物品 Baggage and Personal Effects	Plan 1 計劃一	Plan 2 計劃二	Plan 3 計劃三	Plan 4 計劃四 (只限中國)
	保障額			
Baggage Loss 個人行李 / 物品遺失	15,000	10,000	5,000	3,000
Per item 每項	2,500	2,000	1,000	1,000
Computer 電腦	10,000	7,500	5,000	–
Personal Money 個人金錢	2,500	2,000	1,000	800

4.6 個人責任 Personal Liability

4.6.1 如受保僱員在外地因意外導致他人死亡、受傷或財物損失而需負上的法律責任，可獲最高港幣 1,000,000 元之賠償。

個人責任 Personal Liability	Plan 1 計劃一	Plan 2 計劃二	Plan 3 計劃三	Plan 4 計劃四 (只限中國)
	保障額			
Personal Liability 個人責任	1,000,000	1,000,000	1,000,000	1,000,000

4.7 額外保障 Additional Features

4.7.1 旅遊預防疫苗注射費用保障 Travel Vaccine（只適用於全球及亞洲區保障計劃）
保障範圍適用於旅程前已證明需要之疫苗注射費用，包括霍亂、白喉、甲型肝炎、甲型肝炎免疫球蛋白、乙型肝炎、流行性感冒、日本腦炎、瘧疾、流行性腦膜炎、鼠疫、小兒麻痺症、狂犬病、破傷風、傷寒及黃熱病。

4.7.2 替補員工保障 Staff Replacement
倘受保僱員於旅程期間死亡、因嚴重疾病或意外受傷而住院超過連續 5 日，「國際支援服務中心」會協助替補僱員到當地繼續未完成之工作，安排前往及回程之來回交通服務。

4.7.3 身故體恤津貼 Compassionate Death Benefit
受保僱員不倫因意外身故或自然死亡，均即時可獲身故體恤津貼。

4.7.4 家居保障 Home Protection
倘受保僱員在旅程間其住所遭爆竊，以致其傢俬、衣物、電器及影音產品、金錢或支票出現損毀、遺失或破壞等情況，將可獲得賠償。

4.7.5 購物保障 Purchase Protection
倘受保僱員在旅程間以其個人付款卡購物，在購物日起 90 日內其物品因盜竊或意外以致損失，將可獲得賠償。受保僱員必需為該物品唯一購買者。

額外保障 Additional Features	Plan 1 計劃一	Plan 2 計劃二	Plan 3 計劃三	Plan 4 計劃四 （只限中國）
	保障額			
Travel Vaccine, 80% reimbursement, per year limit 旅遊預防疫苗注射費用，8 折賠償，每年限	100	100	100	–
Staff Replacement 替補員工	20, 000	20, 000	10, 000	5, 000
Compassionate Death Benefit 身故體恤津貼	30, 000	30, 000	30, 000	10, 000
Purchase Protection (applicable to payment card only) 購物保障（只適用於信用卡購物）	40, 000	–	–	–
Per occurrence 每次	8, 000	–	–	–
Home Protection 家居保障	100, 000	–	–	–
Per occurrence (money/cheque subj to HK$4,000) 每次（現金 / 支票最高至港幣 4, 000 元	60, 000	–	–	–

5. 保障組合

	Plan 1 計劃一	Premium 保費	Plan 2 計劃二	Premium 保費	Plan 3 計劃三	Premium 保費	Plan 4 計劃四	Premium 保費
Category A 類別一（5-10 名員工）								
Worldwide 全球保障	Plan WA1	1, 857	Plan WA2	1, 488	Plan WA3	1, 125	–	–
Asia Region 亞洲區保障**	Plan AA1	1, 437	Plan AA2	1, 140	Plan AA3	867	–	–
China 中國保障	–	–	–	–	–	–	Plan CA4	552
Category B 類別二（11-20 名員工）								
Worldwide 全球保障	Plan WB1	1, 767	Plan WB2	1, 413	Plan WB3	1, 065	–	–
Asia Region 亞洲區保障**	Plan AB1	1, 368	Plan AB2	1, 083	Plan AB3	882	–	–
China 中國保障	–	–	–	–	–	–	Plan CB4	552
Category C 類別二（21 名員工或以上）								
Worldwide 全球保障	Plan WC1	1, 677	Plan WC2	1, 338	Plan WC3	1, 011	–	–
Asia Region 亞洲區保障**	Plan AC1	1, 299	Plan AC2	1, 026	Plan AC3	780	–	–
China 中國保障	–	–	–	–	–	–	Plan CC4	492

***亞洲區保障：國家包括汶萊、柬埔寨、中國大陸、關島、印尼、日本、韓國、澳門、馬來西亞、菲律賓、塞班島、新加波、台灣、泰國及越南*

6. 注意事項

6.1 計劃分類

6.1.1 按地區分類

可按地區分為 3 類：

i） 地區 W：全球保障 Worldwide

ii） 地區 A：亞洲區保障 Asia Region
國家包括：汶萊、柬埔寨、中國大陸、關島、印尼、日本、韓國、澳門、馬來西亞、菲律賓、塞班島、新加波、台灣、泰國及越南。

iii） 地區 C：中國保障 China

6.1.2 按人數分類

計劃類別按參加人數分為以下三類：

i） 類別一 (Category A) ：5-10 員工

ii） 類別二 (Category B) ：11-20 員工

iii） 類別三 (Category C) ：21 員工或以上

類別按保單生效日開始計算，並只能於續保時方可更新。

6.1.3 按保障額分類

按保障額分為以下四類：

i） 計劃一 (Plan 1)
ii） 計劃二 (Plan 2)
iii）計劃三 (Plan 3)
iv） 計劃四 (Plan 4)

6.2 僱主可為不同職級僱員購買不同類別的計劃，最多可選擇 3 項計劃：

例：



Plan 計劃 (WA1) Class 職級： Manager 經理
Plan 計劃 (AA2) Class 職級： Officer 主任
Plan 計劃 (AA3) Class 職級： Assistant 助理

6.3 受保成員之職級分類如有更改，應立即通知團體業務部，以便作出風險評估。

7. 優點及服務要點

7.1 24 小時全天候上網查詢服務
- 所有受保成員均可隨時隨地瀏覽「Travel Pro 企業旅遊保專頁」http://gmd.aia.com.hk，查詢保障範圍及理賠資料。

7.2 彈性保障地區選擇
- 特設「中國保障」、「亞洲區保障」及「全球保障」等不同保障地區範圍，企業可自由選擇地區組合，設合不同需要。

7.3 全面旅遊保障，保費低至每天 HK$ 1.5!

7.4 折扣優惠

特設三種不同類別保費組合：
類別 1：5-10 位員工
類別 2：11-20 位員工
類別 3：21 位員工或以上
投保人數愈加，保費相對低廉。

7.5 受保僱員延伸至第四級職業類別，體力勞動成員亦可受惠!
7.6 僱主可為不同職級員工選擇不同保障計劃
7.7 中國支援卡 China Assist Card
- 所有受保成員均可獲得「中國支援卡」，確保在國內超過 130 間網絡醫院可獲得即時醫療護照。

7.8 旅遊預防疫苗注射費用
7.9 替補員工
7.10 安排家屬探望
7.11 購物保障
7.12 家居保障
7.13 住院現金津貼
7.14 不設墊底費

8. 一般不受保障項目

8.1 在香港境內發生的損失（「個人意外」、「行程取消」及「身故體恤津貼」除外）
8.2 於澳門之緊急遺體運送及遺體遣返服務
8.3 宜戰之戰爭、軍事行動、違返行為、被拘留、罷工或工業行動
8.4 恐怖襲擊
8.5 賽車或任何牽涉駕駛之比賽活動
8.6 參與職業運動
8.7 飛機上的工作人員或操作員
8.8 任何第一至第四等級職員以外之工作類別
8.9 自殺或自致的傷害
8.10 愛滋病或人體免疫力缺乏病毒感染
8.11 懷孕或生育

8.12 已存在的疾病或損傷
8.13 任何先天性殘疾及遺傳病

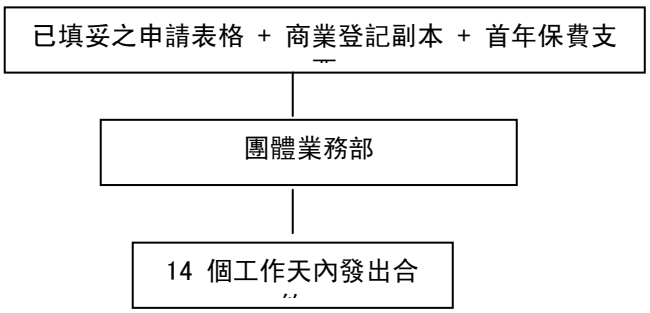
8.14 違反醫生勸諭而外遊之旅程
8.15 遺失或被竊後 48 小時內未有向警方報失
8.16 正常之磨損及損耗
8.17 珠寶及古董：易碎物品之破壞或毀壞
8.18 食物、文件、商業物件及儲存在電腦磁帶、磁卡、磁碟等資料之損毀或遺失。
8.19 除盜竊外，受保僱員之行李、物件、旅遊證件或金錢需在酒店或公共交通工具上遺失或損毀。
8.20 就家居保險條款，如受保僱員離港超過 90 天或以上，將不在保障範圍之內。
8.21 乘搭順風車
8.22 就購物保障條款，以下並不包括在保障範圍之內：

- ✖ 汽車、船隻及飛機
- ✖ 永久性房產及 / 或公司房屋設備安裝及維修用品（包括並不止於地毯類、地板材料、瓦、瓷磚、牆磚、地磚類、冷氣機、雪櫃或暖風設備）
- ✖ 旅遊支票、現金、任何門票、車票或入場券、珍貴錢幣或郵票、植物、動物、耗材
- ✖ 藝術品、古董及收藏性物品
- ✖ 皮草、珠寶、寶石、珍貴玉石或金屬
- ✖ 轉售或零售及作專業或商業用途之產品
- ✖ 受保僱員租兵或租用之產品

9. 資料搜集

	新個案	續保個案
公司 / 機構英文名稱	✓	✓
業務性質	✓	✓
商業登記副本	✓	✓
受保成員名單（只包括僱員）	✓	✓
受保成員年齡	✓	✓
受保成員性別	✓	✓
理想保障範圍 / 財政預算	✓	✓
生效日期	✓	✓
現時福利	✗	✓
現時所屬之保險公司	✗	✓
客戶有否索取其他保險公司的計劃書	✓	✓

10. 成交程序及處理時間



11. 資料搜集

1. 問： 如何尋找團體保險客戶？
   答：
   1. 可從現存之客戶著手。
   2. Travel Pro 設計較簡單，適合架構簡單之中小企如貿易公司等。
   3. 當掌握了基本團體保險銷售技巧，您便可繼而展開銷售度身訂造計劃予較大型之機構，開拓更多商機。
   4. 另外，我們建議營業員可多參與團體業務部定期所舉辦之銷售技巧工作坊，汲取其他營業同事之銷售經驗與心得，並加以練習。

2. 問： Travel Pro 之投保人數要求是多少？

答： 5 名或之上。

3. 問： 在保險生效前是否須要職業批核？
答： 是。

4. 問： Travel Pro 有甚麼銷售重點？
答：
1. 24 小時全天候上網查詢服務
   - ✓ 所有受保成員均可隨時隨地查詢保障範圍及理賠資料。
2. 彈性保障地區選擇
   - ✓ 特設「中國保障」、「亞洲區保障」及「全球保障」等不同保障地區範圍，企業可自由選擇地區組合，設合不同需要。
3. 全面旅遊保障，保費低至每天 HK$ 1.5！
4. 團體折扣優惠
5. 受保僱員延伸至第四級職業類別，擴大可投保員工之市場！
6. 僱主可為不同職級員工選擇不同保障計劃
7. 所有員工均可獲發中國支援卡 China Assist Card
8. 旅遊預防疫苗注射費用賠償
9. 替補員工
10. 安排家屬探望
11. 購物保障
12. 家居保障
13. 住院現金津貼
14. 不設墊底費

5. 問： 旅遊預防疫苗是否需要在出發前注射，方可獲得有關費用保障？
答： 是。

6. 問： Travel Pro 是否具足夠的市場競爭力？
答： 是的。Travel Pro 具備足夠的元素與市場競爭：
- 保障項目多
- 計劃彈性高
- 保費合理
- 獨設旅遊預防疫苗注射費用
- 獨設替保員工

7. 問： 何謂己存在疾病？
答： 己存在的疾病或損傷乃指受保成員於保障生效日前 12 個月曾接受治療之受傷或疾病。任何己存在之疾病或損傷均為不受保障項目。

8. 問： 若受保成員人數改變，保費是否會獲得退還？
答： 會，客戶必須於一個月內通知有關改變之資料，而保費調整則於保單新周年日之賬單內計算。

9. 問： 若受保成員之職級分類有所改變，是否需要通知團體業務部？
答： 受保成員之職級分類如有更改，應立即通知團體業務部，以便作出風險評估。

10. 問： Travel Pro 有何特別之處？為什麼您要選擇銷售這項產品？
答： Travel Pro 助您開拓市場，您當然要對它更加了解：
1. Travel Pro 是程序簡單、收費合理而物超值的產品，容易推廣，可助您成功踏出銷售團體保險的第一步，而團體保險絕對有助您拓展個人壽險及其他保險產品。
2. 現時中港商貿關係緊密，不少僱員需頻密往返中港兩地，Travel Pro 的「中國保障」可全面照顧這些僱員的需要；
3. 團體保險的生意亦可計算於各會籍如 Superstar、SMDC、MDRT 等；
4. 團體保險的生意亦有助營業員與公司維持營業員合約。

11. 問： 為甚麼您要銷售團體保險產品？
答： 1. 團體保單每年續保之佣金成為營業員固定收入。

2. 團體保險客戶之受保成員數目較多，可為營業員帶來更多拓展其他產品的商機。

12. 問： 團體業務部會否安排 Travel Pro 課程給各區之營業員？
答： 團體業務部每月均舉行課程，分別講解團體保險產品及銷售技巧。

註：「友邦」、「我們」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)。

附件一：企業萬里遊 – 申請表範例

AIA International Limited (Incorporated in Bermuda with limited liability)
友邦保險(國際)有限公司 (於百慕達註冊成立之有限公司)
Application Form for Travel Pro 企業萬里遊申請表

Application is hereby made for Travel Pro 投保 企業萬里遊 如下：

Applicant 投保公司 _____

Address 地址 _____

Telephone No 電話 _____ Contact Person 負責人 _____

E-mail Address 電郵地址 _____

Business Type 商業類別

- ☐ Advertising 廣告 (480)
- ☐ Banking 銀行 (600)
- ☐ Computer/ Electronics & Electrical Appliance 電腦/電子及電器用品 (360)
- ☐ Hotel 酒店 (700)
- ☐ Investment Bank 投資銀行 (602)
- ☐ Law & Solicitor 法律 (810)
- ☐ Pharmaceutical/ Petroleum/Chemical 藥劑/石油/化工 (290)
- ☐ Retailing 零售 (590)
- ☐ Telecommunications/Electronics 電訊/電子 (481)
- ☐ Transportation & Logistics 運輸及物流 (470)
- ☐ Trading 貿易 (510)
- ☐ Others 其他 (Please specify 請註明) _____

Eligibility : For employees upon completion of _____ months probation
參加資格：僱員試用期後均可參加

Effective Date: ____ mm ____ dd ____ yyy
生效日期： 月 日 年

Premium payable ANNUALLY commencing on the effective date
繳費辦法：保費自保單生效日起逐年繳付

Description of class 計劃類別

(Please specify the plan code in the bracket 請於括號內填上計劃編號)
E.g. 例： Plan 計劃 (WA1) Class 職級 Manager 經理
Plan 計劃 ( ) Class 職級 _____
Plan 計劃 ( ) Class 職級 _____
Plan 計劃 ( ) Class 職級 _____
* A maximum of 3 classes can be selected 最多只可選擇3項計劃

Category 類別 (as at policy effective date 以保單生效日計)
(Please tick 請在適當格內加✓)

- ☐ Category A 類別一 (5 - 10 employees 員工)
- ☐ Category B 類別二 (11 - 20 employees 員工)
- ☐ Category C 類別三 (21 employees or above 員工或以上)

Declaration & Authorization 聲明及授權

1. The Applicant hereby warrants that the particulars given in his application are true and agrees that this application shall be the basis of the contract between the Applicant and AIA.
本投保公司現保證於投保申請書上填寫的資料乃真實無訛，並同意本投保申請書將會構成本投保公司與友邦保險所簽署合約之依據。
2. The Applicant agrees to furnish all information regarding the proposed insured employees hereunder required by AIA for the purpose of calculating premiums or benefits.
本投保公司同意於友邦保險要求時，隨時提供有關準受保僱員之資料以便友邦保險核算保費及保險利益給付。
3. The Applicant hereby declares and agrees that :
本投保公司現聲明並同意：
   a.) Statement (information) in the Proposed Insured Employee Data Form and the information received by the company as to the employees' subsequent changes in occupational class or deletion of certain proposed insured employees or addition of new employees to be insured shall form a part of this application and of the group policy, and shall be the basis for underwriting thereof.
   凡隨本申請表已提出申請投保之僱員或在保險有效期內可能提出投保之僱員，均須為投保公司之全職僱員及在正常工作。
   b.) The group insurance coverage applied for shall not take effect until the policy has been issued and the first premium has been paid to AIA.
   本團體保險之申請將於保單簽發及已繳清首年保費後，方為生效。
   c.) All individuals, for whom application for insurance is submitted, or may be submitted during the continuance of the policy, shall be full-time salaried employees working for the Applicant and who are in active service.
   凡隨本申請表已提出申請投保之僱員或在保險有效期內可能提出投保之僱員，均須為投保公司之全職僱員及在正常工作。
   d.) All the proposed insured employees will not travel contrary to the advice of any medical practitioner or travel in order to receive medical treatment. The Applicant and all proposed insured employees know none of any condition, cause or circumstance existing that may necessitate the cancellation or curtailment of the planned journey and all the proposed insured employees are now in good health and free from mental deficiency and physical impairment or deformity.
   準受保僱員不會違反醫生之勸告及出外旅遊目的不在於求診。又本投保公司及準受保僱員皆已安排但須取消之行程事先均不知情。及準受保僱員並無精神病或任何身體殘廢或缺陷。
   e.) If there is any untruth in furnishing the application or any other statement in connection with the insurance on the employees and dependents (if any), AIA has the right to reject all claims for the amount issued.
   在填報本申請表及提供其他有關僱員或家屬資料時，若有任何虛報或陳述不實，友邦保險有權取消本保單內應有之賠償。
4. I/We (the Applicant) confirm that I/we have read and understood the AIA Personal Information Collection Statement ("AIA PIC") and have obtained all necessary authorization (if so required) from my/our employees to process the current insurance coverage on their behalf. I/ We declare and agree that any personal data and other information relating to me/us or my/our employees (and also their dependents, if any) or my/our policy(ies) or investments contained in this application or collected, obtained, compiled or held by AIA by any means from time to time may be collected and utilized in accordance with the AIA PIC. I/We acknowledge and consent to the transfer of my/our personal data (and that of my/our employees and their dependents) outside of Hong Kong for the purposes and to the types of transferee as set out in the AIA PIC. The updated version of AIA PIC is available for download from its website: www.aia.com.hk, and is made available upon request.
本人/我們(申請人)確認本人/我們已閱讀及明白AIA個人資料收集聲明(「AIA個人資料收集聲明」)，及已向本人/我們的僱員取得所有所需的授權(如需要)以作他們作出處理本保險申請。本人/我們等聲明及同意在本申請所載或AIA不時以任何方法收集所得、編製或持有的任何個人資料及關於本人/我們或本人/我們的僱員(和其受保家屬(如有))或本人/我們的保單或投資的其他資料，可根據AIA個人資料收集聲明收集及使用。本人/我們知悉及同意就AIA個人資料收集聲明所述目的轉讓本人/我們(和本人/我們的僱員(和其受保家屬(如有))的個人資料至香港境外予AIA個人資料收集聲明所載的資料承讓人。AIA個人資料收集聲明的最新版本可於AIA網址下載：www.aia.com.hk，及可向AIA索取。
5. In the event of any difference arising in respect of the Chinese and English version of this Application Form and Proposed Insured Employee Data Form, the English version which is the basis of the group policy issued pursuant to this Application Form is considered absolute and binding.
如對本投保申請書及準受保僱員資料中內容有任何異議時，則以上述文件之英文版本為準，該英文版本亦即所頒發之團體保單契約之根據。
6. To reimburse AIA for any shortfall not collected from members.
同意承擔受保僱員及/或其家屬（如適用）未能清還予友邦保險之任何欠款。
7. We, the Applicant, hereto appoint and authorize AIA, on our behalf, to:
投保公司委派友邦保險代表投保公司：
   a.) administer the terms of the Travel Pro we purchase from AIA;
   管理投保公司由友邦保險購買之企業萬里遊之條款。
   b.) arrange for registered hospitals, medical practitioners and other health care providers (Network Providers) to provide health care services to our eligible employees and their dependents, if any;
   與註冊醫院、醫生及其他醫護服務提供者（"網絡醫護服務提供者"）商定為投保公司合資格僱員及其家屬（如適用者）提供醫護服務。
   c.) accept direct billing from Network Providers for health services rendered to our employees and their dependents, if any;
   直接付款予向投保公司僱員及其家屬（如適用者）提供醫護服務之網絡醫護服務提供者。
   d.) terminate or suspend relationships with Network Providers as necessary.
   在必須情況下終止或暫停與網絡醫護服務提供者之關係。
8. This application form should only be issued in conjunction with the principal brochure (including product, and plan charges brochures/leaflets). We, the Applicant, have read and understood the principal brochure (including product and plan charges brochures/leaflets) before signing on this application form.
此投保申請書必須連同主要推銷刊物（包括產品介紹及收費一覽表小冊子/單張）發出。我們投保公司在簽署此投保申請書前已詳閱及完全明白有關主要推銷刊物（包括產品介紹、及收費一覽表小冊子/單張）。

Date 申請日期：	Applicant 投保公司：
Witnessed by 見證人：	Authorized Signature with Company Chop 授權簽署及公司印鑑：

AGENT USE 營業員填寫

Full Name 姓名	Contact No. 電話	Area Code 地區編號	Unit/Agent Code 組別/營業員編號	D/U/A 組別名稱

OFFICE USE 內部填寫

Travel Pro Policy No. 企業萬里遊 保單編號	Anniversary Date 週年日期 ____ / ____ / ____ mm 月/ dd 日/ yyy年
Existing Group Medical Policy No. (if any) 現有團體醫療保單編號（如適用）	

☐ Please tick here appropriate 請在適當方格內填上✓

"AIA" herein refers to AIA International Limited (Incorporated in Bermuda with limited liability).
「友邦保險」及「友邦」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)。

GPETP01.0513 (PTA00095.0513)

附件二：企業萬里遊 – 準受保僱員資料表

Please prepare and submit the following items to AIA Corporate Solutions Department, 12/F, AIA Financial Centre, 712 Prince Edward Road East, Kowloon, Hong Kong
請遞交以下文件至香港九龍太子道東712號友邦九龍金融中心12樓友邦團體業務部。

- ❑ Photocopy of Business Registration
  商業登記證之影印本
- ❑ Application Form duly completed by the applicant
  由投保公司填妥之申請表
- ❑ Proposed Insured Employee Data Form duly completed by the applicant
  由投保公司填妥之準受保僱員資料表
- ❑ Cheque for first year premium made payable to "AIA International Limited"
  首年保費之支票，抬頭為「友邦保險(國際)有限公司」
- ❑ Required Document by The Guideline on Anti-money Laundering and Counter-Terrorist Financing
  《打擊洗錢及恐怖分子資金籌集指引》要求文件

Travel Pro - Proposed Insured Employee Data Form 企業萬里遊 - 準受保僱員資料表

Important Notes 注意事項：
- Please fill in block letters as shown on HKID Card and underline family name. 請用正楷填寫，以香港身份證為準，並於姓氏下加橫線。
- The effective date can be on any day of the month. However, insurance coverage for employees will be subject to occupation underwriting approval. 保單生效日可以是任何一天，惟僱員之保障需經職業核保後，方始生效。

Name of Employee (same as HKID/Passport) 僱員之英文姓名 (須與香港身份證/護照相同)	Sex 性別	HKID/ Passport No. 香港身份證/護照號碼	Marital Status 婚姻狀況	Date of Employment 受僱日期 MM 月	DD 日	YY 年	Date of Birth 出生日期 MM 月	DD 日	YY 年	Plan 計劃	Premium for Employee 僱員保費	Name of Bank (Full) 銀行名稱（全名）	Bank Code 銀行編號	Branch Code 分行編號	Account Number 戶口編號	E-mail Address 電郵地址	Exact Duties (Eg. Clerical, Purchasing) 主要工作範圍 (如文書處理、採購工作)
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
										Total Premium (HK$) 全年總保費（港幣）							

Authorized Signature with Applicant Company Chop 投保公司授權之簽署及公司印鑑

Dated at 簽署於 _____ Place 地方 on ____/____/____ MM 月 DD 日 YYYY 年

Please make copies of this form if necessary. 若此表格不敷使用請自行影印。

GPSTPF02.0513 (PTA000953.0513)

團體業務部「企業躍升易保障計劃」產品資料冊

	項目	頁數
A.	產品簡介 – 理念、特點、銷售對象	1 – 3
B.	核保規則	3
C.	佣金	3
D.	產品資料	3
E.	「企業躍升易保障計劃」利益一覽表 及 調整基數	4 – 6
F.	「企業躍升易保障計劃」醫療網絡 及 緊急治療費用賠償	7
G.	有關預先醫療批核	7
H.	100% 賠償率及80%賠償率計劃的醫療卡、索償手續程序	8 – 9
I.	網絡醫生分佈	10
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N.	常見問題	37 – 39
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A. 產品簡介

請留意：
財務策劃顧問必須通過保險中介人資格考試之**試卷二「一般保險」考試**（即擁有P2牌照），方才可銷售此產品

產品名稱：	**「企業躍升易保障計劃」**	
銷售地區：	香港	
基本計劃：	基本團體醫療計劃	
產品類別：	一般保險類別 (General Insurance)	
銷售對象：	• 持有香港商業登記證之企業；及 • 擁有3至50名全職僱員之企業	
投保資格：	• 參與主要保障計劃之企業，須已聘有 3 至 50 名全職僱員（全職僱員是指獲投保企業長期聘用及慣常地執行其固定職務） • 如僱主加入希望為基本計劃增添任何附加保障，則至少須有 3 名同一職級全職僱員參加同一附加保障計劃 • 如計劃包括家屬保障，所有合資格之家屬必須參加與其僱員相同的計劃	
投保年齡（受保人）：	僱員 / 配偶	64歲或以下
	未婚子女	出生2星期至18歲（全日制學生可延至22歲）
保障至年齡：	僱員 / 配偶	69歲
	未婚子女	18歲（全日制學生可延至22歲）
核保：	3至7名全職僱員的企業	須進行簡單醫療核保，並須由AIA批核
	8名或以上全職僱員的企業	無須核保，保證接納申請
計劃選項： （主要保障）	• 計劃一 – 普通房計劃，100%費用賠償 • 計劃二 – 普通房計劃，80%費用賠償 • 計劃三 – 半私家房計劃，100%費用賠償 • 計劃四 – 半私家房計劃，80%費用賠償	

	• 計劃五 — 標準私家房計劃，100%費用賠償 • 計劃六 — 標準私家房計劃，80%費用賠償
主要保障:	• 由 AIA 醫療網絡提供的全面住院及手術護理 • 出院 / 門診手術後門診諮詢 • 入住政府醫院普通房獲住院現金惠益 • 住院現金惠益(適用於第 2 次索償) • 其他保障包括環球緊急支援服務及中國支援卡
附加保障:	• 門診保障 • 牙科保障
貨幣:	港元
繳費形式:	僱主以年繳方式繳交保費

產品理念:

根據資料顯示*，香港中小企只有少於10%為僱員提供團體保險，為打開香港中小企市場，友邦團體業務部推出**「企業躍升易保障計劃」*(PowerEasy)* 團體醫療網絡套裝產品**，為僱員提供全面的醫療保障，申請手續簡易。受保成員可使用AIA的優質醫療網絡享用卓越的住院及手術服務，僱主亦可因應預算和需要，自由選擇附加門診及/或牙科保障。

採用醫療網絡及預先醫療批核，可確保給予成員有效而合適的治療，同時讓他們於接受治療更有預算，亦可幫助僱主控制整體索償開支。加上此計劃屬套裝產品，在調整價格時我們會衡量此產品所有客戶的整體賠償情況而非個別客戶，讓僱主及財務策劃顧問無須過份擔憂因個別成員高額賠償個案而引致續保保費大幅提升，讓僱主在團體醫療保費方面較容易作出預算。

此計劃亦有別於市場上大部分同類型產品，以每病症總限額賠償多項主要醫療開支，不設分項賠償上限亦無墊底費，產品設計簡單易明，財務策劃顧問更易向僱主及僱員解釋保障範圍，僱主及僱員亦能更易理解。

「企業躍升易保障計劃」以具競爭性的價格提供全面的僱員福利保障，全面照顧僱員需要，幫助企業建立健康及更具生產力的團隊，吸納及挽留人才。

資料來源:
*2013 年「Market Penetration Strategy Research for Group Insurance」報告，由友邦香港委託捷孚凱香港(GfK)編制。

產品特點：

- ✓ 產品屬於一般保險類別 (General Insurance)
  - 可豁免《打擊洗錢及恐怖分子資金籌集指引》(AML)所需文件及財務需要分析(FNA)手續，簡化申請程序
- ✓ 針對香港中小企市場的團體醫療網絡套裝產品
- ✓ 申請簡易
  - 3至7名僱員的公司：只需簡易核保
  - 8名或以上僱員的公司：無需核保，保證接納申請
- ✓ 受保已存在病症 – 如成員已連續受保12個月，其已存在病症均可受保，為成員提供全面的保障
- ✓ 有別於市場大部分同類型產品，於每病症總限額內賠償多項主要醫療開支，不設分項賠償上限，無墊底費
- ✓ 主要保障：網絡醫療住院(可經由網絡醫生*或診所轉介)
- ✓ 可附加保障：門診及/或牙科
- ✓ 僱員人數10人或以上的機構，我們會提供**「友心意」醫療保障計劃**給受保成員購買

*網絡醫生的數目於不同時期會有所差異。

利用CS iPoS銷售**「企業躍升易保障計劃」**更簡易、更方便!

銷售對象：

- 持有香港商業登記證之企業；及
- 擁有3至50名全職僱員之企業

B. 核保規則

體檢要求：	3 – 7名僱員的企業	需遞交簡單健康申報表，並需由AIA批核
	8名以上僱員的企業	無須醫療核保，保證接納申請

C. 佣金

以每年計：

基本計劃	15%
附加保障	10%

D. 產品資料

產品小冊子	繁體中文、英文版本	• 電子版可由2016年10月26日起可登入 **營業員專區 eAgency Corner > 部門資訊 > 團體業務部** 下載 • 印刷版本亦可由2016年10月26日起於PSS訂購，有關編號為：PTA999348 (英文)及 PTA999349（中文）

E. 「企業躍升易保障計劃」利益一覽表 及 調整基數

主要保障

	最高限額（港元）					
計劃	**計劃一**	**計劃二**	**計劃三**	**計劃四**	**計劃五**	**計劃六**
地域保障範圍 **第1至11項適用**	香港 －只限醫療網絡服務 海外－非醫療網絡內服務					
病房級別	普通房		半私家房		標準私家房	
每病症限額 **第1至9項適用**	100,000		200,000		400,000	
賠償百分比	100%	80%	100%	80%	100%	80%
墊底費	0	0	0	0	0	0
I. 住院賠償						
1. 每日病房及膳食費用賠償						
2. 醫生巡房費賠償						
3. 專科醫生費用						
4. 住院雜費賠償 包括先進診斷掃描及基本化驗						
5. 深切治療費用賠償						
II. 手術費用賠償						
6. 手術惠益 包括外科手術費、麻醉師費及手術室費						
7. 門診手術惠益 包括外科手術費、麻醉師費及手術室費						
8. 醫療裝置費用惠益 指定項目： 包括： i. 起搏器 ii. 經皮冠狀動脈腔內成形術的支架 iii. 眼內人造晶體 iv. 人工心瓣 v. 金屬或人工關節置換 vi. 人工韌帶置換或植入 vii. 人工椎間盤						
III. 出院/門診手術後門診諮詢						
9. 出院後或門診手術後的31日內所接受之門診諮詢或診斷測試						

	最高限額（港元）					
計劃	**計劃一**	**計劃二**	**計劃三**	**計劃四**	**計劃五**	**計劃六**
10. 入住政府醫院普通房或無需收費之醫院的住院現金惠益（每日）	250	250	400	400	800	800
11. 住院現金惠益（適用於第2次索償）（每日）	250	250	400	400	800	800
IV. 其他保障						
12. 中國支援卡	已包括					
V. 緊急治療費用賠償						
如成員急需醫療服務而需到非醫療網絡求診，須於24小時內通知友邦，友邦將安排醫療網絡提供相關治療。如成員選擇不使用醫療網絡的服務，除非獲得本公司另行批准，否則就該治療所索償的醫療服務保障將不會受理。						
環球緊急支援服務						
a. 緊急醫療運送	全數受保					
b. 運返遺體	全數受保					
c. 環球住院按金保障	高達60,000港元 (每一旅程)					
d. 安排一名直屬家屬探望 （如成員需連續住院超過7日） - 包括來回經濟客位機票 - 住宿費	已包括 高達12,000港元 (每一旅程)					
e. 送返兒童回原居地（未滿18歲之兒童） （如成員需住院，而與成員同行的子女未滿18歲且無人照顧） - 單程經濟客位機票 - 安排專人陪同返回原居地（如需要）	已包括 已包括					
f. 海外住院期間醫療監察及出院後的醫療護送	已包括					
g. 出院後酒店療癒	每天高達2,000港元 (最多5天)					
h. 24小時全球電話諮詢服務	已包括					

調整基數

如成員於住院期間入住病房之級別較所選計劃相對的病房級別高，可支付的賠償將按以上利益一覽表計算，並因應下列「調整基數」作出調整：

計劃內病房級別	治療期間病房級別	調整基數
普通房	半私家房	50%
普通房	標準私家房	25%
普通房	VIP房/豪華房/套房	0%
半私家房	標準私家房	50%
半私家房	VIP房/豪華房/套房	0%
標準私家房	VIP房/豪華房/套房	50%

附加保障 – 門診

需要醫生簽發的轉介信

附加保障	最高限額（港元）			
	計劃一	計劃二	計劃三	計劃四
賠償百分比	醫療網絡	非醫療網絡	非醫療網絡	非醫療網絡
	100%	80%	80%	80%
總求診次數上限 第1至5項適用	50	30	30	30
1. 普通科門診醫生諮詢 • 每次求診連藥物 • 每日最多一次	全數受保	每次150	每次250	每次350
2. 物理治療	全數受保	每次150	每次250	每次350
3. 脊骨神經治療	不包括	每次150	每次250	每次350
4. 專科門診醫生諮詢 • 每次求診連藥物 • 每日最多一次	全數受保	每次300 每年10次	每次500 每年10次	每次700 每年10次
5. 中醫保障 包括 (i) 中醫治療 (ii) 跌打、針灸及推拿	(i) 全數受保 (ii)不包括	每次150 每年10次 (i)及(ii)受保	每次250 每年10次 (i)及(ii)受保	每次350 每年10次 (i)及(ii)受保
6. X光及化驗費用 （每年）	全數受保	1,500	3,000	5,000

附加保障 – 牙科

牙科保障	最高限額（港元）	
	計劃一	計劃二
賠償百分比	非醫療網絡	非醫療網絡
	100%	80%
1. 預防性口腔檢查及洗牙 每年最多2次	每年3,000	每年2,000
2. 口腔X光細片檢查及藥物		
3. 補牙及脫牙		
4. 牙瘡治療		
5. 齒尖或齒邊修復		
6. 活動假牙、牙冠與牙橋 因意外而導致		

F. 「企業躍升易保障計劃」的醫療網絡 及 緊急治療費用賠償

在「企業躍升易保障計劃」的主要保障(即住院及手術保障)下的6個計劃，都是由AIA醫療網絡提供。現時，於AIA醫療網絡下，約有1,500名網絡醫生*。

*網絡醫生的數目於不同時期會有所差異。

關於利益一覽表內的「V.緊急治療費用賠償」一項，如成員急需醫療服務而需到非醫療網絡求診，需於24小時內通知友邦，友邦將安排醫療網絡提供相關治療。如成員選擇不使用醫療網絡的服務，除非獲得本公司另行批准，否則就該治療所索償的醫療服務保障將不會受理。詳細程序已於會員指南說明，並詳列如下：

緊急入院程序
「急症」是指毫無徵兆而突然發生的疾病或受傷，所呈現的症狀十分嚴重，且按合理推斷，若不立即診治，有可能危及生命，或導致身體器官或任何部分嚴重或永久傷殘。急症例子包括心臟病突發、中風、中毒、窒息、昏迷、痙攣及失血過多等等。

a. 在緊急情況下，成員應即向最就近醫院求診並接受駐院醫生治療。
b. 成員應在接受治療或入院後二十四小時內盡快致電成員服務熱線(852) 2200 6333通知友邦保險，友邦保險會於辦公時間內聯絡成員以安排掛賬服務，並會為成員安排轉由網絡醫生跟進。如未能於入院後24小時內通知友邦保險，醫療保障將拒絕受理。
c. 有需要時請致電999求助。
d. 該次住院治療必須由駐院醫生轉介及醫治。
e. 除非成員入住網絡醫院並已經安排掛賬，否則成員須先行支付一切醫療費用，然後根據索償手續申請索償。

G. 有關預先醫療批核

住院申請、外科手術或診斷程序等均須由友邦預先核准。網絡醫生向成員提供任何服務前，需取得由友邦發出的醫療批核。

預先醫療批核的好處：
對成員：網絡醫生向成員提供任何服務前，需取得由友邦審批，讓成員於接受治療前更有預算
對僱主：因友邦會審批預先醫療批核個案，確保成員得到合適醫療及確保網絡醫生收費合理，幫助僱主控制整體索償開支

請注意：醫療核准的批核和住院費用代支，並不保證所有住院費用所到保障，成員需負責支付任何超出保障範圍的差額。

H. 100% 賠償率及80%賠償率的醫療保健卡、索償手續程序

a. 100% 賠償率及80%賠償率的索償手續程序

不論100%賠償率或80%賠償率的主要保障計劃，如成員接受住院治療，需先向友邦申請醫療核准。網絡醫生會作出有關安排。友邦可能會聯絡有關成員協助提供資料。

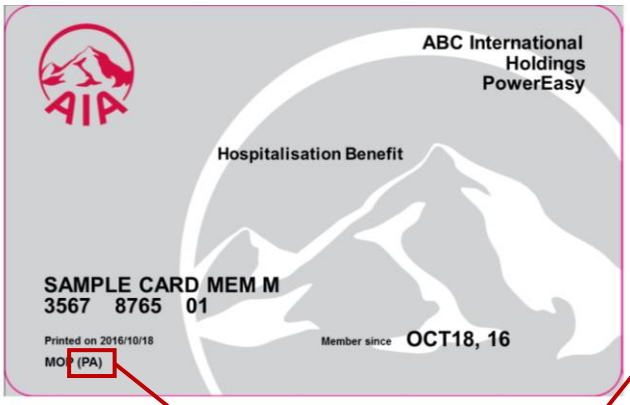
主要保障計劃	計劃一、三、五	計劃二、四、六
向友邦申請醫療核准	需要	需要
賠償率	100%	80%
墊底費	0	0
醫院費用代支服務	提供	不包括，成員需先繳付有關住院費用，再向友邦申請索償（此安排可避免向成員追討產生醫療費用差額，減低財務策劃顧問事後跟進的繁瑣）

b. 100% 賠償率(即計劃一、三、五)的醫療卡

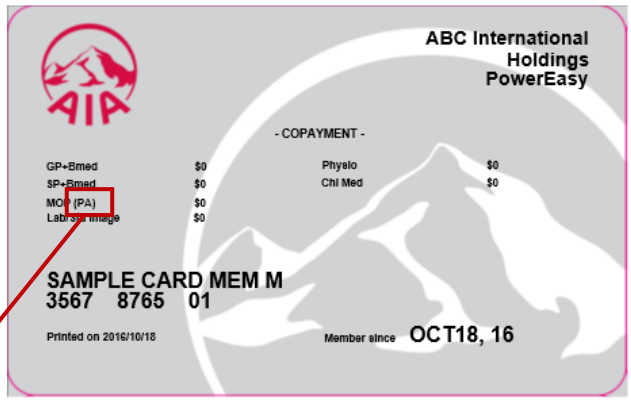
若成員受保於計劃一、三或五（100%賠償率），需住院及獲友邦批准「預先醫療批核」，成員可享有住院醫療費用代支服務，網絡醫院會直接向友邦保險收取成員之住院醫療服務費用。如有超過上述保障限額的差額或若成員享用一些不受保障之服務，友邦保險將會發出『醫療費用繳款通知書』通知成員立即繳交所需之款額。如代支服務上限經特別批核而被提高，成員可參閱團體醫療保單及/或其後的修訂文件以確認實際上限。

計劃一、三、五的醫療卡樣本

住院福利保障的醫療卡



住院福利保障及附加網絡門診的醫療卡



印在醫療卡上的 "PA"意思是：

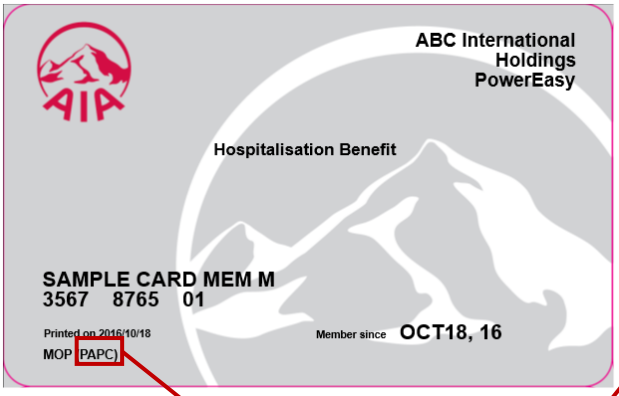
100% 賠償率；需申請事先醫療核準，並將獲安排費用代支服務。

c. 80% 賠償率(即計劃二、四、六)的醫療卡

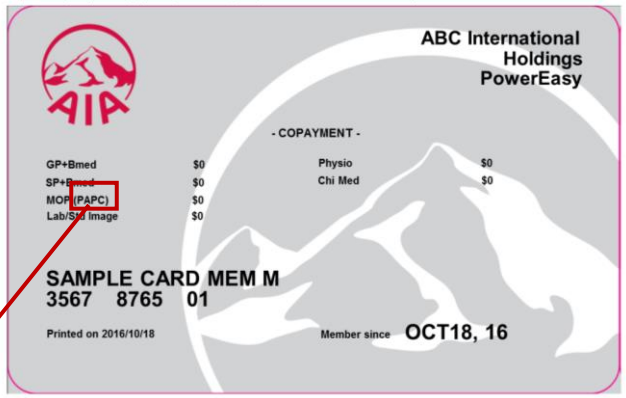
若成員受保於計劃二、四或六 (80%賠償率)，需住院及獲友邦批准「預先醫療批核」，友邦會提供合資格賠償費用的80%賠償，但將不獲安排住院醫療費用代支服務，網絡醫院會在成員出院時向成員收取所需欠的醫療費用。成員及後可向友邦保險就受理費用申請賠償，惟不超過成員的保障限額。

計劃二、四、六醫療卡樣本

住院福利保障的醫療卡



住院福利保障及附加網絡門診的醫療卡



印在醫療卡上的 "PAPC"意思是：

80%賠償率；需申請事先醫療核準；並需辦理索償手續(即不獲提供費用代支服務) 。

I. 網絡醫生分佈*

普通科	
地域分佈	**醫生數目**
香港	228
九龍	283
新界	482
離島	23
合共	**1,016**

專科	
地域分佈	**醫生數目**
香港	124
九龍	175
新界	36
合共	**335**

中醫診所	
地域分佈	**醫生數目**
香港	3
九龍	5
新界	3
合共	**11**

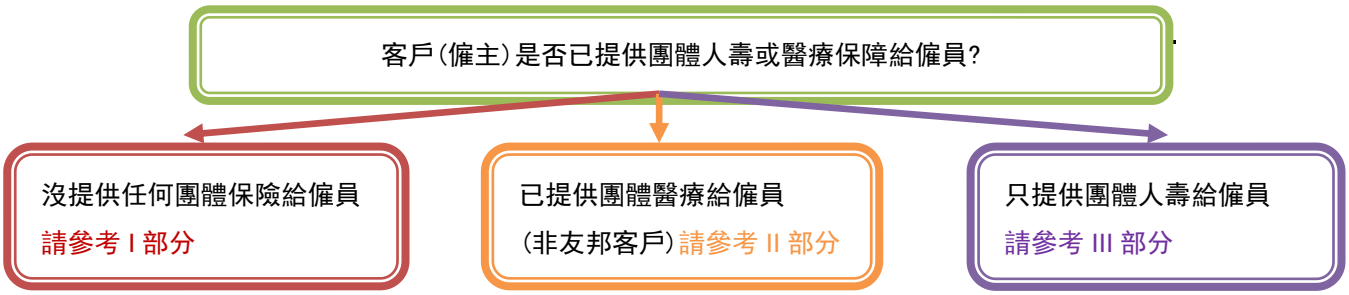
物理治療中心	
地域分佈	**中心數目**
香港	12
九龍	12
新界	8
離島	3
合共	**35**

化驗所	
地域分佈	**化驗所數目**
香港	21
九龍	22
新界	9
合共	**52**

專科門診分類					
心臟科	胸腔外科	腫瘤科	皮膚科	皮膚及性病學	免轉薦婦科
免轉薦兒科	內分泌科	腸胃肝臟科	外科	血液及 血液腫瘤科	內科
內科腫瘤科	腎病科	腦神經科	神經外科	婦產科	眼科
骨科	耳鼻喉科	小兒外科	呼吸系統科	風濕病學	泌尿外科

*網絡醫生的數目於不同時期會有所差異。

J. 產品配對小貼士



I 部分　　沒提供任何團體保險給僱員

- 了解客戶的公司人手 – 或 3 人或以上? 8 人或以上? 10 人或以上?
- 了解客戶為甚麼還未購買團體保險?
  - 以為人數太少的小型企業不能購買團險?
  - 以為保費太貴?
  - 不容易向僱員解釋團體醫療保障內的每項分項賠償?
  - 欠缺靈活性? 除住院保障外，想按預算附加門診及/或牙科保障
  - 有些中小企，想提供更多保障予僱員，如轉換權益、自選保障、團體危疾等

✓ 「**企業躍升易保障計劃**」較易推銷給此類客戶，因為此計劃保費相宜，無墊底費、網絡住院費用不設分項賠償，計劃簡單易明!

3 至 7 名僱員的企業

✓ 可以向他們介紹「**企業躍升易保障計劃**」(3 至 7 名僱員，只需簡單醫療核保，僱員更可得到團體住院醫療保障。)
✓ 以每病症總限額賠償多項主要醫療開支，不設分項賠償上限
✓ 6 個住院計劃，可接僱員職級提供不同計劃
✓ 按僱主預算，提供家屬保障。此外，可附加門診及/或牙科保障

8 名或以上僱員的企業

✓ 「**企業躍升易保障計劃**」是他們的好選擇。除以上提及的賣點外，8 名或以上僱員，無須醫療核保，保證受保

10 名或以上僱員的企業

若投保「**企業躍升易保障計劃**」，我們自動提供可攜式「**友心意**」給受保僱員及其家屬(如僱主提供家屬保障)自費投保。僱主無需動用額外資源，為成員提供更全面醫療保障 – 僱員即使離職、團體醫療保障完結，甚至退休，此計劃仍然繼續提供保障，為僱員帶來最適切的支援

✓ 如他們有額外預算及有 10 人或以上，可考慮同時向他們推介「**承諾**」**團體危疾保障**。

II 部分　　已提供團體醫療給僱員（非友邦客戶）

- 他們(公司客戶)現有的團體醫療計劃是否按分項賠償？例如，每日住房費用、手術費、醫療裝置費用等每分項各設有限額，如有僱員需住院，不論僱員或僱主或難以理解每項賠償的計算方法。

✓ 向他們介紹**「企業躍升易保障計劃」**的好處：

- 以每病症總限額賠償多項主要醫療開支，不設分項賠償上限

✓ 如 10 名或以上僱員的企業，投保**「企業躍升易保障計劃」**，我們自動提供可攜式**「友心意」**給受保僱員及其家屬(如僱主提供家屬保障)自費投保，僱主可省卻「個人轉換權利」的費用。

✓ 如他們有額外預算及有 10 人或以上，可考慮同時向他們推介**「承諾」團體危疾保障**。

III 部分　　只提供團體人壽給僱員

- 企業如只提供團體人壽保障，並不足以為僱員提供全面的僱員福利保障，如團體醫療、門診、牙科等。
- 了解客戶為甚麼還未購買團體醫療保險？保費太貴？手續繁瑣？
- 向他們推介**「企業躍升易保障計劃」**:
  - 以每病症總限額賠償多項主要醫療開支，不設分項賠償上限
  - 保費相宜，申請手續簡易：
    - 3 至 7 名僱員，只需簡單醫療核保
    - 8 名或以上僱員，保證受保
    - 10 名或以上僱員的企業，我們更提供**「友心意」**給成員選擇投保

✓ 如他們有額外預算及有 10 人或以上，可考慮同時向他們推介**「承諾」團體危疾保障**。

請注意:**「企業躍升易保障計劃」**的住院是醫院網絡保障。如客戶要求「非醫療網絡/自由選擇醫生」，可考慮向他們提供**「企業躍升保障計劃」**

想了解那些團險產品適合你的目標客戶，歡迎聯絡我們的業務代表。

K. 市場產品比較

(i) 產品特色

友邦「**企業躍升易保障計劃**」產品佔優的地方已以綠色標示，並在該項目欄內標記星形圖案

	友邦「企業躍升易保障計劃」 新產品	**友邦「企業躍升保障計劃加強版」**	**永記 智 X**	**宏記 精 X 團體醫療保障**	**盛記 智 X**	**柏記 公司僱員健 X 網**	**富記 CARXXG**	**保記 晉 X**
一般保險 ☆	是	否	否	否	否	是	是	是
住院醫療網絡 ☆	• 設醫療網絡(香港) • 不設醫療網絡(只限海外)	不設醫療網絡	• 設醫療網絡計劃(惟須達每年保費50,000 港元及只適用於部份計劃) • 非醫療網絡計劃	• 不設醫療網絡 • 惟設有指定日間網絡手術保障	不設醫療網絡	不設醫療網絡	不設醫療網絡	不設醫療網絡
網絡醫生和醫療服務供應商數目 ☆	約 1,500 名	X	約 1,500 名	約 1,400 名	X	X	X	X
投保資格								
公司僱員人數	3 名僱員或以上	3 名僱員或以上	3 名僱員或以上	3-50 名僱員或以上	3-15 名僱員	5-50 名僱員	4 名僱員或以上	2 名僱員或以上
醫療核保	• 如僱員人數為 8 名或以上，保證接納申請 • 如僱員人數為 3-7 名，只需簡單醫療核保，並由友邦批核	無須醫療批核及健康申報	如僱員人數為 10 名或以下，每名僱員及家屬須申報健康狀況，保障範圍將視乎核保報告而釐定	須醫療批核	一般無須驗身	無須身體檢查、個別核保或填寫健康聲明	如僱員人數為 4 名或以上，無須醫療批核及健康申報	須醫療批核

	友邦 「企業躍升易保障計劃」 新產品	**友邦 「企業躍升保障計劃加強版」**	**永記 智 X**	**宏記 精 X 團體醫療保障**	**盛記 智 X**	**柏記 公司僱員健 X 網**	**富記 CARXXG**	**保記 晉 X**
家屬保障選擇	設有	設有	設有	設有 (不包括附加危疾保障)	設有	設有	設有 (4 名或以上僱員同時參與)	設有
投保年齡(僱員及其配偶)	64 歲或以下	64 歲或以下	65 歲以下	16 至 65 歲以下	16 至 59 歲	65 歲以下	69 歲以下	65 歲以下
投保年齡(未婚子女)	• 出生後 2 週至 18 歲；或 • 22 歲的全日制學生	• 出生後 2 週至 19 歲；或 • 22 歲的全日制學生	• 15 日至 19 歲以下；或 • 23 歲以下的全日制學生	• 15 日至 18 歲；或 • 24 歲的全日制學生或大學生	• 14 日至 18 歲；或 • 23 歲以下之全日制學生	• 15 日至 17 歲；或 • 未滿 23 歲的全日制學生	• 超過 14 日至 19 歲以下； • 19 歲或 25 歲以下的全日制學生	• 15 日至 18 歲；或 • 23 歲以下的全日制學生
保障至年齡(僱員及其配偶)	69 歲	69 歲	69 歲，惟可將僱員及配偶之受保年齡延至 70 歲	64 歲，惟可將受保年齡延至 69 歲(只限僱員)	No info	No info	No info	No info
不同級別的僱員設定不同的保障等級	可以	可以	可以 (僱員人數 5 名或以下只可設立 1 種計劃，6-20 名可設立 2 種，21 名以上 3 種)	可以 (僱員人數 10 名以下只可設立兩種計劃，10-20 名 3 種，20 名以上 6 種)	可以 (僱員人數 4-9 名只可設立 2 種計劃，10-15 名只可設立 3 種)	可以 (同一類別之僱員必須參與同一計劃)	可以 (同一類別之僱員必須參與同一計劃)	可以 (僱員人數 2-4 名，只可選擇 HS3/OP4 計劃，且必須同時投保附加門診)

	友邦 「企業躍升易保障計劃」 新產品	**友邦 「企業躍升保障計劃加強版」**	**永記 智 X**	**宏記 精 X 團體醫療保障**	**盛記 智 X**	**柏記 公司僱員健 X 網**	**富記 CARXXG**	**保記 晉 X**
主要保障								
主要保障範圍	• 住院及手術 • 門診手術 • 指定醫療裝置 • 出院/門診手術後門診諮詢 • 每日住院現金保障 • 每日住院現金賠償(第二次索償) • 環球緊急支援服務	• 人壽(僱員) • 意外(僱員) • 住院及手術 • 出院後門診諮詢 • 每日住院現金保障 • 額外海外住院醫療保障(因意外導致) • 環球緊急支援服務	• 人壽(僱員) • 住院及手術 • 手術後門診治療 • 每日住院現金保障 • 海外住院附加保障(因意外導致) • 國際緊急支援服務	• 人壽(僱員) • 住院及手術 • 入院前及出院後門診治療 • 每日住院現金保障 • 網絡手術保障 • 網絡手術現金津貼 • 提升海外意外保障(僱員) • 緊急援助保障	• 人壽(僱員) • 意外(僱員) • 住院及手術 • 手術後醫生出診或門診治療 • 全面緊急支援服務	• 住院及手術 • 入院前及出院後之門診護理 • 每日住院現金保障 • 免費附加醫療保障 • 國際援助計劃	• 住院及手術 • 出院後治療 • 每日住院現金保障 • 緊急支援服務	• 住院及手術 • 入院前及出院後之門診護理 • 每日住院現金保障 • 緊急支援服務
中國支援卡	設有	設有	中國緊急醫療服務	設有	設有	提供國內住院按金墊支服務	提供國內指定醫院支付入院按金保證	X
受保已存在病症 ☆	凡已於**「企業躍升易保障計劃」**下連續受保 12 個月，均可受保	凡已於**「企業躍升保障計劃加強版」**下連續受保 12 個月，均可受保	保險保障生效前 90 日內已存在的傷病：不受保	受保，如： 1. 該保障是生效日期後連續三個月期間結束之後接受或建議接受的醫療治療，而在該段期間並未就該損傷或疾病接受或獲建議接受治療；或 2. 該保障是關於受保成員在該	不受保	不受保	凡已連續在此保單下受保 12 個月，均可受保	凡已在此保單下連續受保 12 個月，均可受保

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				保障下受保的生效日期起計一年後所接受或獲建議接受的治療				
轉換權益 ☆	• 不設轉換權益，可選擇投保可攜式個人醫療計劃**「友心意」醫療保障計劃**(適用於 10 名僱員或以上的公司) • 僱主無需額外繳付轉換權益費用、亦無須額外成本及行政負擔即可為僱員提供更全面保障	• 凡受保僱員在退休或終止合約之時，其年齡為 65 歲或以下，可轉換至指定 AIA 個人醫療保障計劃(只適於 10 名僱員或以上的機構)	X	X	X	• 凡受保僱員在退休或合約終止時，可選擇轉換至指定個人醫療保障計劃	X	X
計劃特色 ☆	• 計劃不設分項賠償上限，因此可按每病症之總限額同時賠償多項的主要醫療開支 • 可選擇 80%	• 無須提供索償紀錄 • 無須等候期 • 不設最低住院時間	• 所有住院及手術保障均提供 100%賠償至賠償上限 • 投保成員超過 20 名或總保費超過	• 所有住院及手術保障均提供 100%賠償至賠償上限 • 計劃 5 及 6 不設分項賠償上限，以每病症總限額提供一筆	• 基本大房計劃最高只可選擇 80%賠償率(綜合大房/優越及半私家：只提供 100%) • 投保僱員達 10 至 15 名，可享	• 所有住院及手術保障均提供 100%賠償至賠償上限 • 只須繳付一名子女的保費，所有合資	• 如其中一位合資格家屬參與計劃，其他所有合資格的家屬必須同時參與	• 不論受保人年齡大小，相同等級僱員，保費劃一計算 • 如其中一位合資格家屬參與計劃，其

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	或 100%賠償率		50,000 港元，可享 5%優惠	過賠償(惟賠償上限最高只達 25,000 港元，並只賠償部份住院及手術項目費用，亦限制於醫院大房級別) • 續保獎賞：於第 3、6、9 保單年續保，豁免該保單年度之一個月保費	5%額外保費折扣 • 如其中一位合資格家屬參與計劃，其他所有合資格的家屬必須同時參與	格子女均獲受保 • 同一計劃等級下的僱員，不論年齡享劃一保費		他所有合資格的家屬必須同時參與
門診附加保障								
門診	網絡：Y 非網絡：Y	網絡：X 非網絡：Y	網絡：Y 非網絡：X	網絡：Y 非網絡：Y	網絡：Y 非網絡：X	網絡：Y 非網絡：Y	網絡：Y 非網絡：X	網絡：Y (香港) 非網絡：Y (世界各地)
網絡醫生和醫療服務供應商數目	約 1,500 名	X	約 1,500 名	約 1,400 名	約 2,000 名	約 1,500 名	No info	約 2,000 名 (香港)
自付費	不設 / 80%賠償	X	部份計劃須自付費	不設	須自付費	部份計劃須自付費	部份計劃須自付費	部份計劃須自付費
其他	• 設 80%或 100%賠償率計劃	X	• 免費為合資格僱員提供身體檢查(OP0 除外) • 6 項專科索償無須轉介信	• 計劃 1 至 4 提供網絡門診、非網絡門診及疾病管理療程 • 計劃 5 及 6 只提供網絡普通科門診，惟不設最	X	• 投保附加門診附送牙科保障	• 必須有 4 名僱員同時申請 • 設 80%或 100%賠償率計劃 • 6 項專科索償無須轉介信	• 可選擇 80%或 100%賠償率 • 僱員及所有合資格家屬必須同時投保

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				高求診次數				
牙科附加保障								
牙科	提供	不提供	不提供	不提供	提供	提供	提供	提供
其他附加保障(需繳交額外保費)								
其他附加保障(需繳交額外保費)	X	• 額外醫療保障	• 醫療輔助	• 附加重病保障 • 非住院癌症及透析治療保障(只適用於如有選擇附加重病保障) • 危疾保障	X	X	• 附加額外醫療保障(必須有 4 名僱員同時申請)	• 住院附加醫療保障(必須有 5 名僱員同時申請) • 健康檢查保障(只限網絡)

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友邦「企業躍升易」的優勢：

- 產品屬於一般保險類別：可豁免《打擊洗錢及恐怖分子資金籌集指引》(AML)所需文件及財務需要分析(FNA)手續，簡化申請程序
- 提供優質醫療網絡，並精心挑選逾 1,500*名註冊醫生，為計劃內的受保僱員提供更卓越方便的醫療服務
- 申請簡易：
  如僱員人數為 8 名或以上，保證接納申請；
  如僱員人數為 3-7 名，只需簡單醫療核保，並由友邦批核
- 可為不同級別的僱員設定不同的保障等級，保障更可延伸至僱員家屬
- 受保已存在病症：凡已於**「企業躍升易保障計劃」**下連續受保 12 個月，均可受保
- 可選擇投保可攜式個人醫療計劃**「友心意」醫療保障計劃**(適用於 10 名僱員或以上的公司)，僱主無需額外繳付轉換權益費用、亦無須額外成本及行政負擔即可為僱員提供更全面保障
- 計劃不設分項賠償上限，因此可按每病症之總限額同時賠償多項的主要醫療開支
- 可選擇 80%或 100%賠償率之計劃
- 可按需要及預算投保附加門診及/或牙科保障

*網絡醫生的數目於不同時期會有所差異。

(ii) 基本保障

a. 普通房

友邦**「企業躍升易保障計劃」**產品佔優的地方已以綠色標示，並在該項目欄內標記星形圖案

	友邦「企業躍升易保障計劃」 新產品		**友邦「企業躍升保障計劃加強版」**	**永記 智 X**		**宏記 精 X 團體醫療保障**		**盛記 智 X**		**柏記 公司僱員 健 X 網**	**富記 CARXXG**		**保記 晉 X**
計劃	普通房 計劃 1	普通房 計劃 2	計劃 2	普通房 HS0	普通房 HS1	計劃 4	計劃 5/ 計劃 6	基本大房 計劃 5	基本大房 計劃 6	大房 計劃 3,6,9	大房 CHG 1	大房 CHG2	標準病房 HS3
網絡/非網絡	• 醫療網絡(香港) • 不設醫療網絡(海外)		不設醫療網絡	不設醫療網絡		• 不設醫療網絡 • 惟設有指定日間網絡手術保障		不設醫療網絡		不設醫療網絡	不設醫療網絡		不設醫療網絡
保障限額(以港幣計算)	以每病症計		以每病症計	以每病症計		以每病症計		以每病症計		以每合約年度計	以每病症計		以每病症計
每病症限額	100,000		-	-		-	25,000/ 15,000	136,000	100,000	-	255,700	365,000	-
賠償百分比	100%	80%	-	100%		100%		80%		100%	-		-
墊底費	-		-	-		-		-		-	-		-
人壽	-		80,000	10,000		10,000		10,000		-	-		-
意外死亡及斷肢	-		250,000	-		-		10,000		-	-		-
I. 住院賠償													
每日病房及膳食費用(最高賠償日數)	不設分項賠償上限，按每病症之總限額同時賠償多項的主要醫療開支		800 (120)	300 (90)	500 (90)	600 (120)	不設分項賠償上限，按每一傷病最高賠償額賠償	600 (60)	450 (60)	600 (120) (每病症)	400 (180)	600 (180)	550 (120)

	友邦 「企業躍升易保障計劃」 新產品	友邦 「企業躍升保障計劃加強版」	永記 智 X		宏記 精 X 團體醫療保障		盛記 智 X		柏記 公司僱員健 X 網	富記 CARXXG		保記 晉 X
每日住院治療醫生費用/每日醫生巡房費(最高賠償日數)		800 (120)	300 (90)	500 (90)	600 (120)		600 (60)	450 (60)	600 (120) (每病症)	400 (180)	600 (180)	550 (120)
住院專科醫生費用		-	1,000	1,500	不適用		-		4,150	2,000	3,000	2,500
住院雜費賠償		13,000	5,000	7,000	12,000		8,000	6,000	8,100	7,000	10,000	8,000
深切治療費用(最高賠償日數)		1,600 (14, 並包括在每日病房及膳食所限之 120 日內)	每日 300 (10)	每日 500 (10)	1,200 (15)		-		7,100 (每病症)	每日 1,500 (15)	每日 2,000 (15)	7,500
每日住院現金賠償 (最高賠償日數)	250	400 (120)	150 (90)	250 (90)	600 (45)	500(45)/ 300(45)	-		300 (120)	200 (60)	300 (60)	250 (120)
每日住院現金賠償(第二次賠償)	250	-	-		-		-		-	-		-
II. 手術費用賠償												
外科手術費(最高賠償額)	不設分項賠償上限, 按每病症之總限額同時賠償多項的主要醫療開支	50,000	20,000	30,000	50,000	不設分項賠償上限, 按每一傷病最高賠償額賠償	35,000	25,000	35,800 (每病症)	42,000	54,000	30,000
麻醉科醫生費用(最高賠償額)		16,000	7,000	10,000	15,000		10,500	7,500	9,800 (每病症)	12,600	16,200	9,900
手術室租金(最高賠償		16,000	7,000	10,000	15,000		10,500	7,500	10,550 (每病症)	12,600	16,200	9,900

	友邦「企業躍升易保障計劃」 新產品	**友邦「企業躍升保障計劃加強版」**	**永記 智 X**		**宏記 精 X 團體醫療保障**		**盛記 智 X**		**柏記 公司僱員 健 X 網**	**富記 CARXXG**		**保記 晉 X**
額)												
門診手術惠益		-	-		-		-		-	-		-
醫療裝置費用		-	-		-		-		-	-		-
網絡手術保障	-	-	-		全數賠償		-		-	-		-
網絡手術現金津貼	-	-	-		600	不適用	-		-	-		-
III. 出院/門診手術後門診諮詢												
出院後或門診手術後之門診諮詢或診斷測試	不設分項賠償上限，按每病症之總限額同時賠償多項的主要醫療開支	1,200 (出院後)	-	1,000 (手術後)	-		-		-	500 (出院後)	800 (出院後)	-
入院前或出院後之門診護理	-	-	-		3,000	1,000	-		1,780	-		1,400
IV.額外醫療保障												
免費附加醫療保障	-	額外海外住院醫療保障：因意外導致，相等於住院及出院後及手術費用賠償之200%	意外損傷海外住院附加保障：增加50%每項住院及手術的最高保障額		提升海外意外保障：100%(外科手術、麻醉師、手術室、住院專科醫生)	不適用	-		12,500 (每病症) (當原有住院及手術保障已耗盡)	-		30,000 (當原有住院及手術保障已耗盡，支付超出之 80% 醫療費用)
V.其他醫療保障												

	友邦 「企業躍升易保障計劃」 新產品	友邦 「企業躍升保障計劃加強版」	永記 智 X		宏記 精 X 團體醫療保障	盛記 智 X	柏記 公司僱員健 X 網	富記 CARXXG		保記 晉 X
緊急治療費用	Y	-	400 (門診)	800 (門診)	-	-	-	500 (門診)	800 (門診)	-
環球緊急支援服務	• 緊急醫療運送：全數受保 • 運返遺體：全數受保 • 環球住院按金保障：高達 60,000 港元 (每一旅程) • 安排一名直屬家屬探望：包括來回經濟客位機票及高達 12,000 港元住宿費(每一旅程) • 送返兒童回原居地 • 海外住院期間醫療監察及出院後醫療運送 • 出院後酒店療癒	• 緊急醫療運送：不設上限 • 運返遺體：不設上限	No info		不設上限	• 緊急醫療運送/遣返 • 運返遺體 • 全球性入院保證金：高達 5,000 美元	全數支付運送服務，送返香港後 12 萬元額外住院保障	1,000,000 美元		無限額運送服務，運送後 12 萬元額外住院保障
VI.調整基數										
設有?	設有	不設	設有，惟須先購買附加保障		不設	設有	不設	設有	設有，惟須先購買附加保障	不設
病房級別升	50%		50%			50%		50%	50%	

	友邦「企業躍升易保障計劃」 新產品	**友邦「企業躍升保障計劃加強版」**	**永記 智 X**	**宏記 精 X 團體醫療保障**		**盛記 智 X**	**柏記 公司僱員健 X 網**	**富記 CARXXG**	**保記 晉 X**
一級(半私家)									
病房級別升二級(標準私家)	25%		25%		25%		25%	25%	
病房級別升三級(VIP 房/豪華房/套房)	-		12.5%		-		-	-	

b. 半私家房

	友邦「企業躍升易保障計劃」 新產品		**友邦「企業躍升保障計劃加強版」**	**永記 智 X**	**宏記 精 X 團體醫療保障**		**盛記 智 X**		**柏記 健 X 網**	**富記 CARXXG**		**保記 晉 X**
計劃	半私家房計劃 3	半私家房計劃 4	計劃 3	半私家房 HS2	計劃 2	計劃 3	綜合大房計劃 3	綜合大房計劃 4	半私家房計劃 2,5,8	二等房 CHG 3	二等房 CHG4	半私家房 HS2
網絡/非網絡	• 醫療網絡(香港) • 不設醫療網絡(海外)		不設醫療網絡	設醫療網絡	• 不設醫療網絡 • 惟設有指定日間網絡手術保障		不設醫療網絡		不設醫療網絡	不設醫療網絡		不設醫療網絡
保障限額(以港幣計算)	以每病症計		以每傷病計	以每病症計	以每傷病計		以每傷病計		以每合約年度計	以每病症計		以每病症計
每病症限額	200,000		-	-	-		152,000	108,000	-	562,000	800,600	-
賠償百分比	100%	80%	-	100%	100%		100%		100%	-		-
墊底費	-		-	-	-		-		-	-		-
人壽	-		100,000	10,000	10,000		10,000		-	-		-
意外死亡及斷肢	-		300,000	-	-		10,000		-	-		-
I. 住院賠償												
每日病房及膳食費用(最高賠償日數)	不設分項賠償上限，按每病症之總限額同時賠償多項的主要醫療開支		1,600 (120)	800 (90)	1,800 (120)	1,000 (120)	600 (60)	450 (60)	960 (120) (每病症)	1,000 (180)	1,500 (180)	950 (120)
每日住院治療醫生費用/每日醫生巡房費(最高賠償日數)			1,600 (120)	800 (90)	1,800 (120)	1,000 (120)	600 (60)	450 (60)	960 (120) (每病症)	1,000 (180)	1,500 (180)	950 (120)
住院專科醫生費用			-	2,000	2,500 (120)	不適用	4,000	2,000	8,400	5,000	7,000	4,000
住院雜費賠			22,000	12,000	30,000	16,000	8,000	6,000	12,900	14,000	20,000	13,000

償											
深切治療費用(最高賠償日數)		3,200 (14, 並包括在每日病房及膳食所限之 120 日內)	每日 800 (10)	3,600 (15)	2,000 (15)	每日 1,200 (10)	每日 600 (10)	11,900 (每病症)	每日 3,000 (15)	每日 4,000 (15)	12,000
每日住院現金賠償(最高賠償日數)	400	800 (120)	400 (90)	1,500 (45)	800 (45)	-		450 (120)	500 (60)	750 (60)	400 (120)
每日住院現金賠償(第二次賠償)	400	-	-	-	-	-		-	-		-
II. 手術費用賠償											
外科手術費(最高賠償額)	不設分項賠償上限，按每病症之總限額同時賠償多項的主要醫療開支	100,000	40,000	120,000	64,000	35,000	25,000	47,600 (每病症)	66,000	84,000	48,000
麻醉科醫生費用(最高賠償額)		30,000	16,000	36,000	19,200	10,500	7,500	13,000 (每病症)	19,800	25,200	15,800
手術室租金(最高賠償額)		30,000	16,000	36,000	19,200	10,500	7,500	14,400 (每病症)	19,800	25,200	15,800
門診手術惠益		-	-	-		-		-	-		-
醫療裝置費用		-	-	-		-		-	-		-
網絡手術保障	-	-	-	全數賠償		-		-	-		-
網絡手術現金津貼	-	-	-	1,500	800	-		-	-		-
III. 出院/門診手術後門診諮詢											
出院後或門診手術後之門診諮詢或診斷測試	不設分項賠償上限，按每病症之總限額同時賠償多項的主要醫療開支	2,000	2,000 (手術後)	-		-		-	1,200 (出院後)	1,600 (出院後)	-

入院前或出院後之門診護理	-	-	-	8,000	4,000	-	5,200	-	5,050
IV.額外醫療保障									
免費附加醫療保障	-	額外海外住院現金保障：因意外導致，相等於住院及出院後及手術費用賠償之200%	意外損傷海外住院附加保障，增加50%每項住院及手術的最高保障額	提升海外意外保障：100%(外科手術、麻醉師、手術室、住院專科醫生)		-	50,000 (每病症) (當原有住院及手術保障已耗盡)	-	50,000 (當原有住院及手術保障已耗盡，支付超出之 80%醫療費用)
V. 其他醫療保障									
緊急治療費用	Y	-	1,200 (門診)	-		-	-	1,200 (門診) 1,600 (門診)	-
環球緊急支援服務	相同於普通房計劃	• 緊急醫療運送：不設上限 • 運返遺體：不設上限	No info	不設上限		• 緊急醫療運送/遣返 • 運返遺體 • 全球性入院保證金: 高達 5,000 美元	全數支付運送服務，送返香港後 12 萬元額外住院保障	1,000,000 美元	無限額運送服務，運送後 12 萬元額外住院保障
VI.調整基數									
設有?	設有	不設	設有，惟須先購買附加保障	不設		不設	設有	設有，惟須先購買附加保障	不設
病房級別升一級(標準私家)	50%		50%				50%	50%	
病房級別升二級(VIP 房/豪華房/套房)	-		25%				-	-	

c. 標準私家房(友邦**「企業躍升保障計劃加強版」**不適用於此比較)

	友邦「企業躍升易保障計劃」 新產品		**永記 智 X**	**宏記 精 X 團體醫療保障**	**盛記 智 X**		**柏記 健 X 網**	**富記 CARXXG**	**保記 晉 X**
計劃	標準私家房計劃 5	標準私家房計劃 6	私家房 HS3	計劃 1	優越私家及半私家房計劃 1	優越私家及半私家房計劃 2	私家房計劃 1,4,7	私家房 CHG5	私家病房 HS1
網絡/非網絡	• 醫療網絡(香港) • 不設醫療網絡(海外)		設醫療網絡	• 不設醫療網絡 • 惟設有指定日間網絡手術保障	不設醫療網絡		不設醫療網絡	不設醫療網絡	不設醫療網絡
保障限額(以港幣計算)	以每病症計		以每病症計	以每傷病計	以每傷病計		以每合約年度	以每病症計	以每病症計
每病症限額	400,000		-	-	527,600	330,100	-	1,244,000	-
賠償百分比	100%	80%	100%	100%	100%		100%	-	-
墊底費	-		-	-	-		-	-	-
人壽	-		10,000	10,000	150,000	100,000	-	-	-
意外死亡及斷肢	-		-	-	150,000	100,000	-	-	-
I. 住院賠償									
每日病房及膳食費用(最高賠償日數)	不設分項賠償上限，按每病症之總限額同時賠償多項的主要醫療開支		1,500 (90)	3,500 (120)	2,000 (60)	1,200 (60)	2,000 (120) (每病症)	2,500 (180)	2,000 (120)
每日住院治療醫生費用/每日醫生巡房費(最高賠償日數)			1,500 (90)	3,500 (120)	2,000 (60)	1,200 (60)	2,000 (120) (每病症)	2,500 (180)	2,000 (120)
住院專科醫生費用			5,000	5,000 (120)	8,000	6,000	11,700	10,000	6,000
住院雜費賠償			22,000	50,000	30,000	18,000	26,000	30,000	24,000
深切治療費用(最高賠償日數)			每日 1,500 (10)	7,000 (15)	每日 3,000 (10)	每日 2,400 (10)	25,000 (每病症)	每日 6,000 (15)	24,500

	友邦 「企業躍升易保障計劃」 新產品	**永記 智 X**	**宏記 精 X 團體醫療保障**	**盛記 智 X**		**柏記 健 X 網**	**富記 CARXXG**	**保記 晉 X**
每日公立醫院住院現金賠償 (最高賠償日數)	800	750 (90)	2,000 (45)	-		700 (120)	1,000 (60)	600 (120)
每日住院現金賠償(第二次賠償)	800	-	-	-		-	-	-
II. 手術費用賠償								
外科手術費(最高賠償額)	不設分項賠償上限，按每病症之總限額同時賠償多項的主要醫療開支	80,000	160.000	95,000	60,000	70,800 (每病症)	105,000	62,000
麻醉科醫生費用(最高賠償額)		25,000	48,000	28,500	18,000	22,400 (每病症)	31,500	22,000
手術室租金(最高賠償額)		25,000	48,000	28,500	18,000	24,800 (每病症)	31,500	22,000
門診手術惠益		-	-	-		-	-	-
醫療裝置費用		-	-	-		-	-	-
網絡手術保障	-	-	全數賠償	-		-	-	-
網絡手術現金津貼	-	-	2,000	-		-	-	-
III. 出院/門診手術後門診諮詢								
出院後或門診手術後之門診諮詢或診斷測試	不設分項賠償上限，按每病症之總限額同時賠償多項的主要醫療開支	3,000 (手術後)	-	1,600 (手術後，包醫生出診/診所)	1,600 (手術後，包醫生出診/診所)	-	2,000 (出院後)	-
入院前或出院後之門診護理	-	-	10,000	-		7,300	-	7,000
IV.額外醫療保障								

	友邦 「企業躍升易保障計劃」 新產品	**永記 智 X**	**宏記 精 X 團體醫療保障**	**盛記 智 X**		**柏記 健 X 網**	**富記 CARXXG**	**保記 晉 X**
免費附加醫療保障	-	意外損傷海外住院附加保障，增加 50%每項住院及手術的最高保障額	提升海外意外保障：100%(外科手術、麻醉師、手術室、住院專科醫生)	-		100,000 (每病症) (當原有住院及手術保障已耗盡)	-	100,000 (當原有住院及手術保障已耗盡，支付超出之 80%醫療費用)
V. 其他醫療保障								
緊急治療費用	成員如需接受緊急治療，可豁免醫療網絡的限制，惟成員需於 24 小時內通知友邦有關治療需要	2,000 (門診)	-	6,000	4,500	-	2,000 (門診)	-
環球緊急支援服務	相同於普通房計劃	No info	不設上限	• 緊急醫療運送-遣返 • 運返遺體 • 全球性入院保證金：高達 5,000 美元		全數支付運送服務，送返香港後 12 萬元額外住院保障	1,000,000 美元	無限額運送服務，運送後 12 萬元額外住院保障
VI.調整基數								
設有?	設有	設有，惟須先購買附加保障	不設	不設		設有	設有，惟須先購買附加保障	不設
病房級別升一級(VIP 房/豪華房/套房)	50%	50%				-	-	

(iii) 保費率

基本保障 (年費，港元)

病房級別	普通房			半私家房			標準私家房		
計劃	友邦「企業躍升易保障計劃」新產品		友邦「企業躍升保障計劃加強版」	友邦「企業躍升易保障計劃」新產品		友邦「企業躍升保障計劃加強版」	友邦「企業躍升易保障計劃」新產品		友邦「企業躍升保障計劃加強版」
	計劃 1	計劃 2	計劃 2*	計劃 3	計劃 4	計劃 3*	計劃 5	計劃 6	
賠償率/年齡	100%	80%	-	100%	80%	-	100%	80%	
5	2,765	2,337	2,626	5,903	4,989	4,713	12,055	10,190	
15	2,765	2,337	2,626	5,903	4,989	4,713	12,055	10,190	
25	2,765	2,337	2,626	5,903	4,989	4,713	12,055	10,190	
35	3,455	2,920	3,283	7,378	6,236	5,890	15,067	12,736	
45	3,524	2,978	3,347	7,525	6,360	6,004	15,367	12,990	
55	4,145	3,503	3,919	8,854	7,484	7,045	18,082	15,285	
65	10,604	8,962	9,614	23,877	20,181	18,178	48,761	41,217	

(**友邦「企業躍升保障計劃加強版」**不適用於此比較)

*配偶及子女保費表，包括個人保障轉換權利及附加額外醫療保障，不包括只適用於僱員之人壽及意外保障

附加門診保障(年費，港元)

計劃	友邦「企業躍升易保障計劃」 新產品				永記 智 X^				宏記 精 X 團體醫療保障			保記 晉 X*			
	計劃 1	計劃 2	計劃 3	計劃 4	OP0	OP1	OP2	OP3	計劃 1 及 2	計劃 3 及 4	計劃 5 及 6	OP1	OP2	OP3	OP4
賠償率/ 年齡	100%	80%	80%	80%	-	-	-	-	-	-	-	-	-	-	-
5	1,597	1,597	2,692	4,353	僱員：904 配偶及子女：1,220	僱員：2,583 配偶及子女：3,487	僱員：2,913 配偶及子女：3,933	僱員：4,492 配偶及子女：6,064	2,832	2,760	600	3,928	2,547	1,924	1,706 (僱員人數 2 至 4 名：2,096)
15	1,597	1,597	2,692	4,353					2,832	2,760					
25	1,206	1,206	1,989	3,216					1,740	1,692					
35	1,341	1,341	2,345	3,792					2,496	2,436					
45	1,603	1,603	2,888	4,670					2,832	2,760					
55	1,738	1,738	3,314	5,359					3,504	3,408					
65	2,984	2,984	5,229	8,456					3,996	3,888					

^每名成員之每年保費

+不論受保人年齡大小，相同等級計劃，保費劃一計算

友邦「企業躍升保障計劃加強版」、盛記智 X 柏記、柏記公司僱員健 X 網 ：由於上述計劃之門診保費連同不同等級的基本保障保費一併計算，因此無法比較

計劃	友邦 「企業躍升易保障計劃」 新產品				富記 CARXXG									
	計劃 1	計劃 2	計劃 3	計劃 4	COG1	COG2	COG3	COG4	COG5	CPG1	CPG2	CPG3	CPG4	CPG5
賠償率/年齡	100%	80%	80%	80%	80%	80%	80%	80%	80%	100%	100%	100%	100%	100%
5	1,597	1,597	2,692	4,353	1,882	2,136	2,409	3,299	4,538	2,241	2,543	2,868	3,928	5,402
15	1,597	1,597	2,692	4,353	1,882	2,136	2,409	3,299	4,538	2,241	2,543	2,868	3,928	4,322
25	1,206	1,206	1,989	3,216	1,505	1,709	1,927	2,639	3,631	1,792	2,035	2,294	3,142	4,322
35	1,341	1,341	2,345	3,792	1,505	1,709	1,927	2,639	3,631	1,792	2,035	2,294	3,142	4,322
45	1,603	1,603	2,888	4,670	1,505	1,709	1,927	2,639	3,631	1,792	2,035	2,294	3,142	4,322
55	1,738	1,738	3,314	5,359	1,505	1,709	1,927	2,639	3,631	1,792	2,035	2,294	3,142	4,322
65	2,984	2,984	5,229	8,456	1,882	2,136	2,409	3,299	4,538	2,241	2,543	2,868	3,928	5,402

市場產品比較註解及聲明

以上上述分析及比較根據於2016年9月所下載之產品小冊子及網上相關產品資料而製成，本公司概不會就產品比較資料之準確性及完整性作出保證。只是本公司就有關計劃或產品部分資料而作出的分析和比較，惟有關計劃或產品的特色可能與此計劃不同。所有的資料將可能隨時改變而不作另行通知。本公司並不承擔任何錯之責任。此文件只供內部使用，閣下不得使用此文件作銷售面談或說明或其他相類似之用途。就有關產品詳情，請參閱有關推銷刊物。

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L. 賠償例子

（以下個案及數字乃假設並只作舉例說明之用。）

個案

受保僱員： 陳太 (42 歲)
職業： 助理行政經理
現有保障： 「企業躍升易保障計劃」計劃一

陳太諮詢了AIA網絡醫生及接受了網絡醫生的建議，決定接受部分甲狀腺切除手術(中型手術)，並留院3天。
陳太投保了「企業躍升易保障計劃」計劃一(普通房)。

		港元
相關醫療費用#	醫院費	36,110
	醫生費	57,400
病房與膳食	3 天的私家醫院的普通病房 (每天 1,630 港元)	4,890
是次手術及住院總開支		**98,400**

資料來源：養和醫院常見手術收費參考資料
http://www.hksh-hospital.com/zh-hk/fees-charges/reference-charges-common-surgical-procedures

賠償計算如下：

比較產品			**「企業躍升易保障計劃」計劃一**	**柏記公司僱員健X網計劃三***
		費用（港元）	**賠償額(港元)**	**賠償額（港元）**
相關醫療費用	醫院費 （假設已包括住院雜費、手術室費用）	36,110	36,110	住院雜費: 8,100 手術室費用:2,650
	醫生費 （假設已包括外科醫生費、麻醉師醫生費）	57,400	57,400	外科醫生費：8,950 麻醉師醫生費：2,450
病房與膳食	3天的私家醫院的普通病房 (每天1,630港元)	4,890	4,890	每日：600 x 3天 = 1,800
總開支		**98,400**		
	(柏記)免費附加保障（80%賠償）最高限額：12,500			12,500
總賠償額			**98,400 (全數賠償)**	**36,450**
成員需自費			**0**	**61,740**

以上個案反映出若陳太的僱主投保了「企業躍升易保障計劃」計劃一，陳太無須額外為是次手術自費。反之，若受保於另一家計劃，需額外繳付6萬多港元或需於她的個人保險個單申請索償。

*以上比較根據於2016年10月所下載之產品小冊子及網上相關產品資料而製成惟有關計劃或產品的特色可能與此計劃不同。所有的資料將可能隨時改變而不作另行通知。本公司並不承擔任何錯之責任。此文件只供內部使用，閣下不得使用此文件作銷售面談或說明或其他相類似之用途。就有關產品詳情，請參閱有關推銷刊物。

注意事項 – 這是一份內部文件，只供友邦、其僱員及顧問使用，不能傳播或分發予友邦以外的任何第三方。

M. 「企業躍升易保障計劃」健康申報表樣本

AIA International Limited
(Incorporated in Bermuda
With limited liability)

POWEREASY HEALTH DECLARATION FORM
「企業躍升易保障計劃」健康申報表

指示 Guideline

- If the corporate group has 3 – 7 full-time employees when submitting application, each proposed insured, regardless whether he/she joins at the time of application or during the policy year) should complete own Health Declaration Form 如企業於遞交申請時擁有 3 至 7 名全職僱員，則每名準受保人（不論於遞交申請時或於保單年度內參加）均須填寫一份其個人的健康申報表

Please submit this form to your intermediaries once completed
請填妥及遞交此表格予您的中介人

- If the corporate group has less than 8 full-time employees at the time of renewal, each proposed insured joining during the policy year should complete own Health Declaration Form 如企業於續保時擁有少於 8 名全職僱員，則於保單年度內參加的每名準受保人均須填寫一份其個人的健康申報表

PART I PERSONAL DETAILS 第一部分 個人資料

1 a. English Full Name of Proposed Insured (As shown on HKID Card) (Please underline family name)
準受保人之英文姓名（以香港身份證為準）（請於姓氏下加劃線）

2. HKID Card No. 香港身份證號碼	3. Date of Birth 出生日期
	____/____/____ (MM 月 / DD 日 / YYYY 年)
4. Sex 性別 ☐ Male 男 ☐ Female 女	5. Relationship with Employee 與僱員之關係 ☐ Self 本人 ☐ Spouse 配偶 ☐ Child 子女
6. Name of Employer 僱主名稱	7. Group Policy No. 團體保單編號（if available 如有）

PART II HEALTH DETAILS AND OTHERS 第二部分 健康資料及其他資料 （This section is compulsory 必須填寫此部分）

1. (a) Height 身高：_____ ft / 呎 ☐ _____ cm / 厘米 ☐ (b) Weight 體重：_____ lbs / 磅 ☐ _____ kg / 公斤 ☐

2. In the past 5 years, have you ever been declined, postponed or accepted on modified terms for life, critical illness, medical or disability insurance due to medical reason? ☐ Yes 是 ☐ No 否
於過去五年內，您是否曾因健康理由而於申請壽險、危疾、醫療或傷殘保險時被拒受保、擱置受保或修改合約條款？
****If "Yes", please specify the date and reason(s) **如「是」，請註明日期及原因 _____

3. Have you ever had, or received medical advice, or been treated for any of the following conditions? ☐ Yes 是 ☐ No 否
您是否曾患有，或因下列各種狀況而接受醫療諮詢或治療？
(a) Cancer 癌症
(b) Stroke, or cerebral vascular disease 中風或腦血管疾病
(c) Heart attack, coronary heart disease, chronic congestive heart failure, or heart valve replacement surgery
心臟病，冠心病，慢性心臟衰竭或心瓣膜置換術
(d) Autoimmune diseases such as Systematic Lupus Erythematosus (SLE) or Rheumatoid Arthritis
自身免疫疾病，如紅斑狼瘡或類風濕關節炎
(e) Chronic liver disease such as chronic liver failure or liver cirrhosis 慢性肝病，如肝衰竭或肝硬化
(f) Chronic renal disease such as chronic renal failure 慢性腎病，如慢性腎衰竭

4. In the past 5 years, have you stayed in hospital or clinic or consulted doctor for any diagnostic tests such as X-ray, ultrasound, CT scan, MRI, ECG, urine or other investigations and require continuous medical treatment or follow-up consultation (except general health check-up with normal result or without medical advice for follow-up consultation or treatment)? ☐ Yes 是 ☐ No 否
於過去五年內，您曾否在任何醫院、診所或諮詢醫生後接受一些診斷性之檢查如 X 光、超聲波、電腦掃描、磁力共振掃描、心電圖、驗尿或其他身體檢查，及需要繼續治療或進一步諮詢？（檢查結果正常或無須接受進一步諮詢或治療的例行身體檢查除外）
****If "Yes", please specify the date, reason, type of tests and result **如「是」，請註明日期、原因、檢查項目及診斷結果**

5. Do you plan to attend or are you currently attending any diagnostic tests such as X-ray, ultrasound, CT scan, MRI, ECG, urine or other investigations? (except general health check-up) ☐ Yes 是 ☐ No 否
您是否打算或現正接受一些診斷性之檢查如 X 光、超聲波、電腦掃描、磁力共振掃描、心電圖、驗尿或其他身體檢查？（一般例行身體檢查除外）

Group Policy No. 團體保單編號（For AIA Internal Use 只供 AIA 內部使用）：

GPMKTF03.1016

Please sign on page 2 請於第二頁簽署

SAMPLE

DECLARATION and AUTHORISATION

I declare and agree on behalf of myself and my person or persons, firm or corporation, who may have or claim any interest in any insurance on this health declaration that:

(a) No statement, information or agreement made or given by or to the person soliciting or making this health declaration or by or to any other persons, shall be binding on AIA International Limited (herein called "AIA"), unless reduced to writing, and then only if presented to and approved by an officer specified in the relevant policy.

(b) All the foregoing statements and answers in this health declaration form together with those in any required medical examination, questionnaire or amendments, are full, complete and true, and I understand that AIA, believing them to be such will rely and act on them, otherwise any policy issued hereunder may be void.

(c) Any insurance herein applied for shall not take effect unless and until the relevant policy or policies is/are issued and delivered to me pursuant to my health declaration as completed and the first premium under the policy or policies requested is actually paid in full during my lifetime and good health, provided, however, that if any payment of premium is made in cash at the time of signing this health declaration and a conditional receipt issued. Therefore, the terms of the receipt shall apply hereto and are agreed to.

(d) I confirm that I have read and understood the AIA Personal Information Collection Statement ("AIA PIC"). On behalf of myself and my covered dependants (if applicable), I declare and agree that any personal data and other information relating to me or my covered dependants (if any) or my / our policy(ies) or investments contained in this health declaration form or collected, obtained, compiled or held by AIA by any means from time to time may be collected and utilised in accordance with the AIA PIC. I acknowledge and consent to the transfer of my personal data (and that of my covered dependants, if any) outside of Hong Kong for the purposes and to the types of transferee as set out in the AIA PIC. The updated version of AIA PIC is available for download from its website: www.aia.com.hk and is made available upon request.

(e) All my declaration herein made, and my statements or answers in this health declaration form and any required questionnaire or amendments together with the relevant policy shall constitute the entire contract between the parties thereto in so far as it may be relevant to the policy or policies I have requested.

(f) In the event of differences arising in respect of this health declaration form, it is hereby noted and agreed that the English version which is the basis of all policies issued pursuant to this health declaration form is considered absolute and binding.

(g) If I request AIA to provide copy of results of my medical examination initiated by AIA, AIA shall reserve the right to charge a corresponding service fee applicable at that time.

Furthermore,
I hereby irrevocably authorise:

(i) any organisation, institution, or individual that has any record or knowledge of my employment, sick leave records, accident or loss details (of any sorts), health and medical history or any treatment or advice and that has been or may hereafter be consulted to disclose to AIA such information. This authorisation shall bind my successors and assignees and remain valid notwithstanding my death or incapacity in so far as legally possible. A photocopy of this authorisation shall be as valid as the original.

(ii) AIA or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate my health status in relation to this health declaration and any claim arising therefrom. These tests may include, but are not limited to, tests for cholesterol and related blood lipids, diabetes, liver or kidney disorders, acquired immunodeficiency syndrome (AIDS), infection by any human immunodeficiency virus (HIV), immune disorder or the presence of medications, drugs, nicotine or their metabolites.

聲明及授權

本人代表本人所有依據本健康申報表所繕發給壽險之有權利關係之人，或行號公司，完全承認下列各項：

(a) 除用書面經友邦保險（國際）有限公司（以下稱「友邦保險」）執行職員簽字批准外，其他收受或遞送此健康申報表之人，或任何人員，與任何人間，在口頭或書面上所作之陳述之報告或合約，友邦保險一概不負責任。

(b) 本健康申報表上列各項答案及第二部分上對友邦保險驗體醫師之任何檢驗時或對經理員之答語，完全確實無偽，本人更承認友邦保險根據上述各項而繕發保單，否則任何本健康申報表而繕發之保單將可能無效。

(c) 倘根據此健康申報表繕發之有關保單尚未送交本人或第一期保費尚未繳付時，本人已生疾病或死亡，則本保險不生效力。如在簽署健康申報表時，已將第一期應繳保費全數交付友邦保險，則按照所繕發之第一期保費臨時收據內之條款辦理。

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(f) 本人同意如對根據本件健康申報表繕發之所有保單發生異議時，則以英文原本為標準。

(g) 若本人要求友邦保險提供本人由友邦保險安排驗身之報告，友邦保險將保留權利向本人收取友邦保險於當時適用之服務費用。

再者
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Signed at Place 簽署地方 _____ Date Signed 簽署日期 _____ Signature of Proposed Insured 準受保人簽署 _____

Correspondence Address: Corporate Solutions Department, 12/F, AIA Financial Centre, 712 Prince Edward Road East, Kowloon, Hong Kong
通訊地址：香港九龍太子道東 712 號友邦金融中心 12 樓友邦保險團體業務部
Website 網址：aia.com.hk
Please contact your intermediaries for any enquiries. 如有任何查詢，請聯絡您的中介人。

GPMKTF03.1016

SAMPLE

N. 常見問題

I. 關於申請資格

1. **誰有資格申請「企業躍升易保障計劃」?**

必須為以下的企業:

- 持有香港商業登記證;及
- 擁有3名或以上全職僱員人數

全職僱員人數	核保要求
3至7名	需遞交健康申報,並視乎友邦批核結果而定
8名或以上	保證接納申請

受保人及投保年齡

- 受保人是指受保僱員及其家屬
- 受保成員:所有65歲*以下長期聘用並慣常地執行其固定職務之全職僱員
- 家屬:受保成員65歲*以下之配偶
- 家屬:受保成員出生兩星期至18歲*以下之未婚子女(如屬全日制學生則伸延至22歲)*均可參加

*所有年齡以參加計劃時計算

保障至年齡

- 受保成員及受保配偶:年齡為69歲
- 受保未婚子女:保障至年齡18歲或22歲(全日制學生)

2. **每間公司的最低投保人數,僱員之家屬是否包括在內?**

不包括。

所有合資格僱員必須參與,企業必須投保最少3名僱員。

3. **僱員之家屬可否參加?**

可以。

4. **本計劃是否需要進行醫療批核或健康申報?**

全職僱員人數	核保要求
3-7名	需遞交健康申報,並視乎友邦批核結果而定
8名或以上	保證接納申請

II. 產品資料

1. **「企業躍升易保障計劃」有什麼保障範圍及組合可供選擇?**

主要保障 (醫療網絡)

- 全面住院及手術護理
- 出院 / 門診手術後門診諮詢
- 入住政府醫院普通房獲住院現金惠益
- 住院現金惠益(適用於第2次賠償)
- 其他保障包括環球緊急支援服務及中國支援卡

附加保障:

- 門診
- 牙科

2.	**「企業躍升易保障計劃」的產品特色** 有別於市面上大部分同類型套裝團體醫療保險產品，**「企業躍升易保障計劃」**以每病症總限額賠償多項主要醫療開支，不設分項賠償上限。 ***** 根據 AIA 於 2016 年 10 月內部資料搜集所得。
3.	**於「企業躍升易保障計劃」醫療網絡，約有多少名醫生？** 約1,500名。 ***** 根據AIA於2016年10月內部資料所得。醫生數目於不同時間會有所差異。
4.	**企業能否只為個別職級受保僱員之合資格家屬提供家屬保障?** 可以。投保公司可選擇以合資格僱員所投保之「計劃類別」去決定是否包括合資格僱員之家屬保障。 例如: 計劃1: 合資格參加此計劃等級的僱員(如經理級以下僱員)不包括家屬保障 計劃2: 合資格參加此計劃等級的僱員(如經理級或以上)包括家屬保障
5.	**如受保成員擁有家屬保障，是否其所有合資格家屬都必須參加?** 是。家屬保障是以整個家庭作基準，如受保成員享有家屬保障並擁有一位或以上合資格家屬，則其所有合資格家屬均需參加此計劃。
6.	**不同職級的受保成員及其家屬能否享有不同級別的計劃?** 可以，惟所有同一職級的受保成員均需享有完全相同的計劃。而同一職級受保僱員之合資格家屬(如該計劃包括家屬保障)亦需享有完全相同的計劃。
III. 核保方面	
1.	**甚麼情況才需要進行醫療核保?** 全職僱員人數3-7名的企業。
IV. 關於賠償	
1.	**「企業躍升易保障計劃」是否會在受保成員受保於保單連續12個月後覆蓋所有其已存在病症?** 是。
2.	**附加門診保障: 有哪些項目需要普通科醫生轉薦才可受保?** 專科醫生諮詢、物理治療、脊骨神經治療(如有)、X光及化驗費用均需要普通科醫生轉薦才可受保。轉薦信由轉薦日起180日內生效。
V. 個人保障轉換權利 / 提供「友心意」醫療保障計劃	
1.	**此產品有否提供個人保障轉換權利(Conversion Privilege)?** 不提供個人保障轉換權利。 友邦為10名僱員或以上的公司提供「友心意」醫療保障計劃」（「友心意」），給成員自願投保。成員可以相宜保費享受額外的個人終身全面保障。即使僱員離職或退休，「友心意」亦會繼續提供保障，讓您的僱員與其摯愛加倍安心。

VI. 其他	
1.	**「企業躍升易保障計劃」是否自動續保?** 是，但不保證續保。
2.	**「企業躍升易保障計劃」會否因應個別客戶之賠償率 (Loss Ratio) 調整保費?** 不會。此計劃屬套裝產品，在調整價格時我們會衡量所有客戶的整體賠償情況、醫療成本通脹及其他風險因素而釐定整體的保費表。客戶的續保保費將根據續保時適用的保費表及受保人因年齡增長而調整的保費而釐定。
3.	**保費是以每月、每半年或每年繳付?** 以年繳形式繳付。
VII. 財務策劃顧問福利	
1.	**「企業躍升易保障計劃」之財務策劃顧問之佣金為多少?** 以每年計： 基本計劃 15% 附加保障 10%

O. 保費表

年度保費表（港元）
主要保障

實際年齡	計劃一	計劃二	計劃三	計劃四	計劃五	計劃六
0-15	2,765	2,337	5,903	4,989	12,055	10,190
16-29	2,765	2,337	5,903	4,989	12,055	10,190
30-34	3,455	2,920	7,378	6,236	15,067	12,736
35-39	3,455	2,920	7,378	6,236	15,067	12,736
40-44	3,524	2,978	7,525	6,360	15,367	12,990
45-49	3,524	2,978	7,525	6,360	15,367	12,990
50-54	3,801	3,212	8,116	6,860	16,575	14,010
55-59	4,145	3,503	8,854	7,484	18,082	15,285
60-64	4,837	4,088	10,329	8,731	21,094	17,831
65-69*	10,604	8,962	23,877	20,181	48,761	41,217

生效日期：2016年10月28日

*只供續保

年度保費表（港元）
附加保障 － 門診

實際年齡	計劃一（網絡）	計劃二	計劃三	計劃四
0-15	1,597	1,597	2,692	4,353
16-29	1,206	1,206	1,989	3,216
30-34	1,341	1,341	2,210	3,574
35-39	1,341	1,341	2,345	3,792
40-44	1,479	1,479	2,608	4,217
45-49	1,603	1,603	2,888	4,670
50-54	1,665	1,665	3,045	4,924
55-59	1,738	1,738	3,314	5,359
60-64	1,989	1,989	3,486	5,637
65-69*	2,984	2,984	5,229	8,456

生效日期：2016年10月28日

*只供續保

附加保障 － 牙科

牙科保障

實際年齡	計劃一	計劃二
0-64	1,252	940
65-69*	1,252	940

生效日期：2016年10月28日

*只供續保

P. 注意事項

1. 此文件只供內部使用，閣下不得使用此文件作銷售面談或說明或其他相類似之用途。有關產品詳情，請參閱有關推銷刊物。
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Corporate Solutions "*PowerEasy*" Launch Pack

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A. Product Introduction

Please note: Financial planners must pass the **Paper II General Insurance Examination** of Insurance Intermediaries Qualifying Examination (i.e. have P2 license) in order to be qualified to sell this product

Product Name	**PowerEasy**	
Region	Hong Kong	
Basic	Basic Medical Plan	
Line of Business	General Insurance	
Target Customer	SME / Corporate with • Hong Kong Business Registration Certificate; and • 3 to 50 full-time employees	
Eligibility	• The core benefits plan is applicable to the employer with 3 to 50 full-time employees (means full time and permanent employee in active service) • If the employer wishes to add any of the optional benefits, the employer should select the same optional benefits for participating employees of the same class with a minimum of 3 full-time employees • If the plan includes family protection, all eligible family members of the employee must join the same plan as the employee	
Issue Age (of the insured)	Employee / Spouse	Age 64 or below
	Unmarried children	2 weeks to age 18, or age 22 for full-time students
Protection up to Age	Employee / Spouse	Age 69
	Unmarried children	Age 18, or age 22 for full-time students
Underwriting	Company with 3 to 7 full-time employees	Simple health declaration is required and is subject to AIA's approval
	Company with 8 full-time employees or more	Guaranteed acceptance with no medical underwriting required

Plan Option (Core Benefits)	• Plan 1 – Ward plan, 100% reimbursement • Plan 2 – Ward plan, 80% reimbursement • Plan 3 – Semi-private plan, 100% reimbursement • Plan 4 – Semi-private plan, 80% reimbursement • Plan 5 – Standard private plan, 100% reimbursement • Plan 6 – Standard private plan, 80% reimbursement
Core Benefits	• Comprehensive hospitality and surgical cover provided by AIA medical network • Post-hospitalisation / outpatient surgery outpatient consultation • Hospital cash for government hospital ward room level • Hospital cash for a second claim • Other benefits including worldwide emergency assistance services and the China Assist Card
Optional Benefits	• Outpatient benefit • Dental benefit
Policy Currency	HK dollar
Payment Mode	Employer to pay the premium on annual basis

Product Concept:

According to research result*, less than 10% SMEs in Hong Kong have provided group insurance to their employees. To untap Hong Kong SME market, AIA Corporate Solutions have launched ***PowerEasy*, a new group medical network packaged product**. With ***PowerEasy***, employers can provide comprehensive medical protection to their employees and application is simple and easy. The insured members can enjoy hospitalisation and surgical benefits under AIA's quality medical network. Employers also have the flexibility to choose optional outpatient and / or dental protection depending on their budgets and needs.

PowerEasy adopts medical network and prior authorisation for hospital admissions, ensuring effective and appropriate treatment for the insured. This allows them to have better financial planning, while helping employer control overall claim costs. In addition, for packaged product, we will consider the overall loss ratio of all ***PowerEasy*** clients as a pool, instead of particular client, when reviewing the premium. Thus employers and financial planners need not to over-worry that the premium rate will increase significantly due to the high claims amount of particular member at the time of renewal. Employers therefore can budget the premium for group medical insurance easier.

Unlike most of the packaged group medical products on the market, ***PowerEasy*** provides an overall benefit limit for a specified range of medical expenses on a per disability basis, with no limit on each expense item and no deductible. The simple design of the plan allows financial planners to explain the cover to employers and employees easily. Also, the plan is

more understandable to employers and employees.

PowerEasy offers comprehensive protection at a competitive rate, taking care of employees' needs, helping corporate clients develop a healthier and more productive workforce, and helping them to attract and retain talents.

Source:
* AIA Hong Kong commissioned GfK Consumer Experiences Hong Kong to prepare the "Market Penetration Strategy Research for Group Insurance" report in 2013

Product Highlights:

- ✓ Line of Business: General Insurance Business
    - Anti-Money Laundering Guideline's (AML) required document & Financial Needs Analysis (FNA) process are not required, simplifying the application procedure
- ✓ A group medical network packaged product targeting Hong Kong SME market
- ✓ Simple application
    - For 3 to 7 employees, only simple medical underwriting is required
    - For 8 or more employees, acceptance is guaranteed with no underwriting required
- ✓ If the member has been covered under the plan for 12 continuous months, any pre-existing condition will be covered, giving insured members comprehensive protection
- ✓ Different to majority of similar type of products in the market, the plan offers a per disability lump-sum limit covering a range of medical expenses, without sub-limit on each benefit item and deductibles
- ✓ Core benefit: hospitalisation and surgical benefit under medical network (referral from network doctors or clinics*)
- ✓ Optional benefits: outpatient and/or dental
- ✓ For corporate groups with 10 or more employees, we will offer ***StepUp*** for insured members to purchase

* The number of doctors may vary from time to time.

Make the selling of ***PowerEasy*** even easier by using CS iPoS!

Target Customer:

- Corporate with Hong Kong Business Registration Certificate; and
- Corporate with 3 to 50 full-time employees

B. Underwriting Guideline

Medical Underwriting Requirement	Company with 3 to 7 full-time employees	Simple health declaration is required and is subject to AIA's approval
	Company with 8 full-time employees or more	Guaranteed acceptance with no medical underwriting required

C. Commission

All years:

Basic Plan	15%
Optional Benefits	10%

D. Product Information

Product Brochure	Traditional Chinese & English versions	• E-version is available for download at **eAC > Departments > Corporate Solutions** from 26 October 2016 • Printed version will be ready for ordering through PSS from 26 October 2016, the PTA codes are: PTA999348 (EN) & PTA999349 (CN)

E. *PowerEasy* Benefits Schedule & Adjustment Factor

Core Benefits

	Maximum Benefit (HK$)					
Plan	**Plan 1**	**Plan 2**	**Plan 3**	**Plan 4**	**Plan 5**	**Plan 6**
Geographical cover applies to items 1 to 11	Hong Kong – Network only Overseas – Allow for other providers					
Room type entitlement	Ward		Semi-Private		Standard Private	
Per disability limit applies to items 1 to 9	100,000		200,000		400,000	
Reimbursement percentage	100%	80%	100%	80%	100%	80%
Deductible per disability	0	0	0	0	0	0
I. Confinement Benefits						
1. Hospital daily room and board benefit						
2. Physician's visit						
3. Specialist's fee						
4. Miscellaneous hospital expenses benefit Including advanced diagnostic imaging tests and basic laboratory tests						
5. Intensive care benefit						
II. Surgical Benefits						
6. Surgery benefit Including surgeon's fee, anaesthetist's fee and operating theatre charge						
7. Outpatient surgery benefit Including surgeon's fee, anaesthetist's fee and operating theatre charge						
8. Medical appliances benefit Specified items: Include: i. pacemaker ii. stents for Percutaneous Transluminal Coronary Angioplasty iii. intraocular lens (standard) iv. artificial cardiac valve v. metallic or artificial joints for joint replacement vi. prosthetic ligaments for replacement or implantation between bones vii. prosthetic intervertebral disc						
III. Post-hospitalisation / Outpatient Surgery Outpatient Consultation						
9. Follow-up consultation and diagnostic tests within 31 days after confinement or outpatient surgery						

	Maximum Benefit (HK$)					
Plan	**Plan 1**	**Plan 2**	**Plan 3**	**Plan 4**	**Plan 5**	**Plan 6**
10. Hospital cash for government hospital ward room level or hospital without charge (per day)	250	250	400	400	800	800
11. Hospital cash for second claim (per day)	250	250	400	400	800	800
IV. Other Benefits						
12. China Assist Card	Included					
V. Emergency Treatment Benefits						
If health services from a non-network provider are utilised due to an emergency, notification to the Company is required within 24 hours. The Company shall then arrange for the services to be taken over by a network provider. If the insured chooses not to use the services rendered by a network provider, coverage of health services in such case shall be rejected by the Company, unless approval from the Company has been otherwise given.						
Worldwide emergency assistance services						
a. Emergency medical evacuation	100%					
b. Repatriation of remains	100%					
c. Worldwide hospitalisation deposit guarantee	Maximum 60,000 (per trip)					
d. Compassionate visit by one immediate family member (if the insured is hospitalised for more than 7 consecutive days)						
- Return common carrier ticket (economy class)	Included					
- Visitor's accommodation expenses	Maximum 12,000 (per trip)					
e. Return of children (under 18 years of age) to the place of residence (if the insured is hospitalised and the children under 18 are travelling with the insured and are left unattended)						
- One-way common carrier ticket (economy class)	Included					
- Qualified escort when necessary	Included					
f. Overseas medical monitoring & repatriation after discharge from overseas hospitalisation	Included					
g. Hotel room accommodation for convalescence	Maximum 2,000 per day (maximum 5 days)					
h. 24-hour worldwide telephone enquiry services	Included					

Adjustment Factor

If the insured is confined in a hospital room of a type that is at a higher level than the room type corresponding to the plan level chosen, the benefit payable shall be paid according to the benefit schedule above, and the adjustment factor stated below will also apply:

Room Type Entitlement	Received Treatment in	Adjustment Factor
Ward	Semi-Private	50%
Ward	Standard Private	25%
Ward	VIP / Deluxe / Suite	0%
Semi-Private	Standard Private	50%
Semi-Private	VIP / Deluxe / Suite	0%
Standard Private	VIP / Deluxe / Suite	50%

Optional Benefits – Outpatient

Recommendation by a registered doctor in writing is required

Optional Benefits	Maximum Benefit (HK$)			
Plan	**Plan 1**	**Plan 2**	**Plan 3**	**Plan 4**
Reimbursement percentage	**Network**	**Non-Network**	**Non-Network**	**Non-Network**
	100%	80%	80%	80%
Overall maximum number of visits applies to item 1 to 5 per year	50	30	30	30
1. Outpatient consultation by a general doctor • Including western medication (per visit) • Maximum 1 visit per day	Fully covered	150 per visit	250 per visit	350 per visit
2. Physiotherapy	Fully covered	150 per visit	250 per visit	350 per visit
3. Chiropractic treatment	Not covered	150 per visit	250 per visit	350 per visit
4. Outpatient consultation by a specialist doctor • Including western medication (per visit) • Maximum 1 visit per day	Fully covered	300 10 visits per year	500 10 visits per year	700 10 visits per year
5. Chinese medicine Including (i) Chinese herbal medicine (ii) Bone-setting, acupuncture and Tui Na	(i) Fully covered (ii) Not covered	150 10 visits per year (i)&(ii) Covered	250 10 visits per year (i)&(ii) Covered	350 10 visits per year (i)&(ii) Covered
6. X-ray and laboratory test per policy year	Fully covered	1,500	3,000	5,000

Optional Benefits – Dental

Optional Benefit – Dental	Maximum Benefit (HK$)	
Plan	**Plan 1**	**Plan 2**
Reimbursement percentage	**Non-Network**	**Non-Network**
	100%	80%
1. Preventive oral examination, scaling and polishing Maximum 2 visits per year	3,000 per year	2,000 per year
2. Intra-oral x-ray and medication		
3. Fillings and extractions		
4. Drainage of abscesses		
5. Pins for cusp restoration		
6. Dentures, crowns and bridges Only if necessitated by an accident		

F. *PowerEasy* Medical Network and Emergency Treatment Benefit

The 6 plans under ***PowerEasy*** core benefits (i.e. hospitalisation and surgical benefits) are covered by AIA medical network. Currently there are around 1,500 network doctors* under AIA medical network.

* The number of doctors may vary from time to time.

For item "V. Emergency Treatment Benefits" in the benefits schedule, If health services from a non-network provider are utilised due to an emergency, notification to the Company is required within 24 hours. The Company shall then arrange for the services to be taken over by a network provider. If the insured chooses not to use the services rendered by a network provider, coverage of health services in such case shall be rejected by the Company, unless approval from the Company has been otherwise given. Detailed procedures are illustrated in the member guide and as below:

Emergency Hospital Admission

An Emergency is defined as a sudden and unexpected illness or injury manifesting itself by symptoms of sufficient severity that the absence of immediate medical attention could reasonably be believed to result in a life-threatening condition or serious or permanent dysfunction of any bodily organ or limb. Examples of an emergency include, but are not limited to, heart attacks, strokes, poisoning, loss of breath, loss of consciousness, convulsions and excessive bleeding.

a. In the event of an emergency, you should obtain medical assistance from the nearest available medical facility.
b. You should notify AIA through the Member Services Hotline on (852) 2200 6333 within 24 hours of the treatment or admission. AIA will contact you during office hours for arrangement of credit facility and follow up of the case by Network Doctor. Fail to notify AIA within 24 hours will lead to rejection of medical coverage.
c. You should remember that dialing 999 is always an option.
d. The hospital admission must be referred and attended to by Residential Medical Officer of the hospital.
e. You are required to pay all medical expenses at the time of treatment and claim reimbursement in accordance with the procedures set out in Claim Procedures, unless you have been admitted to a Network Hospital and arrangement had been made for bills to be sent directly to the Insurer.

G. About Prior Authorisation

Prior authorisation is required for hospital admissions, surgical as well as diagnostic procedures, etc. AIA network providers will obtain prior authorisation for insured before providing any services.

Advantages of prior authorisation:

For members: network providers will obtain prior authorisation for insured before providing any services, allowing them to have better financial planning

For employers: as AIA will review cases for prior authorisation, it can be ensured that effective and appropriate treatment is provided to the insured, and the charges of the network providers are reasonable, helping employer control overall claim costs

Please note: The granting of prior authorisation and the provision of credit facility does not guarantee full cover of the hospitalisation charges. Member is required to settle any amounts in excess of the cover at discharge or upon receiving notification from AIA.

H. Medical Cards for Plans with 100% and 80% reimbursement and Claim Procedure

a. Claim Procedure for 100% and 80% Reimbursement

Regardless of 100% or 80% reimbursement percentage of the core benefits plan, prior authorisation by AIA is required for hospital admissions, surgical and diagnostic procedures, etc. Network Provider will obtain prior authorisation for you before providing service. AIA may contact you if further information is required.

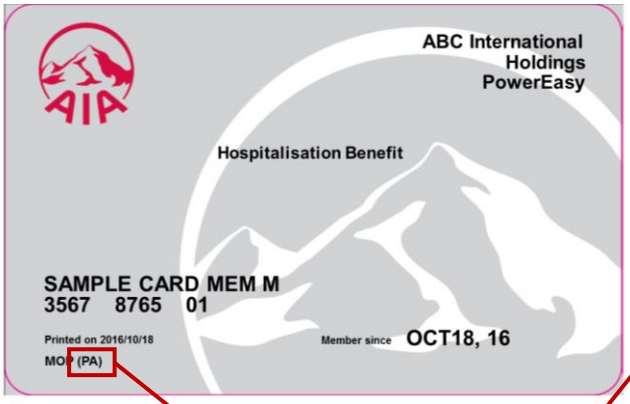
Core Benefits Plan	Plan 1, 3, 5	Plan 2, 4, 6
Prior Authorisation by AIA	Required	Required
Reimbursement Percentage	100%	80%
Deductible	0	0
Credit Facility	Will be provided	Not available; Members need to settle the medical expenses incurred first, then submit a claim to AIA (This arrangement avoids medical expense shortfalls from resulting, thus the financial planner does not need to follow up afterwards)

b. Medical Card for 100% Reimbursement Percentage (i.e. Plan 1, 3, 5)

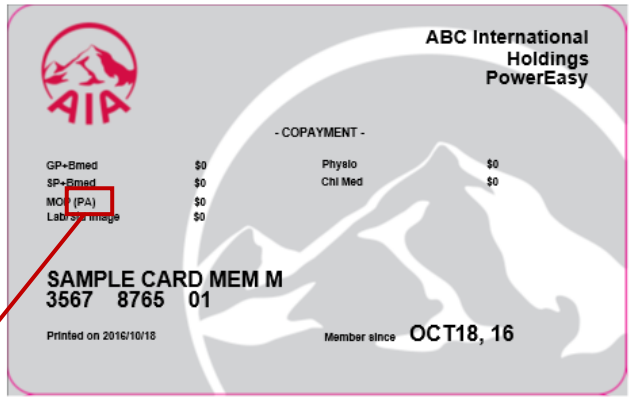
If a member insured under Plan 1, 3 or 5 (100% reimbursement) requires confinement and is granted Prior Authorisation by AIA, hospital credit facility will be provided which will directly be charged to AIA. The member will be notified of shortfalls exceeding the benefit limit or uncovered expenses, if any, and should settle the same with AIA immediately upon receipt of Medical Expenses Shortfall Notification from AIA. Members can refer to the Group Medical Policy and/or its endorsement(s) for any exception of such limit (an approved higher limit).

Medical card sample for Plan 1, 3, 5

For plans covering hospitalisation benefit only



For plans covering hospitalisation benefit and outpatient benefit



The meaning of "PA" printed on the medical card:

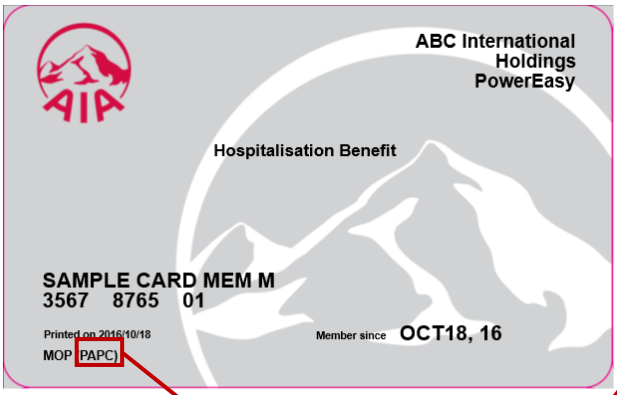
100% reimbursement; Prior Authorisation is required and credit facility can be arranged.

c. Medical Card for 80% Reimbursement Percentage (i.e. Plan 2, 4, 6)

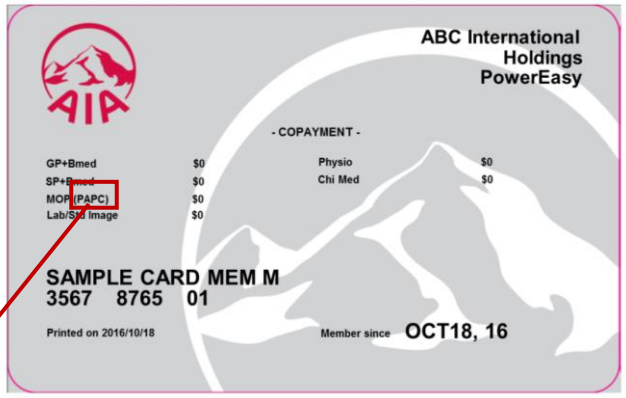
If a member insured under Plan 2, 4 or 6 (80% reimbursement) requires confinement and is granted Prior Authorisation by AIA, AIA will reimburse 80% of the eligible medical expenses but no hospital credit facility will be arranged. The member needs to settle the medical expenses incurred upon discharge from the hospital. He/she may then file a claim with AIA for reimbursement of any eligible expenses, subject to the benefit limit.

Medical card sample for Plan 2, 4, 6

For plans covering hospitalisation benefit only



For plans covering hospitalisation benefit and outpatient benefit



The meaning of "PAPC" printed on the medical card:

80% reimbursement; Prior Authorisation is required and standard claim reimbursement procedure will apply (no credit facility will be provided).

I. AIA Network Doctors Distribution List*

General Practitioner	
Location Area	**Number of Doctors**
Hong Kong	228
Kowloon	283
New Territories	482
Outlying Islands	23
Total	**1,016**

Specialist Practitioner	
Location Area	**Number of Doctors**
Hong Kong	124
Kowloon	175
New Territories	36
Total	**335**

Traditional Chinese Medicine Clinics (Herbalist)	
Location Area	**Number of Doctors**
Hong Kong	3
Kowloon	5
New Territories	3
Total	**11**

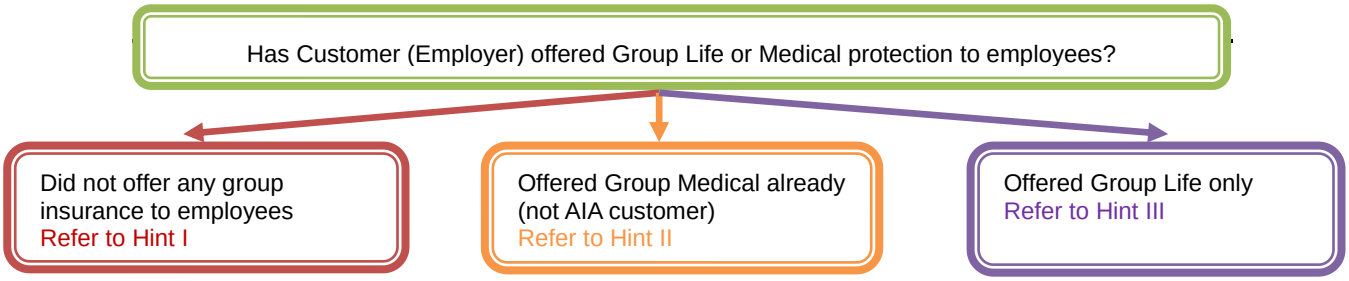
Physiotherapy Centres	
Location Area	**Number of Centres**
Hong Kong	12
Kowloon	12
New Territories	8
Outlying Islands	3
Total	**35**

化驗所	
Location Area	**Number of Centres**
Hong Kong	21
Kowloon	22
New Territories	9
Total	**52**

Panel Network Support (SP by Specialty)					
Cardiology	Cardio-Thoracic Surgery	Clinical Oncology	Dermatology	Dermatology & Venereology	Direct Access Gynaecologists
Direct Access Pediatrics	Endocrinology, Diabetes & Metabolism	Gastroenterology & Hepatology	General Surgery	Haematology & Haematological Oncology	Internal Medicine
Medical Oncology	Nephrology	Neurology	Neurosurgery	Obstetrics & Gynaecology	Ophthalmology
Orthopedics & Traumatology	Otorhinolaryngology	Pediatric Surgery	Respiratory Medicine	Rheumatology	Urology

* The number of doctors may vary from time to time.

J. Hint of Product Matching



Hint I Did not offer any group insurance to employees

- Know your customer – e.g. no. of employees is 3 or above? 8 or above? 10 or above?
- Why have they not offered group insurance to employees?
    - They think they cannot purchase group insurance as they only have few employees?
    - The premium is too high?
    - Difficult to explain to employees about the sub-limit of each benefit item of the group medical plan?
    - Lack of flexibility? Apart from hospitalisation benefit, they may want to choose optional outpatient and / or dental benefits depending on the budget
    - Some of the SMEs might want to provide more protection to the employees, such as conversion privilege, voluntary solutions, group CI etc.

✓ It is recommended to sell ***PowerEasy*** to this kind of clients as the premium of the plan is affordable, no deductible will apply and there is no sub-limit for each network hospitalisation expense, making it easy and simple to understand.

Corporate groups with 3 to 7 employees

✓ Recommend ***PowerEasy*** (for 3 to 7 employees, with only simple medical underwriting required, employees can receive group medical protection)

✓ Offer a lump-sum limit (per disability basis) covering a range of medical expenses, without sub-limit on each benefit item

✓ 6 basic hospitalisation plans; corporate group can provide different plans to employees based on their classes

✓ Dependant coverage can be provided subject to employer's budget. Also, optional outpatient and / or dental benefits can be added

Corporate groups with 8 or more employees

✓ ***PowerEasy*** is a good option. Apart from the above features, for 8 or more employees, acceptance to the plan is guaranteed with no medical underwriting required

Corporate groups with 10 or more employees

If the corporate group applies for ***PowerEasy***, we will automatically offer the portable ***StepUp*** to the insured employees and dependants (if dependant coverage is applicable) for them to enrol at their own cost. Members can enhance the medical cover while bringing no additional cost to the employers. Even if the employees leave the company, group medical cover ends or enter retirement, they will remain covered under ***StepUp***, giving them the reassurance they need.

✓ If the corporate groups have 10 or more employees and have additional budget, you may consider selling ***Promise*** to them at the same time.

Hint II Offered Group Medical already (not AIA customer)

- Does the existing group medical plan of the client reimburse the medical expenses with sub-limit on each item? For example, there are sub-limits on items like daily room and board, surgical fee, medical appliances etc. If an employee needs to be confined, both the employee and the employer might have difficulty understanding the calculation of reimbursement of each item.
- Features of ***PowerEasy***:
  - Offer a lump-sum limit (per disability basis) covering a range of medical expenses, without sub-limit on each benefit item

✓ If the corporate groups have 10 or more employees and apply for PowerEasy, we will automatically offer the portable ***StepUp*** to the insured employees and dependants (if dependant coverage is applicable) for them to enrol at their own cost. Employers can save the cost of providing Conversion Privilege.

✓ If the corporate groups have 10 or more employees and have additional budget, you may consider selling ***Promise*** to them at the same time.

Hint III Offered Group Life only

- Provision of group life insurance is not enough for a comprehensive employee benefit package, which might include group medical, outpatient and dental etc.
- Understand why the client has not yet purchased group medical insurance – the premium is too high? Application procedures are complicated?

✓ Features of ***PowerEasy***:

  - Offer a lump-sum limit (per disability basis) covering a range of medical expenses, without sub-limit on each benefit item
  - Affordable premium and simple application procedures:
    - For 3 to 7 employees, only simple medical underwriting is required
    - For 8 or more employees, acceptance is guaranteed
    - For 10 or more employees, ***StepUp*** will offered for employees to enrol voluntarily

✓ If the corporate groups have 10 or more employees and have additional budget, you may consider selling ***Promise*** to them at the same time.

Please note: The hospitalisation benefit for PowerEasy is applicable within medical network only. If the clients require non-network or free choice of doctors, you may consider recommending Power Plus to them.

If you would like to understand more about which group insurance product suits your client, please contact our Account Executive.

K. Product comparison for SME group medical packaged product – Product features
Features / Benefits that AIA ***PowerEasy*** are more competitive are highlighted in green and marked with star in the respective cells.

	AIA *PowerEasy* New	**AIA *POWER Plus***	**Sunlifx SunMastxr**	**Manulifx ManuSelext**	**AXx SelectCarx**	**Bupx HealthNxt Plus**	**Forwaxd CARXXG**	**Prudentixl BestCarx**
GI business ★	Y	N	N	N	N	Y	Y	Y
Medical Network ★	• Network(HK) • Non-network (Overseas)	Non-network	• Network (subject to a minimum premium of HK50,000 per annum and only applicable to designated plans) • Non-network	• Non-network • Network only provided for specified day case surgeries	Non-network	Non-network	Non-network	Non-network
No. of network doctors ★	Approximately 1,500	X	Approximately 1,500	Approximately 1,400	X	X	X	X
Eligibility								
No. of employees	A minimum of 3 employees	A minimum of 3 employees	A minimum of 3 employees	3-50 employees or above	3-15 employees	5-50 employees	A minimum of 4 employees	A minimum of 2 employees
Underwriting	• 8 employees or more: guaranteed acceptance • 3-7 employees: Health declaration is required and is subject to AIA's approval	Waiver of medical underwriting and health declaration	For 10 employees or below, must complete a health declaration and the coverage is subject to underwriting result	Medical underwriting	Normally no medical examination required	No medical examination, individual underwriting or health declaration	Waiver of medical underwriting and health declaration for at least 4 employees or above	Medical underwriting
Extend Coverage for dependants	Yes	Yes	Yes	Yes (Critical illness benefit not available)	Yes	Yes	Yes (at least 4 participating employees)	Yes

	AIA *PowerEasy* New	**AIA *POWER Plus***	**Sunlifx SunMastxr**	**Manulifx ManuSelext**	**AXx SelectCarx**	**Bupx HealthNxt Plus**	**Forwaxd CARXXG**	**Prudentixl BestCarx**
Issue age (Employee and Spouse)	Age 64 or below	Age 64 or below	Below age 65	Aged 16 under 65	Age 16 to 59	Below age 65	Below age 69	Below age 65
Issue age (Unmarried children)	• The age of 2 weeks to 18 years; or • Full-time students up to the age of 22	• The age of 2 weeks up to 19 years; or • Full-time students up to the age of 22	• Aged 15 days but under 19 years old; or • Full-time students below 23 years old	• Under the age of 19 and over 14 days old; or • Full-time students under the age of 25	• Aged 14 days to 18 years; or • Full-time students below age 23	• Aged between 15 days and 17 years; or • Full-time students under 23 years old	• Over the age of 14 days but under 19 years; or • Full-time students aged 19 but under 25	• Aged between 15 days and 18 years old; or • Full-time students aged below 23
Protection up to age (Employee and Spouse)	Age 69	Age 69	Age 69, can extend to cover the employees and spouses up to 70 years old	Age 64, can extend to cover up to 69 years old (only employees)	No info	No info	No info	No info
Different levels of coverage for different classes of employees	Yes	Yes	Yes (only one plan is allowed for companies with 5 employees or below, two plans for 6 to 20 employees and three plans for 21 employees or more)	Yes (only two plans are allowed for companies with 10 employees or below, three plans for 10 to 20 employees, and six plans for more than 20 employees)	Yes (only two plans are allowed for companies with 4 to 9 employees, three plans for 10 to 15)	Yes (all employees with the same eligibility must be enrolled in the same plan)	Yes (all employees with the same eligibility must be enrolled in the same plan)	Yes (Only HS3/OP4 are allowed for companies with 2 to 4 employees, and application for optional clinical benefit is required.)
Core Benefits								
Core benefits	• Confinement and surgical benefits • Outpatient surgery • Specified medical appliances • Post-hospitalisation	• Life insurance (Employee) • Accident insurance (Employee) • Confinement and	• Life insurance (Employee) • Confinement and surgical benefits • Post hospitalisation	• Life insurance (Employee) • Confinement and surgical benefits • Pre- and	• Life insurance (Employee) • Accident insurance (Employee) • Confinement	• Confinement and surgical benefits • Pre-admission and post-hospitalisat	• Confinement and surgical benefits • Post hospitalisation treatment	• Confinement and surgical benefits • Pre-admission and follow-up out-patient care

	AIA *PowerEasy* New	**AIA *POWER Plus***	**Sunlifx SunMastxr**	**Manulifx ManuSelext**	**AXx SelectCarx**	**Bupx HealthNxt Plus**	**Forwaxd CARXXG**	**Prudentixl BestCarx**
	/ outpatient surgery outpatient consultation • Hospital cash • Hospital cash for a second claim • Worldwide emergency assistance	surgical benefits • Post-hospitalisation outpatient consultation • Hospital cash • Increased overseas hospitalisation benefit (due to accident) • Worldwide emergency assistance	outpatient benefit • Hospital cash • Top-up benefit for hospitalisation overseas (Accidental injury) • Worldwide emergency assistance	post-hospitalisation out-patient care • Hospital cash • Network surgery benefit • Network surgery cash allowance • Increased overseas accidental benefit (employee) • Emergency assistance benefit	and surgical benefits • Post-Operation doctor's visit • Comprehensive emergency assistance services	ion out-patient care • Hospital cash • Free supplementary major medical benefit • Worldwide assistance programme	• Hospital cash • Emergency assistance services	• Hospital cash • Emergency assistance service
China Assist Card	Included	Included	China Medpass Service	Included	Included	Provide admission deposit in the event of hospitalisation in Mainland China	Guarantee of hospital admission deposit in designated hospital in Mainland China	X
Cover for pre-existing conditions	If an employee has been continuously covered under ***PowerEasy*** for 12 consecutive months, any of the pre-existing medical conditions will be covered	Covers pre-existing conditions for insured members who have been insured continuously for 12 months	Pre-existing conditions occurring within 90 days preceding the commencement of the individual member's insurance coverage is not covered.	Cover, if a) The medical treatment received or recommended after a period of 3 consecutive months ending after the effective date and during which no medical treatment of such injury or sickness shall	Not covered	Not covered	Covers pre-existing conditions for insured members who have been insured continuously for 12 months	Covers pre-existing conditions for insured members who have been insured continuously for 12 months

	AIA *PowerEasy* New	**AIA *POWER Plus***	**Sunlifx SunMastxr**	**Manulifx ManuSelext**	**AXx SelectCarx**	**Bupx HealthNxt Plus**	**Forwaxd CARXXG**	**Prudentixl BestCarx**
				b) have been received or recommended The medical treatment received or recommended one year after the effective date the insured member becomes insured under the benefit.				
Optional conversion privilege	• No optional conversion privilege, but offer a portable medical product, ***StepUp Medical Protection Plan***, for insured groups of 10 or more employees • Enhance the cover for the employees while bringing no additional cost and administrative burden to the employers	• Members can convert to a specified AIA individual medical insurance plan on retirement or termination of employment at age 65 or below (applicable for corporate groups with a minimum 10 employees)	X	X	X	• When they retire or have a change of employment, members have the option of transferring to designated individual health insurance scheme	X	X
Special features	• Reimburse for a specified range of medical expenses on a per disability basis, with no limit on each expense item	• No claim record is required • No waiting period • No minimum hours of hospital confinement	• Provide 100% reimbursement percentage up to the maximum limit for hosptialisation and surgical	• Provide 100% reimbursement percentage up to the maximum limit for hosptialisation and surgical	• Maximum 80% reimbursement percentage for ward plan (only 100% reimbursement percentage is	• Provide 100% reimbursement percentage up to the maximum limit for hosptialisation and surgical	• If 1 eligible dependant enrols in the plan, all other eligible dependant of the family must	• Same premium is applied for members under same level of benefit irrespective of the insured

	AIA *PowerEasy* New		**AIA *POWER Plus***		**Sunlifx SunMastxr**		**Manulifx ManuSelext**		**AXx SelectCarx**		**Bupx HealthNxt Plus**		**Forwaxd CARXXG**		**Prudentixl BestCarx**	
	• Choice of 80% and 100% reimbursement percentage are offered				benefits • 5% premium discount for more than 20 members covered or total premium over HK$ 50,000		benefits • Reimburse for a specified range of medical expenses on a per disability basis, with no limit on each expense item (but the maximum limit: only HK$25,000, only certain items of the hospitalisation and surgical benefits is covered, also limited to ward level of hospital) • Renewal bonus: one month's premium of the third, sixth and ninth policy year will be waived.		provided for comprehensive ward level and top-of-the-range private and semi-private level) • 5% volume discount for 10 to 15 employees • If 1 eligible dependant enrols in the plan, all other eligible dependant of the family must join at the same time		benefits • All eligible children in a family can enrol at the cost of one child's subscription • All members under the same plan will enjoy a flat subscription rate regardless of age		join at the same time		persons' ages • If 1 eligible dependant enrols in the plan, all other eligible dependant of the family must join at the same time	
Optional Outpatient Benefit																
Outpatient	Network	Non-network	Network	Non-network	Network	Non-network	Network	Non-network	Network	Non-network	Network	Non-network	Network	Non-network	Network	Non-network
	Y	Y	X	Y	Y	X	Y	Y	Y	X	Y	Y	Y	X	Y (HK)	Y (Worldwide)
No. of network doctors	Approximately 1,500		X		Approximately 1,500		Approximately 1,400		Approximately 2,000		Approximately 1,500		No info		Approximately 2,000 (HK)	
Deductible	No	80% reimbursement	X		Co-payment for OP0, OP1 and OP 2		No		Yes		Co-payment for designated plans		Co-payment for designated plans		Co-payment for designated plans	

	AIA *PowerEasy* New	**AIA *POWER Plus***	**Sunlifx SunMastxr**	**Manulifx ManuSelext**	**AXx SelectCarx**	**Bupx HealthNxt Plus**	**Forwaxd CARXXG**	**Prudentixl BestCarx**
Others	• Choice of 80% and 100% reimbursement percentage are offered	X	• Free basic health check (except OP0) • Referral letter is waived for 6 types of specialist consultation	• Network outpatient, non-network outpatient and disease management programme are provided for Plan 1 to 4 • Only network outpatient is provided for Plan 5 and 6, but no maximum limit of visit per year for general practitioner	X	• Member who are covered by clinical benefit will enjoy free dental benefit	• At least 4 participating employees • Choice of 80% and 100% reimbursement percentage are offered • Referral letter is waived for 6 types of specialist consultation	• Choice of 80% and 100% reimbursement percentage are offered • Employees and their spouse and dependants must enrol in the benefit
Optional Dental Benefit								
Dental	Provided	Not provided	Not provided	Not provided	Provided	Provided	Provided	Provided
Other Optional Benefits(Extra premium paid required)								
Other Optional Benefits (Extra premium paid required)	X	• Supplementary major medical benefits	• Major medical benefit	• Supplementary major medical benefit (SMM) • Non-confinement cancer and dialysis benefit (if apply for SMM) • Critical illness benefit	X	X	• Supplementary major medical benefits (at least 4 participating employees)	• Optional in-patient top up medical benefit (at least 5 participating employees) • Optional health check up benefit (network only)
Conclusion								

	AIA *PowerEasy* New	**AIA *POWER Plus***	**Sunlifx SunMastxr**	**Manulifx ManuSelext**	**AXx SelectCarx**	**Bupx HealthNxt Plus**	**Forwaxd CARXXG**	**Prudentixl BestCarx**

AIA *PowerEasy* key selling points:

- Line of Business: General Insurance Business issued on individual policy
  → Anti-Money Laundering Guideline's (AML) required document & Financial Needs Analysis (FNA) process are not required, simplifying the application process.
- Quality medical network, 1,500 carefully selected practitioners form the AIA network to provide high-quality and convenient medical service
- Easy application:
  8 employees or more: guaranteed acceptance
  3-7 employees: Health declaration is required and is subject to AIA's approval
- Different levels of coverage for different classes of employees, can also extend to provide coverage for dependants
- Cover for pre-existing conditions, If an employee has been continuously covered under ***PowerEasy*** for 12 consecutive months
- Offer a portable medical product***, StepUp Medical Protection Plan***, for insured groups of 10 or more employees, can enhance the cover for the employees while bringing no additional cost and administrative burden to the employers
- Reimburse for a specified range of medical expenses on a per disability basis, with no limit on each expense item
- Choice of 80% and 100% reimbursement percentage are offered
- Can attach optional outpatient and/or dental benefits, according to the budgets and needs

Product comparison for SME group medical packaged product – Basic Benefits
Features / Benefits that AIA ***PowerEasy*** are more competitive are highlighted in green.

A) Ward

	AIA *PowerEasy* New		**AIA *POWER Plus***	**Sunlifx SunMastxr**		**Manulifx ManuSelext**		**AXx SelectCarx**		**Bupx HealthNxt Plus**	**Forwaxd CARXXG**		**Prudentixl BestCarx**
Plan	Plan 1 Ward	Plan 2 Ward	Plan 2	HS0 Ward	HS1 Ward	Plan 4	Plan 5/ Plan 6	Plan 5 Basic Ward	Plan 6 Basic Ward	Plan 3,6,9 Ward	CHG 1 Ward	CHG2 Ward	HS3 Standard Ward
Network/ Non-network	• Network(HK) • Non-network • (Overseas)		Non-network	Non-network		• Non-network • Network only provided for specified day case surgeries		Non-network		Non-network	Non-network		Non-network
Benefit limit (HK dollar)	Per disability		Per disability	Per disability		Per disability		Per disability		Per contract year	Per disability		Per disability
Per disability limit	100,000		-	-		-	25,000/ 15,000	136,000	100,000	-	255,700	365,000	-
Reimburse-ment percentage	100%	80%	-	100%		100%		80%		100%	-		-
Deductible	-		-	-		-		-		-	-		-
Life insurance	-		80,000	10,000		10,000		10,000		-	-		-
Accidental death and dismember-ment benefits	-		250,000	-		-		10,000		-	-		-
I. Confinement Benefits													
Hospital daily room and board benefit (Maximum days)	Reimburse for a specified range of medical expenses on a per disability basis, with no limit on each expense item		800 (120)	300 (90)	500 (90)	600 (120)	Reimburse for a specified range of medical expenses on a per disability basis, with no limit on each expense item	600 (60)	450 (60)	600 (120) (Per disability)	400 (180)	600 (180)	550 (120)
Physician's visit (Maximum days)			800 (120)	300 (90)	500 (90)	600 (120)		600 (60)	450 (60)	600 (120) (Per disability)	400 (180)	600 (180)	550 (120)

	AIA *PowerEasy* New	**AIA *POWER Plus***	**Sunlifx SunMastxr**		**Manulifx ManuSelext**		**AXx SelectCarx**		**Bupx HealthNxt Plus**	**Forwaxd CARXXG**		**Prudentixl BestCarx**
Specialist fee		-	1,000	1,500	N/A		-		4,150	2,000	3,000	2,500
Miscellaneo-us hospital expenses		13,000	5,000	7,000	12,000		8,000	6,000	8,100	7,000	10,000	8,000
Intensive care benefit(Maximum days)		1,600 (Included within room & board max 120 days)	300 per day (10)	500 per day (10)	1,200 (15)		-		7,100 (Per disability)	1,500 per day (15)	2,000 per day (15)	7,500
Hospital cash (Maximum days)	250	400 (120)	150 (90)	250 (90)	600 (45)	500(45)/ 300(45)	-		300 (120)	200 (60)	300 (60)	250 (120)
Hospital cash for second claim	250	-	-		-		-		-	-		-
II. Surgical Benefits												
Surgeon's fee (Maximum limit)	Reimburse for a specified range of medical expenses on a per disability basis, with no limit on each expense item	50,000	20,000	30,000	50,000	Reimburse for a specified range of medical expenses on a per disability basis, with no limit on each expense item	35,000	25,000	35,800 (Per disability)	42,000	54,000	30,000
Anaesthetist-'s fee (Maximum limit)		16,000	7,000	10,000	15,000		10,500	7,500	9,800 (Per disability)	12,600	16,200	9,900
Operating theatre charge (Maximum limit)		16,000	7,000	10,000	15,000		10,500	7,500	10,550 (Per disability)	12,600	16,200	9,900
Outpatient surgery		-	-		-		-		-	-		-
Medical appliances		-	-		-		-		-	-		-
Network surgery	-	-	-		Full cover		-		-	-		-

	AIA *PowerEasy* New	**AIA *POWER Plus***	**Sunlifx SunMastxr**		**Manulifx ManuSelext**		**AXx SelectCarx**	**Bupx HealthNxt Plus**	**Forwaxd CARXXG**		**Prudentixl BestCarx**
Network surgery cash allowance	-	-	-		600	N/A	-	-	-		-
III. Post-hospitalisation / outpatient surgery outpatient consultation											
Post-hospitalisati-on / outpatient surgery outpatient consultation	Reimburse for a specified range of medical expenses on a per disability basis, with no limit on each expense item	1,200 (Post-hospitalisation)	-	1,000 (Post-surgery)	-		-	-	500 (Post-hospital-isation)	800 (Post-hospitalisa-tion)	-
Pre- and post-hospitalisati-on out-patient care	-	-	-		3,000	1,000	-	1,780	-		1,400
IV. Extra Medical Benefits											
Free supplement-ary medical benefit	-	Increased overseas hospitalisation benefit (due to accident): 200% of hospitalisation and post-hospitalisation and surgical benefits	Top-up benefit for hospitalisation overseas (accidental injury only): added benefit by 50%		Increased overseas accidental benefit: 100% (applies to surgeons' fee, anaesthetist-'s fee, operating theatre fee, and hospital specialist's services)	N/A	-	12,500 (Per disability) (the original amount payable for hospitalisation and surgical benefits is exhausted)	-		30,000 (80% of eligible expenses in excess of the maximum benefits payable under hospital and surgical benefits)

V. Other Medical Benefits										
Emergency Treatment Benefits	Y	-	400 (out-patient)	800 (out-patient)	-	-	-	500 (out-patient)	800 (out-patient)	-
Worldwide emergency assistance services	• Emergency medical evacuation: 100% • Repatriation of remains: 100% • Worldwide hospitalisation deposit guarantee: maximum: HK$60,000(Per trip) • Compassionate visit: include return common carrier ticket (economy class) and maximum HK$12,000 accommodation expenses (Per trip) • Return of Children • Overseas medical monitoring & repatriation after discharge from overseas Hospitalisation • Hotel room accommodation for convalescence	• Emergency medical evacuation: no limit • Repatriation of remains: no limit	No info		No limit	• Emergency medical evacuation • Repatriation of remains • Worldwide hospital deposit guarantee: up to US$5,000	Unlimited cover for emergency medical evacuation and repatriation, and an extra hospital benefit of HK$ 120,000 after repatriation to HK	US$ 1,000,000		Unlimited cover for medical evacuation and repatriation to HK, a free extra benefit HK$ 120,000 for hospitalisation charge
VI. Adjustment Factor										
Provided?	Provided	N/A	Provided under optional major medical benefit		N/A	Provided	N/A	Provided	Provided under optional major medical benefit	N/A

Increase one level (semi-private)	50%		50%		50%		50%	50%	
Increase two levels (standard private)	25%		25%		25%		25%	25%	
Increase three levels (VIP/Deluxe/ Suite)	-		12.5%		-		-	-	

B) Semi-private

	AIA *PowerEasy* New		**AIA *POWER Plus***	**Sunlifx SunMastxr**	**Manulifx ManuSelext**		**AXx SelectCarx**		**Bupx HealthNxt Plus**	**Forwaxd CARXXG**		**Prudentixl BestCarx**
Plan	Plan 3 Semi-private	Plan 4 Semi-private	Plan 3	HS2 Semi-private	Plan 2	Plan 3	Plan 3	Plan 4	Plan 2,5,8 Semi-private	CHG 3 Semi-private	CHG4 Semi-private	HS2 Semi-private
							Comprehensive Ward					
Network/ Non-network	• Network(HK) • Non-network (Overseas)		Non-network	Network	• Non-network • Network only provided for specified day case surgeries		Non-network		Non-network	Non-network		Non-network
Benefit limit (HK dollar)	Per disability		Per disability	Per disability	Per disability		Per disability		Per contract year	Per disability		Per disability
Per disability limit	200,000		-	-	-		152,000	108,000	-	562,000	800,600	-
Reimbursement percentage	100%	80%	-	100%	100%		100%		100%	-		-
Deductible	-		-	-	-		-		-	-		-
Life insurance	-		100,000	10,000	10,000		10,000		-	-		-
Accidental death and dismemberment benefits	-		300,000	-	-		10,000		-	-		-
I. Confinement Benefits												
Hospital daily room and board benefit (Maximum days)	Reimburse for a specified range of medical expenses on a per disability basis, with no limit on each expense item		1,600 (120)	800 (90)	1,800 (120)	1,000 (120)	600 (60)	450 (60)	960 (120) (Per disability)	1,000 (180)	1,500 (180)	950 (120)
Physician's visit (Maximum days)			1,600 (120)	800 (90)	1,800 (120)	1,000 (120)	600 (60)	450 (60)	960 (120) (Per disability)	1,000 (180)	1,500 (180)	950 (120)
Specialist fee			-	2,000	2,500 (120)	N/A	4,000	2,000	8,400	5,000	7,000	4,000
Miscellaneous hospital expenses			22,000	12,000	30,000	16,000	8,000	6,000	12,900	14,000	20,000	13,000

Intensive care benefit(Maximum days)		3,200 (Included within room & board max 120 days)	800 per day (10)	3,600 (15)	2,000 (15)	1,200 per day (10)	600 per day (10)	11,900 (Per disability)	3,000 per day (15)	4,000 per day (15)	12,000
Hospital cash (Maximum days)	400	800 (120)	400 (90)	1,500 (45)	800 (45)	-		450 (120)	500 (60)	750 (60)	400 (120)
Hospital cash for second claim	400	-	-	-	-	-		-	-		-
II. Surgical Beneifts											
Surgeon's fee (Maximum limit)	Reimburse for a specified range of medical expenses on a per disability basis, with no limit on each expense item	100,000	40,000	120,000	64,000	35,000	25,000	47,600 (Per disability)	66,000	84,000	48,000
Anaesthetist's fee (Maximum limit)		30,000	16,000	36,000	19,200	10,500	7,500	13,000 (Per disability)	19,800	25,200	15,800
Operating theatre charge (Maximum limit)		30,000	16,000	36,000	19,200	10,500	7,500	14,400 (Per disability)	19,800	25,200	15,800
Outpatient surgery		-	-	-		-		-	-		-
Medical appliances		-	-	-		-		-	-		-
Network surgery	-	-	-	Full cover		-		-	-		-
Network surgery cash allowance	-	-	-	1,500	800	-		-	-		-
III. Post-hospitalisation / outpatient surgery outpatient consultation											
Post-hospitalisation / outpatient surgery outpatient consultation	Reimburse for a specified range of medical expenses on a per disability basis, with no limit on each expense item	2,000	2,000 (Post-surgery)	-		-		-	1,200 (Post-hospitalisation)	1,600 (Post-hospitalisation)	-

Pre- and post-hospitalisation out-patient care	-	-	-	8,000	4,000	-	5,200	-		5,050
IV. Extra Medical Benefits										
Free supplementary medical benefit	-	Increased overseas hospitalisation benefit (due to accident): 200% of hospitalisation and post-hospitalisation and surgical benefits	Top-up benefit for hospitalisation overseas (accidental injury only): added benefit by 50%	Increased overseas accidental benefit: 100% (applies to surgeons' fee, anaesthetist's fee, operating theatre fee, and hospital specialist's services)		-	50,000 (Per disability) (the original amount payable for hospitalisation and surgical benefits is exhausted)	-		50,000 (80% of eligible expenses in excess of the maximum benefits payable under hospital and surgical benefits)
V. Other Medical Benefits										
Emergency Treatment Benefits	Y	-	1,200 (out-patient)	-		-	-	1,200 (out-patient)	1,600 (out-patient)	-
Worldwide emergency assistance services	Same as Ward plan	• Emergency medical evacuation: no limit • Repatriation of remains: no limit	No info	No limit		• Emergency medical evacuation • Repatriation of remains • Worldwide hospital deposit guarantee: up to US$5,000	Unlimited cover for emergency medical evacuation and repatriation, and an extra hospital benefit of HK$ 120,000 after repatriation to HK	US$ 1,000,000		Unlimited cover for medical evacuation and repatriation to HK, a free extra benefit HK$ 120,000 for hospitalisation charge

VI. Adjustment Factor								
Provided?	Provided	N/A	Provided under optional major medical benefit	N/A	N/A	Provided	Provided under optional major medical benefit	N/A
Increase one level (Standard private)	50%		50%			50%	50%	
Increase two levels (VIP/Deluxe/Suite)	-		25%			-	-	

C) Standard Private (AIA **POWER Plus** not applicable to the following comparison)

	AIA *PowerEasy* New		**Sunlifx SunMastxr**	**Manulifx ManuSelext**	**AXx SelectCarx**		**Bupx HealthNxt Plus**	**Forwaxd CARXXG**	**Prudentixl BestCarx**
Plan	Plan 5 Standard Private	Plan 6 Standard Private	HS3 Private	Plan 1	Plan 1 Top-of-the-range private and semi-private	Plan 2 Top-of-the-range private and semi-private	Plan 1,4,7 Private	CHG5 Private	HS1 Standard Ward
Network/ Non-network	• Network(HK) • Non-network (Overseas)		Network	• Non-network • Network only provided for specified day case surgeries	Non-network		Non-network	Non-network	Non-network
Benefit limit (HK dollar)	Per disability		Per disability	Per disability	Per disability		Per contract year	Per disability	Per disability
Per disability limit	400,000		-	-	527,600	330,100	-	1,244,000	-
Reimbursement percentage	100%	80%	100%	100%	100%		100%	-	-
Deductible	-		-	-	-		-	-	-
Life insurance	-		10,000	10,000	150,000	100,000	-	-	-
Accidental death and dismemberment benefits	-		-	-	150,000	100,000	-	-	-
I. Confinement Benefits									
Hospital daily room and board benefit (Maximum days)	Reimburse for a specified range of medical expenses on a per disability basis, with no limit on each expense item		1,500 (90)	3,500 (120)	2,000 (60)	1,200 (60)	2,000 (120) (Per disability)	2,500 (180)	2,000 (120)
Physician's visit (Maximum days)			1,500 (90)	3,500 (120)	2,000 (60)	1,200 (60)	2,000 (120) (Per disability)	2,500 (180)	2,000 (120)
Specialist fee			5,000	5,000 (120)	8,000	6,000	11,700	10,000	6,000
Miscellaneous hospital expenses			22,000	50,000	30,000	18,000	26,000	30,000	24,000
Intensive care benefit (Maximum days)			1,500 per day (10)	7,000 (15)	3,000 per day (10)	2,400 per day (10)	25,000 (Per disability)	6,000 per day (15)	24,500
Hospital cash (Maximum days)	800		750 (90)	2,000 (45)	-		700 (120)	1,000 (60)	600 (120)

	AIA *PowerEasy* New	**Sunlifx SunMastxr**	**Manulifx ManuSelext**	**AXx SelectCarx**		**Bupx HealthNxt Plus**	**Forwaxd CARXXG**	**Prudentixl BestCarx**
Hospital cash for second claim	800	-	-	-		-	-	-
II. Surgical Benefits								
Surgeon's fee (Maximum limit)	Reimburse for a specified range of medical expenses on a per disability basis, with no limit on each expense item	80,000	160.000	95,000	60,000	70,800 (Per disability)	105,000	62,000
Anaesthetist's fee (Maximum limit)		25,000	48,000	28,500	18,000	22,400 (Per disability)	31,500	22,000
Operating theatre charge (Maximum limit)		25,000	48,000	28,500	18,000	24,800 (Per disability)	31,500	22,000
Outpatient surgery		-	-	-		-	-	-
Medical appliances		-	-	-		-	-	-
Network surgery	-	-	Full cover	-		-	-	-
Network surgery cash allowance	-	-	2,000	-		-	-	-
III. Post-hospitalisation / outpatient surgery outpatient consultation								
Post-hospitalisation / outpatient surgery outpatient consultation	Reimburse for a specified range of medical expenses on a per disability basis, with no limit on each expense item	3,000 (Post-surgery)	-	1,600 (Post-surgery, include doctor's visit at home or office)	1,600 (Post-surgery, include doctor's visit at home or office)	-	2,000 (Post-hospitalisation)	-
Pre- and post-hospitalisation out-patient care	-	-	10,000	-		7,300	-	7,000
IV. Extra Medical Benefits								
Free supplementary medical benefit	-	Top-up benefit for hospitalisation overseas (accidental injury only): added benefit by 50%	Increased overseas accidental benefit: 100%(applies to surgeons' fee, anaesthetist's fee, operating theatre fee, and hospital specialist's services)	-		100,000 (Per disability) (the original amount payable for hospitalisation and surgical benefits is exhausted)	-	100,000 (80% of eligible expenses in excess of the maximum benefits payable under hospital and surgical

	AIA *PowerEasy* New	**Sunlifx SunMastxr**	**Manulifx ManuSelext**	**AXx SelectCarx**		**Bupx HealthNxt Plus**	**Forwaxd CARXXG**	**Prudentixl BestCarx**
								benefits)
V. Other Medical Benefits								
Emergency Treatment Benefits	Y	2,000 (out-patient)	-	6,000	4,500	-	2,000 (out-patient)	-
Worldwide emergency assistance services	Same as Ward Plan	No info	No limit	• Emergency medical evacuation • Repatriation of remains • Worldwide hospital deposit guarantee: up to US$5,000		Unlimited cover for emergency medical evacuation and repatriation, and an extra hospital benefit of HK$ 120,000 after repatriation to HK	US$ 1,000,000	Unlimited cover for medical evacuation and repatriation to HK, a free extra benefit HK$ 120,000 for hospitalisation charge
VI. Adjustment Factor								
Provided?	Provided	Provided under optional major medical benefit	N/A	N/A		Provided	Provided under optional major medical benefit	N/A
Increase one level (VIP/Deluxe/Suite)	50%	50%				-	-	

Product comparison for SME group medical packaged product – Premium rate (Basic benefits, annual premium, HK dollar)

Room Type	**Ward**			**Semi-private**			**Standard private**		
Plan	**AIA *PowerEasy*** New		**AIA *POWER Plus***	**AIA *PowerEasy*** New		**AIA *POWER Plus***	**AIA *PowerEasy*** New		**AIA *POWER Plus***
	Plan 1	Plan 2	Plan 2*	Plan 3	Plan 4	Plan 3*	Plan 5	Plan 6	
Reimbursement percentage/ Age	100%	80%	-	100%	80%	-	100%	80%	(**AIA *POWER Plus*** not applicable to this comparison)
5	2,765	2,337	2,626	5,903	4,989	4,713	12,055	10,190	
15	2,765	2,337	2,626	5,903	4,989	4,713	12,055	10,190	
25	2,765	2,337	2,626	5,903	4,989	4,713	12,055	10,190	
35	3,455	2,920	3,283	7,378	6,236	5,890	15,067	12,736	
45	3,524	2,978	3,347	7,525	6,360	6,004	15,367	12,990	
55	4,145	3,503	3,919	8,854	7,484	7,045	18,082	15,285	
65	10,604	8,962	9,614	23,877	20,181	18,178	48,761	41,217	

*Premium for dependants, include optional conversion privilege and optional supplementary major medical benefits, not include life and accident insurance applicable only to employees

Product comparison for SME group medical packaged product – Premium rate (Optional out-patient benefits, annual premium, HK dollar)

Plan	AIA *PowerEasy* New				Sunlifx SunMastxr				Manulifx ManuSelext			Prudentixl BestCarx			
	Plan 1	Plan 2	Plan 3	Plan 4	OP0	OP1	OP2	OP3	Plan 1& 2	Plan 3 &4	Plan 5 &6	OP1	OP2	OP3	OP4
Reimbursement percentage/ Age	100%	80%	80%	80%	-	-	-	-	-	-	-	-	-	-	-
5	1,597	1,597	2,692	4,353	Employee: 904 Dependant: 1,220	Employee: 2,583 Dependant: 3,487	Employee: 2,913 Dependant: 3,933	Employee: 4,492 Dependant: 6,064	2,832	2,760	600	3,928	2,547	1,924	1,706 (2 to 4 employees：2,096)
15	1,597	1,597	2,692	4,353					2,832	2,760					
25	1,206	1,206	1,989	3,216					1,740	1,692					
35	1,341	1,341	2,345	3,792					2,496	2,436					
45	1,603	1,603	2,888	4,670					2,832	2,760					
55	1,738	1,738	3,314	5,359					3,504	3,408					
65	2,984	2,984	5,229	8,456					3,996	3,888					

^Annual premium per member
+Same premium is applied for members under same level of benefit irrespective of the insured persons' ages
AIA POWER Plus, AXx SelectCarx, Bupx HealthNxt Plus are not applicable to this comparison, as the premium for optional out-patient benefits is calculated with the premium for different plans of basic benefits.

Plan	AIA *PowerEasy* New				Forwaxd CARXXG									
	Plan 1	Plan 2	Plan 3	Plan 4	COG1	COG2	COG3	COG4	COG5	CPG1	CPG2	CPG3	CPG4	CPG5
Reimbursement percentage/ Age	100%	80%	80%	80%	80%	80%	80%	80%	80%	100%	100%	100%	100%	100%
5	1,597	1,597	2,692	4,353	1,882	2,136	2,409	3,299	4,538	2,241	2,543	2,868	3,928	5,402
15	1,597	1,597	2,692	4,353	1,882	2,136	2,409	3,299	4,538	2,241	2,543	2,868	3,928	4,322
25	1,206	1,206	1,989	3,216	1,505	1,709	1,927	2,639	3,631	1,792	2,035	2,294	3,142	4,322
35	1,341	1,341	2,345	3,792	1,505	1,709	1,927	2,639	3,631	1,792	2,035	2,294	3,142	4,322
45	1,603	1,603	2,888	4,670	1,505	1,709	1,927	2,639	3,631	1,792	2,035	2,294	3,142	4,322
55	1,738	1,738	3,314	5,359	1,505	1,709	1,927	2,639	3,631	1,792	2,035	2,294	3,142	4,322
65	2,984	2,984	5,229	8,456	1,882	2,136	2,409	3,299	4,538	2,241	2,543	2,868	3,928	5,402

Product comparison disclaimer:

AIA does not guarantee the accuracy and completeness of the comparison information as the above analysis and comparisons made by the Company are based on the respective brochures and respective companies' website in September 2016. The above analysis and comparisons made by the Company are based on partial information of the relevant plans as the nature and/or some features of the relevant plans may be different from this plan. All information is subject to change at any time without notice. AIA does not bear any liability for any errors and omissions. This document is for internal use only. You are not allowed to use it in sales solicitation by interview or presentation or for other similar purposes.

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L. Claims Example

（the following example is hypothetical and for illustrative purposes only）

Case

Insured：	Mrs Chan (aged 42)
Occupation：	Assistant Administrative Manager
Current cover：	***PowerEasy*** – Core Benefits Plan 1

Mrs Chan followed medical advice of AIA network doctor, she decided to undergo "Heri-thyroidectomy" surgery (intermediate and stayed in the hospital for 3 days.
Mrs Chan is covered under PowerEasy – Plan 1 (Ward).

		HKD
Related medical expenses#	Hospital fee	36,110
	Doctor fee	57,400
Room & board	3-days in general ward of a private hospital (HK$1,630/day)	4,890
Total expenses of surgery and hospitalisation		**98,400**

Source：Reference Charges for Common Surgical Procedures from Hong Kong Sanatorium & Hospital:
http://www.hksh-hospital.com/zh-hk/fees-charges/reference-charges-common-surgical-procedures

Estimated reimbursement calculation：

Products			***PowerEasy* – Core Benefits Plan 1**	**Bupx HealthNxt Plus Plan 3***
		Expenses (HKD）	**Reimbursement Amount (HKD)**	**Reimbursement Amount (HKD)**
Related medical expenses	Hospital fee (includes miscellaneous hospital expenses, operating theatre charge）	36,110	36,110	miscellaneous hospital expenses：8,100 operating theatre charge：2,650
	Doctor fee (includes surgeon's fee, anaesthetists's fees）	57,400	57,400	surgeon's fee：8,950 anaesthetists's fees：2,450
Room & board	3-days in general ward of a private hospital (HK$1,630/day)	4,890	4,890	HK$600 x 3天 = 1,800
Total expenses		**98,400**		
	(Bupx)free SMM (80% reimbursement), maximum:12,500			12,500
Total reimbursement amount			**98,400 (100% reimbursed)**	**36,450**
Member need to be borne by herself			**0**	**61,740**
The above case reflects Mrs Chan does not need to pay an extra cost for the operation since Mrs Chan's employer enrolled PowerEasy for her and other employees. If she is covered by other group medical scheme, she may need to settle more than HK$60,000 by herself or from her individual insurance.				

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M. *PowerEasy* Health Declaration Form Sample

AIA International Limited
(Incorporated in Bermuda
With limited liability)

POWEREASY HEALTH DECLARATION FORM
「企業躍升易保障計劃」健康申報表

指示 Guideline

- If the corporate group has 3 – 7 full-time employees when submitting application, each proposed insured, regardless whether he/she joins at the time of application or during the policy year) should complete own Health Declaration Form 如企業於遞交申請時擁有 3 至 7 名全職僱員，則每名準受保人（不論於遞交申請時或於保單年度內參加）均須填寫一份其個人的健康申報表

Please submit this form to your intermediaries once completed
請填妥及遞交此表格予您的中介人

- If the corporate group has less than 8 full-time employees at the time of renewal, each proposed insured joining during the policy year should complete own Health Declaration Form 如企業於續保時擁有少於 8 名全職僱員，則於保單年度內參加的每名準受保人均須填寫一份其個人的健康申報表

PART I PERSONAL DETAILS 第一部分 個人資料

1 a. English Full Name of Proposed Insured (As shown on HKID Card) (Please underline family name)
準受保人之英文姓名（以香港身份證為準）（請於姓氏下加劃線）

2. HKID Card No. 香港身份證號碼

3. Date of Birth 出生日期
____ / ____ / ____
MM 月 DD 日 YYYY 年

4. Sex 性別
☐ Male 男 ☐ Female 女

5. Relationship with Employee 與僱員之關係
☐ Self 本人 ☐ Spouse 配偶 ☐ Child 子女

6. Name of Employer 僱主名稱

7. Group Policy No. 團體保單編號（if available 如有）

PART II HEALTH DETAILS AND OTHERS 第二部分 健康資料及其他資料 （This section is compulsory 必須填寫此部分）

1. (a) Height 身高： ☐ ft / 呎 ☐ ____ cm / 厘米 (b) Weight 體重： ☐ lbs / 磅 ☐ ____ kg / 公斤

2. In the past 5 years, have you ever been declined, postponed or accepted on modified terms for life, critical illness, medical or disability insurance due to medical reason? ☐ Yes 是 ☐ No 否
於過去五年內，您是否曾因健康理由而於申請壽險、危疾、醫療或傷殘保險時被拒受保、擱置受保或修改合約條款？
****If "Yes", please specify the date and reason(s) **如「是」，請註明日期及原因 _____

3. Have you ever had, or received medical advice, or been treated for any of the following conditions? ☐ Yes 是 ☐ No 否
您是否曾患有，或因下列各種狀況而接受醫療諮詢或治療？
(a) Cancer 癌症
(b) Stroke, or cerebral vascular disease 中風或腦血管疾病
(c) Heart attack, coronary heart disease, chronic congestive heart failure, or heart valve replacement surgery
心臟病，冠心病，慢性心臟衰竭或心瓣膜置換術
(d) Autoimmune diseases such as Systematic Lupus Erythematosus (SLE) or Rheumatoid Arthritis
自身免疫疾病，如紅斑狼瘡或類風濕關節炎
(e) Chronic liver disease such as chronic liver failure or liver cirrhosis 慢性肝病，如肝衰竭或肝硬化
(f) Chronic renal disease such as chronic renal failure 慢性腎病，如慢性腎衰竭

4. In the past 5 years, have you stayed in hospital or clinic or consulted doctor for any diagnostic tests such as X-ray, ultrasound, CT scan, MRI, ECG, urine or other investigations and require continuous medical treatment or follow-up consultation (except general health check-up with normal result or without medical advice for follow-up consultation or treatment)? ☐ Yes 是 ☐ No 否
於過去五年內，您曾否在任何醫院、診所或諮詢醫生後接受一些診斷性之檢查如 X 光、超聲波、電腦掃描、磁力共振掃描、心電圖、驗尿或其他身體檢查，及需要繼續治療或進一步諮詢？（檢查結果正常或無須接受進一步諮詢或治療的例行身體檢查除外）
****If "Yes", please specify the date, reason, type of tests and result **如「是」，請註明日期、原因、檢查項目及診斷結果**

5. Do you plan to attend or are you currently attending any diagnostic tests such as X-ray, ultrasound, CT scan, MRI, ECG, urine or other investigations? (except general health check-up) ☐ Yes 是 ☐ No 否
您是否打算或現正接受一些診斷性之檢查如 X 光、超聲波、電腦掃描、磁力共振掃描、心電圖、驗尿或其他身體檢查？（一般例行身體檢查除外）

Group Policy No. 團體保單編號（For AIA Internal Use 只供 AIA 內部使用）：

GPMKTF03.1016

Please sign on page 2 請於第二頁簽署

SAMPLE

DECLARATION and AUTHORISATION

I declare and agree on behalf of myself and my person or persons, firm or corporation, who may have or claim any interest in any insurance on this health declaration that:

(a) No statement, information or agreement made or given by or to the person soliciting or making this health declaration or by or to any other persons, shall be binding on AIA International Limited (herein called "AIA"), unless reduced to writing, and then only if presented to and approved by an officer specified in the relevant policy.

(b) All the foregoing statements and answers in this health declaration form together with those in any required medical examination, questionnaire or amendments, are full, complete and true, and I understand that AIA, believing them to be such will rely and act on them, otherwise any policy issued hereunder may be void.

(c) Any insurance herein applied for shall not take effect unless and until the relevant policy or policies is/are issued and delivered to me pursuant to my health declaration as completed and the first premium under the policy or policies requested is actually paid in full during my lifetime and good health, provided, however, that if any payment of premium is made in cash at the time of signing this health declaration and a conditional receipt issued. Therefore, the terms of the receipt shall apply hereto and are agreed to.

(d) I confirm that I have read and understood the AIA Personal Information Collection Statement ("AIA PIC"). On behalf of myself and my covered dependants (if applicable), I declare and agree that any personal data and other information relating to me or my covered dependants (if any) or my / our policy(ies) or investments contained in this health declaration form or collected, obtained, compiled or held by AIA by any means from time to time may be collected and utilised in accordance with the AIA PIC. I acknowledge and consent to the transfer of my personal data (and that of my covered dependants, if any) outside of Hong Kong for the purposes and to the types of transferee as set out in the AIA PIC. The updated version of AIA PIC is available for download from its website: www.aia.com.hk and is made available upon request.

(e) All my declaration herein made, and my statements or answers in this health declaration form and any required questionnaire or amendments together with the relevant policy shall constitute the entire contract between the parties thereto in so far as it may be relevant to the policy or policies I have requested.

(f) In the event of differences arising in respect of this health declaration form, it is hereby noted and agreed that the English version which is the basis of all policies issued pursuant to this health declaration form is considered absolute and binding.

(g) If I request AIA to provide copy of results of my medical examination initiated by AIA, AIA shall reserve the right to charge a corresponding service fee applicable at that time.

Furthermore,
I hereby irrevocably authorise:

(i) any organisation, institution, or individual that has any record or knowledge of my employment, sick leave records, accident or loss details (of any sorts), health and medical history or any treatment or advice and that has been or may hereafter be consulted to disclose to AIA such information. This authorisation shall bind my successors and assignees and remain valid notwithstanding my death or incapacity in so far as legally possible. A photocopy of this authorisation shall be as valid as the original.

(ii) AIA or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate my health status in relation to this health declaration and any claim arising therefrom. These tests may include, but are not limited to, tests for cholesterol and related blood lipids, diabetes, liver or kidney disorders, acquired immunodeficiency syndrome (AIDS), infection by any human immunodeficiency virus (HIV), immune disorder or the presence of medications, drugs, nicotine or their metabolites.

聲明及授權

本人代表本人所有依據本健康申報表所繕發給壽險之有權利關係之人，或行號公司，完全承認下列各項：

(a) 除用書面經友邦保險（國際）有限公司（以下稱「友邦保險」）執行職員簽字批准外，其他收受或遞送此健康申報表之人，或任何人員，與任何人間，在口頭或書面上所作之陳述之報告或合約，友邦保險一概不負責任。

(b) 本健康申報表上列各項答案及第二部分上對友邦保險驗體醫師之任何檢驗時或對經理員之答語，完全確實無偽，本人更承認友邦保險根據上述各項而繕發保單，否則任何本健康申報表而繕發之保單將可能無效。

(c) 倘根據此健康申報表繕發之有關保單尚未送交本人或第一期保費尚未繳付時，本人已生疾病或死亡，則本保險不生效力。如在簽署健康申報表時，已將第一期應繳保費全數交付友邦保險，則按照所繕發之第一期保費臨時收據內之條款辦理。

(d) 本人確認本人已閱讀及明白 AIA 個人資料收集聲明（「AIA 個人資料收集聲明」）。本人及本人謹代表的受保家屬（如適用）等聲明及同意在本健康申報表所載或友邦保險不時以任何方法收集所得、編製或持有的任何個人資料及關於本人的受保家屬（如有）或本人的保單或投資的其他資料，可根據 AIA 個人資料收集聲明收集及使用。本人知悉及同意就 AIA 個人資料收集聲明所述目的轉讓本人（和本人的受保家屬（如有））的個人資料至香港境外予 AIA 個人資料收集聲明所載的資料承讓人。AIA 個人資料收集聲明的最新版本可於友邦保險網址下載：www.aia.com.hk，及可向友邦保險索取。

(e) 本人在健康申報表內之陳述及答覆驗身醫生或對友邦保險授權財物策劃顧問之簽語暨與上述有關之保單將作為雙方間契約之全部。

(f) 本人同意如對根據本件健康申報表繕發之所有保單發生異議時，則以英文原本為標準。

(g) 若本人要求友邦保險提供本人由友邦保險安排驗身之報告，友邦保險將保留權利向本人收取友邦保險於當時適用之服務費用。

再者
本人茲授權：

(i) 任何知悉或擁有本人之工作、病假記錄、意外或損失（任何類別）之詳情、健康狀況及病歷或任何治療或諮詢記錄及曾為或將為本人診治之機構、組織或人士，向友邦保險透露有關資料，不得撤回。即使本人死亡或喪失能力，此授權書仍然存有法律效力，而本人繼承人及轉讓人亦會受此授權書約束。此授權書之正本與副本同屬有效。

(ii) 友邦保險或任何其認可之驗身醫生或化驗所，替本人進行所需之醫療評估及測試，並對本人之健康狀況進行審核及評估，作為處理本健康申報表及其後與之有關的賠償事宜，不得撤回。此等化驗會包括，但並不限於膽固醇及有關之血脂肪、糖尿病、肝或腎功能失常、愛滋病或感染人體免疫力缺乏病毒、免疫系統失常或體內藥物、毒品、尼古丁及其代謝物之含量等化驗。

Signed at Place 簽署地方 _____ Date Signed 簽署日期 _____ Signature of Proposed Insured 準受保人簽署 _____

Correspondence Address: Corporate Solutions Department, 12/F, AIA Financial Centre, 712 Prince Edward Road East, Kowloon, Hong Kong
通訊地址：香港九龍太子道東 712 號友邦金融中心 12 樓友邦保險團體業務部
Website 網址：aia.com.hk
Please contact your intermediaries for any enquiries. 如有任何查詢，請聯絡您的中介人。

GPMKTF03.1016

SAMPLE

N. Frequently Asked Questions

I. Related to Eligibility

1. **Who is eligible to apply for *PowerEasy*?**

Must be Corporate Group with

- Hong Kong Business Registration Certificate; and
- 3 or more full-time employees to enrol

No. of full-time employees	Underwriting Requirement
3 to 7	Health declaration is required and is subject to AIA's approval
8 or more	Guaranteed acceptance

Insured Person and Issue Age

- Insured person includes insured member and dependant
- Insured member: full time and permanent employee in active service who is below 65 years old*
- Dependant: spouse of insured member who is below 65 years old*
- Dependant: unmarried dependent children of insured member aged from 2 weeks to up to 18 years old (or up to 22 years old in the case of children who are full-time students)*
- Maximum age for cover is 69 for Member and Spouse

* Age is calculated at the date of enrolment

Protection up to Age

Insured member and spouse: age 69

Insured unmarried dependent children: age 18, or age 22 for full-time students

2. **For the minimum enrolment, are dependants counted?**

Not included.

All eligible employees must join the plan, and corporate groups must enrol a minimum of 3 employees.

3. **Can dependants enrol *PowerEasy*?**

Yes.

4. **Is medical underwriting or health declaration required for this plan?**

No. of full-time employees	Underwriting Requirement
3 to 7	Health declaration is required and is subject to AIA's approval
8 or more	Guaranteed acceptance

II. Product Information	
1.	**What are the benefit coverages and options under *PowerEasy*?** Core Benefits (Medical Network) • Comprehensive hospitalisation and surgical cover • Follow-up consultation after confinement or outpatient surgery • Hospital cash for government hospital ward room level • Hospital cash for a second claim • Other benefits including worldwide emergency assistance services and the China Assist Card Optional Benefits: • Outpatient • Dental
2.	**Product Feature of *PowerEasy*** Different to majority of similar packaged group medical insurance products, ***PowerEasy*** offers a per disability lump-sum limit covering a range of medical expenses, without sub-limit on each benefit item. * Based on AIA's internal data gathered in October 2016.
3.	**How many doctors under *PowerEasy*'s medical network?** Around 1,500 doctors. * Based on AIA's internal data gathered in October 2016. The number of doctors may vary from time to time.
4.	**Can the corporate group provide dependant coverage for eligible dependants of a particular class of insured employees?** Yes. Yes. Insured company can choose to provide dependant coverage for eligible dependants of insured employees, based on the "Type of Plan" of the eligible employees. Example: Plan 1: Employee who is eligible to join plan 1(e.g. below managerial grade), without dependant coverage Plan 2: Employee who is eligible to join plan 2 (e.g. managerial grade or above), with dependant coverage
5.	**If an insured member is entitled to dependant coverage, are all eligible dependants of such insured member required to enrol in the plan?** Yes. Dependant coverage is on a family basis. If an insured member is entitled to dependant coverage and has one or more eligible dependant, all of them are required to enrol in the plan.
6.	**Can different benefit plans be chosen for insured members of different classes and their dependants (if dependant coverage is applicable)?** Yes, but all insured members within the same class must enrol in the same plan. Also, their eligible dependants (if dependant coverage is applicable) must enrol in the same plan.

III. Medical Underwriting	
1.	**In what circumstances underwriting is required?** Corporate groups with 3 to 7 full-time employees.
IV. Related to Claims	
1.	**When an insured member has been insured under *PowerEasy* for 12 continuous months, will we cover all pre-existing conditions for him / her after 12 months?** Yes.
2.	**For optional outpatient benefits, which benefit items require referral by a general physician?** Referral by a general physician is required for outpatient consultation by a specialist doctor, physiotherapy, chiropractic treatment (if any), X-ray and laboratory test. The referral letter is valid within 180 days from the date of referral.
V. Related to Conversion Privilege / Provision of *StepUp Medical Protection Plan*	
1.	**Does *PowerEasy* have Conversion Privilege?** No Conversion Privilege for this plan. For insured groups of 10 or more employees, we will offer ***StepUp Medical Protection Plan (StepUp)*** to the insured members. They have the option to enrol in the portable medical product to top up their group medical plans, enhancing the cover for just an affordable premium. Even when they leave the company or enter retirement, they will remain covered under the ***StepUp***, giving them the assurance they need.
VI. 其他	
1.	**Does *PowerEasy* offer automatic renewal?** Yes, but not guaranteed renewal.
2.	**Will the premium of *PowerEasy* be adjusted according to the respective corporate client's loss ratio?** No. For packaged products, we consider the overall loss ratio of all clients as a pool, medical inflection and other risk factors when we adjust the whole premium table. The renewal premium will be adjusted based on the prevailing premium rates at the time of renewal and the aging of particular insured persons.
3.	**What is the premium payment mode?** Annual mode.
VI. Financial Planner Benefits	
1.	**What is the commission for selling *PowerEasy*?** All years: Basic Plan: 15% Optional Benefit: 10%

O. Premium Table

Annual premium table (HK$)

Core Benefits

Attained Age	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
0-15	2,765	2,337	5,903	4,989	12,055	10,190
16-29	2,765	2,337	5,903	4,989	12,055	10,190
30-34	3,455	2,920	7,378	6,236	15,067	12,736
35-39	3,455	2,920	7,378	6,236	15,067	12,736
40-44	3,524	2,978	7,525	6,360	15,367	12,990
45-49	3,524	2,978	7,525	6,360	15,367	12,990
50-54	3,801	3,212	8,116	6,860	16,575	14,010
55-59	4,145	3,503	8,854	7,484	18,082	15,285
60-64	4,837	4,088	10,329	8,731	21,094	17,831
65-69*	10,604	8,962	23,877	20,181	48,761	41,217

Effective date: 28 October 2016
*For renewal only

Annual premium table (HK$)

Optional Benefits

Outpatient

Attained Age	Plan 1 (network)	Plan 2	Plan 3	Plan 4
0-15	1,597	1,597	2,692	4,353
16-29	1,206	1,206	1,989	3,216
30-34	1,341	1,341	2,210	3,574
35-39	1,341	1,341	2,345	3,792
40-44	1,479	1,479	2,608	4,217
45-49	1,603	1,603	2,888	4,670
50-54	1,665	1,665	3,045	4,924
55-59	1,738	1,738	3,314	5,359
60-64	1,989	1,989	3,486	5,637
65-69*	2,984	2,984	5,229	8,456

Effective date: 28 October 2016
*For renewal only

Dental

Attained Age	Plan 1	Plan 2
0-64	1,252	940
65-69*	1,252	940

Effective date: 28 October 2016
*For renewal only

P. Remarks

1. This document is for Internal Use Only. You are not allowed to use it in sales solicitation by interview or presentation or for other similar purposes. For product details, please refer to the relevant principal brochure and marketing materials.
2. This is an internal document of AIA and intended for use by its employees and agents only. You must not disseminate, distribute, and circulate to any third parties outside AIA.
3. This Launch Pack is for general information purposes only. It is not a contract of insurance nor does it form any part of the Policy. Details are subject to the terms, conditions, provisions and exclusions of the Policy.
4. "AIA", "the Company", "we", "us" or "our" as used herein refers to AIA International Limited (Incorporated in Bermuda with limited liability).
5. The Chinese translation of this Launch Pack is for reference only. In case of discrepancy, the English version of this Launch Pack prevails.



EC2 MEDICARE
僱員附加保障 – 附加額外醫療保障

團體業務部

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聲明

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有關EC2 MEDICARE僱員附加保障 – 附加額外醫療保障

近年本地的醫療費用不斷上漲，如不幸因病或意外需入院接受治療，一般的僱員福利可能不足以應付其高昂的收費。

有見及此，友邦團體業務部特別推出**EC2 MediCare醫療保障計劃 – 附加額外醫療保障**(“EC2 MediCare”)讓僱員自願參與。這附加保障需在EC2自選僱員福利網上平台(“EC2網上平台”)上選購。

住院醫療費用往往會超出預算，友邦團體業務部的附加額外醫療保障可助僱員在有需要時應付高昂的醫療費用。如住院費用超過住院醫療保障的最高賠償額，此額外保障EC2 MediCare便會就差額作出賠償，讓僱員倍感安心。



此資料只供參考用途而非保單契約，亦不構成保單契約的部份。有關保單契約的詳情，請參閱保單契約的條款、條件、條文及不保事項。

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EC2 MEDICARE – 產品特點

- ✓ **無需個人核保**
- ✓ **最高賠償限額(每病症[1])高達1,200,000港元**
- ✓ **僱員和他們的家屬以較相宜的保費獲得更全面的保障**
- ✓ **建立平台簡易快捷** – 只需10個工作天便可建立EC2網上平台
- ✓ **零成本方案，為您的僱員提供更多福利**
- ✓ **無需額外行政支援** – 提供全方位支援服務，由建立平台至與受保成員溝通，一切已準備就緒



備註:
[1]每病症是指由相同原因所引起之病症及其併發症，以及於同一次住院期間因不同原因所引起而同時出現之病症；如最後出院或接受治療(以較後日期起計算)起計90日後再因同一原因而出現之病症，則會被視作新病症。

此資料只供參考用途而非保單契約，亦不構成保單契約的部份。有關保單契約的詳情，請參閱保單契約的條款、條件、條文及不保事項。

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EC2 MEDICARE – 參加資格

基本要求

- 持度身訂造團體醫療保單（不包括自選計劃或附加保障之計劃）並擁有10名以上僱員的AIA現有/準客戶

- 投保年齡

	受保僱員	受保家屬	受保子女
投保年齡	65或以下	65或以下	出生兩星期至19歲以下之未婚子女或23歲以下之全日制學生
最高受保年齡	70	70	19歲或23歲以下之全日制學生

Note: The above information is for reference only. Please refer to the relevant policy contract for the exact and complete terms, conditions, provisions, definitions and exclusions of the group policy.

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EC2 MEDICARE – 保障一覽表

保障額 （ 港元）	普通房	半私家房	私家房
加高每日病房及膳食限額	750	1,800	3,500
每病症最高保障額	150,000	300,000	600,000
每病症之加高墊底費	50,000	100,000	150,000
加高共同保險	100%	100%	100%
保障額 （ 港元）	**普通房S**	**半私家房S**	**私家房S**
加高每日病房及膳食限額	750	1,800	3,500
每病症最高保障額	300,000	600,000	1,200,000
每病症之加高墊底費	50,000	100,000	150,000
加高共同保險	100%	100%	100%

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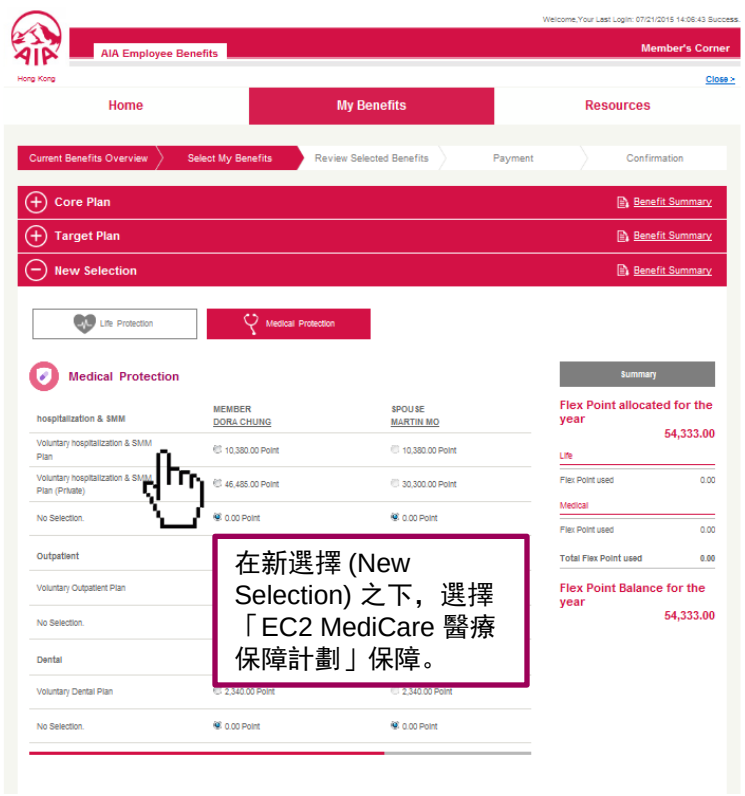
EC2 MEDICARE – 僱員購買程序



受保成員可經由友邦香港網頁 **aia.com.hk**或通過我們的報名邀請電子郵件中的鏈接進入註冊及登入版面



在新選擇 (New Selection) 之下，選擇「EC2 MediCare 醫療保障計劃」保障。



先確認繳費金額，然後填寫信用卡資料，點選立即繳費**(Pay Now)**或可從薪酬中自動扣除（如適用）

第1步 **第2步** **第3步**

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賠償例子一



受保成員：陳太 (女性,42歲)
職業：貿易公司主任
婚姻狀況：已婚，育有一兒一女
現有保障：團體醫療保障計劃

陳太患有多發性子宮肌瘤。她接受醫生建議，決定接受手術，並留院5天。
陳太投保了EC2 MediCare醫療保障 - 普通房計劃。即使醫療開支超出基本僱員福利計劃的賠償上限，指定保障項目的餘額也可獲得額外醫療保障賠償。

		港元
相關醫療費用	手術和醫藥費	63,180
病房與膳食	5天的私家醫院的普通病房（每天800港元）	4,000
是次手術及住院總開支		**67,180**
團體基本計劃的賠償金額		48,000
額外醫療保障（EC2 MediCare 普通房計劃）的賠償金額 **計算方法:** **[（符合可獲得加高賠償的金額 x加高調整基數*）- 每病症之加高墊底費^] x 100%** 符合可獲得加高賠償的金額：是次手術及住院總開支 - 團體基本計劃的賠償金額 加高調整基數：每日病房及膳食保障限額 / 平均每日病房及膳食開支 每病症之加高墊底費：EC2 MediCare 醫療保障計劃 - 普通房計劃內之每病症之加高墊底費 - 團體基本計劃的賠償金額 **[(67,180港元- 48,000港元)x (750港元/ 800港元) – (50,000港元– 48,000港元)] x 100% = 15,981港元**		15,981
團體基本計劃的賠償金額 + 額外醫療保障（EC2 MediCare普通房計劃）的總賠償金額		**63,981**

如陳太投保了EC2 MediCare，她只需自付4,780港元 (當中包括年繳保費1,581港元)。

如陳太沒有投保EC2 MediCare，她需自付19,180港元。

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賠償例子二



受保成員：Emily (女性,36 歲)
職業：銀行客戶經理
婚姻狀況：已婚，育有一兒一女
現有保障：團體醫療保障計劃

與個案1陳太一樣，Emily亦發現患有多發性子宮肌瘤，需接受手術並留院5天。
Emily亦同樣投保了EC2 MediCare醫療保障 - 普通房計劃，即使醫療開支超出基本僱員福利計劃的賠償上限，指定保障項目的餘額也可獲得額外醫療保障賠償。
唯一不同之處是每天入住普通病房的病房與膳食只需每天700港元，而陳太的個案需收取每天800港元。

		港元
相關醫療費用	手術和醫藥費	63,180
病房與膳食	5天的私家醫院的普通病房（每天800港元）	3,500
是次手術及住院總開支		**66,680**
團體基本計劃的賠償金額		48,000
額外醫療保障（EC2 MediCare 普通房計劃）的賠償金額 **計算方法:** **[（符合可獲得加高賠償的金額 x加高調整基數*）- 每病症之加高墊底費^] x 100%** 符合可獲得加高賠償的金額：是次手術及住院總開支 - 團體基本計劃的賠償金額 加高調整基數： 由於每日病房及膳食開支沒有較所投保的每日病房及膳食開支為高，所以加高調整基數並不適用 每病症之加高墊底費：EC2 MediCare 醫療保障計劃 - 普通房計劃內每病症之加高墊底費^ - 團體基本計劃的賠償金額 **[(66,680港元- 48,000港元)– (50,000港元– 48,000港元)] x 100% = 16,680港元**		16,680
團體基本計劃的賠償金額 + 額外醫療保障（EC2 MediCare普通房計劃）的總賠償金額		**64,680**

如Emily投保了EC2 MediCare，她只需自付3,245港元 (當中包括年繳保費1,245港元) 。

如Emily沒有投保EC2 MediCare，她需自付18,680港元。

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甚麼是加高調整基數?

「EC2 MediCare 醫療保障計劃」之加高調整基數

加高調整基數將根據以下運算方式釐定:

加高調整基數= 加高每日病房及膳食限額 / 平均每日病房及膳食開支

加高調整基數適用重點:

- 加高調整基數只適用於額外醫療賠償(SMM)
- 平均每日病房及膳食開支，較所投保的加高每日病房及膳食限額為高

例子:

[平均每日病房及膳食開支較所投保的加高每日病房及膳食開支為高，因此**加高調節基數適用**]

以**普通房**計劃計算:
受保人因患有多發性子宮肌瘤而需入住醫院5天
手術和醫藥費為$63,180港元
5天的私家醫院的普通病房 (每$800港元)，合共$4,000港元

加高每日病房及膳食限額: $750港元
平均每日病房及膳食開支: $800港元

加高調節因素 = $750港元/$800港元 = 0.9375

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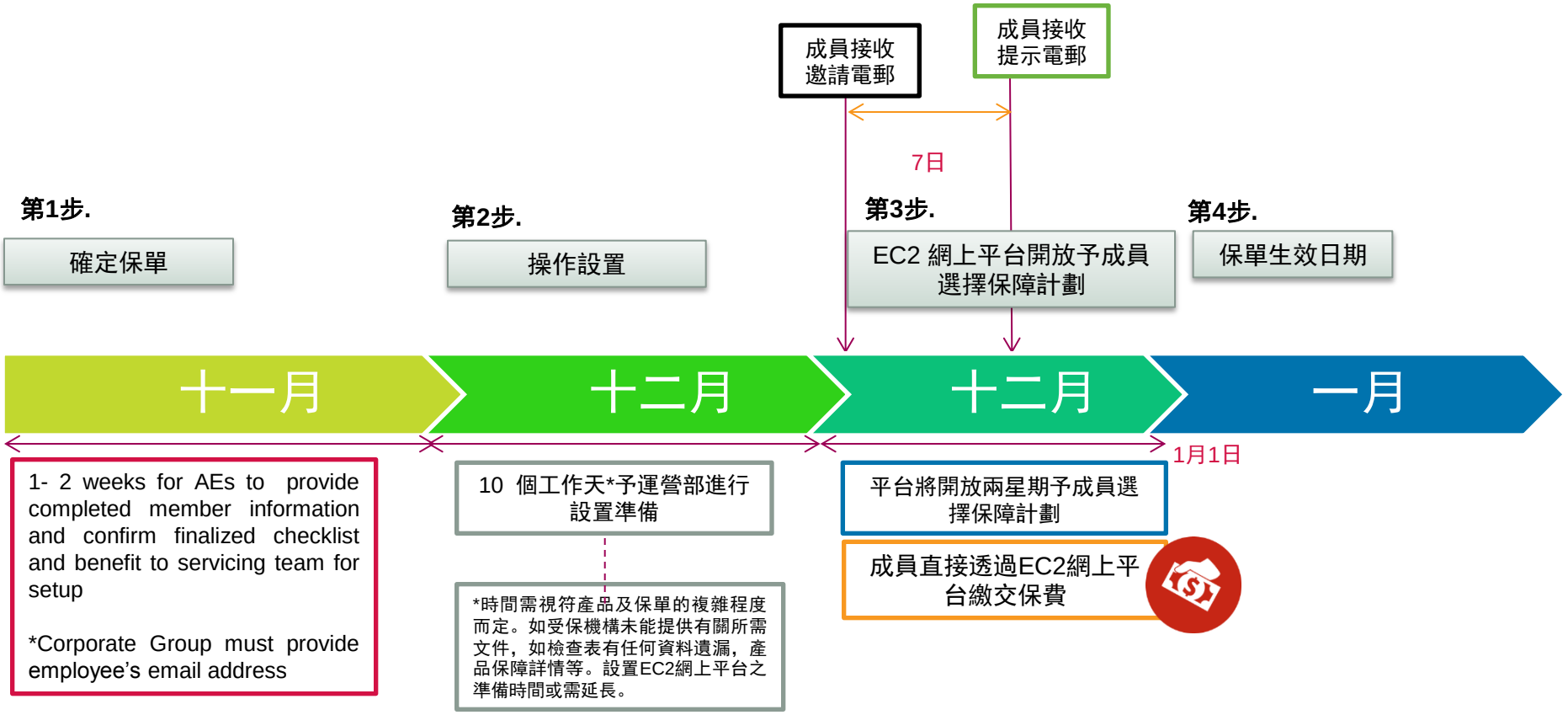
建立EC2網上平台之預算時間表



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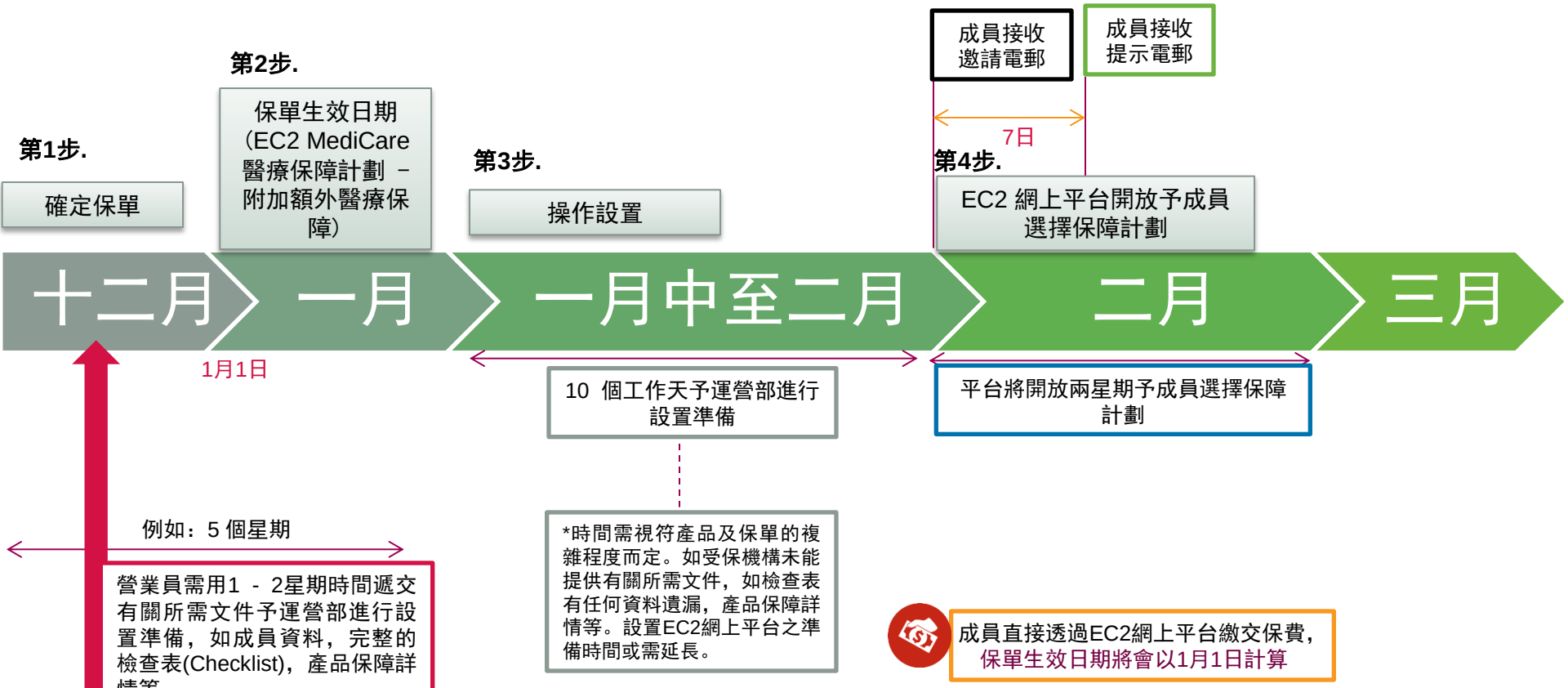
建立EC2網上平台之預算時間表

適用於在保單生效日後才購買之個案：



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附件: EC2 MEDICARE – 主要不保事項

1. 已存在之病症。
2. 心理、情緒、精神或行為之調查和治療；酗酒或藥物成癮；休養或療養護理；選擇性治療；蓄意自殘身體(不論精神狀況正常或失常)。
3. 直接或間接由戰爭引致的受傷(無論宣戰與否)。
4. 特別護理；不附屬於實際疾病或受傷，或並非醫療需要的一切身體或醫療檢查或測試；免疫注射、疫苗注射或接種。
5. 購買或使用特別支架、任何器具、設備或義肢裝置、任何植入物、隱形眼鏡、眼鏡、助聽器或同等作用的裝置及非醫療服務如電視，電話等。
6. 任何牙科或眼科檢查/治療、矯正眼屈光之外科手術、美容或整容手術(除非有關手術是以作矯治因意外造成的受保身體傷害)。
7. 任何先天性異常或其併發症所引致或任何於出生時出現的身體缺陷所引致之調查、治療或外科手術(不論康復或外科手術之時間)。
8. 避孕、不育之求診或治療、基因檢測或諮詢、因懷孕、分娩或流產而接受之治療。
9. 非醫療所需之治療。
10. 實驗性、研究性或未經證實的治療(除非已獲本公司核准)。
11. 戒煙療程及治療尼古丁上癮之服務及物品。
12. 與受保人或受保人之家庭成員包括配偶、兄弟、姐妹、父母或子女擁有相同合法地址之醫生或中醫(無論是合法註冊與否)所提供的服務；本公司之財務策劃顧問所提供之服務。
13. 中醫治療、跌打、針灸、推拿(除非已受保於附加保障)、催眠治療、按摩療法、香薰療法及其他另類療法。
14. 臨床家庭護理、任何監護治理、日間照顧、善終服務、私人護理、暫託服務(除非已獲本公司預先核准)。
15. 其他教育服務如語音改良、糖尿病講座及營養治療，或支援小組治療。

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團體業務部「友心意」醫療保障計劃 – 產品資料冊

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此產品資料冊只供AIA內部使用，不得發放予任何公眾人士、客戶或準客戶。有關保險契約條款的定義、契約條款及條件之原文及完整敍述，請參閱保單契約。



「友心意」醫療保障計劃（**「友心意」**）自推出以來，一直深受企業客戶及其僱員的歡迎，為熱賣的僱員自選保障產品之一。為進一步追求創新及卓越，並回應僱主及僱員的保障需要及轉變，團體業務部誠意升級**「友心意」醫療保障計劃**（首個申請日期為2017年7月1日），在**「友心意」**現有的產品特色上，新增4個附加門診保障計劃，以及延長其中一個成員遞交申請時段。升級後，成員於其友邦團體醫療保險計劃會籍終止前／後的30日內遞交之申請均獲接納，為僱主及僱員送上最有心意的醫療保障計劃。

A. 產品簡介

產品名稱	**「友心意」醫療保障計劃**	
銷售地區	香港	
基本計劃	僱員因應個人需要自願參與的可攜式醫療保障計劃	
銷售對象	• 持有友邦團體醫療保險計劃及擁有 10 名或以上全職僱員之企業（不包括自選或附加保障之計劃）	
投保資格	• 香港身份證持有人；及 • 友邦團體醫療保險計劃成員	
投保年齡(受保人)	**15日至65歲**	
保障至年齡	終身	
核保	保證接納申請	
計劃選項	• 計劃一 — 普通房計劃 • 計劃二 — 半私家房計劃 • 計劃三 — 標準私家房計劃	
地域保障範圍	全球	
主要保障	• 全面住院及手術護理 • 延伸護理保障涵蓋腎臟透析及癌症治療，後者包括相關測試、標靶治療、化療及電療費用 • 其他保障包括先進診斷掃描（包括在門診進行）及醫療裝備 • 環球緊急支援服務，包括緊急醫療運送	
醫療網絡優惠	若成員選用AIA醫療網絡的服務，可享以下優惠： • 網絡保障賠償率90%及無須繳付墊底費 • 指定門診手術免找數服務	
附加保障	門診 — 計劃一至四	
貨幣	港元	
繳費形式	僱員/投保人以年繳或月繳方式繳交保費	
	如選擇「月繳模式」，需於首次繳交3個月保費並提交直接付款授權書（DDA Form）	
	首次保費	現金/支票/匯款繳費/信用卡(VISA、MASTER或AE)/香港銀行戶口自動轉賬/電子繳費（ATM, PPS或互聯網）/銀行繳費（華僑永亨銀行或花旗銀行香港分行）/中銀香港集團旗下支票機/香港郵政局
	其後保費	年繳：可選繳費形式相同於首次保費（信用卡除外） 月繳：香港銀行戶口自動轉賬

產品理念：

近年本地的醫療費用不斷上漲，如不幸因病或意外需要入院接受治療，一般的僱員福利可能不足以應付其高昂的收費。此外，當僱員離職或退休，他們便失去團體醫療保障。

有見及此，友邦團體業務部「**友心意」醫療保障計劃**，為現有友邦團體醫療保險成員而設，與僱主提供的計劃相輔相成。僱員可以相宜保費得到全面的終身醫療保障，更可按個人醫療需要，自由附加門診保障。此外，「**友心意**」升級後，成員可於其友邦團體醫療保險計劃會籍終止前／後的30日內遞交申請，申請獲保證接納，無須接受醫療核保，即使離職或準備退休，僱員仍可享有「**友心意**」的保障，從此安枕無憂。

企業只需有10名僱員，即可提供「**友心意**」予僱員及其家屬自願參與！財務策劃顧問亦可透過「**友心意**」拓展僱員自選計劃及個人保險生意。

產品特點：

- 專為友邦團體醫療保險計劃之成員而設的個人醫療產品
- 產品屬於個人一般保險類別
    - 可豁免《打擊洗錢及恐怖分子資金籌集指引》(AML)所需文件及財務需要分析(FNA)手續
- 可攜式保障
    - 即使離職、團體醫療保障完結，甚至退休，此計劃仍然為僱員繼續提供保障
- 保證接納申請
- 只需繼續繳交續保保費，受保人便可得到終身醫療保障
- 如成員於友邦團體醫療保險計劃及「**友心意**」下合共受保至少連續12個月，其已存在病症均可受保
- 以每病症總限額賠償多項主要醫療開支，不設分項賠償上限
- 延伸護理保障，涵蓋腎臟透析及癌症治療
- 優質醫療網絡，獲享額外優勢
    - 網絡保障賠償率為90%及無須繳付墊底費
    - 4種指定門診手術免找數服務
- 成員可按個人需要，自由附加門診保障

銷售對象：

- 友邦團體醫療保險計劃的成員
  （持有香港身份證；且其現職機構擁有10名全職僱員或以上）

B. 核保規則

體檢要求：	主要保障及附加門診保障（如有）的新投保申請：無須醫療核保 保單生效後，增加附加門診保障：須醫療核保
財務核保要求：	不適用

C. 佣金

基本計劃

第 1 年	14%
第 2、3 年	12%
第 4 年或以後	10%

附加保障

第 1 年	14%
第 2、3 年	12%
第 4 年或以後	10%

D. 產品資料

項目	詳情	有關安排
「友心意」產品小冊子	繁體中文、英文版本	• 由2017年6月28日起，電子版可於： **營業員專區 eAgency Corner > 部門資訊 > 團體業務部** 下載 • 由2017年7月3日起，印刷版可於PSS訂購，有關編號為：PTA999344 (英文) 及 PTA999345 (中文)
「友心意」投保申請書	中英雙語版本	• 由2017年6月28日起，電子版可於： **營業員專區 eAgency Corner > 部門資訊 > 團體業務部** 下載 • 由2017年7月3日起，印刷版可於PSS訂購，有關編號為：OPUAIFA29

E. 公司參加指引

適用於以下的機構：

1. 擁有10名或以上全職僱員；及
2. 持有友邦團體醫療保險計劃（不包括自選或附加保障之計劃）

F. 成員投保指引

投保資格

- 適用於友邦團體醫療保險計劃成員

身份證明

- 友邦團體醫療保險計劃成員於遞交申請時必須為香港身份證持有人

遞交申請時段及計劃選擇規則

<table>
<tr><th></th><th>遞交申請時段
（必須在以下其中一個時段內遞交）</th><th>計劃選擇規則</th></tr>
<tr><td rowspan="4">友邦團體醫療保險計劃成員</td><td>新入職僱員及其家屬*
(i) 參加友邦團體醫療保險計劃起30日內</td><td>• 不設計劃選擇限制</td></tr>
<tr><td>(ii) 友邦團體醫療保險計劃的「保單週年日」起的30日內</td><td rowspan="3">• 必須選擇與友邦團體醫療保險計劃同一病房保障級別或以下的計劃
• 如團體醫療保險計劃並沒有列明病房級別，將按每日病房及膳食費用限額對應如下#：
<table><tr><th>每日病房及膳食費用限額</th><th>相應之病房級別</th></tr><tr><td>1,399港元或以下</td><td>普通房</td></tr><tr><td>1,400至2,999港元</td><td>半私家房</td></tr><tr><td>3,000港元或以上</td><td>標準私家房</td></tr></table>• 受保僱員與其受保家屬須申請相同保障的計劃，包括主要保障及附加門診保障（如適用）</td></tr>
<tr><td>(iii) 成員之友邦團體醫療保險計劃會籍終止前／後的30日內</td></tr>
<tr><td>(iv) 受保人即將到達66歲的30日內</td></tr>
</table>

*如公司之友邦團體醫療保險計劃提供家屬保障。

#資料只作參考用途，於不同時期或會有差異，詳情請聯絡團體業務部。

註：年齡由15天至17歲的兒童必須與父或母同時申請，並申請相同計劃級別。

G. 特別推廣優惠

推廣優惠（推廣活動有效期至2018年12月31日）

友邦團體醫療保險計劃成員	遞交申請時段	推廣優惠
現有公司僱員及其家屬*	於公司同意參加「友心意」的生效日期起首兩個月內 如申請人於團體醫療計劃的會籍在以上時段內被終止，申請人只可選擇與團體醫療計劃所保障的相同病房級別或以下的計劃。	✓首年9折保費折扣 ✓可自由選擇任何計劃
於推廣期後，可於以下其中一個時段內遞交投保申請：		
(i) 新入職公司僱員及其家屬*：參加友邦團體醫療保險計劃起30日內		✓可自由選擇任何計劃
(ii) 友邦團體醫療保險計劃的「保單週年日」起的30日內； (iii) 成員之友邦團體醫療保險計劃會籍終止前或後的30日內； (iv) 受保人即將到達66歲的30日內		推廣優惠並不適用。 • 必須選擇與友邦團體醫療保險計劃同一病房保障級別或以下的計劃 • 如團體醫療保險計劃並沒有列明病房級別，將按每日病房及膳食費用限額對應如下#：

每日病房及膳食費用限額	相應之病房級別
1,399港元或以下	普通房
1,400至2,999港元	半私家房
3,000港元或以上	標準私家房

• 受保僱員與其受保家屬須申請相同保障的計劃，包括主要保障及附加門診保障（如適用）

* 如公司之友邦團體醫療保險計劃提供家屬保障。

\# 資料只作參考用途，於不同時期或會有差異，詳情請聯絡友邦團體業務部。

註：1. 每間公司只可參與此推廣活動一次。

2. 如有任何爭議，友邦團體業務部保留最終決定權。



H. 「友心意」利益一覽表 及 調整基數

主要保障

	最高限額（港元 / 澳門幣）					
計劃	**計劃一**		**計劃二**		**計劃三**	
病房級別	**普通房**		**半私家房**		**標準私家房**	
每病症限額 第1至12項適用	100,000		200,000		500,000	
額外每病症限額 （網絡專用） 第1至12項適用	50,000		100,000		100,000	
賠償百分比 第1至11及13至14項適用	**醫療網絡**	**非醫療網絡**	**醫療網絡**	**非醫療網絡**	**醫療網絡**	**非醫療網絡**
	90%	80%	90%	80%	90%	80%
墊底費（每病症） 第1至11及13至14項適用	0	5,000	0	15,000	0	28,000
賠償百分比 第12項適用	100%	不適用	100%	不適用	100%	不適用
墊底費 第12項適用	0	不適用	0	不適用	0	不適用
I. 住院賠償						
1. 每日病房及膳食費用賠償						
2. 醫生巡房費賠償						
3. 專科醫生費用						
4. 住院雜費賠償						
5. 深切治療費用賠償						
II. 手術費用賠償						
6. 手術惠益 包括外科手術費、麻醉師費及手術室費						
7. 門診手術惠益 包括外科手術費、麻醉師費及手術室費						
8. 醫療裝置費用惠益 指定項目： 包括： i. 起搏器 ii. 經皮冠狀動脈腔內成形術的支架 iii. 眼內人造晶體 iv. 人工心瓣 v. 金屬或人工關節置換 vi. 人工韌帶置換或植入 vii. 人工椎間盤						
III. 出院/ 門診手術後門診諮詢						
9. 出院後或門診手術後的31日內所接受之門診諮詢及診斷測試						

主要保障（續）

IV. 其他醫療保障			
10. 先進診斷掃描（包括在門診進行） 包括磁力共振造影、電腦斷層掃描及正電子釋放斷層掃描			
11. 意外急症門診治療費用賠償			
V. 網絡門診手術惠益			
12. 於本公司醫療網絡內的診所接受以下門診手術，可享免找數服務，無須支付墊底費或共同保險費用。受保門診手術包括： i. 晶狀體手術包括摘除白內障及置入人造晶狀體 ii. 結腸鏡檢查術，包括乳頭狀瘤切除、息肉切除或活組織檢查術 iii. 上消化道內視檢查術，至十二指腸部分 iv. 切除皮膚腫塊或腫瘤，包括脂肪瘤、神經纖維瘤、皮脂囊腫、痣或色素瘤			
VI. 癌症及腎透析特別保障			
13. 癌症相關治療包括電療、化療、標靶治療及確診測試等費用			
14. 腎透析治療			
病房級別	**普通房**	**半私家房**	**標準私家房**
每病症限額 **第13至14項適用**	100,000（計劃一）	200,000（計劃二）	300,000（計劃三）
VII. 緊急治療費用賠償			
環球緊急支援服務 **a. 緊急醫療運送** **b. 運返遺體** **c. 安排一名直屬家屬探望** 如需連續住院超過5日 **d. 送返未滿18歲之兒童返回香港／澳門** 如需連續住院超過5日	最高總限額 1,000,000 港元／澳門幣 每一旅程		
e. 24小時全球電話諮詢服務	已包括		

調整基數

如受保人於住院期間入住病房之級別較所選計劃相對的病房級別高，可支付的賠償將按利益一覽表計算，並根據下表之「調整基數」一欄作出調整：

計劃內病房級別	治療期間病房級別	調整基數
普通房	半私家房	50%
普通房	標準私家房	25%
普通房	VIP房/豪華房/套房	0%
半私家房	標準私家房	50%
半私家房	VIP房/豪華房/套房	0%
標準私家房	VIP房/豪華房/套房	50%

附加保障 — 門診

需要註冊醫生簽發的轉介信
必須由註冊精神科專科醫生提供診斷

門診保障	最高限額（港元／澳門幣）			
	計劃一	計劃二	計劃三	計劃四
賠償比率 %	80%	80%	80%	80%
1. 一般門診諮詢 （每次求診連藥物）	150	250	350	500
2. 專科門診治療 （每次求診連藥物）	400 每個保單年度10次	600 每個保單年度10次	800 每個保單年度10次	1,000 每個保單年度10次
3. 物理治療及脊醫治療 （每次求診）	220 每個保單年度20次	260 每個保單年度20次	380 每個保單年度20次	500 每個保單年度20次
4. 註冊中醫師諮詢 （連中醫藥物）	150 每個保單年度10次	250 每個保單年度10次	350 每個保單年度10次	500 每個保單年度20次
5. 精神疾病或情緒失調諮詢 （每個保單年度連藥物）	2,500	3,000	4,000	5,000
6. 診斷程序及化驗費 （每個保單年度）	2,500	3,000	4,000	5,000
7. 於醫生及醫院診所以外的註冊藥房配藥費 （每個保單年度）	2,500	3,000	4,000	5,000

1至4項每個保單年度的求診次數上限為50次。

I. 案例

（以下個案及數字乃假設並只作舉例說明之用，如以下數值有任何更改，恕不作任何通知。）

案例 1



受保僱員：	Alan (28 歲)
職業：	助理行政經理
婚姻狀況：	未婚
現有保障:	友邦團體醫療保險計劃

個案情況:

Alan 滿腹大計，期望在事業上儘快上位！精明的他懂得把握年青的優勢，因此，他決定投保**「友心意」醫療保障計劃** —— 計劃二，不需要接受醫療核保，加上所屬公司已提供團體醫療保險計劃，他可進一步提高醫療保障水平，讓自己安心在事業上拼搏。

「友心意」為每病症提供高達 20 萬港元限額，並備有額外 10 萬港元醫療網絡專用限額，Alan 只需繳付相宜保費即可享額外支援，彌補團體醫療計劃的不足。

此外，假如Alan不幸確診患上癌症或腎衰竭，**「友心意」**會為每項確診病症提供額外20萬港元的治療賠償。

受保人年齡		
28 歲		
		
僱主已提供團體醫療保險計劃	購買**「友心意」醫療保障計劃** 計劃二	**每病症限額** 20 萬港元 + 10 萬港元（額外醫療網絡專用限額）
		癌症及腎透析特別保障 為每項確診病症提供額外最高 20 萬港元的治療賠償

「友心意」醫療保障計劃與其他團體醫療保險計劃相輔相成。團體醫療保險計劃一般為基本醫療需要及小額醫療費用提供全數賠償。若團體醫療保險計劃未能為相關醫療開支提供全數賠償，**「友心意」**可支付剩餘金額。

案例 2



受保僱員：	Bonnie（45 歲）
職業：	高級客戶服務經理
婚姻狀況：	已婚，育有一子一女
現有保障:	友邦團體醫療保險計劃

個案情況:

Bonnie一向以家為先。她深明突如其來的醫療開支會打擊家庭財政狀況，因此，她決定投保**「友心意」醫療保障計劃** —— 計劃一，以彌補公司提供的團體醫療保險計劃的不足。萬一遇上任何突發情況，她亦可得到額外財務支援，保障家人的生活。

Bonnie投保**「友心意」**後，因消化不良而向家庭醫生求診，醫生建議她接受胃鏡檢查。

她憑**「友心意」**的電子「網絡卡」於網絡診所預約門診胃鏡檢查，更可享免找數服務，免卻事後索償手續。



J. 賠償例子

（以下個案及數字乃假設並只作舉例說明之用，如以下數值有任何更改，恕不作任何通知。）

個案 1 – 醫療網絡賠償

受保成員： 陳太（42 歲）
現有保障： 團體醫療保障計劃 + **「友心意」**主要保障計劃一（普通房）

陳太患有多發性子宮肌瘤。她諮詢了 AIA 網絡醫生及接受了網絡醫生的建議，決定接受手術，並留院 5 天。陳太投保了**「友心意」**主要保障計劃一（普通房）。即使醫療開支超出基本僱員福利計劃的賠償上限，指定保障項目的餘額也可獲得額外醫療保障賠償。

		港元
相關醫療費用	手術和醫藥費	65,000
病房與膳食	5 天的私家醫院普通病房 (每天 800 港元)	4,000
是次手術及住院總開支		**69,000**
團體基本計劃的賠償金額		40,000
「友心意」主要保障計劃一的賠償計算方法 **計算方法：** （是次手術及住院總開支 – 團體基本計劃的賠償金額）x 網絡賠償百分比 **於「友心意」主要保障計劃內可賠償的金額：** （69,000 港元 – 40,000 港元）x 90% = **26,100 港元**		
該病症於「友心意」內剩餘可賠償的金額： 該病症可用餘額：100,000 港元 – 26,100 港元 = **73,900 港元** 該病症網絡餘額：100,000 港元 + 50,000 港元 – 26,100 港元 = **123,900 港元**		

額外每病症限額（網絡專用）

個案 2 – 非醫療網絡賠償

同樣以個案1為例，但個案中的陳太選擇了非醫療網絡的醫生接受治療。

		港元
相關醫療費用	手術和醫藥費	65,000
病房與膳食	5 天的私家醫院普通病房 (每天 800 港元)	4,000
是次手術及住院總開支		**69,000**
團體基本計劃的賠償金額		40,000
「友心意」主要保障計劃一的賠償計算方法 **計算方法：** （是次手術及住院總開支 – 團體基本計劃的賠償金額 – 墊底費）x 非網絡賠償百分比 **於「友心意」主要保障計劃內可賠償的金額：** （69,000 港元 – 40,000 港元）x 80% **= 23,200 港元** **提提您！團體基本計劃的賠償可當作「墊底費」之用！所以，此個案中的陳太並不需要自付 5,000 港元墊底費！**		
該病症於「友心意」內剩餘可賠償的金額： 該病症可用餘額：100,000 港元 – 23,200 港元 = **76,800 港元** 該病症網絡餘額：100,000 港元 + 50,000 港元 – 23,200 港元 = **126,800 港元** 額外每病症限額（網絡專用）		

個案 3 – 醫療網絡賠償 + 調整基數

如受保人於住院期間入住病房之級別較所選計劃相對的病房級別高，可支付的賠償將按利益一覽表計算，並根據下表之**「調整基數」**一欄作出調整：

計劃內病房級別	治療期間病房級別	調整基數
普通房	半私家房	50%
普通房	標準私家房	25%
普通房	VIP房/豪華房/套房	0%
半私家房	標準私家房	50%
半私家房	VIP房/豪華房/套房	0%
標準私家房	VIP房/豪華房/套房	50%

同樣以個案1為例，陳太選擇了友邦醫療網絡，她投保了**「友心意」**主要保障計劃一（普通房），但她在此個案內入住了半私家房，賠償方法計算如下:

		港元
相關醫療費用	手術和醫藥費	65,000
病房與膳食	5 天的私家醫院半私家房 (每天 1,400 港元)	7,000
是次手術及住院總開支		**72,000**
團體基本計劃的賠償金額		40,000
「友心意」主要保障計劃一的賠償計算方法 **計算方法：** （是次手術及住院總開支 – 團體基本計劃的賠償金額）x 調整基數 x 網絡賠償百分比 **於「友心意」主要保障計劃內可賠償的金額：** （72,000 港元 – 40,000 港元）x 50% x 90% **= 14,400 港元**		
該病症於「友心意」內剩餘可賠償的金額： 該病症可用餘額：100,000 港元 – 14,400 港元 **= 85,600 港元** 該病症網絡餘額：100,000 港元 + 50,000 港元 –14,400 港元 **= 135,600 港元**		

額外每病症限額（網絡專用）

個案 4 – 附加門診保障賠償

受保成員：陳先生（32 歲）
現有保障：團體醫療保障計劃 + **「友心意」**主要保障計劃一（普通房）+ **「友心意」**附加門診保障計劃一

陳先生投保了**「友心意」**的附加門診保障計劃一。於門診惠益中，第1至4項（第1至4項分別為：一般門診諮詢、專科門診治療、物理治療及脊醫治療、註冊中醫師諮詢）的每個保單年度之求診次數上限為50次*。

於首個保單年度內，陳先生已就上述4項門診惠益索償達49次。其後，陳先生申請第50次門診索償，並同時遞交3張門診醫療服務收據。

由於在此保單年度內，陳先生就上述4項門診惠益之可索償的求診次數只餘下1次（即第50次），因此，公司只會就其中一項門診醫療服務索償進行理賠，而該理賠將會賠償予收據上診治日期為最早的門診醫療服務。

	索償類別	收據上的診治日期
陳先生於第50次遞交之索償申請	一般門診諮詢	2017年10月14日
	專科門診治療	2017年10月16日
	物理治療及脊醫治療	2017年10月18日

收據上的診治日期顯示，陳先生最早接受一般門診諮詢服務，因此，公司將會就一般門診諮詢服務索償進行理賠。

***註：**專科門診治療、物理治療及脊醫治療、註冊中醫師諮詢同時就每個保單年度的求診次數設有分項上限，詳情請參閱**「友心意」**產品小冊子。

Tips!
受保成員應就每項合資格門診醫療服務索償遞交一個索償申請。公司將會按收據上的診治日期，依次序處理合資格索償申請，而非就索償類別或索償金額等作考慮。



K. 有關附加門診保障

有關新推出的**「友心意」**附加門診保障之投保詳情:

	新投保「友心意」的合資格僱員及其家屬*	**現有「友心意」客戶**	
		友邦團體醫療保險計劃成員	**非友邦團體醫療保險計劃成員**
遞交申請時段	可在投保**「友心意」**主要保障計劃時，同時申請附加門診保障 詳情請參考：「F.成員投保指引」	可於保單週年日申請**「友心意」**附加門診保障	
計劃選擇規則	合資格僱員及其家屬並不需要同時附加門診保障，惟附加的話則必須參與同等的附加門診保障計劃。 詳情請參考：「F.成員投保指引」		
醫療核保	無須接受醫療核保	須接受醫療核保	
申請表格	填妥**「友心意」**投保申請書（OPUAIFA29），並交回團體業務部	填妥「更改基本計劃 / 附加契約申請表」（OPPOSF71）及「健康證明書」（OPPOSF07），並交回保戶服務部	
刪除附加門診保障	可於下一個保費到期日申請刪除附加保障，惟刪除後，不可在未來重新申請。		

*如公司之友邦團體醫療保險計劃提供家屬保障。

- 在投保**「友心意」**附加門診保障後，只需繼續繳交續保保費，受保人便可得到終身的附加門診保障。

有關其他附加門診保障的常見問題，可參考「P.常見問題」部份。

L. 有關醫療網絡

如受保人仍是友邦團體醫療保險計劃內的成員，當成功投保**「友心意」**後，其醫療網絡為：

友邦團體醫療保險計劃內的網絡醫生 + **「友心意」**計劃內的網絡醫生 (約 **120** 名醫生)*

倘若受保人離職或退休後，其醫療網絡為：

「友心意」計劃內的網絡醫生(約 **120** 名醫生)*

*以上數據只作參考用途。醫生的數目於不同時期或會有差異。

使用醫療網絡的好處

當成員選擇使用醫療網絡，可獲得：

1. 比非網絡醫療機構較高的賠償百分比；
2. 額外每病症網絡專用限額；
3. 無須繳付墊底費；
4. 網絡門診手術惠益－於香港接受4種指定網絡門診手術可享用「免找數服務」

網絡門診手術惠益

成員於本公司醫療網絡內的診所接受以下門診手術，可享免找數服務，無須支付墊底費或共同保險費用。受保門診手術包括：

i. 晶狀體手術包括摘除白內障及置入人造晶狀體
ii. 結腸鏡檢查術，包括乳頭狀瘤切除、息肉切除或活組織檢查術
iii. 上消化道內視檢查術，至十二指腸部分
iv. 切除皮膚腫塊或腫瘤，包括脂肪瘤、神經纖維瘤、皮脂囊腫、痣或色素瘤

當成員選擇使用網絡門診手術 － 醫療網絡會直接向公司索取已獲預先核准在醫療網絡診所進行之門診手術費用，如該手術費用超過保額上限，受保人需向公司支付差額。

M. 電子版「友心意」網絡卡 使用方法

1. 成員致電「網絡及預約查詢熱線」(852) 2232 8770查詢及預約於網絡診所接受指定門診手術
2. 到醫療網絡應診時，請攜同電子版**「友心意」**網絡卡及香港身份證或其他有效身份證明文件
3. 醫療網絡的醫生將為成員提供合適的治療方案
4. 如需在香港網絡診所接受門診手術，網絡職員會為您向AIA作出預先核准申請及安排手術細節



註：有關醫療網絡卡的更多資訊，請參閱「友心意」網絡服務小冊子。

N. 市場產品比較

重點比較

產品名稱	**友邦「友心意」**	**友邦特級「健康之寶」2 + 附加額外醫療保障**
投保年齡(受保人)	**15日至65歲**	15日至70歲
保障至年齡	終身	終身
續保安排	自動續保	保證
核保要求	無須核保	在一般情況下，須於投保申請書內填寫「健康狀況」資料，無須接受驗身。但本公司有權要求準受保人進行驗身，而有關費用將由客人負責。
醫療網絡	醫療網絡醫生 及 自選醫生	醫療網絡醫生 及 自選醫生
已存在病症	如成員於友邦團體醫療保險計劃及「**友心意**」下合共受保至少連續12個月，受保前已存在病症會得到「**友心意**」保障。	不包括
賠償方式	以每病症總限額賠償多項主要醫療開支，不設分項賠償上限	以每項目賠償醫療開支， 設定分項賠償上限
住院賠償	✓	✓
手術費用賠償	✓	✓
其他醫療賠償 • 手術後家中每日看護費用賠償 • 脊椎/物理治療費用	X X	✓ ✓
出院/門診手術後門診諮詢	✓	✓
精神疾病或神經疾病惠益	X	✓
其他醫療保障 • 先進診斷掃描 • 意外急症門診治療費用賠償	✓	✓
網絡門診手術惠益	✓	✓
癌症及腎透析特別保障	✓	✓
其他項目： • 優化賠償津貼惠益 • 身故恩恤賠償 • 意外死亡賠償 • 捐血恩恤 • 醫療意外事故	X	✓
緊急治療費用賠償	最高總限額1,000,000港元 (每一旅程)	500,000港元 (每一旅程)
附加保障	附加門診保障	附加額外醫療保障 (SMM)

友邦「**友心意**」產品佔優的地方已以綠色標示

1. 普通房計劃 – 「附加額外醫療保障」及「其他額外保障」的比較

產品名稱	**友邦「友心意」**		**友邦特級「健康之寶」2**	
計劃名稱 保障額以港元計算	計劃一		普通房 適用於受保人在剛達至之保單週年日的年齡為75歲以下	
附加額外醫療保障				
	醫療網絡	非醫療網絡	醫療網絡	非醫療網絡
賠償百份比	90%	80%	85%	80%
	每病症		每次住院 / 受保手術 / 受保受傷	
每病症 /每次住院 / 受保手術 / 受保受傷之最高賠償額[1]	150,000	100,000	90,000	74,800
墊底費	0	5,000	不適用	不適用
其他額外保障				
癌症及腎透析特別保障/ 長期治療賠償 – 化療（包括標靶治療）、電療及腎臟透析（每次受保疾病 / 受保受傷）	100,000	100,000	60,000	50,000
賠償百份比	90%	80%	不適用	不適用
墊底費	0	5,000	不適用	不適用

2. 半私家房計劃 – 「附加額外醫療保障」及「其他額外保障」的比較

產品名稱	**友邦「友心意」**		**友邦特級「健康之寶」2**	
計劃名稱 保障額以港元計算	計劃二		半私家房 適用於受保人在剛達至之保單週年日的年齡為75歲以下	
附加額外醫療保障				
	醫療網絡	非醫療網絡	醫療網絡	非醫療網絡
賠償百份比	90%	80%	85%	80%
	每病症		每次住院 / 受保手術 / 受保受傷	
每病症 /每次住院 / 受保手術 / 受保受傷之最高賠償額[1]	300,000	200,000	180,000	149,600
墊底費	0	15,000	不適用	不適用
其他額外保障				
癌症及腎透析特別保障/ 長期治療賠償 – 化療（包括標靶治療）、電療及腎臟透析（每次受保疾病 / 受保受傷）	200,000	200,000	120,000	100,000
賠償百份比	90%	80%	不適用	不適用
墊底費	0	15,000	不適用	不適用

3. 標準私家房計劃 －「附加額外醫療保障」及「其他額外保障」的比較

產品名稱	**友邦「友心意」**		**友邦特級「健康之寶」2**	
計劃名稱 保障額以港元計算	計劃三		標準私家房 適用於受保人在剛達至之保單週年日的年齡為75歲以下	
附加額外醫療保障				
	醫療網絡	非醫療網絡	醫療網絡	非醫療網絡
賠償百份比	90%	80%	85%	80%
	每病症		每次住院 / 受保手術 / 受保受傷	
每病症 /每次住院 / 受保手術 / 受保受傷之最高賠償額[1]	600,000	500,000	360,000	294,000
墊底費	0	28,000	不適用	不適用
其他額外保障				
癌症及腎透析特別保障/長期治療賠償 －化療（包括標靶治療）、電療及腎臟透析（每次受保疾病 / 受保受傷）	300,000	300,000	180,000	150,000
賠償百份比	90%	80%	不適用	不適用
墊底費	0	28,000	不適用	不適用

1. 友邦**「友心意」**是以每病症計算；友邦**特級「健康之寶」2** 的附加額外醫療保障是以每次住院 / 受保手術 / 受保受傷計算。

「友心意」和 特級「健康之寶」2連附加額外醫療保障(SGH2 + SMM)的年繳保費比較(港元)

配合**特級「健康之寶」2** 的保費調整，更新年繳保費比較

	普通房		半私家房		標準私家房	
年齡	**「友心意」**	SGH2 + SMM（男性）	**「友心意」**	SGH2 + SMM（男性）	**「友心意」**	SGH2 + SMM（男性）
5	1,395	**2,598.40**	2,684	**4,812.80**	5,412	**7,747.20**
15	1,395	**2,598.40**	2,684	**4,812.80**	5,412	**7,747.20**
25	1,557	**3,008.00**	3,007	**5,644.80**	6,065	**9,302.40**
35	1,972	**3,552.00**	3,880	**6,860.80**	7,892	**11,203.20**
45	2,444	**5,241.60**	4,891	**10,022.40**	10,128	**17,078.40**
55	3,320	**8,032.00**	6,757	**15,360.00**	15,059	**25,920.00**
65	6,179	**13,670.40**	12,839	**26,150.40**	28,319	**47,001.60**

市場產品比較註解及聲明

上述分析及比較根據於2017年12月所下載之產品小冊子及網上相關產品資料而製成，本公司概不會就產品比較資料之準確性及完整性作出保證。只是本公司就有關計劃或產品部分資料而作出的分析和比較，惟有關計劃或產品的特色可能與此計劃不同。所有的資料將可能隨時改變而不作另行通知。本公司並不承擔任何錯漏之責任。此文件只供內部使用，閣下不得使用此文件作銷售面談或說明或其他相類似之用途。就有關產品詳情，請參閱有關推銷刊物。

注意事項 – 這是一份內部文件，只供友邦、其僱員及顧問使用，不能傳播或分發予友邦以外的任何第三方。

O. 合約條款樣本

友邦保險（國際）有限公司

基本定義

定義

除非文義另有所指，下列定義適用於在此保單內：

「**意外**」(Accident) 是指不能預料及非自願事故。

「**愛滋病**」(Acquired Immunodeficiency Syndrome 或 AIDS)是指世界衛生組織不時就「愛滋病」一詞給予的涵義。

「**恐怖主義行為**」(Act of Terrorism) 是指單獨行動或代替或與任何組織或政府有關而行動的任何人士或團體所作出或恐嚇作出之行動（包括但不限於使用及／或威嚇使用武力或暴力），而該行動是為了直接針對或導致損害、受傷、傷害或破壞、或危害人類生命或財產；以及作出行動或恐嚇的意圖是影響任何政府及／或威嚇公眾或其任何部份；及目的為追求政治、宗教、思想上的主張、民族、種族或經濟利益（無論有否就該利益作出宣告）。

「**積極治療**」(Active Treatment) 是指為受保人的受保疾病或受保受傷，包括其併發症(如適用)，所進行的介入治療以延長受保人的生命，該治療包括但不限於電療、化療、標靶治療、激素治療及外科手術。當中並不包括專為紓緩護理而給予的治療。

「**額外每病症限額**」(Additional Per Disability Limit) 是指在受保人選擇網絡服務的情況下，於利益條文內適用部份及按賠償限制條文所載，就任何一項病症可賠償利益的額外總額。此額外每病症限額亦列明於利益一覽表內。

「**調整基數**」(Adjustment Factor) 是指當受保人於住院期間不論在自願或非自願的情況下入住病房之級別較就本基本保單所選計劃相對的病房級別高時，於基本保單內的第一、二、三、四及第六部份可支付的賠償將根據下表所列的所選計劃相對的病房級別百分比計算。因此，於利益一覽表內所列之墊底費、每病症限額或額外每病症限額（視屬何情況而定），所述的可支付的賠償等同於向本公司遞交的索償金額乘以於利益一覽表內列明的網絡或非網絡保障之賠償百分比及乘以下表所列並適用的調整基數：

	所選計劃相對的病房級別		
住院之病房級別	**普通房**	**半私家房**	**標準私家房**
普通房	不適用	不適用	不適用
半私家房	50%	不適用	不適用
標準私家房	25%	50%	不適用
較標準私家房備有較多設施的任何房間	0%	0%	50%

「**麻醉師**」(Anaesthetist)是指除了為受保人進行手術的註冊醫生外，任何在其執業的地方獲當地政府合法授權提供麻醉服務的獨立人士。

「**基本保單**」(Basic Policy) 是指此保單（可不時以批註形式作出更改），不包括任何由附加契約提供的保障。

「**癌**」(Cancer)是指：

任何經組織學或血液系統的細胞檢查(包括但不限於外週血塗片及骨髓檢驗)確診為惡性之癌，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。

就此保單而言，「癌」是包括所有級別的惡性癌，但明確地不包括以下任何一項：

– 此頁完 –

Specimen

AIA International Limited

友邦保險（國際）有限公司

(i) 任何在組織病理學中分類為癌前病變腫瘤；

(ii) 子宮頸界定的異常病變定為第一階段(CIN I)及第二階段(CIN II)；及

(iii) 人體免疫力缺乏病毒(HIV)感染同時存在的所有癌症。

「門診手術」(Clinical Surgery) 是指受保人以門診病人身份進行之任何醫療所需的手術，而該等手術已於下列列明。

1. 晶狀體手術包括摘除白內障及置入人造晶狀體；
2. 結腸鏡檢查術，包括乳頭狀瘤切除、息肉切除或活組織檢查術；
3. 上消化道內視檢查術，至十二指腸部份；及
4. 切除皮膚腫塊或腫瘤，包括脂肪瘤、神經纖維瘤、皮脂囊腫、痣或色素瘤。

「生效日期」(Commencement Date) (a)就簽發基本保單後附加於基本保單的附加契約或就此保單的任何修訂而言，是指載於有關批註內為「生效日期」之日期；及(b)就保單復效而言，是指按照此保單之條款而復效此保單之日期。

「本公司」(Company)、**「我們」**(we 或 us) 或**「我們的」**(our) 是指友邦保險（國際）有限公司 (AIA International Limited)。

「住院」(Confinement 或 Confined)是指在繕發日期或最近期的生效日期（以較後者為準）後，受保人經註冊醫生建議以住院病人身份入住醫院，並需要連續逗留在醫院內接受醫療所需的治療。為免生疑問，即使此保單有何其他條文，若在醫院範圍內之逗留並不符合連續逗留的定義，則本公司將不會視該次入住醫院為住院，或終止視之為住院。

「第二持有人」(Contingent Owner) 是指由持有人於本公司的指定表格上指定為「第二持有人」之人士。該第二持有人將可根據保單權益條文內的「更改擁有權」條文而成為持有人，並只適用於當保單簽發時受保人之年齡為十八(18)歲以下的保單。

「連續逗留」(Continuous Physical Stay 或 Stay)是指受保人由入住醫院開始直至其完全及正式出院的整段期間，是以住院病人身身份連續處身於醫院範圍內，而整段期間並未有間斷或身在醫院範圍之外。

「受保疾病」(Covered Illness)是指由此保單之繕發日期或最近期的生效日期（以較後者為準）後患上之疾病。在此保單內，患病是指任何已接受檢查、診斷或治療之疾病，或其徵狀或病徵已顯現並促使一個普通及謹慎的人尋求診斷、護理或治療。若受保人與註冊醫生對疾病的徵狀或病徵持有抵觸或不一致的意見時，我們將以註冊醫生的專業意見為依歸。

「受保受傷」(Covered Injury)是指於此保單之繕發日期或最近期的生效日期（以較後者為準）後發生的意外所引致的受傷。

「墊底費」(Deductible) 是指就任何一(1)個病症在此保單內的賠償限制部份所列之任何適用惠益賠償中被扣除之金額，而該被扣除之金額應由受保人承擔並載於利益一覽表內。

「診斷」(Diagnosis 或 Diagnosed) 是指由下列定義的註冊醫生作出的明確診斷。註冊醫生須根據此內文中相關情況或疾病定義所述的要求而作出明確的診斷，當不能提供指定要求的證據時，註冊醫生須根據本公司接受的放射結果、臨床診斷、細胞組織或實驗分析作出對相關情況或疾病的診斷，同時必須經本公司的醫務總監根據受保人及／或持有人遞交的醫療證明及／或任何所要求的其他證明加以認可。

若本公司對診斷結果的適合程度及準確性出現爭議或有異議時，本公司有權指派一位獨立而醫學界認可的富有專業知識的註冊醫生檢驗受保人或有關的診斷證明。該專家對診斷所作出的意見對受保人及本公司均具有約束力。

－ 此頁完 －

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「診斷檢查」(Diagnostic Test)是指任何醫療所需的測試或檢查方法診斷受保癌症，包括但不限於化驗、X光檢查、電腦斷層掃描、磁力共振掃描、正電子放射斷層造影、細針抽取細胞檢查之細胞學或組織病理學檢查、或切除活組織檢查之組織病理學檢查。用於協助找出合適化學治療藥物的基因測試也會被視為診斷檢查。

「病症」(Disability) 是指：

(i) 由相同（或相關）因由而致的任何及所有疾病或損傷，包括但不限於其所致的任何及所有併發症，惟有關疾病或損傷的任何住院情況或治療須相隔少於九十（90）日；或
(ii) 在同一次住院的過程中，因不同因由而同時發生的任何及所有疾病或損傷。

為免生疑問，就本保單目的而言，在因相同（或相關）因由而致的先前疾病或損傷而住院或接受治療九十（90）日或以上後接受治療或研究的疾病或損傷須視為單獨的殘疾。

「出院」 (Discharge)是指受保人在醫院內完成所有終止住院的正式手續，及醫院發出全數費用中未付清之部份的帳單後離開醫院，而醫院不再為受保人保留病房或病床。

「受理費用」(Eligible Expenses) 是指受保人於此保單及有關附加契約有效期間的合理及慣常的實際費用，而該費用並不屬於此保單及/或附加契約內的限制範圍或不保事項，而是受保於此保單。

「人體免疫力缺乏病毒(HIV)感染」(HIV Infection)是指受保人在血液或其他有關檢驗中呈現了人體免疫力缺乏病毒(HIV)、其抗原或其抗體，則本公司視受保人已受此病毒感染，有關檢驗以本公司的意見為準。

「醫院」(Hospital) 是指一所領有醫院牌照的合法經營機構，而此機構設有診斷、大型手術及二十四(24)小時護理服務設施，為傷者或病人提供護理治療，並非主要用作療養所或康復院或同類的機構或用作戒酒或戒毒的醫療中心。

「獨立人士」(Independent Person)是指非以下列舉之人士：(a)您或受保人；(b)您或受保人的直系親屬；(c)您或受保人之商業合夥人；(d)您或受保人之僱主或僱員；(e)本公司的保險代理人；或(f)您或受保人的保險代表。

「住院病人」(In-patient) 是指受保人因所界定之受保受傷或受保疾病而入住醫院，並以已登記留院病人身份使用醫院內的病房設施，及為此支付有關費用。

「受傷」(Injury) 是指純因意外而直接導致不正常的身體狀況，此不正常的身體狀況並非其他原因如疾病導致。

「受保人」(Insured) 是指於保單資料頁內列明為「受保人」的人士。

「深切治療病房」(Intensive Care Unit 或 ICU) 是指醫院指定用作深切治療病房之範圍，以便為病人提供一對一之護理服務及進行恢復其知覺、監察及治療等特別程序。該病房必須每日二十四小時均由接受過特別訓練的護士、技術人員以及醫生留守，並配備復甦儀器及監察器，以便持續監察／評估各種維持生命的重要功能，例如心跳速度、血壓和血液內的化學性質。

「繕發日期／繕發日」(Issue Date) 是指於保單資料頁內列明為「繕發日期」的日期，亦是保單開始生效的日期。

「辦事處」(Issuing Office) 是指：(1) 若此保單於香港發出，為友邦保險（國際）有限公司於保單資料頁內列明的香港地址；(2) 若此保單於澳門發出，則為友邦保險（國際）有限公司於保單資料頁內列明的澳門地址；或 (3) 我們不時以書面通知您的其他地址（如有）。

「醫療所需」(Medically Necessary)是指根據本公司意見，符合以下條件的醫療服務、程序或物品：(a)與一般認可接受之專業醫療慣例一致；(b)為診斷及治療所需；及(c)不可以在較低醫療護理水平的情況下安全妥善地提供予受保人。實驗性、普查及屬預防性質的服務或物品均不被視為醫療所需。

— 此頁完 —

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「網絡卡」(Network Card) 是指我們在簽發此保單時，以實物或電子形式發給受保人的身份證明卡。根據網絡治療條文及／或網絡門診手術批註（如適用），受保人需在接受網絡醫生的醫療服務及／或治療前向該網絡醫生出示此網絡卡。

「網絡服務生效日期」(Network Service Valid Date) 是指網絡卡上所示的「首度生效日期」。

「門診」、**「門診病人」**(Out-Patient) 是指於私人診所，或醫院內的門診部或急症室（視屬何情況而定）就受保疾病或受保受傷而

(a) 提供之醫療或手術服務及物品；或
(b) 接受治療或手術服務及物品之受保人。而該受保人並沒有在該醫院內留院。

「持有人」(Owner)、**「您」**(you) 或**「您的」**(your) 是指擁有此保單，並於保單資料頁上列明為「持有人」的人士，惟需符合保單權益條文內的「更改擁有權」條文（如適用）。

「紓緩治療」(Palliative Treatment) 是指包括專為患有致命性受保疾病或受保受傷及/或其併發症的受保人藉紓緩痛楚或減輕受保疾病或受保受傷及/或其併發症的徵兆、症狀或治療的副作用，提高受保人的生活質素而提供的治療，但並不是用以治療為目的。

「醫療網絡」(Panel Network)或**「網絡」**(Network) 或**「網絡醫生」**(Network Physicians)，當用於描述醫生或註冊醫生或專科醫生時，是指該醫生或註冊醫生或專科醫生已和我們達成有效之書面協議及受該協議約束，為受保人提供指定的醫療服務。您可在我們的網頁經適當的用戶驗證後取得網絡醫生（包括專科醫生）名單。我們有絕對酌情權對此名單作不時的變動、更新及更改，有關變更將由發佈日起即時生效而無須作另行通知。

「每病症限額」(Per Disability Limit) 是指就任何一項病症，於本利益條文下適用部份，按賠償限制及利益一覽表內列明可賠償利益的總額。

「醫生」(Physician) 或**「註冊醫生」**(Registered Medical Practitioner) 或**「外科醫生」**(Surgeon) 是指任何獲取西方醫學學位及註冊以西方醫學行醫的獨立人士，並在行醫的地方獲當地合法授權提供醫療或手術服務。

「保單」(Policy)包括：

(a) 基本保單（包括附表）；
(b) 保單資料頁；
(c) 基本保單及附加契約（如有）的投保申請文件，包括持有人簽妥的投保申請表，任何其後由持有人及／或受保人作出的更改、聲明和陳述；
(d) 此保單的批註（如有）；及
(e) 附加契約（如有）。

「保單週年日」(Policy Anniversary) 是指每年與保單日期相同的那一天。如保單日期為閏年 2 月 29 日，保單週年日將定於非閏年 2 月 28 日。

「保單日期」(Policy Date) 刊載於保單資料頁內，**「保單週年日」**、**「保單年度」**及**「保費到期日」**均根據此日期決定。

「保單資料頁」(Policy Information Page)是指標題為「保單資料頁」。

「保單年度」(Policy Year)是指由保單日期起計以每十二個月作為一個保單年度的時期。

－ 此頁完 －

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「已存在情況」(Pre-existing Condition) 受保人於保障生效九十(90)日前接受醫療、診斷、諮詢或處方藥物的任何疾病。

「保費到期日」(Premium Due Date)是指此保單之保費到期及需繳交該保費的日期，並於保單資料頁或我們不時就該日期之更改而給予您的書面通知上列明。

「合理及慣常」(Reasonable and Customary)，就費用、收費或開支而言，是指符合以下各項要求之費用或開支：(a)就傷者或病人接受的治療、醫療物品（包括藥物）或醫療服務所收取的費用，而該等治療、醫療物品（包括藥物）或醫療服務乃為醫療所需及根據良好的醫學慣例及標準而給予的，並在註冊醫生的護理、看顧或指示下進行；(b)有關費用不超過在收取費用當地提供類似治療、醫療物品（包括藥物）或醫療服務的一般收費標準。為免生疑問，於住院期間提供的治療、醫療物品(包括藥物)或醫療服務的收費不得超過適用於此內文定義的相關病房級別的收費標準；及(c)不包括任何因為有保險才會衍生的費用。本公司有權根據（但不限於）由當地政府、相關機構及認可之醫療組織提供的有關公布或資料如收費表等去決定任何該等住院／醫療收費是否合理及慣常收費。若根據本公司醫務總監的意見，任何住院／醫療收費並非合理及慣常收費，則本公司有權調整任何或所有就該等收費應支付之利益。

「合理及慣常之住院」(Reasonable and Customary Hospital Confinement)，就住院而言，是指因受傷或疾病而入住醫院並為醫療所需的住院，而受保人的入院及、住院日數及在住院期間所接受的醫療服務及治療均必須：(a)屬於良好須根據一般認可接受之專業醫療慣例及標準的住院；及(b)不得超過該並不會超過住院的地方所提供類似受傷或疾病治療的一般標準。為免生疑問，根據良好的醫療慣例及標準的情況下，如住院的相關醫療手術或治療：(i)於其他病人以門診方式常規進行；及(ii)受保人以門診病人身份合理地進行，有關住院並非合理及慣常之住院。

「病房級別」(Room Type)，就「合理及慣常」的定義及在任何附加於基本保單的額外醫療附加保障契約而言，是指相對於為此保單所選計劃名稱在醫院或心理或精神病醫院的病房級別，並符合下列定義：

- 「普通病房」(Ward)是指在醫院內設有多於兩(2)張病床的房間（不包括陪伴者使用的額外床）。
- 「半私家房」(Semi-Private Room)是指在醫院內單人或雙人住房並連一(1)浴室的房間。
- 「標準私家房」(Standard Private Room)是指在醫院內的連一(1)浴室及一(1)張病床的標準單人住房（不包括陪伴者使用的額外床）。為免生疑問，標準私家房並不包括在醫院內相比連浴室的標準單人住房較多設施的任何房間。

「利益一覽表」(Schedule of Benefits) 是指附加於此保單之「友心意」醫療保障計劃利益一覽表。

「差額」(Shortfall) 是指由受保人接受之醫療服務而又不在此保單保障範圍內或已超出利益保障範圍，並由本公司代受保人向網絡醫生墊支的任何支出。

「疾病」(Sickness) 是指在病理學上認為已偏離正常健康狀態的身體狀況。

「專科醫生」(Specialist)是指在醫院內持有顧問醫生或同等高級級別任命的註冊醫生，並就其提供之服務擁有專業資格及經驗。

「附加契約」(Supplementary Contract)是指在任何附加於基本保單的附加契約內列載的條款和條件，以列明基本保單利益以外的附加利益。

「標靶治療」(Targeted Therapy) 是指使用單克隆抗體、癌症生長抑制劑、血管生成抑制劑或疫苗，刺激免疫系統或控制癌症細胞的生長。我們會賠償由香港衞生署認可之標靶藥物。治療必需為醫療所需，並由癌症專科醫生根據香港接受的臨床指引處方或指示下進行，並須配合相關癌症之確診病歷包括具確診效力之病理化驗報告、入院紀錄等。

此惠益不包括任何紓緩護理、實驗性或未經認可之標靶治療，或因最初標靶治療失敗而使用之二線標靶治療。

－ 此頁完 －

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「旅程」(Trip)是指由受保人出發往已取得永久居住權以外之國家或地區旅行，或受保人因離開該國家或地區而到達移民局櫃台出境前兩(2)小時（以較遲者為準）開始，並在下列情況（以較先者為準）下結束的旅程：

(a) 受保人直接返回在受保人旅程開始時已取得永久居住權之國家或地區；或
(b) 在受保人於旅程後為返回該國家或地區而到達移民局櫃台入境後兩(2)小時。

– 此頁完 –

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一般釋義及應用

凡文意所需，任何字詞帶有性別意思將包括所有性別，而單數字詞亦包括複數意思，反之亦然。

所有標題乃為方便而設，不會影響對此保單的闡釋。「部份」、「條」、「條文」及「附表」是指此保單內所指明的部份、條、條文及附表。

附加於此保單的附表構成此保單的一部份。

若此保單內的任何條文適用法律不一致，保單內的條文應適用於適用法律的範圍內。

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利益條文

在符合保單條款及條件的情況下，包括但不限於「賠償限制」、「住院賠償限制」及「不保事項」部份以及利益一覽表內的最高限額，我們將支付:

1. 若受保人於此保單有效期間及受保人在生期間透過網絡服務住院、接受手術及治療，我們將，如利益一覽表內所列明的網絡保障，就本條文第一、二、三、四及五部份所載惠益支付受理費用的百分之九十(90%)；或
2. 若受保人於此保單有效期間及受保人在生期間透過非網絡服務住院、接受手術及治療，我們將，如利益一覽表內所列明的非網絡保障，就本條文第一、二、三、四及五部份所載的惠益支付受理費用的百分之八十(80%)。

當相關的診症、治療、醫療物品（包括藥物）、醫療服務、手術或住院直接由網絡醫生處方、管理、監督或進行，網絡保障將作出賠償，而該賠償將不超過在利益一覽表中標題為「網絡保障」一欄所示的最高上限。否則，非網絡保障將作出賠償，而該賠償將不超過在利益一覽表中標題為「非網絡保障」一欄所示的最高上限。

如利益一覽表內所列明，本條文第一至四及六部份之利益，將受限於每病症限額。

在應支付任何一項病症同時，即使此保單就在本條文第一、二、三、四及第六部份的受理費用已支付的累積利益達到每病症限額的最高賠償總額，此保單仍然會就在本條文第一、二、三、四及第六部份網絡保障的受理費用繼續支付利益，直至達到額外每病症限額為止。

如利益一覽表內所列明，本條文第五部份之利益，將受限於另一每病症限額。

若所支付的所有累積賠償總額達到每病症限額及額外每病症限額(視屬何情況而定)時，我們就此保單於當前病症則再無責任作任何進一步的賠償。

第一部份　住院賠償

若受保人因受保疾病或受保受傷而住院:

(a) 每日病房及膳食費用賠償
我們將賠償就受保人住院期間之病房及膳食的合理及慣常的實際費用。

(b) 醫生巡房費
我們將賠償受保人住院期間主診註冊醫生每日到受保人病床巡房之合理及慣常的實際收費。

(c) 專科醫生費用
我們將就受保人住院期間由其主診註冊醫生書面轉介之專科醫生為受保人治療之合理及慣常的實際收費作出賠償。

(d) 住院雜費賠償
我們將賠償受保人住院期間就院方提供下列任何一項服務所收取的合理及慣常的實際費用，而有關服務必須為醫療所需及慣常由醫院提供。

* 由主診註冊醫生處方給病人在醫院內使用之藥物；
* 敷料、普通外科用夾板及石膏夾板，但不包括特別支架、人造義肢、矯正器及儀器；
* 化驗室檢驗；
* 心電圖；
* 基本新陳代謝率試驗；
* 物理治療；

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* X-光檢查；
* 靜脈注射及溶液；
* 輸血及輸血漿，但不包括血液或血漿的費用； 及／或
* 往來住院醫院的救護車費用。

(e) 深切治療費用賠償
若根據受保人之主診註冊醫生的建議，受保人須入住醫院的深切治療病房，我們將賠償受保人於深切治療病房住院期間醫院實際收取的合理及慣常的費用，此項利益將代替任何就該住院而須支付之第一(a)項的每日病房及膳食費用賠償。

第一(b)、一(c) 及一(d)項的利益，只限於我們需支付第一(a)項之每日病房及膳食費用賠償或第一(e)項之深切治療費用賠償時才獲支付。

第二部份 手術費用賠償

若受保人因受保疾病或受保受傷而進行醫療所需的手術：

(a) 手術惠益
我們將按適用於受保病房的一般收費標準賠償受保人在住院期間接受之手術衍生之合理及慣常的實際費用，包括外科醫生之手術費、麻醉師費、手術室費，及使用手術室期間所應用之物品及設備的費用。

(b) 門診手術惠益
就受保人在註冊醫生的辦公室／診所或醫院門診部以門診病人身份進行的手術，我們將賠償有關的合理及慣常的實際費用，包括診症費，藥費，外科醫生之手術費，麻醉師費、手術室費，及使用手術室或手術房間期間所應用之物品及設備的費用。

治療性和非診斷性質的非手術性門診程序，包括關節內、耳內和椎管內的注射，將受保及根據本保單第二部份(b)項之本惠益或第一部份(d)項之住院雜費賠償（以適用者為準），唯本公司擁有絕對酌情權。

(c) 醫療裝置費用惠益
我們將賠償在因醫療所需及進行手術所需，而於手術過程中植入或置換下列醫療物料或裝置之合理及慣常的實際費用：

(i) 起搏器；
(ii) 經皮冠狀動脈腔內成形術的支架；
(iii) 眼內人造晶體；
(iv) 人工心瓣；
(v) 金屬或人工關節置換；
(vi) 人工韌帶置換或植入；及
(vii) 人工椎間盤。

此項利益只限於就同一手術而亦需支付上述第二(a)或二(b)項的索償時方獲支付。

第三部份 出院／門診手術後門診諮詢

我們將賠償受保人在該次住院或門診手術結束後三十一(31)日內以門診病人身份向註冊醫生諮詢而衍生的合理及慣常的實際諮詢費用：

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(i) 每次諮詢費用；
(ii) 每次諮詢最多七(7)日的藥物費用；
(iii) 手術後於診所內接受必須的傷口護理；
(iv) 任何在該諮詢期間處方之醫療所需的診斷測試，並以門診病人身份進行有關測試；及
(v) 惟有關諮詢、治療、藥物及診斷測試（視屬何情況而定）必須是就同一受保疾病或受保受傷相關的住院或門診手術而作出。

第四部份 其他賠償

(a) 先進診斷掃描
我們將會賠償受保人因受保疾病或受保受傷而進行由其主診註冊醫生建議的先進診斷掃描所衍生的合理及慣常的實際費用：

(i) 磁力共振造影；
(ii) 電腦斷層掃描；及
(iii) 正電子釋放斷層掃描

(b) 意外急症門診治療費用賠償
若受保人因意外引致受保受傷，並於該意外發生後二十四(24)小時內在醫院急症門診部以門診病人身份接受治療，我們將賠償醫院就受保人以門診病人身份接受純因緊急治療所收取的合理及慣常的實際費用。

第五部份 癌症及腎透析特別保障

(a) 癌症診斷賠償
我們將賠償受保人在註冊醫生監督下在醫院或以門診方式進行任何醫療所需的診斷檢查以直接確認患有受保癌症的合理及慣常的實際收費。

為免生疑問，不論相關的測試/程序之結果，任何並非因確定癌症的存在、性質或範圍之一般健康檢查的費用並不會受保。

(b) 化療、電療及標靶治療
我們將賠償實際衍生的合理及慣常費用：

1) 若受保人（不論是以住院病人或門診病人身份）因癌症而進行由其主診註冊醫生所指定及醫療所需的任何化療、電療或標靶治療；
2) 因癌症而由其主診註冊醫生所指定及醫療所需的任何供受保人於家中使用或服用的標靶治療或化療藥物；及
3) 任何由註冊醫生就第五(b)1) 或 2) 項所引用的治療，包括有關診症、化驗室檢驗或治療、藥物，如止嘔藥物、癌症積極治療時所需要之長期藥物；但不包括監察受保人於接受積極治療後康復進展之診症、化驗室檢驗或治療。

(c) 腎臟透析賠償
我們將會賠償受保人（不論是以住院病人或門診病人身份）因受保疾病或受保受傷而進行由其主診註冊醫生建議之血液透析或腹膜透析所衍生的合理及慣常的實際費用，惟受保人必須是患上慢性及不可逆轉之腎功能衰竭。

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惟該治療必需由其主診註冊醫生處方以治療受保人的受保疾病或受保受傷，及適用第五部份內的賠償限制或最高賠償金額，不論有關住院的次數及時間長短，乃是以每病症計算。就此處而言，兩個或以上的受保疾病或受保受傷，均會被視為一項及同一病症，如(i)因相同或相關原因或由於併發、續發的情況而引致，及(ii) 彼此相距不超過九十(90)天（不包括受保人入院當日及出院當日或最後治療日期）。

第六部份　網絡門診手術賠償

我們將就網絡醫生在網絡服務生效日期當日或之後為受保人進行的門診手術而向網絡醫生直接支付手術費用，該費用乃根據我們與網絡醫生簽訂的協議及按該門診手術的合理及慣常收費而定，惟：

(i) 受保人在進行相關門診手術前，須已向網絡醫生出示其網絡卡及香港身份證，以供核實受保人身份；
(ii) 網絡醫生已就相關門診手術填寫「預先核准申請表格」（以下簡稱「申請表」），並遞交予我們，而我們須在受保人進行相關門診手術前已收訖及核准該申請。就此處而言，我們收訖及／或核准申請表並不構成我們對於該項申請要求批核之門診手術的所有費用負上任何責任；
(iii) 對於由受保人衍生而導致由我們墊支的非受保支出，您有責任向我們償還任何差額。

就網絡醫生向受保人提供之醫療服務而導致由本公司墊支的非受保支出，我們將以書面通知您當中的任何差額，而您必須在本公司指定的日期或之前向本公司償還該等差額，若該等差額逾期未付，則本公司保留權利由保單應支付給您的繼後的任何利益中扣除該等差額。

利益變更

如其後保障計劃有任何利益金額上的變更，該項利益賠償將會以新金額為計算基礎。如受保人就之前情況於利益變更之前九十（90）日內曾接受治療，則該之前情況的賠償將會根據該變更前的利益金額計算。但當利益變更後該之前情況於連續九十（90）日內無須診治，此後該情況的診治賠償將以新利益金額計算。

賠償限制

(a) 若任何住院、手術及／或醫療的費用已由任何政府、公司或其他保險公司依照有關法例、醫療計劃或保險計劃給予賠償，我們無需作出任何賠償，惟若上述法例、醫療計劃或保險計劃並未賠償之費用則不在此限。然而，該賠償將被計入墊底費中，惟所有票據之經核證副本需遞交予本公司作證明。

(b) 此外，當任何此保單受保的住院、手術及／或醫療服務亦受保於其他團體醫療保單時(如有)，該等其他保單應被視為先於此保單，並此保單的利益將於所有該等其他保單索償後方獲支付。

(c) (i) 於此內文第一、二、三及第四部份內需支付的利益賠償將受限於此內文所述的任何限制及任何適用於利益一覽表內列明的保障／最高限額，以及就每位受保人而言，進一步受限於以下所列：

(a) 以每病症限額為限；
(b) 以額外每病症限額為限 (視屬何情況而定)；及
(c) 墊底費。

(ii) 於此內文第五部份內需支付的利益賠償將受限於此內文所述的任何限制及/或任何適用於利益一覽表內列明的保障／最高限額，以及就每位受保人而言，進一步受限於以下所列：

(a) 以每病症限額為限；及
(b) 墊底費。

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(iii) 於此內文第六部份內需支付的利益賠償將受限於此內文所述的任何限制及/或任何適用於利益一覽表內列明的保障／最高限額，以及就每位受保人而言，進一步受限於以下所列：

(a) 以每病症限額為限；及
(b) 以額外每病症限額為限 (視屬何情況而定)。

(iv) 在任何情況下，當墊底費滿額後，於此支付的任何利益賠償總額，不得超過就任何獲保障的住院、手術及／或醫療而衍生的相關收費或費用的百分之一百(100%)。

(d) 若受保人於住院期間的任何一(1)天在不論自願或非自願的情況下入住病房之級別高於此保單利益一覽表受保病房，此內文第一至第五部份關於相關住院日數而需支付的任何可賠償收費，將減少至有關可賠償收費乘以調整基數。

住院賠償限制

對於與住院相關的賠償而言，有關住院必須有醫院發出的每日病房／病房及膳食費用收據作為證明。我們並無責任支付任何以下賠償：

(a) 就每日住院作出多於一(1)次的每日病房／病房及膳食的賠償；或
(b) 就非合理及慣常之住院作出賠償。

修訂賠償計劃及／或限制

我們有權於任何一個保單週年日或續保時修訂或更改各項賠償計劃、限制及／或保費，包括但不限於利益一覽表，惟我們會於任何修訂或更改前三十(30)天以郵寄方式給予您書面通知，郵寄地址以持有人在本公司之記錄為準。

若持有人不同意有關更改，則必須在有關更改生效後三十(30)天內以書面通知我們，而此保單及任何附加之額外醫療保障附加契約(如有)將於我們收到您的通知後的保費到期日自動終止。

任何根據持有人要求而就此保單之賠償或保障所作的更改必須獲得本公司批核及在保單週年日或續保時才告生效。

每次修訂，我們均簽發批註及修訂後之利益一覽表。

不保事項

此保單不承保任何直接或間接、全部或部份由下列原因所造成之住院、治療、手術或其他收費：

(a) 任何因下列原因造成的受傷或疾病(i)不論當時是否神志清醒，受保人自致或自己故意造成或企圖自致之傷害；或(ii)戰爭、入侵、外國敵人的行為、敵對或軍事行動（無論是宣戰或不宣戰之戰爭）、內戰、叛亂、革命、暴動、騷亂（附帶構成或達致起義，軍事或篡奪權力）；或(iii)在宣戰或不宣戰之戰爭期間、任何軍事行動期間或鎮壓叛亂時，受保人服役執行任務；或(iv)抵觸或企圖抵觸法律的行為，或拒捕；或 (v)任何恐怖主義行為，而受保人作為恐怖分子參與其中；或(vi)因任何恐怖主義行為而使用原子、生物或化學武器以及放射性、生物或化學污染，惟受保人於其永久居住國家或地區以外的旅程中受傷則不在此限；或(vii)受保人旅行之國家正發生戰爭（無論宣戰與否）、軍事行動、敵對行動、叛變、暴動、騷亂、內戰、叛亂、革命、造反、軍事或篡奪權力、戒嚴或被困、或被聯合國確認為戰區。

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(b) (i)懷孕、流產或分娩、終止懷孕、產前或產後護理，或任何有關的併發症；或(ii)任何與生育、遺傳基因測試或遺傳諮詢輔導、性機能障礙或不全、避孕或受孕有關的檢驗、治療或其他相關程序、以及所有輔助生育有關的程序；或(iii)任何與心理、行為、精神或心理失常有關的疾病，包括（但不限於）焦慮、厭食、抑鬱、緊張、疲勞、或由身體疾病引致的精神病併發症、認知障礙、睡眠疾病、濫用／依賴尼古丁或酒精或藥物或其他成癮物質、或任何有關的併發症，惟若該等情況已在心理或精神失常治療惠益保障之內則除外；或(iv)美容或整形手術、預防性質之手術或治療、治療過度肥胖（包括病態肥胖）及控制體重計劃、作為器官捐獻人士捐獻器官、或任何非必要的治療；或(v)任何形式的牙齒護理或手術，但因意外受傷而需接受的治療則不在此限，惟在任何情況下，保障均不包括自然牙齒更換、假牙以及修補服務（例如修補／更換牙橋或牙冠）及有關的費用；或(vi)任何在受保人十七(17) 歲生日前已出現徵狀或病徵或已斷診的先天性疾病；或(vii)直接或間接與變性手術有關的治療；或(viii)屈光障礙之治療及其矯正輔助儀器之應用、視覺治療或助聽器，但因意外受傷而需使用該儀器的情況則不在此限；或(ix)例行健康檢查、普查及／或預防性護理／檢驗，或任何與引致受保人入院之疾病或身體狀況無直接關係的檢驗或(x)療養或靜養，或任何非醫療所需之入院；或(xi)任何非醫療所需的治療、檢驗、服務或物品。

(c) 愛滋病(AIDS)或受人體免疫力缺乏病毒(HIV)感染的任何相關的併發症。

(d) 已存在情況引致受保人於保障生效九十(90)日前接受醫療、診斷、諮詢或處方藥物所造成之住院，但如受保人已連續於友邦團體醫療保單內受保十二(12)個月則不在此限。

— 此頁完 —

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網絡治療條文

由網絡醫生提供治療的一般條款和條件

(a) 我們並不保證由某指定網絡醫生提供醫療服務。網絡醫生乃受與我們簽定之有效書面協議約束，網絡醫生名單將不時有所更改而無需事先通知。我們保留權利更改與任何網絡醫生之間的協議，並有絕對的酌情權終止協議。

(b) 網絡醫生並非本公司的營業代表或僱員，並須就其向受保人提供之醫療服務及／或治療中的任何行為及／或疏忽獨自承擔責任。對於網絡醫生在提供該等醫療服務及／或治療中的任何行為及／或疏忽，本公司概不負責。

(c) 受保人在尋求任何由網絡醫生提供的治療或醫療服務前，須已向網絡醫生出示其網絡卡及香港/澳門身份證或網絡醫生合理要求的其他有效身份證明文件），以供核實受保人身份。

使用網絡卡

在符合保單條款和條件的情況下，並於網絡服務生效日期後，受保人可使用網絡卡以享用網絡醫生提供的治療或醫療服務。此網絡卡一經使用，即表示您接受下列於簽發網絡卡所訂的條款和條件：

(a) 網絡卡屬本公司所有，不得轉讓。持有人須承擔不正確使用網絡卡引致的所有責任。

(b) 網絡卡將於保單終止時即時失效，屆時持有人須將網絡卡歸還本公司。

(c) 若網絡卡被竊、遺失或有任何損毀，持有人必須即時向本公司申報。除非及直至該等事件已向本公司作出申報，否則就使用被竊或遺失之網絡卡引致的任何支出，本公司概不負責，而持有人必須就該等支出向本公司作出賠償。

醫療資料

我們並無責任因應相關網絡醫生提供的任何治療及服務而保管受保人的醫療資料。您或受保人向網絡醫生披露的任何資料，將不會構成或被視為我們已知悉該等資料，亦不會影響我們對於向受保人簽發之其他保單提出異議的權利。

— 此頁完 —

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索償程序

(1) 索償通知

索償申請必須於受保事件發生當日起計九十(90)日內遞交予本公司。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，則該索償將不受影響。對於就此保單及任何於此之附加契約所作出之索償均會被獨立地作個別評估及可能導致不同之賠償決定。

(2) 遞交索償證明

除特別註明外，您或索償人須於受保事件發生當日起計九十(90)日內將確實的損失證明及我們要求之有關表格填妥並提交予本公司，所需費用由索償人支付。我們有權就索償申請要求您或索償人提交額外證明。您或索償人必須將各項費用適當分類，並提交正式的賬單及收據的正本。

(3) 身體檢查

本公司有權按需要要求受保人提交額外證明及接受身體檢查。

(4) 取消

若您或索償人遞交之索償申請帶有欺詐或不實成份，提供無理據、不正確、不完全或誤導性的資料，或隱瞞任何資料，或是與第三者密謀從此計劃中謀取利益，我們有權即時取消您的保單。在任何該等情況下，我們亦有權向您或索償人追討我們就任何不合資格之索償所支付予您或索償人的任何利益賠償。

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一般條文

保單契約
此契約是根據您的投保申請書及已繳交所需保費而制定。除經我們正式授權的職員適當加簽批註或附加契約外，保單所有條款及條件均不得更改或豁免。

您的基本保單名為「友心意」醫療保障計劃，保單的計劃名稱及附加契約的契約編號，如附加於此保單於保單資料頁內的利益及保費表內列明。

我們將根據您在投保申請文件上提供的資料以決定是否接納您的投保申請，我們並有獨有及絕對的酌情權根據該等資料以決定您的保單是否需要附加特別條款。除欺詐外，所有在您的投保申請文件上作出的聲明均會被視作陳述而非保證。

若您的投保申請文件中遺漏任何事實或有關鍵性地不確、失實或不完整之處，我們有權宣稱保單無效。或作為另一選擇，我們可附加特別條款於您的保單內，並由保障生效日期開始適用。

誤報年齡或性別
若因誤報受保人年齡或性別以致所付保費不足時，此保單之賠償額，將根據已付之保費與正確應付之保費按比例計算，並以不超過此保單的最高限額為準。任何因誤報年齡或性別多繳之保費，我們將無息退還。若根據我們的核保規則，受保人的正確年齡已不能投保，則此保單或有關之附加契約將被視為無效。

貨幣及付款地點
所有我們收取或支付的款項，均以保單資料頁內所載之貨幣為準。此等款項必須以銀行的匯票或支票繳付，而保單貨幣必須是發出該匯票或支票的銀行的所屬國家的主要流通貨幣。所有我們應付之款項，將由保單資料頁內所載的辦事處支付。

不受限制
除另加註明外，保單對受保人的旅行、居住或職業並無限制。

續保及取消
在符合此保單內所述之條款和條件的情況下，於受保人在生期間您可自動續保此保單，並可於每個保單週年日預先繳交於當時適用的全年保費以辦理續保，惟屆時此計劃須仍然可供續保。我們保留訂定續保條款及條件的權利。除另加註明外，有關保費乃非固定保費，我們有權根據保單續保時適用之保費率按受保人屆時的實際年齡修訂及調整有關保費，並須符合此保單內所述的其他條款及條件（如有）。

我們保留權利隨時以不少於三十(30)日以書面通知持有人取消此保單。餘下之保費在不計利息及扣除有關此保單之債務後將退還給保單持有人。

不設第三者權益
任何非此保單的一方之人士（包括但不限於受保人或受益人）無權執行此保單內的任何條款。

保單終止
此保單將於下列任何一項最先發生時自動終止：

(a) 受保人身故；及
(b) 保單根據保費條文內的寬限期條文失效

當您的保單終止時，所有附加於此之附加契約（如有）的保障亦同時終止。

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即使前文或此保單內另有規定，若在保單根據上述第(b)條條文終止當日，受保人因受保疾病或受保受傷住院，保單將不會終止，而保障將會就該住院而額外延續多三十(30)日，並無需繳付任何保費，惟受到利益一覽表內列明之任何保障／最高限額或適用於有關保障的限制所規限。除另加註明外，終止保單並不影響終止前已提交的索償申請。於此保單終止後繳交至我們或我們的保險代理人或由我們或我們的保險代理人接納的任何保費，將不會對我們構成任何責任，但我們會退回該保費(不計算利息)。

支付賠償
我們會將保單內所有需支付的利益支付予持有人。

管制法律及司法管轄權

此保單乃受發出此保單的地區法律管限（即香港或澳門，視屬何情況而定），並依該地區之法律闡釋。該地區的法院將具有非專有司法管轄權以考慮和決定任何由此保單產生或與此保單有關的爭議及法律程序。

法律依從
此保單之任何條文，若於繕發日期或生效日期時與在遞派或為遞派而簽發此保單的國家或地區之法律相抵觸，該等條文於此修改為符合該等法律的最低要求。此保單將不受此修改所影響，並維持十足效力及作用。

－ 此頁完 －

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權益條文

持有人
持有人是唯一一位有權行使我們就保單所提供之任何權利或權益的人士。

更改擁有權
於此保單有效期間，您可使用本公司的指定表格以書面通知我們更改保單之擁有權。惟此類擁有權之更改必須於經由我們簽發之批註書作實後，方為有效。我們無須為已收訖但仍待簽發批註書之通知書負責。

若果當持有人身故時：

(a) 受保人已年滿十八歲或以上，而並無指定之第二持有人，則受保人將成為此保單的持有人。
(b) 受保人已年滿十八歲或以上，並有指定之第二持有人，則受保人將成為此保單的持有人。
(c) 受保人未滿十八歲，並有指定之第二持有人，則第二持有人將成為此保單的持有人。
(d) 受保人未滿十八歲，而並無指定之第二持有人，則持有人的遺產繼承人將成為此保單的持有人。

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保費條文

付款

於受保人在生期間，此保單只接納年繳方式繳付保費。所有保費應在保費到期日或以前交到我們的辦事處，或正式授權之職員或出納員。本公司有權隨時覆核及調整此保單的保費。在符合我們不時決定的最高限額下，任何繳付給我們之未到期的保費（簡稱「預付保費」）及／或任何超過現時到期及需繳付之保費的付款(簡稱「超額付款」)，將按我們不時決定的利率積存生息。我們保留權利拒絕收取任何超過該最高限額的預付保費及／或超額付款。您可以根據我們的程序提取預付保費或超額付款及／或其所積存的任何利息，任何未被提取之預付保費、超額付款及／或其積存的利息的餘額將自動被用作抵銷任何到期及需繳付而在寬限期內仍未繳交的保費。

不履行繳費義務

自繳交第一次保費後，若您未能在保費到期日或以前繳交保費，將被視為不履行繳交保費義務。

寬限期

自繳交第一次保費後，以後每次保費到期日起計三十一(31)天內為寬限期，寬限期內此保單仍然有效。若超過寬限期仍未繳交保費，保單即時失效，且保單不具任何價值。

復效

若您的保單因在寬限期內仍未繳交保費而失效，在欠交保費之保費到期日起計三(3)個月（不包括該保費到期日）內，經本公司同意後仍可復效，惟必須符合下列各項規定：

(a) 以書面申請復效；及
(b) 提供本公司認可之可保證明。

所有復效保單，只保障復效日期後發生的損失或受保事項。所有在復效前的利益索償記錄將計入復效保單內，以便按利益一覽表內列明的保障／最高限額及每病症限額計算復效保單應支付的賠償。

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門診惠益(計劃一)附加契約
編號: 2255

附加契約之計劃名稱或編號，必須於保單資料頁或其後加簽之批註內列明，該附加契約方為有效。

此附加契約附加於並構成保單的一部份。若此附加契約與保單相抵觸，則以此附加契約之條文為依歸。若基本保單無論因任何原因而終止，於此附加契約內所列之保障均不會獨立地提供予您。

除於此附加契約中另加註明外，您的保單內界定之文字及詞句在此附加契約內具有相同涵義。

除於此附加契約中另作修改外，基本保單內的所有條款、條件、條文均維持不變。

在此附加契約有效期間，本公司將根據列於門診惠益一覽表內的最高限額及在符合此內文列明的條款及條件的情況下，支付以下之門診惠益。

基本定義

定義
以下之定義適用於此附加契約。

「中醫」(Chinese Medicine Practitioner) 是指根據中醫藥條例，任何於香港中醫藥管理委員會註冊或於治療當地的醫療監管機構註冊（若該治療在香港以外進行），以中醫師、跌打醫師、針灸師身份行醫的獨立人士。

「脊骨神經科醫生」(Chiropractor) 是指根據脊醫註冊條例，任何於香港脊醫管理局註冊或於治療當地的醫療監管機構註冊（若該治療在香港以外進行）的獨立人士，以致其能診斷及醫治肌肉骨骼系統障礙及因該勞損在神經系統和健康上的影響。

「物理治療師」(Physiotherapist) 是指任何在行醫的地方獲當地合法授權提供透過冷凍治療、熱療、電能治療、手法治療、頸腰椎牽引治療、運動治療及水療為身體傷病作出評估及治療服務的獨立人士。

利益條文

(a) 門診諮詢

我們將賠償因受保疾病或受保受傷所需之門診諮詢而衍生的合理及慣常的實際費用之百分之八十(80%)，及以下於諮詢時所提供的醫療服務或物品。

- 向註冊醫生或專科醫生作出諮詢的費用
- 最多三十(30)日的藥物費用
- 所需敷料的費用

此項惠益只限於因每受保疾病或受保受傷作每日最多一 (1) 次諮詢並根據載於門診惠益一覽表內有關此項惠益之最高限額作出賠償。此項利益的賠償將代替任何在基本保單內之第三部份的出院/門診手術後門診諮詢賠償。

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(b) 門診專科費用
我們將賠償就受保人由其主診註冊醫生書面轉介之專科醫生為受保人因每受保疾病或受保受傷治療而衍生的合理及慣常的實際收費之百分之八十 (80%) 作出賠償。此項惠益只限於因每受保疾病或受保受傷作每日最多一 (1) 次諮詢，並根據載於門診惠益一覽表內有關此項惠益之最高限額作出賠償。

(c) 物理治療及脊骨神經治療
我們將賠償就受保人由其主診註冊醫生書面轉介之物理治療師、脊骨神經科醫生為受保人因每受保疾病或受保受傷治療而衍生的合理及慣常的實際收費之百分之八十 (80%) 作出賠償。此項惠益只限於因每受保疾病或受保受傷作每日最多一 (1) 次諮詢，並根據載於門診惠益一覽表內有關此項惠益之最高限額作出賠償。

(d) 中醫諮詢
我們將賠償因受保疾病或受保受傷所需之中醫諮詢而衍生的合理及慣常的實際費用之百分之八十 (80%)。此項惠益只限於因每受保疾病或受保受傷作每日最多一 (1) 次諮詢，並根據載於門診惠益一覽表內有關此項惠益之最高限額作出賠償。

(e) 精神病治療
我們將賠償因由精神病治療的專科醫生提供以門診形式之精神病治療以醫治受保人在心理或行為形式上之心理失常或疾病及引致其蒙受痛苦而衍生的合理及慣常的實際費用之百分之八十 (80%)。需支付最高的賠償金額已載於門診惠益一覽表內關於此項惠益之限額。

(f) 診斷程序及化驗室測試
我們將賠償註冊醫生或專科醫生因診斷目的而建議受保人進行的診斷程序及化驗室測試而衍生的合理及慣常的費用之百分之八十 (80%)。

(g) 處方藥物
我們將賠償於合法經營之藥房（於註冊醫生／專科醫生的辦公室／診所、醫院的門診或急症醫療部之藥房除外）內購買由註冊醫生／專科醫生用於治療或處理因受保疾病或受保受傷之處方藥物的合理及慣常的實際費用之百分之八十 (80%)。

轉介手續

如上述利益條文列明，某些醫療服務是需要轉介信。受保人應在接受該醫療服務前向主診醫生索取轉介信。

轉介信的有效期及其適用之情況如下:

受保障利益	有效期
專科醫生服務	轉介信適用於就同一專科醫生就同一宗病症的所有治療，有效期為180日或每次治療相隔不超過180日。
物理治療 / 脊骨神經治療	轉介信適用於就同一物理治療師 / 脊骨神經治療師或物理治療 /脊骨神經治療診所就同一宗病症的所有治療，有效期為 180 日或每次治療相隔不超過 180 日。
診斷程序及化驗室測試	每次轉介只適用於一次服務，有效期為該次轉介發出 180 日內。

— 此頁完 —

Specimen

AIA International Limited

友邦保險（國際）有限公司

門診惠益一覽表

門診惠益	保障 / 最高限額 (港幣 / 澳門幣)
(a) 門診諮詢	每次為 150 元
(b) 門診專科費用	每次為 400 元，以每個保單年度最高 10 次為限
(c) 物理治療及脊骨神經治療	每次為 220 元，以每個保單年度最高 20 次為限
(d) 中醫諮詢	每次為 150 元，以每個保單年度最高 10 次為限
(a)、(b)、(c) 及(d) 的惠益總次數限額	不論受保疾病及/或受保受傷治療次數多少，以每個保單年度計算，賠償最高以五十（50）次諮詢為限。
(e) 精神病治療	每個保單年度為 2,500 元
(f) 診斷程序及化驗室測試	每個保單年度為 2,500 元
(g) 處方藥物	每個保單年度為 2,500 元

所有惠益索償須符合合理及慣常費用之規定，及提交附有每項分類的正式賬單或收據。

賠償限制
基本保單的每病症限額及墊底費不適用於此附加契約。

於此附加契約內(a)、(b)、(c) 及 (d) 的惠益，不論受保疾病或受保受傷治療次數多少，以每個保單年度計算，賠償最高以五十 (50) 次諮詢為限。

不保事項
基本保單內之不保事項適用於此附加契約。但當基本保單內之不保事項條文下之 (b) (iii) 項的情況發生並分別受保於此附加契約內利益條文下 (e) 項之精神病治療惠益時，基本保單內之不保事項條文下之 (b) (iii) 項將不適用。

一般條文

終止保障
此附加契約將於下列任何一項最先發生時自動終止：

(a) 基本保單終止日期；及
(b) 此附加契約終止日期。

－ 此頁完 －

Specimen

AIA International Limited

友邦保險（國際）有限公司

門診惠益(計劃二)附加契約
編號: 2255

附加契約之計劃名稱或編號，必須於保單資料頁或其後加簽之批註內列明，該附加契約方為有效。

此附加契約附加於並構成保單的一部份。若此附加契約與保單相抵觸，則以此附加契約之條文為依歸。若基本保單無論因任何原因而終止，於此附加契約內所列之保障均不會獨立地提供予您。

除於此附加契約中另加註明外，您的保單內界定之文字及詞句在此附加契約內具有相同涵義。

除於此附加契約中另作修改外，基本保單內的所有條款、條件、條文均維持不變。

在此附加契約有效期間，本公司將根據列於門診惠益一覽表內的最高限額及在符合此內文列明的條款及條件的情況下，支付以下之門診惠益。

基本定義

定義
以下之定義適用於此附加契約。

「中醫」(Chinese Medicine Practitioner) 是指根據中醫藥條例，任何於香港中醫藥管理委員會註冊或於治療當地的醫療監管機構註冊（若該治療在香港以外進行），以中醫師、跌打醫師、針灸師身份行醫的獨立人士。

「脊骨神經科醫生」(Chiropractor) 是指根據脊醫註冊條例，任何於香港脊醫管理局註冊或於治療當地的醫療監管機構註冊（若該治療在香港以外進行）的獨立人士，以致其能診斷及醫治肌肉骨骼系統障礙及因該勞損在神經系統和健康上的影響。

「物理治療師」(Physiotherapist) 是指任何在行醫的地方獲當地合法授權提供透過冷凍治療、熱療、電能治療、手法治療、頸腰椎牽引治療、運動治療及水療為身體傷病作出評估及治療服務的獨立人士。

利益條文

(a) 門診諮詢

我們將賠償因受保疾病或受保受傷所需之門診諮詢而衍生的合理及慣常的實際費用之百分之八十 **(80%)**，及以下於諮詢時所提供的醫療服務或物品。

- 向註冊醫生或專科醫生作出諮詢的費用
- 最多三十(30)日的藥物費用
- 所需敷料的費用

此項惠益只限於因每受保疾病或受保受傷作每日最多一 (1) 次諮詢並根據載於門診惠益一覽表內有關此項惠益之最高限額作出賠償。此項利益的賠償將代替任何在基本保單內之第三部份的出院/門診手術後門診諮詢賠償。

– 此頁完 –

Specimen

AIA International Limited

友邦保險（國際）有限公司

(b) 門診專科費用
我們將賠償就受保人由其主診註冊醫生書面轉介之專科醫生為受保人因每受保疾病或受保受傷治療而衍生的合理及慣常的實際收費之百分之八十 (80%) 作出賠償。此項惠益只限於因每受保疾病或受保受傷作每日最多一 (1) 次諮詢，並根據載於門診惠益一覽表內有關此項惠益之最高限額作出賠償。

(c) 物理治療及脊骨神經治療
我們將賠償就受保人由其主診註冊醫生書面轉介之物理治療師、脊骨神經科醫生為受保人因每受保疾病或受保受傷治療而衍生的合理及慣常的實際收費之百分之八十 (80%) 作出賠償。此項惠益只限於因每受保疾病或受保受傷作每日最多一 (1) 次諮詢，並根據載於門診惠益一覽表內有關此項惠益之最高限額作出賠償。

(d) 中醫諮詢
我們將賠償因受保疾病或受保受傷所需之中醫諮詢而衍生的合理及慣常的實際費用之百分之八十 (80%)。此項惠益只限於因每受保疾病或受保受傷作每日最多一 (1) 次諮詢，並根據載於門診惠益一覽表內有關此項惠益之最高限額作出賠償。

(e) 精神病治療
我們將賠償因由精神病治療的專科醫生提供以門診形式之精神病治療以醫治受保人在心理或行為形式上之心理失常或疾病及引致其蒙受痛苦而衍生的合理及慣常的實際費用之百分之八十 (80%)。需支付最高的賠償金額已載於門診惠益一覽表內關於此項惠益之限額。

(f) 診斷程序及化驗室測試
我們將賠償註冊醫生或專科醫生因診斷目的而建議受保人進行的診斷程序及化驗室測試而衍生的合理及慣常的費用之百分之八十 (80%)。

(g) 處方藥物
我們將賠償於合法經營之藥房（於註冊醫生／專科醫生的辦公室／診所、醫院的門診或急症醫療部之藥房除外）內購買由註冊醫生／專科醫生用於治療或處理因受保疾病或受保受傷之處方藥物的合理及慣常的實際費用之百分之八十 (80%)。

轉介手續

如上述利益條文列明，某些醫療服務是需要轉介信。受保人應在接受該醫療服務前向主診醫生索取轉介信。

轉介信的有效期及其適用之情況如下：

受保障利益	有效期
專科醫生服務	轉介信適用於就同一專科醫生就同一宗病症的所有治療，有效期為180日或每次治療相隔不超過180日。
物理治療 / 脊骨神經治療	轉介信適用於就同一物理治療師 / 脊骨神經治療師或物理治療 /脊骨神經治療診所就同一宗病症的所有治療，有效期為 180 日或每次治療相隔不超過 180 日。
診斷程序及化驗室測試	每次轉介只適用於一次服務，有效期為該次轉介發出 180 日內。

– 此頁完 –

Specimen

AIA International Limited

友邦保險（國際）有限公司

門診惠益一覽表

門診惠益	保障 / 最高限額 (港幣 / 澳門幣)
(a) 門診諮詢	每次為 250 元
(b) 門診專科費用	每次為 600 元，以每個保單年度最高 10 次為限
(c) 物理治療及脊骨神經治療	每次為 260 元，以每個保單年度最高 20 次為限
(d) 中醫諮詢	每次為 250 元，以每個保單年度最高 10 次為限
(a)、(b)、(c) 及(d) 的惠益總次數限額	不論受保疾病及/或受保受傷治療次數多少，以每個保單年度計算，賠償最高以五十（50）次諮詢為限。
(e) 精神病治療	每個保單年度為 3,000 元
(f) 診斷程序及化驗室測試	每個保單年度為 3,000 元
(g) 處方藥物	每個保單年度為 3,000 元

所有惠益索償須符合合理及慣常費用之規定，及提交附有每項分類的正式賬單或收據。

賠償限制
基本保單的每病症限額及墊底費不適用於此附加契約。

於此附加契約內 (a)、(b)、(c) 及 (d) 的惠益，不論受保疾病或受保受傷治療次數多少，以每個保單年度計算，賠償最高以五十 (50) 次諮詢為限。

不保事項
基本保單內之不保事項適用於此附加契約。但當基本保單內之不保事項條文下之 (b) (iii) 項的情況發生並分別受保於此附加契約內利益條文下 (e) 項之精神病治療惠益時，基本保單內之不保事項條文下之 (b) (iii) 項將不適用。

一般條文

終止保障
此附加契約將於下列任何一項最先發生時自動終止：

(a) 基本保單終止日期；及
(b) 此附加契約終止日期。

– 此頁完 –

Specimen

AIA International Limited

友邦保險（國際）有限公司

門診惠益(計劃三)附加契約
編號: 2255

附加契約之計劃名稱或編號，必須於保單資料頁或其後加簽之批註內列明，該附加契約方為有效。

此附加契約附加於並構成保單的一部份。若此附加契約與保單相抵觸，則以此附加契約之條文為依歸。若基本保單無論因任何原因而終止，於此附加契約內所列之保障均不會獨立地提供予您。

除於此附加契約中另加註明外，您的保單內界定之文字及詞句在此附加契約內具有相同涵義。

除於此附加契約中另作修改外，基本保單內的所有條款、條件、條文均維持不變。

在此附加契約有效期間，本公司將根據列於門診惠益一覽表內的最高限額及在符合此內文列明的條款及條件的情況下，支付以下之門診惠益。

基本定義

定義
以下之定義適用於此附加契約。

「中醫」(Chinese Medicine Practitioner) 是指根據中醫藥條例，任何於香港中醫藥管理委員會註冊或於治療當地的醫療監管機構註冊（若該治療在香港以外進行），以中醫師、跌打醫師、針灸師身份行醫的獨立人士。

「脊骨神經科醫生」(Chiropractor) 是指根據脊醫註冊條例，任何於香港脊醫管理局註冊或於治療當地的醫療監管機構註冊（若該治療在香港以外進行）的獨立人士，以致其能診斷及醫治肌肉骨骼系統障礙及因該勞損在神經系統和健康上的影響。

「物理治療師」(Physiotherapist) 是指任何在行醫的地方獲當地合法授權提供透過冷凍治療、熱療、電能治療、手法治療、頸腰椎牽引治療、運動治療及水療為身體傷病作出評估及治療服務的獨立人士。

利益條文

(a) 門診諮詢

我們將賠償因受保疾病或受保受傷所需之門診諮詢而衍生的合理及慣常的實際費用之百分之八十 **(80%)**，及以下於諮詢時所提供的醫療服務或物品。

- 向註冊醫生或專科醫生作出諮詢的費用
- 最多三十(30)日的藥物費用
- 所需敷料的費用

此項惠益只限於因每受保疾病或受保受傷作每日最多一 (1) 次諮詢並根據載於門診惠益一覽表內有關此項惠益之最高限額作出賠償。此項利益的賠償將代替任何在基本保單內之第三部份的出院/門診手術後門診諮詢賠償。

－ 此頁完 －

Specimen

AIA International Limited

友邦保險（國際）有限公司

(b) 門診專科費用
我們將賠償就受保人由其主診註冊醫生書面轉介之專科醫生為受保人因每受保疾病或受保受傷治療而衍生的合理及慣常的實際收費之百分之八十 (80%) 作出賠償。此項惠益只限於因每受保疾病或受保受傷作每日最多一 (1) 次諮詢，並根據載於門診惠益一覽表內有關此項惠益之最高限額作出賠償。

(c) 物理治療及脊骨神經治療
我們將賠償就受保人由其主診註冊醫生書面轉介之物理治療師、脊骨神經科醫生為受保人因每受保疾病或受保受傷治療而衍生的合理及慣常的實際收費之百分之八十 (80%) 作出賠償。此項惠益只限於因每受保疾病或受保受傷作每日最多一 (1) 次諮詢，並根據載於門診惠益一覽表內有關此項惠益之最高限額作出賠償。

(d) 中醫諮詢
我們將賠償因受保疾病或受保受傷所需之中醫諮詢而衍生的合理及慣常的實際費用之百分之八十 (80%)。此項惠益只限於因每受保疾病或受保受傷作每日最多一 (1) 次諮詢，並根據載於門診惠益一覽表內有關此項惠益之最高限額作出賠償。

(e) 精神病治療
我們將賠償因由精神病治療的專科醫生提供以門診形式之精神病治療以醫治受保人在心理或行為形式上之心理失常或疾病及引致其蒙受痛苦而衍生的合理及慣常的實際費用之百分之八十 (80%)。需支付最高的賠償金額已載於門診惠益一覽表內關於此項惠益之限額。

(f) 診斷程序及化驗室測試
我們將賠償註冊醫生或專科醫生因診斷目的而建議受保人進行的診斷程序及化驗室測試而衍生的合理及慣常的費用之百分之八十 (80%)。

(g) 處方藥物
我們將賠償於合法經營之藥房（於註冊醫生／專科醫生的辦公室／診所、醫院的門診或急症醫療部之藥房除外）內購買由註冊醫生／專科醫生用於治療或處理因受保疾病或受保受傷之處方藥物的合理及慣常的實際費用之百分之八十 (80%)。

轉介手續

如上述利益條文列明，某些醫療服務是需要轉介信。受保人應在接受該醫療服務前向主診醫生索取轉介信。

轉介信的有效期及其適用之情況如下：

受保障利益	有效期
專科醫生服務	轉介信適用於就同一專科醫生就同一宗病症的所有治療，有效期為180日或每次治療相隔不超過180日。
物理治療 / 脊骨神經治療	轉介信適用於就同一物理治療師 / 脊骨神經治療師或物理治療 /脊骨神經治療診所就同一宗病症的所有治療，有效期為 180 日或每次治療相隔不超過 180 日。
診斷程序及化驗室測試	每次轉介只適用於一次服務，有效期為該次轉介發出 180 日內。

— 此頁完 —

Specimen

AIA International Limited

友邦保險（國際）有限公司

門診惠益一覽表

門診惠益	保障 / 最高限額 (港幣 / 澳門幣)
(a) 門診諮詢	每次為 350 元
(b) 門診專科費用	每次為 800 元，以每個保單年度最高 10 次為限
(c) 物理治療及脊骨神經治療	每次為 380 元，以每個保單年度最高 20 次為限
(d) 中醫諮詢	每次為 350 元，以每個保單年度最高 10 次為限
(a)、(b)、(c) 及(d) 的惠益總次數限額	不論受保疾病及/或受保受傷治療次數多少，以每個保單年度計算，賠償最高以五十（50）次諮詢為限。
(e) 精神病治療	每個保單年度為 4,000 元
(f) 診斷程序及化驗室測試	每個保單年度為 4,000 元
(g) 處方藥物	每個保單年度為 4,000 元

所有惠益索償須符合合理及慣常費用之規定，及提交附有每項分類的正式賬單或收據。

賠償限制
基本保單的每病症限額及墊底費不適用於此附加契約。

於此附加契約內 (a)、(b)、(c) 及 (d) 的惠益，不論受保疾病或受保受傷治療次數多少，以每個保單年度計算，賠償最高以五十 (50) 次諮詢為限。

不保事項
基本保單內之不保事項適用於此附加契約。但當基本保單內之不保事項條文下之 (b) (iii) 項的情況發生並分別受保於此附加契約內利益條文下 (e) 項之精神病治療惠益時，基本保單內之不保事項條文下之 (b) (iii) 項將不適用。

一般條文

終止保障
此附加契約將於下列任何一項最先發生時自動終止：

(a) 基本保單終止日期；及
(b) 此附加契約終止日期。

－ 此頁完 －

Specimen

AIA International Limited

友邦保險（國際）有限公司

門診惠益(計劃四)附加契約
編號: 2255

附加契約之計劃名稱或編號，必須於保單資料頁或其後加簽之批註內列明，該附加契約方為有效。

此附加契約附加於並構成保單的一部份。若此附加契約保單相抵觸，則以此附加契約之條文為依歸。若基本保單無論因任何原因而終止，於此附加契約內所列之保障均不會獨立地提供予您。

除於此附加契約中另加註明外，您的保單內界定之文字及詞句在此附加契約內具有相同涵義。

除於此附加契約中另作修改外，基本保單內的所有條款、條件、條文均維持不變。

在此附加契約有效期間，本公司將根據列於門診惠益一覽表內的最高限額及在符合此內文列明的條款及條件的情況下，支付以下之門診惠益。

基本定義

定義
以下之定義適用於此附加契約。

「中醫」(Chinese Medicine Practitioner) 是指根據中醫藥條例，任何於香港中醫藥管理委員會註冊或於治療當地的醫療監管機構註冊（若該治療在香港以外進行），以中醫師、跌打醫師、針灸師身份行醫的獨立人士。

「脊骨神經科醫生」(Chiropractor) 是指根據脊醫註冊條例，任何於香港脊醫管理局註冊或於治療當地的醫療監管機構註冊（若該治療在香港以外進行）的獨立人士，以致其能診斷及醫治肌肉骨骼系統障礙及因該勞損在神經系統和健康上的影響。

「物理治療師」(Physiotherapist) 是指任何在行醫的地方獲當地合法授權提供透過冷凍治療、熱療、電能治療、手法治療、頸腰椎牽引治療、運動治療及水療為身體傷病作出評估及治療服務的獨立人士。

利益條文

(a) 門診諮詢
我們將賠償因受保疾病或受保受傷所需之門診諮詢而衍生的合理及慣常的實際費用之百分之八十 (80%)，及以下於諮詢時所提供的醫療服務或物品。

- 向註冊醫生或專科醫生作出諮詢的費用
- 最多三十(30)日的藥物費用
- 所需敷料的費用

此項惠益只限於因每受保疾病或受保受傷作每日最多一 (1) 次諮詢並根據載於門診惠益一覽表內有關此項惠益之最高限額作出賠償。此項利益的賠償將代替任何在基本保單內之第三部份的出院/門診手術後門診諮詢賠償。

－ 此頁完 －

Specimen

AIA International Limited

友邦保險（國際）有限公司

(b) 門診專科費用

我們將賠償就受保人由其主診註冊醫生書面轉介之專科醫生為受保人因每受保疾病或受保受傷治療而衍生的合理及慣常的實際收費之百分之八十 (80%) 作出賠償。此項惠益只限於因每受保疾病或受保受傷作每日最多一 (1) 次諮詢，並根據載於門診惠益一覽表內有關此項惠益之最高限額作出賠償。

(c) 物理治療及脊骨神經治療

我們將賠償就受保人由其主診註冊醫生書面轉介之物理治療師、脊骨神經科醫生為受保人因每受保疾病或受保受傷治療而衍生的合理及慣常的實際收費之百分之八十 (80%) 作出賠償。此項惠益只限於因每受保疾病或受保受傷作每日最多一 (1) 次諮詢，並根據載於門診惠益一覽表內有關此項惠益之最高限額作出賠償。

(d) 中醫諮詢

我們將賠償因受保疾病或受保受傷所需之中醫諮詢而衍生的合理及慣常的實際費用之百分之八十 (80%)。此項惠益只限於因每受保疾病或受保受傷作每日最多一 (1) 次諮詢，並根據載於門診惠益一覽表內有關此項惠益之最高限額作出賠償。

(e) 精神病治療

我們將賠償因由精神病治療的專科醫生提供以門診形式之精神病治療以醫治受保人在心理或行為形式上之心理失常或疾病及引致其蒙受痛苦而衍生的合理及慣常的實際費用之百分之八十 (80%)。需支付最高的賠償金額已載於門診惠益一覽表內關於此項惠益之限額。

(f) 診斷程序及化驗室測試

我們將賠償註冊醫生或專科醫生因診斷目的而建議受保人進行的診斷程序及化驗室測試而衍生的合理及慣常的費用之百分之八十 (80%)。

(g) 處方藥物

我們將賠償於合法經營之藥房（於註冊醫生／專科醫生的辦公室／診所、醫院的門診或急症醫療部之藥房除外）內購買由註冊醫生／專科醫生用於治療或處理因受保疾病或受保受傷之處方藥物的合理及慣常的實際費用之百分之八十 (80%)。

轉介手續

如上述利益條文列明，某些醫療服務是需要轉介信。受保人應在接受該醫療服務前向主診醫生索取轉介信。

轉介信的有效期及其適用之情況如下：

受保障利益	有效期
專科醫生服務	轉介信適用於就同一專科醫生就同一宗病症的所有治療，有效期為180日或每次治療相隔不超過180日。
物理治療 / 脊骨神經治療	轉介信適用於就同一物理治療師 / 脊骨神經治療師或物理治療 /脊骨神經治療診所就同一宗病症的所有治療，有效期為 180 日或每次治療相隔不超過 180 日。
診斷程序及化驗室測試	每次轉介只適用於一次服務，有效期為該次轉介發出 180 日內。

– 此頁完 –

Specimen

AIA International Limited

友邦保險（國際）有限公司

門診惠益一覽表

門診惠益	保障 / 最高限額 (港幣 / 澳門幣)
(a) 門診諮詢	每次為 500 元
(b) 門診專科費用	每次為 1,000 元，以每個保單年度最高 10 次為限
(c) 物理治療及脊骨神經治療	每次為 500 元，以每個保單年度最高 20 次為限
(d) 中醫諮詢	每次為 500 元，以每個保單年度最高 20 次為限
(a)、(b)、(c) 及(d) 的惠益總次數限額	不論受保疾病及/或受保受傷治療次數多少，以每個保單年度計算，賠償最高以五十（50）次諮詢為限。
(e) 精神病治療	每個保單年度為 5,000 元
(f) 診斷程序及化驗室測試	每個保單年度為 5,000 元
(g) 處方藥物	每個保單年度為 5,000 元

所有惠益索償須符合合理及慣常費用之規定，及提交附有每項分類的正式賬單或收據。

賠償限制
基本保單的每病症限額及墊底費不適用於此附加契約。

於此附加契約內 (a)、(b)、(c) 及 (d) 的惠益，不論受保疾病或受保受傷治療次數多少，以每個保單年度計算，賠償最高以五十 (50) 次諮詢為限。

不保事項
基本保單內之不保事項適用於此附加契約。但當基本保單內之不保事項條文下之 (b) (iii) 項的情況發生並分別受保於此附加契約內利益條文下 (e) 項之精神病治療惠益時，基本保單內之不保事項條文下之 (b) (iii) 項將不適用。

一般條文

終止保障
此附加契約將於下列任何一項最先發生時自動終止：

(a) 基本保單終止日期；及
(b) 此附加契約終止日期。

— 此頁完 —

Specimen

AIA International Limited

友邦保險（國際）有限公司

利益一覽表
(計劃一)

	保障／最高限額 (港幣/澳門幣)	
病房級別	**普通房**	
每病症限額 (適用於支付以下第一、二、三、四及六部份賠償)	100,000	
額外每病症限額 (網絡專用) (適用於支付以下第一、二、三、四及六部份賠償)	50,000	
每病症限額 (只適用於支付以下第五部份賠償)	100,000	

		最高限額 (港幣/澳門幣)	
		網絡保障	**非網絡保障**
墊底費（適用於第一、二、三、四及五部份賠償）		0	5,000
第一部份	**住院賠償**	90% 的受理費用	80%的受理費用
	(a) 每日病房及膳食費用賠償		
	(b) 醫生巡房費賠償		
	(c) 專科醫生費		
	(d) 住院雜費賠償		
	(e) 深切治療費用賠償		
第二部份	**手術費用賠償**	90% 的受理費用	80%的受理費用
	(a) 手術惠益		
	(b) 門診手術惠益		
	(c) 醫療裝置費用惠益		
第三部份	**出院／門診手術後門診諮詢**	90% 的受理費用	80%的受理費用
第四部份	**其他賠償**	90% 的受理費用	80%的受理費用
	(a) 先進診斷掃描		
	(b) 意外急症門診治療費用賠償		
第五部份	**癌症及腎透析特別保障**	90% 的受理費用	80%的受理費用
	(a) 癌症診斷賠償		
	(b) 化療、電療及標靶治療		
	(c) 腎臟透析賠償		
第六部份	**網絡門診手術賠償**	全數受保	不適用

所有惠益索償須符合合理及慣常費用之規定，及提交附有每項分類的正式賬單或收據。

– 此頁完 –

Specimen

AIA International Limited

友邦保險（國際）有限公司

利益一覽表
(計劃二)

	保障／最高限額 (港幣/澳門幣)	
病房級別	**半私家房**	
每病症限額 (適用於支付以下第一、二、三、四及六部份賠償)	200,000	
額外每病症限額 (網絡專用) (適用於支付以下第一、二、三、四及六部份賠償)	100,000	
每病症限額 (只適用於支付以下第五部份賠償)	200,000	
	最高限額 (港幣/澳門幣)	
	網絡保障	**非網絡保障**
墊底費（適用於第一、二、三、四及五部份賠償）	0	15,000
第一部份 住院賠償 (a) 每日病房及膳食費用賠償 (b) 醫生巡房費賠償 (c) 專科醫生費 (d) 住院雜費賠償 (e) 深切治療費用賠償	90% 的受理費用	80%的受理費用
第二部份 手術費用賠償 (a) 手術惠益 (b) 門診手術惠益 (c) 醫療裝置費用惠益	90% 的受理費用	80%的受理費用
第三部份 出院／門診手術後門診諮詢	90% 的受理費用	80%的受理費用
第四部份 其他賠償 (a) 先進診斷掃描 (b) 意外急症門診治療費用賠償	90% 的受理費用	80%的受理費用
第五部份 癌症及腎透析特別保障 (a) 癌症診斷賠償 (b) 化療、電療及標靶治療 (c) 腎臟透析賠償	90% 的受理費用	80%的受理費用
第六部份 網絡門診手術賠償	全數受保	不適用

所有惠益索償須符合合理及慣常費用之規定，及提交附有每項分類的正式賬單或收據。

– 此頁完 –

Specimen

AIA International Limited

友邦保險（國際）有限公司

利益一覽表
(計劃三)

	保障／最高限額 (港幣/澳門幣)	
病房級別	**標準私家房**	
每病症限額 (適用於支付以下第一、二、三、四及六部份賠償)	500,000	
額外每病症限額 (網絡專用) (適用於支付以下第一、二、三、四及六部份賠償)	100,000	
每病症限額 (只適用於支付以下第五部份賠償)	300,000	

		最高限額 (港幣/澳門幣)	
		網絡保障	**非網絡保障**
墊底費（適用於第一、二、三、四及五部份賠償）		0	28,000
第一部份	**住院賠償** (a) 每日病房及膳食費用賠償 (b) 醫生巡房費賠償 (c) 專科醫生費 (d) 住院雜費賠償 (e) 深切治療費用賠償	90% 的受理費用	80%的受理費用
第二部份	**手術費用賠償** (a) 手術惠益 (b) 門診手術惠益 (c) 醫療裝置費用惠益	90% 的受理費用	80%的受理費用
第三部份	**出院／門診手術後門診諮詢**	90% 的受理費用	80%的受理費用
第四部份	**其他賠償** (a) 先進診斷掃描 (b) 意外急症門診治療費用賠償	90% 的受理費用	80%的受理費用
第五部份	**癌症及腎透析特別保障** (a) 癌症診斷賠償 (b) 化療、電療及標靶治療 (c) 腎臟透析賠償	90% 的受理費用	80%的受理費用
第六部份	**網絡門診手術賠償**	全數受保	不適用

所有惠益索償須符合合理及慣常費用之規定，及提交附有每項分類的正式賬單或收據。

– 此頁完 –

Specimen

AIA International Limited

友邦保險（國際）有限公司

環球緊急支援服務批註

此批註附加於保單，並構成保單的一部分。除於此批註中另加註明外，保單的所有條款、條件、條文和定義具有十足效力及作用。

利益

於保單有效期間，我們將根據此內文所載的條款、條件及不保事項提供以下保障，並由我們任用之服務供應商（以下簡稱「供應商」）以最適合受保人的身體狀況的方法及服務作出安排和執行。

(a) **緊急醫療運送**

若受保人在香港、澳門或中華人民共和國(受保人在開始旅程時已於該國家或地區取得永久居住權)(視屬何情況而定）之境外的旅程中遭受嚴重受傷或疾病，若根據供應商或其授權代表的獨立意見，按相關的因素判斷為醫療上適宜的情況下(例如，受保人的醫療狀況及一直採用的治療方法)，供應商將會安排緊急醫療運送，將受保人運送到最接近及有足夠醫療設備治療受保人醫療狀況的醫療場所。供應商會根據受保人狀況的嚴重程度，安排以飛機、陸地或空中救護交通工具、火車或其他適當及可使用的方法運送受保人。除此內文界定之受保費用外，其他醫療費用（包括但不限於受保人已運送到最接近之醫療場所作出治療的費用）均不在承保範圍內。

(b) **運返遺體**

若受保人在旅程中身故，供應商會安排把受保人的遺體運返香港、澳門或中華人民共和國(受保人在開始旅程時已於該國家或地區取得永久居住權)(視屬何情況而定）。除當地法律規定必須執行外，我們不會負責埋葬、遺體防腐、棺材及葬禮的費用。

(c) **安排家屬探訪**

若受保人於香港、澳門或中華人民共和國(受保人在開始旅程時已於該國家或地區取得永久居住權)(視屬何情況而定）以外的國家或地方的旅程期間身故或於旅程期間才開始的嚴重受傷或疾病並且住院持續超過五(5)日，而當時受保人並無成人直系親屬成員陪伴在側，本公司將會安排一(1)名成人直系親屬成員前往受保人身故或住院的地點以便照顧受保人，以及支付該名成人直系親屬成員是次的旅程費用。此項利益可支付的賠償將只限於：1)就該名成人直系親屬成員往返受保人身處之地點所需衍生的來回旅程費用（只限於經濟客位機票或頭等客位火車票）；及 2)就該名成人直系親屬成員在受保人身處之地點所需衍生的合理的酒店住宿費用。

(d) **送返未成年兒童**

若受保人獨自與未成年兒童外遊之旅程是在香港、澳門或中華人民共和國(受保人在開始旅程時已於該國家或地區取得永久居住權）(視屬何情況而定）以外的國家或地方，而受保人在該旅程期間身故或因於旅程期間開始的嚴重受傷或疾病而住院持續超過五(5)日，本公司將會安排一(1)名成人直系親屬成員前往受保人身故或住院的地點以便照顧該未成年兒童，及陪伴最多兩(2)名未成年兒童返回受保人在開始旅程時已取得永久居住權的國家或地區，並支付有關的旅程費用。此項利益可支付的賠償將只限於：1)就該名成人直系親屬成員往返受保人身處之地點所需衍生的來回旅程費用（只限於經濟客位機票或頭等客位火車票）；及 2)就最多兩(2)名未成年兒童由受保人身處之地點返回受保人在開始旅程時已取得永久居住權的國家或地區所需衍生的單程旅程費用（只限於經濟客位機票或頭等客位火車票）；及 3)就該名成人直系親屬成員及最多兩(2)名未成年兒童在受保人身處之地點所需衍生的合理的酒店住宿費用。

－ 此頁完 －

Specimen

AIA International Limited

友邦保險（國際）有限公司

(e) **24 小時全球電話諮詢服務**

於此保單有效期間，受保人將可在旅程前或旅程中獲享提供有關旅遊資訊的免費 24 小時全球電話諮詢服務。

此 24 小時全球電話諮詢服務只限於關於旅遊資訊的電話諮詢服務，對於受保人及／或您因依從因為或相關於此 24 小時全球電話諮詢服務給予的任何建議或轉介而衍生的任何費用或開支（包括任何醫療或法律費用，或其他服務所需之費用），我們概無任何責任。

此 24 小時全球電話諮詢服務在情況許可下會盡力提供予您，但有可能受時間、距離、位置或任何其他非本公司或供應商控制範圍內之因素影響而未能提供服務。在不損害此批註內**一般條款及條件**之條文的原則下，對於受保人因此 24 小時全球電話諮詢服務無法履行、有所延誤或遺漏而遭受的任何損害或損失，本公司或供應商無須承擔或負上任何責任。

在此內文中對上述第(a)及(b)項之受保費用及第(c)及(d)項衍生的費用的保障，乃受限於港幣/澳門幣 1,000,000 元(或同等數目)之最高總限額之由本公司或友邦保險有限公司（不論是在香港或其他地區）為保障同一受保人而簽發的所有保單（包括此保單）就提供相同或類似之緊急支援服務保障中應支付的緊急支援利益所限。

緊急醫療

在遭遇嚴重的緊急醫療事故時，受保人必須即時聯絡供應商。支援人員會每日二十四(24)小時隨時作出回應。

在初步接觸後，供應商的醫療隊伍會於諮詢主診註冊醫生及／或受保人的慣常註冊醫生後，決定最適合受保人醫療情況的醫療運輸方法及／或醫療中心及／或醫療照顧，而供應商的醫療隊伍有絕對的酌情權作此決定。

若因受保意外或疾病引致緊急醫療運送或運返遺體，供應商會直接支付所需的受保費用予醫療運送機構。

任何未經供應商或其授權代表批准及安排的服務，在此批註下我們不會支付或賠償有關費用。但若受保人及其旅行同伴能提供我們滿意的證明，證實當時在緊急醫療情況下，因為非他們合理可控制的原因以致未能聯絡或通知供應商或供應商之授權代表，本公司有絕對的酌情權考慮對非經供應商批准或安排的服務的有關費用或其中部分費用，作出賠償。該等賠償的金額將只限於供應商在相同情況下會提供之服務的費用。

若受保人或其旅行同伴的交通費用由我們支付，我們有權索回旅程上任何未使用的交通工具使用券。

一般條款及條件

(a) 若本公司或供應商或供應商之授權代表就任何緊急醫療支援而已支付及／或批准支付任何不在此批註承保範圍內的索償，本公司或供應商或供應商之授權代表保留向受保人收回有關金額的權利。

(b) 若在執行服務時因罷工、暴亂、任何陰謀破壞或恐怖活動、內戰或外戰、原子核洩漏輻射或熱力、放射現象、其他意外或自然災難以致未能履行服務或受到阻延，本公司或供應商無須承擔任何責任。

所有供應商介入的服務須依照各國及國際法律和規例執行並獨立於所有必須的授權，亦需獲得有關當局的批准。

(c) 此批註的保障將在下列情況下（以較先者為準）自動終止：

(i) 保單終止；
(ii) 受保人獲得在香港、澳門或中華人民共和國(受保人在開始旅程時已於該國家或地區取得永久居住權)(視屬何情況而定）以外的永久居住權；或
(iii) 出現任何明確的損失以致此批註須作出任何運返遺體之賠償。

(d) 供應商或供應商之授權代表並非本公司之代理人。對於供應商或供應商之授權代表的行為或遺漏，本公司無須負責或承擔任何責任。

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不保事項

就此批註而言，基本保單及附加契約（如有）的不保事項並不適用，並由以下所述取代。

此批註不會就任何全部或部分由下列原因所造成之費用或損失作出賠償：

(a) 宣戰或不宣戰的戰爭、入侵、內戰、革命及任何軍事行動；

(b) 治療酗酒、濫用藥物或其併發症，或受酒精或藥物影響的情況而引致的意外及／或疾病；

(c) 受保人不接受醫生建議而開始旅程前往外地；有意前往外地接受治療；或於被斷定患有末期病症後仍然前往外地；

(d) 自殺、企圖自殺或故意自致的傷害；

(e) 受保人從事或參與滑翔風箏、水上降傘、跳降落傘或任何職業運動或賽事；

(f) 受保人參與空中飛行，惟受保人以付費乘客身分乘搭商業航空公司按規定的載客航線行駛的飛機除外；

(g) 受保人服役執行任務；

(h) 抵觸或企圖抵觸法律的行為，或拒捕；

(i) 已存在的情況；

(j) 分娩、懷孕及懷孕併發症；

(k) 精神病或神經紊亂；

(l) 美容或整形手術或任何選擇性手術；或

(m) 任何已由其他現有的保險計劃或政府計劃承保的損失，或有關費用已／將會由酒店、航空公司、旅遊代理或籌辦者或任何其他旅遊及／或住宿供應者支付或退還。

更改及取消

我們保留絕對的權利和酌情權決定、指明及更改此批註內的任何保障範圍和條件，或隨時終止或取消其中任何一項，而無須給予任何通知。

基本定義

「意外」(Accident)是指受保人因外來原因及不牽涉任何其他原因而引致的突發及非受保人故意的行動而直接造成的身體受傷，而受保人為受害者。

「成人」(Adult)是指年滿十八(18)歲或以上之人士。

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「懷孕併發症」(Complications of Pregnancy)是指非因終止懷孕而須入住醫院的情況，該等情況的診斷結果與懷孕不相同，惟必須因懷孕導致或因懷孕而受不良影響。此等情況包括急性腎炎、腎病、心臟喪失代償功能、流產失誤及其他嚴重程度相約的內科或外科情況。懷孕併發症亦包括非選擇性剖腹分娩、已終止的宮外孕及在胎兒不可能存活的懷孕期內出現的自發性懷孕終止。

「受保費用」(Covered Expenses)是指在緊急醫療運送受保人或運返受保人的遺體時，由供應商或供應商之授權代表提供及／或安排必須的運送、醫療服務及／或醫療設備而衍生的費用。

「直系親屬成員」(Immediate Family Member)是指受保人之合法配偶、受保人的子女（包括親生、繼有或合法領養子女）、兄弟姐妹、外戚兄弟姐妹、父母、外戚父母、祖父母、孫、合法監護人或繼父母。

「未成年」(Minor)是指十八(18)歲以下之人士。

「已存在的情況」(Pre-existing Condition)是指在此批註的保障生效前已存在的任何疾病或情況，而受保人並因此已接受註冊醫生的治療、診斷、諮詢或服用醫生處方的藥物，或註冊醫生已建議受保人就有關情況接受醫療服務或治療。

「嚴重受傷或疾病」(Serious Injury or Sickness)是指須接受註冊醫生治療的受傷或疾病，並由註冊醫生證明受保人不適宜旅行或繼續原有旅程。

「疾病」(Sickness)是指在旅程中受保人的身體健康出現顯著的改變而須由註冊醫生按其執業範圍提供治療，而疾病的性質不在此批註的不保事項的範圍內。

「旅程」(Trip)是指由受保人為出發往香港、澳門或中華人民共和國(受保人在旅程時已於該國家或地區取得永久居住權)(視屬何情況而定）以外之國家或地區旅行，或受保人因離開該國家或地區而到達移民局櫃台出境前兩(2)小時（以較遲者為準）開始，並在下列情況（以較先者為準）下結束的旅程：

(a) 受保人直接返回香港、澳門或中華人民共和國(受保人在旅程時已於該國家或地區取得永久居住權)(視屬何情況而定）之國家或地區；或
(b) 在受保人於旅程後為返回該國家或地區而到達移民局櫃台入境後兩(2)小時。

— 此頁完 —

Specimen

P. 常見問題

I. 關於申請資格	
1.	**哪些公司客戶可以提供「友心意」醫療保障計劃(「友心意」)給僱員?** • 公司將成為/或已成為友邦團體醫療保險客戶；及 • 公司有10名僱員或以上（不包括自選或附加保障之計劃）
2.	**誰有資格申請「友心意」?** 友邦團體醫療保險計劃成員（不包括自選或附加保障之計劃），並符合以下所有條件人士： • 持有香港身份證； • 非現有**「友心意」**或**「全程保醫療保障」**的受保人； • 過往不曾取消任何**「友心意」**或**「全程保醫療保障」**。
3.	**「友心意」的遞交申請時段為：** • 新入職僱員及其家屬*：加入友邦團體醫療保險計劃起30日內； • 友邦團體醫療保險計劃之保單週年日起30日內； • 成員之友邦團體醫療保險計劃會籍終止前 / 後30日內； • 年滿**66歲**前30日 *公司客戶須提供友邦團體醫療保障予僱員的家屬，其家屬才可申請。
4.	**僱員及家屬須同時申請?** • 公司客戶須提供友邦團體醫療保障予僱員的家屬，其家屬才可申請； • 18歲以下子女須與父或母同時申請； • 合資格僱員與其合資格家屬須申請相同保障的計劃（包括主要保障及附加門診保障，如適用）
II. 關於保障範圍	
1.	**在甚麼情況下，因同一原因而出現之病症會被視作單獨病症?** 「病症」(Disability) 是指： (i) 由相同（或相關）因由而致的任何及所有疾病或損傷，包括但不限於其所致的任何及所有併發症，惟有關疾病或損傷的任何住院情況或治療須相隔少於九十（90）日；或 (ii) 在同一次住院的過程中，因不同因由而同時發生的任何及所有疾病或損傷。 為免生疑問，就本保單目的而言，在因相同（或相關）因由而致的先前疾病或損傷而住院或接受治療九十（90）日或以上後接受治療或研究的疾病或損傷須視為單獨的殘疾。
2.	**醫療裝置包括哪幾種?** 指定項目： i. 起搏器； ii. 經皮冠狀動脈腔內成形術的支架； iii. 眼內人造晶體； iv. 人工心瓣； v. 金屬或人工關節置換； vi. 人工韌帶置換或植入；及 vii. 人工椎間盤。
3.	**不論手術前或手術後的先進素描，在「友心意」計劃下是否賠償?** 只要是醫療必須之先進素描，不論手術前或手術後，在**「友心意」**計劃下亦會賠償。

4.	**出院 / 門診手術後門診諮詢包括藥物及其他醫療服務嗎?** 我們將賠償受保人在該次住院或門診手術結束後三十一(31)日內以門診病人身份向註冊醫生諮詢而衍生的合理及慣常的實際諮詢費用: • 每次諮詢費用; • 每次諮詢最多七(7)日的藥物費用; • 手術後於診所內接受必須的傷口護理; • 任何在該諮詢期間處方之醫療所需的診斷測試; • 並以門診病人身份進行有關測試;及 惟有關諮詢、治療、藥物及診斷測試(視屬何情況而定)必須是就同一受保疾病或受保受傷相關的住院或門診手術而作出。
5.	**假如公司僱員或其家庭成員離職或退休,他們可享有「友心意」的保障嗎?** 在公司僱員或其家庭成員成功投保**「友心意」**後,便可享有每年自動續保,而續保保費會根據續保時適用的保費表釐定。即使他們離職、團體醫療保障完結,甚至退休,此計劃仍然繼續提供保障,時刻為他們帶來支援。
6.	**「友心意」醫療保障計劃是否受保「已存在病症」?** 如成員於友邦團體醫療保險計劃及**「友心意」**下合共受保至少連續12個月,其已存在病症均可受保。
III. 關於核保	
1.	**本計劃是否需要進行醫療批核或健康申報?** 不需要。現時友邦團體醫療計劃成員無須醫療批核,申請保證接納。
IV. 關於醫療網絡服務	
1.	**如何獲得「友心意」醫療保障計劃網絡醫生名單?** 受保人可從以下途徑查詢本計劃的網絡醫生名單: i. 致電友邦客戶服務熱線 (852)2232 8888;或 ii. 登入友邦僱員福利網上服務網站查閱: https://gmd.aia.com.hk/eCOMPASS/com/aig/ecompass/admin/jsp/Login.jsp?locale=zh_HK
2.	**網絡門診手術免找數服務包括哪幾種手術?** 免找數服務涵蓋以下四項指定網絡門診手術: 1. 晶狀體手術包括摘除白內障及置入人造晶狀體 2. 結腸鏡檢查術,包括乳頭狀瘤切除、息肉切除或活組織檢查術 3. 上消化道內視檢查術,至十二指腸部分 4. 切除皮膚腫塊或腫瘤,包括脂肪瘤、神經纖維瘤、皮脂囊腫、痣或色素瘤
3.	**如何使用網絡手術免找數服務?** • 請致電「網絡及預約查詢熱線」(852) 2232 8770 查詢有關門診手術之詳情及安排門診手術日期及時間。 • 到網絡診所應診時,須攜同電子版**「友心意」**網絡卡及香港身份證。進行門診手術前,網絡診所會直接向友邦為受保人的門診手術費用作出預先核准申請;而友邦將會直接向網絡診所支付已獲批核的門診手術費用,並以有關保障之賠償為限。

V. 關於賠償

1. 住院及手術索償提交限期?

90天內。

2. 住院保障包括住院時的物理治療嗎? 從那一項目賠償?

包括，住院時物理治療屬住院雜費。

3. 受保人(如:離職後)有其他公司團體保險，索償住院開支時，是否先由別家團體保險計劃先索償然後才索償「友心意」?

當任何在**「友心意」**保單受保的項目亦受保於其他團體醫療保單時，受保人須先向其團體醫療保險公司(不論友邦或其他保險公司)索償，然後才可向**「友心意」**索取賠償。

4. 非網絡醫療如何計算賠償?

先扣墊底費，再賠8成。

例子：

費用： 120,000港元

墊底費：15,000港元

賠償予受保人= (120,000港元 – 15,000港元) x 80% = 84,000港元

5. 如受保人投保了普通房（即計劃一），但因普通房無空缺而入住了半私家房，是否仍需要調整賠償費用?

是。如受保人於住院期間入住病房之級別較所選計劃相對的病房級別高，可支付的賠償將按利益一覽表計算，並根據下表之「調整基數」一欄作出調整：

計劃內病房級別	治療期間病房級別	調整基數
普通房	半私家房	50%
普通房	標準私家房	25%
普通房	VIP房/豪華房/套房	0%
半私家房	標準私家房	50%
半私家房	VIP房/豪華房/套房	0%
標準私家房	VIP房/豪華房/套房	50%

6. 如受保人以往曾經向「友心意」索取賠償，可如何得知其該病症於「友心意」的可用餘額?

可致電友邦客戶服務熱線 (852) 2232 8888。

VI. 關於附加門診保障

1. 若公司的友邦團體醫療計劃並未提供門診保障，合資格僱員及其家屬在投保「友心意」時，是否可以申請附加門診保障計劃?

可以。

2. 若合資格僱員投保「友心意」時申請了附加門診保障，其合資格家屬在投保「友心意」時，是否均必須申請附加門診保障?

僱員及其家屬並不需要同時附加門診保障，惟附加的話則必須參與同等的附加門診保障計劃。

3. 合資格僱員與其家屬是否須要申請相同的附加門診保障計劃?

合資格僱員與其家屬須申請相同的主要保障及附加門診保障計劃（如適用）。

4.	**在「友心意」保單生效後，可否增加或刪除附加門診保障？** • **增加附加門診保障:** 在**「友心意」**保單生效後，如客戶希望申請投保**「友心意」**附加門診保障，須於保單週年日提交申請，並須進行醫療核保。 • **刪除附加門診保障:** 可於下一個保費到期日申請刪除附加保障。
5.	**若受保人曾刪除附加門診保障，可否在未來重新申請？** 不可以。
6.	**「友心意」的附加門診保障設有醫療網絡嗎？** 沒有。
7.	**受保人有其他公司團體保險，索償門診開支時，是否先由別家團體保險計劃先索償然後才索償「友心意」？** 一律先向團體保障（不論友邦或其他保險公司）索償。包括門診。
8.	**門診索償提交限期？** 90天內。
VII. 其他	
1.	**此計劃有最低投保申請率嗎？** 沒有。
2.	**申請在何時生效？** 收妥文件、保費及成功批核後，我們會在大約14個工作天（非保證）發出保單，保單生效日期為保單發出日期(Policy Issued date)，註明於保單合約內。
3.	**「友心意」醫療保障計劃是否終身醫療保障及保證續保？在什麼情況不再續保？** **「友心意」**為終身醫療保障但非保證續保。友邦保留權利以不少於30天以書面通知保單持有人取消保單。
4.	**「友心意」醫療保障計劃會否因應個別客戶之賠償率 (Loss Ratio) 個別調整保費?** 不會。在調整價格時我們會衡量所有客戶的整體賠償率、醫療通脹及其他風險因素。
5.	**保費以每月、每半年或每年繳付？** 可以月繳或年繳，繳付保額請參考保費表。
VIII. 財務策劃顧問福利	
1.	**「友心意」醫療保障計劃之財務策劃顧問之佣金為多少？** • 基本計劃 第 1 年 14% 第 2、3 年 12% 第 4 年或以後 10% • 附加保障 第 1 年 14% 第 2、3 年 12% 第 4 年或以後 10%

Q. 保費表

I. 年繳保費表（港元） – 主要保障

年齡	計劃一	計劃二	計劃三	年齡	計劃一	計劃二	計劃三
	普通房	半私家房	標準私家房		普通房	半私家房	標準私家房
0	2,115	4,067	8,203	50	2,793	5,519	11,571
1	2,115	4,067	8,203	51	2,862	5,655	11,857
2	2,115	4,067	8,203	52	2,975	5,880	12,328
3	2,115	4,067	8,203	53	3,096	6,118	12,827
4	2,115	4,067	8,203	54	3,211	6,344	13,302
5	1,395	2,684	5,412	55	3,320	6,757	15,059
6	1,395	2,684	5,412	56	3,429	6,979	15,557
7	1,395	2,684	5,412	57	3,557	7,238	16,134
8	1,395	2,684	5,412	58	3,697	7,524	16,772
9	1,395	2,684	5,412	59	3,866	7,869	17,539
10	1,395	2,684	5,412	60	4,106	8,358	18,630
11	1,395	2,684	5,412	61	4,461	9,080	20,242
12	1,395	2,684	5,412	62	4,911	9,996	22,281
13	1,395	2,684	5,412	63	5,343	10,875	24,241
14	1,395	2,684	5,412	64	5,770	11,742	26,172
15	1,395	2,684	5,412	65	6,179	12,839	28,319
16	1,401	2,696	5,438	66*	6,430	13,500	29,472
17	1,409	2,711	5,467	67*	6,798	14,271	30,837
18	1,424	2,740	5,527	68*	7,189	15,093	32,281
19	1,442	2,772	5,593	69*	7,606	15,969	33,813
20	1,458	2,805	5,658	70*	7,961	16,713	35,391
21	1,476	2,841	5,729	71*	8,345	17,519	37,100
22	1,496	2,883	5,815	72*	8,736	18,340	38,836
23	1,520	2,930	5,910	73*	9,150	19,208	40,674
24	1,537	2,967	5,986	74*	9,568	20,088	42,537
25	1,557	3,007	6,065	75*	9,855	20,691	43,813
26	1,604	3,103	6,261	76*	10,155	21,317	45,140
27	1,650	3,192	6,441	77*	10,459	21,958	46,496
28	1,695	3,284	6,625	78*	10,774	22,619	47,894
29	1,740	3,374	6,807	79*	11,098	23,299	49,335
30	1,779	3,454	6,969	80*	11,432	24,002	50,824
31	1,821	3,539	7,138	81*	11,777	24,725	52,356
32	1,856	3,612	7,286	82*	12,128	25,462	53,916
33	1,895	3,691	7,446	83*	12,490	26,221	55,521
34	1,931	3,764	7,593	84*	12,867	27,014	57,204
35	1,972	3,880	7,892	85*	13,248	27,812	58,893
36	2,024	3,986	8,106	86*	13,321	27,966	59,218
37	2,071	4,082	8,302	87*	13,381	28,091	59,482
38	2,126	4,195	8,532	88*	13,450	28,238	59,794
39	2,184	4,314	8,774	89*	13,516	28,377	60,089
40	2,197	4,431	9,014	90*	13,579	28,508	60,367
41	2,250	4,539	9,232	91*	13,649	28,654	60,676
42	2,315	4,668	9,495	92*	13,711	28,787	60,956
43	2,385	4,737	9,780	93*	13,784	28,940	61,281
44	2,444	4,814	10,026	94*	13,845	29,066	61,547
45	2,444	4,891	10,128	95*	13,911	29,204	61,839
46	2,520	4,978	10,439	96*	13,980	29,350	62,150
47	2,610	5,156	10,812	97*	14,043	29,481	62,427
48	2,698	5,331	11,178	98*	14,116	29,635	62,752
49	2,741	5,416	11,356	99*	14,182	29,775	63,051

生效日期：2017 年 7 月 1 日

*此為續保保費率，100 歲及以後之保費率將於續保前通知保單持有人。

注意事項：

- 應繳保費是根據受保人投保或續保時的實際年齡及適用之保費率而定。
- 上表所列之保費為非保證。保費除了可以因年齡增長而提高外，我們還會定期（不少於每年一次）檢視醫療通脹及整體賠償情況對保費的影響，為求持續提供長遠醫療保障給客戶，我們在檢視後可能會調整保費。
- 上述保費（包括續保保費）是以標準保費率作計算。此外，實際續保保費將根據受保人續保時的實際年齡及適用之保費率而定。保費表所列之保費為非保證，本公司可隨時作出更改。

II. 月繳保費表（港元） – 主要保障

年齡	計劃一	計劃二	計劃三	年齡	計劃一	計劃二	計劃三
	普通房	半私家房	標準私家房		普通房	半私家房	標準私家房
0	187	359	724	50	247	487	1,022
1	187	359	724	51	253	499	1,047
2	187	359	724	52	263	519	1,089
3	187	359	724	53	273	540	1,133
4	187	359	724	54	284	560	1,175
5	123	237	478	55	293	597	1,330
6	123	237	478	56	303	616	1,374
7	123	237	478	57	314	639	1,425
8	123	237	478	58	326	664	1,481
9	123	237	478	59	341	695	1,549
10	123	237	478	60	363	738	1,645
11	123	237	478	61	394	802	1,787
12	123	237	478	62	434	883	1,967
13	123	237	478	63	472	960	2,140
14	123	237	478	64	509	1,037	2,311
15	123	237	478	65	546	1,134	2,501
16	124	238	480	66*	568	1,192	2,602
17	124	239	483	67*	600	1,260	2,723
18	126	242	488	68*	635	1,333	2,850
19	127	245	494	69*	672	1,410	2,986
20	129	248	500	70*	703	1,476	3,125
21	130	251	506	71*	737	1,547	3,276
22	132	255	513	72*	771	1,619	3,429
23	134	259	522	73*	808	1,696	3,592
24	136	262	529	74*	845	1,774	3,756
25	137	266	536	75*	870	1,827	3,869
26	142	274	553	76*	897	1,882	3,986
27	146	282	569	77*	924	1,939	4,106
28	150	290	585	78*	951	1,997	4,229
29	154	298	601	79*	980	2,057	4,356
30	157	305	615	80*	1,009	2,119	4,488
31	161	312	630	81*	1,040	2,183	4,623
32	164	319	643	82*	1,071	2,248	4,761
33	167	326	657	83*	1,103	2,315	4,903
34	171	332	670	84*	1,136	2,385	5,051
35	174	343	697	85*	1,170	2,456	5,200
36	179	352	716	86*	1,176	2,469	5,229
37	183	360	733	87*	1,182	2,480	5,252
38	188	370	753	88*	1,188	2,493	5,280
39	193	381	775	89*	1,193	2,506	5,306
40	194	391	796	90*	1,199	2,517	5,330
41	199	401	815	91*	1,205	2,530	5,358
42	204	412	838	92*	1,211	2,542	5,382
43	211	418	864	93*	1,217	2,555	5,411
44	216	425	885	94*	1,223	2,567	5,435
45	216	432	894	95*	1,228	2,579	5,460
46	223	440	922	96*	1,234	2,592	5,488
47	230	455	955	97*	1,240	2,603	5,512
48	238	471	987	98*	1,246	2,617	5,541
49	242	478	1,003	99*	1,252	2,629	5,567

生效日期：2017 年 7 月 1 日

*此為續保保費率，100 歲及以後之保費率將於續保前通知保單持有人。

注意事項：

- 應繳保費是根據受保人投保或續保時的實際年齡及適用之保費率而定。
- 上表所列之保費為非保證。保費除了可以因年齡增長而提高外，我們還會定期（不少於每年一次）檢視醫療通脹及整體賠償情況對保費的影響，為求持續提供長遠醫療保障給客戶，我們在檢視後可能會調整保費。
- 上述保費（包括續保保費）是以標準保費率作計算。此外，實際續保保費將根據受保人續保時的實際年齡及適用之保費率而定。保費表所列之保費為非保證，本公司可隨時作出更改。

III. 年繳保費表（港元） – 附加門診保障

年齡組別	計劃一	計劃二	計劃三	計劃四
0 – 19	3,599	5,204	6,843	9,776
20 – 29	3,433	4,960	6,522	9,317
30 – 39	3,433	4,960	6,522	9,317
40 – 49	3,527	5,095	6,700	9,571
50 – 59	3,527	5,095	6,700	9,571
60 – 64	4,073	5,888	7,726	11,037
65 – 69*	4,396	6,341	8,334	11,906
≥70*	5,741	8,308	10,913	15,590

生效日期：2017 年 7 月 1 日

*此為續保保費率（適用於 66 歲或以上）。

IV. 月繳保費表（港元） – 附加門診保障

年齡組別	計劃一	計劃二	計劃三	計劃四
0 – 19	318	460	604	863
20 – 29	303	438	576	823
30 – 39	303	438	576	823
40 – 49	311	450	592	845
50 – 59	311	450	592	845
60 – 64	360	520	682	975
65 – 69*	388	560	736	1,051
≥70*	507	734	964	1,377

生效日期：2017 年 7 月 1 日

*此為續保保費率（適用於 66 歲或以上）。

注意事項：

- 應繳保費是根據受保人投保或續保時的實際年齡及適用之保費率而定。
- 上表所列之保費為非保證。保費除了可以因年齡增長而提高外，我們還會定期（不少於每年一次）檢視醫療通脹及整體賠償情況對保費的影響，為求持續提供長遠醫療保障給客戶，我們在檢視後可能會調整保費。
- 上述保費（包括續保保費）是以標準保費率作計算。此外，實際續保保費將根據受保人續保時的實際年齡及適用之保費率而定。保費表所列之保費為非保證，本公司可隨時作出更改。

R. 注意事項

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Corporate Solutions "*StepUp Medical Protection Plan*" Launch Pack

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Since the launch of ***StepUp Medical Protection Plan*** (***StepUp***), it has gained huge popularity among corporate clients and their employees, and is one of the hottest-selling employee voluntary protection plans. To further pursue innovation and excellence, and respond to the changing needs of employers and employees, Corporate Solutions sincerely enhanced ***StepUp Medical Protection Plan*** (First application date is 1 July 2017). We newly added 4 optional outpatient benefit plans, and extended one of the application submission periods. After enhancement, applications submitted within 30 days prior to / after membership termination in an AIA group medical insurance scheme will be accepted, providing the sincere medical protection plan to employers and employees.

A. Product Introduction

Product Name	***StepUp Medical Protection Plan***
Region	Hong Kong
Basic Plan	• A portable medical protection plan which employees can voluntarily purchase based on their needs
Target Customer	• SME/Corporate with an AIA group medical insurance scheme and a minimum of 10 full-time employees (not including voluntary or top-up policies)
Eligibility	• Holders of Hong Kong identity cards; and • Members under an AIA group medical insurance scheme
Issue Age (of the insured)	**15 days to age 65**
Protection up to Age	Lifelong
Underwriting Requirement	Guaranteed acceptance
Plan Option	• Plan 1 – Ward plan • Plan 2 – Semi-Private plan • Plan 3 – Standard Private plan
Geographic Cover	Worldwide
Core Benefits	• Comprehensive hospitalisation and surgical care • Extended care protection for renal dialysis and cancer treatment – including related tests, targeted therapy, chemotherapy and radiotherapy for the latter • Other benefits include advanced diagnostic imaging (including tests performed in outpatient setting) and medical appliances • Worldwide emergency assistance services, including emergency medical evacuation

Medical Network Privileges	By seeking treatment through AIA medical network, you can enjoy the following privileges: • 90% of reimbursement with no deductible for core benefits • Cashless arrangement service for designated clinical operations	
Optional Benefit	Outpatient – Plan 1 to 4	
Policy Currency	HK dollar	
Payment Mode	• Employee / the applicant can choose to pay the premiums on annual or monthly basis	
	• If the applicant chooses monthly payment mode, he / she has to settle first 3 months' premium and submit DDA form	
	Initial premium	By cash/ cheque/ remittance/ credit card (VISA, MASTER or AE)/ autopay via HK bank account/ electronic payment (ATM, PPS or through internet)/ bank (Hong Kong branches of OCBC Wing Hang Bank or Citibank) / BOCHK Group cheque deposit machine/ Hong Kong Post Offices
	Subsequent premium	Annual: Options same as initial premium (except credit card) Monthly: Autopay via HK bank account

Product Concept:

Medical inflation has continually been high in Hong Kong. Basic employee benefits might not be able to provide sufficient cover for employees when they suffer from unexpected illnesses or accidents. What's more, when the employees leave the company or retire, they will lose the group medical cover.

Therefore, AIA Corporate Solutions launched ***StepUp Medical Protection Plan (StepUp)*** for existing members of the AIA group medical scheme. It is a lifetime plan that tops up the group medical insurance provided by the employer, enabling employees to enhance their cover and prepare for the future for just an affordable premium. Employees can also choose to have the optional outpatient benefit to suit their own medical needs. In addition, after the enhancement of ***StepUp***, applications submitted within 30 days prior to / after membership termination in an AIA group medical insurance scheme will be accepted. Acceptance into the plan is guaranteed with no underwriting required. Even if they leave the company or enter retirement, they will remain covered under ***StepUp***, giving the reassurance they need.

Available to corporate groups with just a minimum of 10 employees, ***StepUp*** is offered for employees and their dependants to enrol voluntarily. Financial planners can expand their client base via ***StepUp***, connecting with more individual customers for life insurance business.

Product Highlights:

- Medical protection product for AIA group medical scheme members
- Line of Business: General Insurance Business issued on individual policy
  - Anti-Money Laundering Guideline's (AML) required documents & Financial Needs Analysis (FNA) process are not required
- Portable protection
  - Even if the member leaves the company, his/her group medical cover ends or he/she retires, his/her cover under this plan will continue, giving them protection at all times
- Guaranteed acceptance
- The insured can get lifelong medical protection as long as they pay the renewal premium
- If the member has been covered under AIA group medical scheme and ***StepUp*** for a total duration of 12 continuous months, any pre-existing condition will be covered
- Reimbursement for a specified range of medical expenses on a per disability basis, with no limit on each expense item, providing comprehensive cover
- Extended care support for renal dialysis and cancer treatment
- Quality medical network privileges
  - 90% of reimbursement with no deductible for core benefits
  - Cashless arrangement for 4 designated surgical procedures at outpatient clinic
- Members can choose to have the optional outpatient benefit to suit their own needs

Target Customer:

- Members under an AIA group medical insurance scheme
  (with HKID card and currently working in a company with a minimum of 10 full-time employees)

B. Underwriting Guideline

Medical Requirement	New application for core benefits and optional outpatient benefit (if any): No medical underwriting is required. Addtion of optional outpatient benefit after the policy is effective: Medical underwriting is required.
Financial Requirement	Not applicable

C. Commission

Basic Plan

1st year	14%
2nd & 3rd year	12%
4th year onwards	10%

Optional Benefit

1st year	14%
2nd & 3rd year	12%
4th year onwards	10%

D. Product Information

Item	Details	Available
***StepUp* Product Brochure**	Traditional Chinese & English versions	• E-version is available for download at **eAC > Departments > Corporate Solutions** from 28 June 2017 • Printed version will be ready for ordering through PSS from 3 July 2017, the PTA codes are: PTA999344 (EN) & PTA999345 (CN)
***StepUp* Application Form**	Bilingual (Traditional Chinese & English)	• E-version is available for download at **eAC > Departments > Corporate Solutions** from 28 June 2017 • Printed version will be ready for ordering through PSS from 3 July 2017 onwards, the PTA code is: OPUAIFA29

E. Corporate Group Participation Guidelines

Suitable for corporate groups with:
1. a minimum of 10 full-time employees; and
2. an AIA group medical insurance scheme (not including voluntary or top-up policies)

F. Member Enrolment Guidelines

Eligibility
- Suitable for members under an AIA group medical insurance schemes

Identity
- Members under an AIA group medical insurance scheme must be the holders of Hong Kong identity card at the time of application

Application submission period and plan selection rule

<table>
<tr><th></th><th>Application submission period (must be submitted within one of the below periods)</th><th>Plan selection rule</th></tr>
<tr><td rowspan="4">Members under an AIA group medical insurance scheme</td><td>New join employees and their dependants*
(i) Within 30 days after joining an AIA group medical insurance scheme</td><td>• No restriction on plan choice</td></tr>
<tr><td>(ii) Within 30 days after the policy anniversary of an AIA group medical insurance scheme</td><td rowspan="3">• Must enroll in the same room type or lower as the AIA group medical insurance scheme.
• If the room type is not specified in the group medical insurance scheme, the following conversion on daily room and board limit will apply#:
<table><tr><th>Daily room and board limit</th><th>Corrsponding room type entitlement</th></tr><tr><td>HK$1,399 or below</td><td>Ward</td></tr><tr><td>HK$1,400 - 2,999</td><td>Semi-Private</td></tr><tr><td>HK$3,000 or above</td><td>Standard Private</td></tr></table>• Insured employee and insured dependant must enroll in the same plan, including core benefits and optional outpatient benefit, if applicable</td></tr>
<tr><td>(iii) Within 30 days prior to / after membership termination in an AIA group medical insurance scheme</td></tr>
<tr><td>(iv) Within 30 days prior to the insured reaching the age of 66</td></tr>
</table>

* If the corporate groups offer AIA group medical insurance scheme to employees' dependants.

The information is for reference only, and may vary from time to time. Please contact AIA Corporate Solutions for more information.

Remark: Dependant child(dren) aged 15 days to 17 years must enrol in this plan together with his / her parent and they must enroll in the same plan.

G. Promotion

Special Offer (Promotion Campaign is valid till 31 December 2018)

Members under an AIA group medical insurance scheme	Application submission period	Promotion details
Existing employees and their dependants*	**Within the first 2 months** after the agreed effective date of ***StepUp*** by the corporate group If the membership in an AIA group medical insurance scheme will be terminated within the above period, the member must enrol in the same room type or lower as the AIA group medical insurance scheme.	✓ 10% discount on the 1st year premium ✓ No restriction on plan choice

After the promotion period, applications can be submitted within one of the below periods:

(i) **New join** employees and their dependants*: **Within 30 days** after joining an AIA group medical insurance scheme	✓ No restriction on plan choice
(ii) Within 30 days after the policy anniversary of an AIA group medical insurance scheme; (iii) Within 30 days prior to or after membership termination in an AIA group medical insurance scheme; (iv) Within 30 days prior to the insured reaching the age of 66	Promotional offer is not applicable to these submission periods. • Must enrol in the same room type or lower as the AIA group medical insurance scheme. • If the room type is not specified in the group medical insurance scheme, the following conversion on daily room and board limit will apply#:

Daily room and board limit	Corresponding room type entitlement
HK$1,399 or below	Ward
HK$1,400 - 2,999	Semi-Private
HK$3,000 or above	Standard Private

• Insured employee and insured dependant must enrol in the same plan, including core benefits and optional outpatient benefit, if applicable.

* If the corporate groups offer AIA group medical insurance scheme to employees' dependants.

The information is for reference only, and may vary from time to time. Please contact AIA Corporate Solutions for more information.

Remark: 1. Each corporate group can only join this promotion campaign once.

2. In case of any disputes, the decision of AIA Corporate Solutions shall be final and conclusive.



H. *StepUp* Benefits Schedule and Adjustment Factor

Core Benefits

	Maximum Benefit (HK$/MOP)					
Plan	**Plan 1**		**Plan 2**		**Plan 3**	
Room Type Entitlement	**Ward**		**Semi-Private**		**Standard Private**	
Per disability limit applies to items 1 to 12	100,000		200,000		500,000	
Additional per disability limit for network benefits applies to items 1 to 12	50,000		100,000		100,000	
Reimbursement percentage applies to items 1 to 11 and 13 to 14	**Network**	**Non-Network**	**Network**	**Non-Network**	**Network**	**Non-Network**
	90%	80%	90%	80%	90%	80%
Deductible (per disability) applies to items 1 to 11 and 13 to 14	0	5,000	0	15,000	0	28,000
Reimbursement percentage applies to item 12	100%	N/A	100%	N/A	100%	N/A
Deductible applies to item 12	0	N/A	0	N/A	0	N/A
I. Confinement Benefits						
1. Hospital daily room and board benefit						
2. Physician's visit						
3. Specialist's fee						
4. Miscellaneous hospital expenses benefit						
5. Intensive care benefit						
II. Surgical Benefits						
6. Surgery benefit Including surgeon's fee, anaesthetist's fee and operating theatre charge						
7. Outpatient surgery benefit Including surgeon's fee, anaesthetist's fee and operating theatre charge						
8. Medical appliances benefit Specified items: Include: i. pace maker ii. stents for Percutaneous Transluminal Coronary Angioplasty iii. intraocular lens (standard) iv. artificial cardiac valve v. metallic or artificial joints for joint replacement vi. prosthetic ligaments for replacement or implantation between bones vii. prosthetic intervertebral disc						
III. Post-hospitalisation / Outpatient Surgery Outpatient Consultation						
9. Follow-up consultation and diagnostic tests within 31 days after confinement or outpatient surgery						

Core Benefits (continued)

IV. Other Benefits
10. Advanced diagnostic imaging (including tests performed in outpatient setting) Including Magnetic Resonance Imaging, Computerised Tomography Scan and Positron Emission Tomography Scan
11. Emergency outpatient treatment benefit
V. Network Clinical Surgery Benefit
12. For these designated operations conducted under the plan's medical network, cashless arrangement service can be arranged, and no deductible or coinsurance will apply: i. lens operation including cataract removal and prosthetic lens insertion ii. colonoscopy, with or without biopsy or papilloma removal iii. upper endoscopy up to the level of the duodenum iv. excision of skin lumps or tumours of subcutaneous tissue, including lipomas, neurofibromas or its variants, sebaceous cysts, malignant melanomas, and nevi, etc.
VI. Additional Benefits for Cancer and Renal Dialysis Treatment
13. Cancer treatment including radiotherapy, chemotherapy, targeted therapy, diagnostic imaging tests, etc.
14. Renal dialysis treatment

Room Type Entitlement	Ward	Semi-Private	Standard Private
Per disability limit applies to items 13 to 14	100,000 (Plan 1)	200,000 (Plan 2)	300,000 (Plan 3)

VII. Emergency Treatment Benefits	
Worldwide emergency assistance services **a. Emergency medical evacuation** **b. Repatriation of remains** **c. Compassionate visit by one immediate family member** For staying in hospital more than 5 consecutive days **d. Return of children under aged 18 to Hong Kong / Macau** For staying in hospital more than 5 consecutive days	Maximum aggregate limit of HK$/MOP1,000,000 per trip
e. 24-hour worldwide telephone enquiry services	Included

Adjustment factor

If the insured is confined in a hospital room of a type that is at a higher level than the room type corresponding to the plan level chosen, the benefit payable shall be paid according to the benefits schedule, and subject to adjustment by a percentage indicated in the column of "Adjustment Factor" below:

Room Type Entitlement	Received Treatment in	Adjustment Factor
Ward	Semi-Private	50%
Ward	Standard Private	25%
Ward	VIP / Deluxe / Suite	0%
Semi-Private	Standard Private	50%
Semi-Private	VIP / Deluxe / Suite	0%
Standard Private	VIP / Deluxe / Suite	50%

Optional Benefit – Outpatient

Recommendation by a registered doctor in writing is required
Consultation must be rendered by a registered psychiatric specialist

Outpatient Benefit	Maximum Benefit (HK$/MOP)			
	Plan 1	Plan 2	Plan 3	Plan 4
Reimbursement percentage	80%	80%	80%	80%
1. Outpatient consultation (Including Western medication per visit)	150	250	350	500
2. Outpatient specialist fee (Including Western medication per visit)	400 10 visits per policy year	600 10 visits per policy year	800 10 visits per policy year	1,000 10 visits per policy year
3. Physiotherapy and Chiropractic treatment (per visit)	220 20 visits per policy year	260 20 visits per policy year	380 20 visits per policy year	500 20 visits per policy year
4. Registered Chinese Medicine Practitioner consultation (Including Chinese medicine)	150 10 visits per policy year	250 10 visits per policy year	350 10 visits per policy year	500 20 visits per policy year
5. Psychiatric treatment (Including Western medication per policy year)	2,500	3,000	4,000	5,000
6. Diagnostic procedures and laboratory test (per policy year)	2,500	3,000	4,000	5,000
7. Prescribed medicines, other than doctor's and hospital's clinic (per policy year)	2,500	3,000	4,000	5,000

The number of visit under items 1 to 4 is limited to 50 visits per policy year.

I. Case Study

(The following examples are hypothetical and for illustrative purposes only. If there are any changes in the values, no separate announcement will be made.)

Case 1



Insured employee:	Alan (aged 28)
Occupation:	Assistant Administrative Manager
Marital status:	Single
Current cover:	AIA group medical scheme

Case scenario:

Alan has great ambitions for his life and career. He understands that youth is currently his greatest asset, so he decides to purchase the ***StepUp Medical Protection Plan*** – Plan 2, with no medical underwriting required, boosting the medical cover on top of his company's group medical scheme.

StepUp provides Alan with a 'top-up' protection at an affordable premium, with a per disability limit of HK$200,000 and an additional network limit of HK$100,000 to supplement his employer's group medical scheme.

What's more, if Alan is diagnosed with cancer or kidney failure, ***StepUp*** gives him an additional layer of cover of HK$200,000 for treatment per covered disability.

<table>
<tr><th colspan="3">Insured's Age</th></tr>
<tr><td colspan="3">Aged 28</td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td rowspan="2">Covered under the group medical insurance scheme provided by the employer</td><td rowspan="2">Purchased ***StepUp Medical Protection Plan*** – Plan 2</td><td>Per disability limit
HK$200,000 + HK$100,000 (additional network limit)</td></tr>
<tr><td>Additional benefits for cancer and renal dialysis treatment
Receive an additional limit of HK$200,000 for treatment per covered disability</td></tr>
</table>

The ***StepUp Medical Protection Plan*** works in tandem with other existing group medical insurance plans, which can provide full cover for basic medical needs and minor medical claims. In situations where expenses cannot be covered in full by a group medical plan, the outstanding amount can be settled through ***StepUp***.

Case 2



Insured employee:	Bonnie (aged 45)
Occupation:	Senior Customer Services Manager
Marital status:	Married with a son and a daughter
Current cover:	AIA group medical scheme

Case scenario:

Family comes first for Bonnie, who understands what an impact unexpected medical expenses can have on her family's finances. She purchases the ***StepUp Medical Protection Plan*** – Plan 1 to supplement her company's group medical plan, giving her additional financial support and peace of mind even in the face of the unexpected.

After purchasing ***StepUp***, Alice visits a family physician for her digestive problems, and is advised to undergo a gastroscopy.

She uses her electronic ***StepUp*** network card to book an outpatient gastroscopy at a network clinic on a cashless basis, freeing her from the hassle of making a claim afterwards.



J. Claims Example

(The following examples are hypothetical and for illustrative purposes only. If there are any changes in the values, no separate announcement will be made.)

Case 1 – Network Reimbursement

Insured member:	Mrs. Chan (aged 42)
Current cover:	AIA group medical scheme + ***StepUp*** Core Benefits Plan 1 (Ward)

Mrs. Chan suffered from multiple uterine fibroids. Following medical advice of AIA network doctor, she decided to undergo surgery and stayed in the hospital for 5 days.

Mrs. Chan is insured with ***StepUp Medical Protection Plan*** – Core Benefits Plan 1 (Ward). Even if the medical-related expenses exceed the cover of the group insurance core plan, certain other specified expenses can be covered by ***StepUp***.

		HK$
Medical-related expenses	Surgery and medical treatment	65,000
Room and board	5-days in general ward of a private hospital (HK$800/day)	4,000
Total expenses of surgery and hospitalisation		**69,000**
Benefit payable from group core plan		40,000
Benefit calculation of *StepUp* – Core Benefits Plan 1 **Calculation:** (Total expenses of surgery and hospitalisation – Benefit payable from group core plan) x Network reimbursement percentage **Benefit payable under *StepUp* Core Benefits:** (HK$69,000 – HK$40,000) x 90% = **HK$26,100**		
Remaining benefit limit of that disability payable under *StepUp*: Remaining benefit limit of that disability payable : HK$100,000 – HK$26,100 = **HK$73,900** Remaining benefit limit of that disability payable (network): HK$100,000 + HK$50,000 – HK$26,100 = **HK$123,900**		

Additional per disability limit for network benefits

Case 2 – Non-network Reimbursement

Same as in Case 1, the difference is that Mrs. Chan chose to receive treatment from non-network doctor.

		HK$
Medical-related expenses	Surgery and medical treatment	65,000
Room and board	5-days in general ward of a private hospital (HK$800/day)	4,000
Total expenses of surgery and hospitalisation		**69,000**
Benefit payable from group core plan		40,000
Benefit calculation of *StepUp* – Core Benefits Plan 1 **Calculation:** (Total expenses of surgery and hospitalisation – Benefit payable from group core plan – deductible) x Non-network reimbursement percentage **Benefit payable under *StepUp* Core Benefits:** (HK$69,000 – HK$40,000) x 80% **=HK$23,200** Reminder: benefit payable under group core plan can be treated as deductible. Therefore, Mrs. Chan did not need to pay HK$5,000 deductible in this case.		
Remaining benefit limit of that disability payable under *StepUp*: Remaining benefit limit of that disability payable: HK$100,000 – HK$23,200 = **HK$76,800** Remaining benefit limit of that disability payable (network): HK$100,000 + HK$50,000 – HK$23,200 = **HK$126,800** Additional per disability limit for network benefits		

Case 3 – Network Reimbursement + Adjustment Factor

If the insured is confined in a hospital room of a type that is at a higher level than the room type corresponding to the plan level chosen, the benefit payable shall be paid according to the benefits schedule, and subject to adjustment by a percentage indicated in the column of **"Adjustment Factor"** below:

Room Type Entitlement	Received Treatment in	Adjustment Factor
Ward	Semi-Private	50%
Ward	Standard Private	25%
Ward	VIP / Deluxe / Suite	0%
Semi-Private	Standard Private	50%
Semi-Private	VIP / Deluxe / Suite	0%
Standard Private	VIP / Deluxe / Suite	50%

Same as in Case 1, Mrs. Chan chose AIA medical network. She is insured with ***StepUp Medical Protection Plan*** – Core Benefits Plan 1 (Ward). The difference is that Mrs. Chan is confined in semi-private room. Benefit payable is calculated as below:

		HK$
Medical-related expenses	Surgery and medical treatment	65,000
Room and board	5-days in semi-private room of a private hospital (HK$1,400/day)	7,000
Total expenses of surgery and hospitalisation		**72,000**
Benefit payable from group core plan		40,000
Benefit calculation of *StepUp* – Core Benefits Plan 1 **Calculation:** (Total expenses of surgery and hospitalisation – Benefit payable from group core plan) x Adjustment Factor x Network reimbursement percentage **Benefit payable under *StepUp* Core Benefits:** (HK$72,000 – HK$40,000) x 50% x 90% **=HK$14,400**		
Remaining benefit limit of that disability payable under *StepUp*: Remaining benefit limit of that disability payable: HK$100,000 – HK$14,400 = **HK$85,600** Remaining benefit limit of that disability payable (network): HK$100,000 + HK$50,000 – HK$14,400 = **HK$135,600**		

Additional per disability limit for network benefits

Case 4 – Reimbursement for optional outpatient benefit

Insured member: Mr.Chan (aged 32)
Current cover: AIA group medical scheme + ***StepUp*** Core Benefits Plan 1 (Ward) + ***StepUp*** Optional Outpatient Benefit Plan 1

Mr. Chan is insured with ***StepUp*** Optional Outpaitient Benefit Plan 1. Under the outpaitent benefit, the total number of visit under items 1 to 4 (Items 1 to 4 are: Outpatient consultation, Outpatient specialist fee, Physiotherapy and Chiropractic treatment, and Registered Chinese Medicine Practitioner consultation) is limited to 50 visits per policy year*.

In the first policy year, the number of outpatient claim related to the above 4 items submitted by Mr. Chan has reached 49. Subsequently, Mr. Chan submitted the 50th outpatient claim with 3 receipts at once.

As the remaining number of outpatient claim related to the above 4 items for Mr. Chan in this policy year is 1 (i.e. the 50th claim), therefore, the Company will only process one of the receipts, and the reimbursement will be made to the outpatient medical service with the earliest consultation date.

	Type of Claim	Date of Consultation on the Receipt
The 50th claim submitted by Mr. Chan	Outpatient consultation	14 October 2017
	Outpatient specialist fee	16 October 2017
	Physiotherapy and Chiropractic treatment	18 October 2017

The date of consultation showed that the earliest outpatient medical service Mr. Chan received was outpatient consultation. Therefore, the reimbursement will be made to the outpatient consultation.

*Remark: For Outpatient specialist fee, Physiotherapy and Chiropractic treatment, and Registered Chinese Medicine Practitioner consultation, there is sub-limit for the number of visit per policy year for each item. For details, please refer to the ***StepUp*** product brochure.

Tips!
Insured members should submit a claim for each eligible outpatient medical service received. The Company will process the eligible claims according to the consultation date on the receipt, instead of the type or the amount of the claim request.



K. About Optional Outpatient Benefit

The application details of the newly launched ***StepUp*** optional outpatient benefit:

	New application for *StepUp* by eligible employees and dependants*	**Existing clients of *StepUp***	
		Members under an AIA group medical insurance scheme	**<u>Non-members</u> under an AIA group medical insurance scheme**
Application Submission Period	Can apply for optional outpatient benefit of ***StepUp*** together with the core benefits of ***StepUp*** Please refer to "F. Member Enrolment Guidelines" for details.	Can apply for the optional outpatient benefit of ***StepUp*** on policy anniversary date	
Plan Selection Rule	Eligible employee and their dependants do not have to apply for the optional outpatient benefit at the same time. However, if the eligible dependants wish to apply for the optional outpatient benefit, they should apply for the same optional outpatient benefit plan as the employee. Please refer to "F. Member Enrolment Guidelines" for details.		
Medical Underwriting	No medical underwriting is required	Medical underwriting is required	
Application Form	Fill in the "***StepUp*** Application Form" (OPUAIFA29), and submit to Corporate Solutions	Fill in the "Request Form For Change Of Basic Plan / Supplementary Contract" (OPPOSF71) and "Health Certificate" (OPPOSF07), and submit to POS	
Removal of Optional Outpatient Benefit	Can apply for removing the optional outpatient benefit on the next premium due date, but cannot apply again in the future		

* If the corporate groups offer AIA group medical insurance scheme to employees' dependants.

- After applying for optional outpatient benefit of ***StepUp***, the insured can get lifelong optional outpatient benefit as long as they pay the renewal premium.

For other frequently asked questions related to optional outpatient benefit, please refer to "P. Frequently Asked Questions".

L. About Medical Network

If the insured is under an AIA group medical insurance scheme, once he / she successfully applied ***StepUp***, then the medical network should be:

Network doctors under AIA group medical insurance scheme	+	Network doctors under ***StepUp*** (approximately **120** doctors)*

If the insured leaves his/her company or enters retirement, the medical network should be:

Network doctors under ***StepUp*** (approximately **120** doctors)*

* The above information is for reference only. The number of doctors may vary from time to time.

The Benefits of Using Medical Network

Within medical network, members can receive the following additional benefits:

1. A higher reimbursement percentage than non-network medical services provider
2. Additional per disability limit for network benefits
3. No deductible
4. Network clinical surgery benefit – Cahless arrangement for 4 designated surgical producres performed in Hong Kong

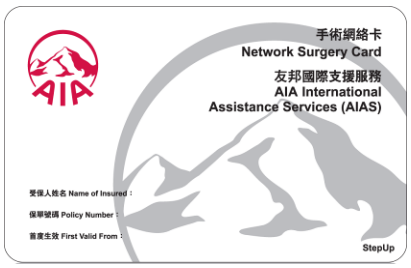
Network Clinical Surgery Benefit

For these designated operations conducted under the plan's medical network, cashless arrangement service can be arranged, and no deductible or coinsurance will apply:

i. lens operation including cataract removal and prosthetic lens insertion
ii. colonoscopy, with or without a biopsy or papilloma removal
iii. upper endoscopy up to the level of the duodenum
iv. excisions of skin lumps or a tumour of subcutaneous tissue, including lipomas, neurofibromas or its variants, sebaceous cysts, malignant melanomas and nevi, etc.

If the outpatient surgery is performed at a network clinic, network clinic staff will bill AIA directly for payment of covered charges for the approved network clinical surgery. If the surgery charges exceed the benefit limit, the member is required to settle the shortfall.

M. *StepUp* Electronic Network Card



1. Contact the network booking enquiry hotline on (852) 2232 8770 to enquire and arrange designated outpatient surgeries at a network clinic
2. Present the electronic ***StepUp*** network card and Hong Kong Identity Card to the network clinic
3. Meet with network specialists as they provide you with treatment programmes
4. If surgery is required at a network clinic in Hong Kong, network clinic staff will arrange a Prior Authorisation application and make arrangements for the relevant outpatient surgery

Remark: For more information about medical network card, please refer to the network services leaflet for *StepUp*.

N. Product Comparison

Key Features Comparison

Product Name	**AIA *StepUp***	**AIA *Super Good Health 2* + SMM**
Issue age (of the insured)	**15 days – age 65**	15 days – age 70
Protection up to age	Lifelong	Lifelong
Renewal arrangement	Auto Renew	Guaranteed
Underwriting requirement	No underwriting is required	Under normal circumstances, the applicant needs to fill in "medical information" in the application form, no medical examination is required. However, the Company reserves the right to request the proposed insured to undergo a medical examination at own cost.
Network services	Network doctors & free choice of doctors	Network doctors & free choice of doctors
Pre-existing conditions	If the member has been covered under AIA group medical scheme and ***StepUp*** for a total duration of at least 12 continuous months, any pre-existing conditions will be covered.	Not cover
Reimbursement	Reimbursement for a specified range of medical expenses on a per disability basis, with no limit on each expense item	Reimbursement for medical expenses on a per item basis, with limit on each expense item
Confinement benefits	✓	✓
Surgical benefits	✓	✓
Others: • Daily post-surgery home nursing benefit • Chiropractor / Physiotherapist Consultation	 X X	 ✓ ✓
Post-hospitalisation / outpatient surgery outpatient consultation	✓	✓
Mental or nervous disorder benefit	X	✓
Other benefits • Advanced diagnostic imaging test • Emergency outpatient treatment benefit	✓	✓
Network clinical surgery benefit	✓	✓
Additional benefit for cancer and renal dialysis	✓	✓
Others: • Top-up subsidy benefit • Compassionate death benefit • Accidental death benefit • Blood donation benefit • Medical accident & incident extension benefit	X	✓
Worldwide emergency assistance services	Maximum aggregate limit of HK$1,000,000 per trip	HK$500,000 per trip
Optional Benefit	**Optional Outpatient Benefit**	Supplementary Major Medical Benefit (SMM)

Features / Benefits that AIA ***StepUp*** are more competitive are highlighted in green

1. Ward – Comparison of SMM & Other Benefits

Product Name	**AIA *StepUp***		**AIA *Super Good Health 2***	
Plan Name Benefit limit in HKD	Plan 1		Ward the insured is below aged 75 as at the most recently reached policy anniversary	
Supplementary Major Medical Benefits (SMM)				
	Network	Non-Network	Network	Non-Network
Reimbursement %	90%	80%	85%	80%
	Per disability		Per confinement / covered surgical procedure / covered injury basis	
Benefit limit per disability / per confinement / covered surgical procedure / covered injury[1]	150,000	100,000	90,000	74,800
Deductible	0	5,000	N/A	N/A
Other Benefits				
Additional benefits for cancer and renal dialysis treatment / Long term treatment for chemotherapy (including targeted therapy), radiotherapy and dialysis (per covered illness / covered injury)	100,000	100,000	60,000	50,000
Reimbursement %	90%	80%	N/A	N/A
Deductible	0	5,000	N/A	N/A

2. Semi-Private – Comparison of SMM & Other Benefits

Product Name	**AIA *StepUp***		**AIA *Super Good Health 2***	
Plan Name Benefit limit in HKD	Plan 2		Semi-Private the insured is below aged 75 as at the most recently reached policy anniversary	
Supplementary Major Medical Benefits (SMM)				
	Network	Non-Network	Network	Non-Network
Reimbursement %	90%	80%	85%	80%
	Per disability		Per confinement / covered surgical procedure / covered injury basis	
Benefit limit per disability / per confinement / covered surgical procedure / covered injury[1]	300,000	200,000	180,000	149,600
Deductible	0	15,000	N/A	N/A
Other Benefits				
Additional benefits for cancer and renal dialysis treatment / Long term treatment for chemotherapy (including targeted therapy), radiotherapy and dialysis (per covered illness / covered injury)	200,000	200,000	120,000	100,000
Reimbursement %	90%	80%	N/A	N/A
Deductible	0	15,000	N/A	N/A

3. Standard Private – Comparison of SMM & Other Benefits

Product Name	**AIA *StepUp***		**AIA Super Good Health 2**	
Plan Name Benefit limit in HKD	Plan 3		Standard Private the insured is below aged 75 as at the most recently reached policy anniversary	
Supplementary Major Medical Benefits (SMM)				
	Network	Non-Network	Network	Non-Network
Reimbursement %	90%	80%	85%	80%
	Per disability		Per confinement / covered surgical procedure / covered injury basis	
Benefit limit per disability / per confinement / covered surgical procedure / covered injury[1]	600,000	500,000	360,000	294,000
Deductible	0	28,000	N/A	N/A
Other Benefits				
Additional benefits for cancer and renal dialysis treatment / Long term treatment for chemotherapy (including targeted therapy), radiotherapy and dialysis (per covered illness / covered injury)	300,000	300,000	180,000	150,000
Reimbursement %	90%	80%	N/A	N/A
Deductible	0	28,000	N/A	N/A

1.***StepUp***: per disability basis; Super Good Health 2: per confinement / covered surgical procedure / covered injury basis

Annual Premium Comparison – *StepUp* vs Super Good Health 2 + SMM (SGH2 + SMM) (HKD)

Updated the annual premium comparsion to match with the premium adjustment of ***Super Good Health 2***.

	Ward		Semi-Private		Standard Private	
Age	***StepUp***	***SGH2*** + SMM (Male)	***StepUp***	***SGH2*** + SMM (Male)	***StepUp***	***SGH2*** + SMM (Male)
5	1,395	**2,598.40**	2,684	**4,812.80**	5,412	**7,747.20**
15	1,395	**2,598.40**	2,684	**4,812.80**	5,412	**7,747.20**
25	1,557	**3,008.00**	3,007	**5,644.80**	6,065	**9,302.40**
35	1,972	**3,552.00**	3,880	**6,860.80**	7,892	**11,203.20**
45	2,444	**5,241.60**	4,891	**10,022.40**	10,128	**17,078.40**
55	3,320	**8,032.00**	6,757	**15,360.00**	15,059	**25,920.00**
65	6,179	**13,670.40**	12,839	**26,150.40**	28,319	**47,001.60**

Product comparison disclaimer:

AIA does not guarantee the accuracy and completeness of the comparison information as the above analysis and comparisons made by the Company are based on the respective brochures and respective companies' website in December 2017. The above analysis and comparisons made by the Company are based on partial information of the relevant plans as the nature and/or some features of the relevant plans may be different from this plan. All information is subject to change at any time without notice. AIA does not bear any liability for any errors and omissions. This document is for internal use only. You are not allowed to use it in sales solicitation by interview or presentation or for other similar purposes.

IMPORTANT NOTE: This is an internal document of AIA and intended for use by its employees and financial planners only. You must not disseminate, distribute, and circulate to any third parties outside AIA.

O. Policy Specimen

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BASIC DEFINITIONS

DEFINITIONS

Unless the context otherwise requires, the following definitions apply in this Policy:

"Accident" refers to an unforeseen and involuntary event.

"Acquired Immunodeficiency Syndrome" or **"AIDS"** shall have the meaning ascribed to such term by the World Health Organization from time to time.

"Act of Terrorism" means the use or threat of action (including but not limited to the use of force or violence and/or the threat thereof) by any person or group of persons, whether acting alone or on behalf of or in connection with any organization or government, which is directed at or causing damage, injury, harm or disruption, or endangering human life or property; and the use or threat is intended to influence any government and/or intimidate the public or any section of the public, and made for the purpose of pursuing political, religious, ideological, ethnic, racial or economic interests (whether such interests are declared or not).

"Active Treatment" means any therapeutic intervention with the aim of prolonging the Insured's life, including but not limited to radiotherapy, chemotherapy, targeted therapy, hormonal therapy and surgery for a Covered Illness or Covered Injury, including any complications thereof (if applicable). It does not include any treatment given solely as Palliative Treatment.

"Additional Per Disability Limit" means the additional aggregate amount of all the benefits payable under the applicable Parts mentioned in the BENEFIT PROVISIONS in any one (1) Disability as stipulated in the LIMITATIONS OF BENEFITS when you select the service provided from Network and is shown on the Schedule of Benefits.

"Adjustment Factor" means, when the Insured is Confined, whether voluntarily or involuntarily, to a type of room of a Hospital which is at a higher level than the Room Type shown on the Schedule of Benefits for this Basic Policy, a percentage corresponding to the relevant Room Type as set out in the table below shall be applied to the calculation of benefit payable under Parts I, II, III, IV and V of this Basic Policy. Accordingly, subject to Deductible, and Per Disability Limit or Additional Per Disability Limit (as the case may be) shown on the Schedule of Benefits, the said benefit payable equals to the claim amount submitted to the Company for reimbursement multiplied by the reimbursement percentage of the Network Benefits or the Non-Network Benefits shown on the Schedule of Benefits and by the Adjustment Factor as well.

	Room Type corresponding to chosen Plan level		
Room type of the Confinement	**Ward**	**Semi-Private**	**Standard Private**
Ward	N/A	N/A	N/A
Semi-Private Room	50%	N/A	N/A
Standard Private Room	25%	50%	N/A
Any room with amenities upgraded beyond a Standard Private Room	0%	0%	50%

"Anaesthetist" means an Independent Person (other than the Registered Medical Practitioner operating on the Insured) legally authorized by the government of the geographical area of his practice to perform anesthesiology services.

"Basic Policy" means this Policy (as may be amended by endorsement from time to time) excluding coverage issued under any Supplementary Contract.

"Cancer" means:

Any cancer positively Diagnosed with histological confirmation or preparations from the haemic system (including but not limited to, peripheral blood smears and bone marrow examination), and characterized by the uncontrolled growth of malignant cells and invasion of tissue.

For the purpose of this Policy the term Cancer will include all stages of malignant cancer, but will specifically exclude the following:

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(i) any tumour which is histologically classified as pre-malignant;
(ii) abnormal lesions of cervix uteri classified as cervical intra-epithelial neoplasia grade I (CIN I) and grade II (CIN II); and
(iii) any cancer where HIV Infection is also present.

"Clinical Surgery" refers to any Medically Necessary surgery performed on the Insured on an Out-Patient basis which is listed below.
1. lens operation including cataract removal and prosthetic lens insertion;
2. colonoscopy, with or without biopsy or papilloma removal;
3. upper endoscopy up to the level of duodenum; and
4. excision of skin lumps or tumour of subcutaneous tissue, including lipoma, neurofibroma or its variants, sebaceous cysts, malignant melanoma, and naevus etc.

"Commencement Date" (a) in relation to an amendment of the Policy or a Supplementary Contract issued after the Basic Policy, means the date shown on the relevant endorsement as the Commencement Date; and (b) in relation to a reinstatement of the Policy, means the date on which the Policy is reinstated in accordance with the terms of this Policy.

"Company", **"We"**, **"Us"** or **"Our"** refers to AIA International Limited.

"Confinement" or **"Confined"** means admission of the Insured to a Hospital as an In-Patient following the later of the Issue Date and the latest Commencement Date, upon the recommendation of a Registered Medical Practitioner for a Continuous Physical Stay for Medically Necessary treatment. For the avoidance of doubt, and notwithstanding any other provisions of this Policy, an admission to Hospital will not be, or will cease to be, regarded by the Company as a Confinement for purposes of this Policy where the ensuing stay on Hospital premises is not a Continuous Physical Stay as defined.

"Contingent Owner", in relation to a Policy with an Insured under 18 years old at the time that the Policy is issued, means the person named by the Owner as "Contingent Owner" in the Company's prescribed form, who may become the Owner pursuant to the "Change of Ownership" provisions under the OWNERSHIP PROVISIONS of the Policy.

"Continuous Physical Stay" or **"Stay"** means the continuous physical presence of the Insured as an In-Patient on the Hospital premises, without any physical absence or interruption throughout the period commencing from the Insured's admission to a Hospital until his full and formal Discharge therefrom.

"Covered Illness" means illness occurring after the later of the Issue Date or the last Commencement Date of this Policy. For this purpose, an illness has occurred when it has been investigated, Diagnosed or treated or when its signs or symptoms have manifested which will cause an ordinary prudent person to seek Diagnosis, care or treatment. In the event of any conflict or discrepancy of opinions relating to the signs or symptoms of an illness and their manifestation between a Physician/Registered Medical Practitioner and the Insured, we will adopt and follow the Physician/Registered Medical Practitioner's professional opinion.

"Covered Injury" means Injury occurring after the later of the Issue Date or the last Commencement Date of the Policy.

"Deductible" means the amount which shall be borne by the Insured as shown on the Schedule of Benefits to the Policy, to be deducted from any benefit amount payable under the applicable Parts as stipulated in the LIMITATIONS OF BENEFIT of this Policy in any one (1) Disability.

"Diagnosis" or **"Diagnosed"** means the definitive diagnosis made by a Registered Medical Practitioner as defined below, based upon specific condition(s) referred to in the definition of the condition, illness or disease concerned or, in the absence of such specific condition(s), based upon radiological, clinical, histological or laboratory evidence of the relevant condition, illness or disease acceptable to the Company. Such Diagnosis must be supported by the Company's Medical Director who may base his / her opinion on the medical evidence submitted by the Insured and / or Owner and / or any additional evidence he may require.

In the event of any dispute or disagreement regarding the appropriateness or correctness of the Diagnosis, the Company shall have the right to call for an examination, of either the Insured or the evidence used in arriving at such Diagnosis, by an independent Registered Medical Practitioner with expertise in the field of medicine concerned selected by the Company and the opinion of such expert as to such Diagnosis shall be binding on both the Insured and the Company.

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"Diagnostic Test" shall mean any test or investigation modality which is Medically Necessary to positively diagnose a Cancer, including but not limited to laboratory tests, X-rays, computerized tomography (CT), magnetic resonance imaging (MRI), positron emission tomography (PET), fine needle aspiration for cytology or histopathology, or excisional biopsy for histopathology. Genetic testing to aid the identification of appropriate chemotherapy drugs is also included.

"Disability" means:

(i) any and all Sicknesses or Injuries arising from the same (or a related) cause, including any and all complications therefrom, provided that any Confinement for or treatment of such Sicknesses or Injuries are separated by less than ninety (90) days; or

(ii) any and all Sicknesses or Injuries arising concurrently from different causes in the course of the same Confinement.

For the avoidance of doubt, a Sickness or Injury which is treated or investigated ninety (90) or more days following Confinement for or treatment of a prior Sickness or Injury arising from the same (or a related) cause shall be regarded as a separate Disability for purposes of this Policy.

"Discharge" means the departure of the Insured from the Hospital, following finalization of all formal procedures within the Hospital to end the Confinement and billing of outstanding charges for full settlement, with no room or bed retained for the Insured at the Hospital.

"Eligible Expenses" means the actual Reasonable and Customary medical expenses incurred by the Insured while this Policy and the relevant Supplementary Contract(s) are in force, which do not pertain to or which are not related to any item(s) under the limitations or exclusions of the Policy and/or Supplementary Contract(s); and which are eligible for cover under the Policy.

"HIV Infection" shall be deemed to have occurred where blood or other relevant test(s) indicate, in the opinion of the Company, either the presence of any Human Immunodeficiency Virus, antigens or antibodies to such a virus.

"Hospital" means a lawfully operated institution licensed as a hospital for the care and treatment of injured or ill persons which provides facilities for diagnosis, major surgery and 24-hour nursing service and is not primarily a rest or convalescent home, or similar establishment or, other than incidentally, a place for alcoholics or drug addicts.

"Independent Person" means a person other than (a) you or the Insured; (b) an immediate family member of yours or the Insured; (c) a business partner of yours or the Insured; (d) the employer or employee of either yourself or the Insured; (e) an insurance agent of the Company; or (f) an insurance representative of yours or the Insured.

"In-Patient" means Confinement as a registered resident bed patient in a Hospital for a Covered Illness or Covered Injury, where the Insured uses and is charged for the room and board facilities of the Hospital.

"Injury" means an abnormal bodily condition caused solely and directly by Accident and independent of any other cause and not therefore due to illness or disease.

"Insured" means the person shown on the Policy Information Page as the "Insured".

"Intensive Care Unit" (ICU) means a section within a Hospital which is designated as an intensive care unit by the Hospital providing one to one nursing care, in which patients undergo specialized resuscitation, monitoring and treatment procedures. The unit must be staffed 24 hours a day with highly trained nurses, technicians and doctors, and be equipped with resuscitative equipment and monitoring devices that allow continuous assessment of vital body functions such as heart rate, blood pressure and blood chemistry.

"Issue Date" means the date shown on the Policy Information Page as the "Issue Date" and the date on which the Policy came into force.

"Issuing Office" means: 1) where this Policy is issued in Hong Kong, AIA International Limited in Hong Kong at the address shown on the Policy Information Page; 2) where this Policy is issued in Macau, AIA International Limited in Macau at the address shown on the Policy Information Page; or 3) such other address (if any) as we may notify you in writing from time to time.

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"Medically Necessary" is a medical service, procedure or supply, when in the Company's opinion, is (a) consistent with generally accepted professional standards of medical practice; (b) is required to establish a Diagnosis and to provide treatment; and (c) which cannot be safely delivered in a lower level of medical care. Experimental, screening and preventive services or supplies are not considered medically necessary.

"Network Card" means the physical or electronic identification card that we issue to the Insured upon the issuance of this Policy and which shall be presented to the Network Physician before obtaining medical services and/or treatment from such Network Physician in accordance with the Network Treatment Provisions and/or the Network Clinical Surgery Endorsement (if applicable).

"Network Service Valid Date" means the "First Valid From" date shown on the Network Card.

"Out-Patient" means:

(a) medical or surgical services and supplies; or
(b) an Insured who receives medical or surgical services and supplies, provided in connection with treatment for Covered Illness or Covered Injury given in a private medical clinic, or in the out-patient department or emergency treatment room of a Hospital where the Insured has not been Confined (as the case may be).

"Owner", **"You"** or **"Your"** means the person who owns this Policy and shown on the Policy Information Page as the "Owner", subject to the "Change of Ownership" Clause under the OWNERSHIP PROVISIONS of this Policy, if applicable.

"Palliative Treatment" means treatment intended only to improve the quality of the Insured's life in the case of a life threatening Covered Illness or Covered Injury by relieving pain or alleviating other symptoms of the Covered Illness or Covered Injury and/or complication(s) thereof, or the side effects of its/their treatment, without any attempt at its/their cure.

"Panel Network" or **"Network"** or **"Network Physicians"** means, when used to describe a Physician or Registered Medical Practitioner or Specialist, that such Physician or Registered Medical Practitioner or Specialist has entered into and is covered by a valid written agreement with us to provide specified medical services to the Insured. The list of Network Physicians (including Specialists) may be accessed on the Company's website after appropriate user verification. The list may be varied, updated and amended from time to time at the Company's discretion, and any change shall be deemed as effective on the date of publication irrespective of whether any separate notice is given.

"Per Disability Limit" means the aggregate amount of all the benefits payable under the applicable Parts of the BENEFIT PROVISIONS in any one (1) Disability as stipulated in the LIMITATIONS OF BENEFITS and is shown on the Schedule of Benefits.

"Physician" or **"Registered Medical Practitioner"** or **"Surgeon"** means an Independent Person qualified by degree in western medicine who is licensed to practice western medicine and legally authorized in the geographical area of his practice to render medical or surgical services.

"Policy" consists of:

(a) Basic Policy (including schedules);
(b) Policy Information Page;
(c) the application for the Basic Policy and for Supplementary Contract(s) (if any), including the application forms and any subsequent amendments, declarations and statements duly made by the Owner and/or the Insured;
(d) endorsement(s) to this Policy (if any); and
(e) Supplementary Contract(s) (if any).

"Policy Anniversary Date" means the same date of each subsequent year as the Policy Date. If the Policy Date is 29 February of a leap year, then the Policy Anniversary will be 28 February in a non-leap year.

"Policy Date" as shown in the Policy Information Page is the date from which Policy Anniversary Dates, Policy Years and Premium Due Dates are determined.

"Policy Information Page" means the schedule to the Basic Policy headed "Policy Information Page".

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"Policy Year" means each twelve-month period starting on the Policy Date.

"Pre-existing Condition" means the pre-existing conditions for which the Insured received medical treatment, Diagnosis, consultation or prescribed drugs during the ninety (90) days preceding the effective of this coverage.

"Premium Due Date" refers to the date when the premium payment is due and payable under this Policy and as described on the Policy Information Page or as stated on our written notification as may be amended from time to time.

"Reasonable and Customary" in relation to a fee, a charge or an expense, means any fee or expense which (a) is charged for treatment, supplies (inclusive of medication) or medical services that are Medically Necessary and in accordance with standards of good medical practice for the care of an injured or ill person under the care, supervision or order of a Registered Medical Practitioner; (b) does not exceed the usual level of charges for similar treatment, supplies (inclusive of medication) or medical services in the locality where the expense is incurred, which for the avoidance of doubt, shall not exceed the level of such charges applicable to the relevant Room Type (as defined herein) for treatment, supplies (inclusive of medication) or medical services provided during a covered Confinement; and (c) does not include charges that would not have been made if no insurance existed. The Company reserves the right to determine whether any particular Hospital/medical charge is a Reasonable and Customary charge with reference but not limited to any relevant publication or information made available, such as schedule of fees, by the government, relevant authorities and recognized medical association in the locality. The Company reserves the right to adjust any and all benefits payable in relation to any Hospital/medical charges which in the opinion of the Company's medical examiner is not a Reasonable and Customary charge.

"Reasonable and Customary Hospital Confinement" in relation to a Confinement, means a Confinement in a Hospital for Injury or illness which is Medically Necessary, where the admission of the Insured, length of Confinement, and medical services and treatment received during Confinement: (a) are all in accordance with standards of good medical practice; and (b) do not exceed the usual standard for the treatment of similar Injury or illness at the location where such Confinement takes place. For the avoidance of doubt, a Confinement is not a Reasonable and Customary Hospital Confinement if it is in respect of a medical procedure or treatment which, having regard to standards of good medical practice: i) is routinely performed on other patients on an Out-Patient basis; and ii) could reasonably have been performed on the Insured as an Out-Patient.

"Room Type", for purposes of the "Reasonable and Customary" definition and any benefit provided from this Basic Policy, shall refer to the type of room in a Hospital corresponding to the plan level name chosen for this Policy, in accordance with the following definitions:

- **"Ward"** means a multi-bed room in a Hospital with more than two (2) patient beds (not including companion bed).
- **"Semi-Private Room"** means a single or double occupancy room, with a shared bath/shower room, in a Hospital.
- **"Standard Private Room"** means a single occupancy room in a Hospital with one (1) patient bed (not including companion bed) and one (1) adjoining bathroom. For the avoidance of doubt, Standard Private Room does not include any room in a Hospital with amenities or furnishings upgraded beyond a basic single occupancy room with one (1) adjoining bathroom.

"Schedule of Benefits" means the Schedule of Benefits of the StepUp Medical Protection Plan attached to this Policy.

"Shortfall" means any expenses for medical services performed on the Insured which are not covered hereunder or which exceed the benefit coverage of this Policy, and which have been paid to a Network Physician by the Company on behalf of the Insured.

"Sickness" shall mean a physical condition marked by a pathological deviation from the normal healthy state.

"Specialist" means a Registered Medical Practitioner who holds a consultant appointment or appointment of equivalent senior status in a Hospital and who possesses specialist qualifications for and experience in the service rendered by him.

"Supplementary Contract" means any supplementary contract to the Basic Policy providing benefits supplemental to your Basic Policy benefits.

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"Targeted Therapy" means the use of monoclonal antibodies, cancer growth inhibitors, angiogenesis inhibitors or vaccines that target specific molecular targets intended to stimulate the immune system or control the growth of cancer cells. This benefit pays out for target cell therapy which has been approved by the Department of Health, Hong Kong. The therapy must be deemed Medically Necessary, prescribed by or administered under the direct supervision of a cancer Specialist and as per the acceptable clinical protocol for Hong Kong and has to be supplemented by Diagnosis of the relevant cancer including confirmatory histopathology report and the hospitalization records.

This benefit excludes any treatment given solely as palliative care, experimental or unapproved target therapies, or any second line target therapy prescribed in the event of treatment failure or resistance to the initial target therapy.

"Trip" means a journey taken by the Insured and commences upon the Insured leaving the country or place of which the Insured was a permanent resident at the time of leaving or two (2) hours before the Insured's arrival at any immigration counter for the purpose of leaving such country or place (whichever is later), and ceases on the occurrence of the earliest of the following:

(a) the Insured's return directly to the country or place of which the Insured was a permanent resident at the time of leaving; or
(b) two (2) hours following the Insured's arrival at any immigration counter for the purpose of returning to such country or place after the journey.

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GENERAL INTERPRETATION AND APPLICATION

Where the context requires, words importing one gender shall include the other gender, and singular terms shall include the plural and vice versa.

Headings are for convenience only and shall not affect the interpretation of this Policy. References to sections, clauses, provisions and schedules are to sections, clauses, provisions and schedules to this Policy.

Schedules to this Policy form part of this Policy.

Where any provision of this Policy is inconsistent with applicable law, the provisions of this Policy shall apply to the extent not prohibited by such applicable law.

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BENEFIT PROVISIONS

Subject to the terms and conditions of the Policy, including but not limited to the "Limitations of Benefits", "Limitations of Confinement Benefits" and "Exclusions" sections, and the Maximum Limits of benefit provided in the Schedule of Benefits, we will pay:

1. Ninety per cent (90%) of the Eligible Expenses payable under Parts I, II, III, IV and V, as shown in the Schedule of Benefit, if the Insured, while this policy is in force and during the lifetime of the Insured, undergoes Confinement, surgery and medical treatment for Network Benefits; or
2. Eighty per cent (80%) of the Eligible Expenses payable under Parts I, II, III, IV and V, as shown in the Schedule of Benefit, if the Insured, while this policy is in force and during the lifetime of the Insured, undergoes Confinement, surgery and medical treatment for Non-Network Benefits.

Network Benefits shall be payable where the relevant consultation, treatment, supplies (including medication), medical services, surgery or Confinement are directly prescribed, managed, supervised or carried out by a Network Physician, and in such case the Network Benefits payable are subject to the Coverage/Maximum Limits shown in the Schedule of Benefits under the heading "Network Benefits". Otherwise, Non-Network Benefits are payable subject to the Coverage/Maximum Limits shown in the Schedule of Benefits under the heading "Non-Network Benefits".

A Per Disability Limit shall apply to the benefits payable under Parts I to IV and VI in aggregate as shown in the Schedule of Benefits.

Even after the aggregate amount of benefits under Parts I, II, III, IV and VI herein payable by us in any one (1) Disability reaches the Per Disability Limit, the benefits under Parts I, II, III, IV and VI continue to be payable in respect of Network Benefits under the Basic Policy until the Additional Per Disability Limit is reached.

A separate Per Disability Limit shall apply to the benefits payable under Part V as shown in the Schedule of Benefits.

Once the Per Disability Limit and the Additional Per Disability Limit (as the case may be) is reached, we shall not be liable to pay any further benefits under such Disability.

PART I CONFINEMENT BENEFITS

If the Insured is confined in Hospital for a Covered Illness or Covered Injury:

(a) HOSPITAL DAILY ROOM & BOARD BENEFIT – We shall reimburse the Reasonable and Customary charges for room and board charges actually made by the Hospital during the Insured's Confinement, including the meal provided by the Hospital during his Confinement.

(b) PHYSICIAN'S VISIT – We shall reimburse the Reasonable and Customary charges for charges actually made by the attending Registered Medical Practitioner for visiting the Insured at his Hospital bed during his Confinement.

(c) SPECIALIST'S FEE – We shall reimburse the Reasonable and Customary charges for charges actually made by a Specialist to whom the Insured has been referred in writing by his attending Registered Medical Practitioner for treatment of the Insured during his Confinement.

(d) MISCELLANEOUS HOSPITAL EXPENSES BENEFIT – We shall reimburse the Reasonable and Customary charges for charges actually made by the Hospital for any of the following services which is Medically Necessary and rendered to the Insured during his Confinement which is customarily supplied by the Hospital.

* Drugs and medicines prescribed by the attending Registered Medical Practitioner and consumed in the Hospital;
* Dressing, ordinary splints and plaster casts but excluding special braces, artificial limbs, appliances and equipment;
* Laboratory examinations;
* Electrocardiograms;
* Basal metabolism tests;
* Physiotherapy;
* X-ray examinations;

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* Intravenous injections and solutions;
* Administration of blood and blood plasma but excluding costs of blood or blood plasma; and/or
* Ambulance service to or from the Hospital where the Confinement is held.

(e) INTENSIVE CARE BENEFIT – We shall reimburse the Reasonable and Customary charges for Intensive Care Unit (ICU) charges actually made by the Hospital for the Insured's Confinement in the ICU of the Hospital which is recommended by the Insured's attending Registered Medical Practitioner. Payment of this benefit shall be in lieu of any Hospital Daily Room & Board Benefit payable under Part I (a) hereinabove.

The benefits under Parts I (b), I (c) and I (d) shall only be paid if either the Hospital Daily Room & Board Benefit under Part I (a) or the Intensive Care Benefit under Part I (e) is payable.

PART II SURGICAL BENEFITS

If the Insured undergoes Medically Necessary surgical procedures due to a Covered Illness or Covered Injury:

(a) SURGERY BENEFIT – We shall reimburse the Reasonable and Customary charges actually incurred for such procedures performed on the Insured during his Confinement in Hospital, including the charges actually incurred of the Surgeon's fee, Anaesthetist's fee and operating theatre fee and the cost of items and equipments used during the use of operating theatre charged to the Insured.

(b) OUTPATIENT SURGERY BENEFIT – We shall reimburse the Reasonable and Customary charges for such procedures performed on the Insured as an Out-Patient in the office/clinic of a Registered Medical Practitioner or in the out-patient department of a Hospital, including the charges actually incurred of consultation, medication, the Surgeon's fee, Anaesthetist's fee and operating theatre fee and the cost of items and equipments used during the use of the operating theatre or the room for operation charged to the Insured.

Non-surgical outpatient procedures which are therapeutic and non-diagnostic in nature, including intra-articular, intra-auricular and intra-spinal injections, shall be covered and may be payable under this benefit as stated in Part II clause (b) of this Policy or the MISCELLANEOUS HOSPITAL EXPENSES BENEFIT of Part I clause (d) of this Policy, whichever is applicable, at the discretion of the Company.

(c) MEDICAL APPLIANCES BENEFIT – We shall reimburse all Reasonable and Customary charges actually incurred for the following medical material or appliance implanted during surgery or used in replacement procedures which is Medically Necessary and required to perform the surgery:

(i) pace maker;
(ii) stents for Percutaneous Transluminal Coronary Angioplasty;
(iii) intraocular lens;
(iv) artificial cardiac valve;
(v) metallic or artificial joints for joint replacement;
(vi) prosthetic ligaments for replacement or implantation between bones; and
(vii) prosthetic intervertebral disc.

This benefit shall be paid only if either a claim under Part II (a) or II (b) is also payable in respect of the same surgical procedures.

PART III POST-HOSPITALIZATION / OUTPATIENT SURGERY OUTPATIENT CONSULTATION

We shall reimburse the Reasonable and Customary charges for any of the following charges actually incurred in connection with the Insured's consultation with a Registered Medical Practitioner on an Out-Patient basis within thirty-one (31) days following his Confinement or procedures performed on the Insured as an Out-Patient:

(i) consultation fee for each such consultation;
(ii) medication prescribed for up to a maximum of seven (7) days for each such consultation;
(iii) necessary wound care received in the clinic after any surgery;
(iv) any Medically Necessary Diagnostic Tests prescribed during such consultation and to be conducted on an Out-Patient basis; and

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(v) provided that such consultation, treatment, medication and Diagnostic Tests (as the case may be) are in respect of the same Covered Illness or Covered Injury to which the Confinement or procedures performed relates.

PART IV OTHER BENEFITS

(a) ADVANCED DIAGNOSTIC IMAGING – We shall reimburse the Reasonable and Customary charges actually incurred for the following advanced diagnostic imaging prescribed by a Registered Medical Practitioner in respect of a Covered Illness or Covered Injury:

(i) Magnetic Resonance Imaging;
(ii) Computerized Tomography Scan; and
(iii) Positron Emission Tomography Scan.

(b) EMERGENCY OUTPATIENT TREATMENT BENEFIT – We shall reimburse the Reasonable and Customary charges charged by the Hospital solely for emergency treatment on an Out-Patient basis if the Insured sustains a Covered Injury and is treated as an Out-Patient in the out-patient department of a Hospital within twenty-four (24) hours of the Accident resulting in such Covered Injury.

PART V SPECIAL BENEFIT FOR CANCER AND RENAL DIALYSIS TREATMENT

(a) DIAGNOSTIC BENEFIT FOR CANCER – We shall reimburse the Reasonable and Customary charges actually incurred for any Medically Necessary Diagnostic Test(s) which directly confirms the positive Diagnosis of Cancer undergone by the Insured in a Hospital or a clinic of a Registered Medical Practitioner under the supervision of a Registered Medical Practitioner.

For the avoidance of doubt, any charges incurred in respect of routine health screenings which are not for the specific purpose of identifying the existence, nature or extent of a Cancer shall not be covered, regardless of the results of the related tests/procedures.

(b) CHEMOTHERAPY, RADIOTHERAPY & TARGETED THERAPY BENEFIT – We shall reimburse the Reasonable and Customary charges actually incurred for:

1) any Medically Necessary chemotherapy, radiotherapy or Targeted Therapy performed on the Insured due to a Cancer, whether as an In-Patient or Out-Patient, which is prescribed for the Insured by the Insured's attending Registered Medical Practitioner;

2) any Medically Necessary Targeted Therapy and chemotherapy due to a Cancer which is prescribed for the Insured by the Insured's attending Registered Medical Practitioner for usage or consumption at home; and

3) any items and treatments administered by a Registered Medical Practitioner in relation to the treatment under this Part V clause (b) 1) and 2), including related consultations, laboratory tests or treatments, medication such as anti-nausea drug, long term medication required during Active Treatment of Cancer; but excluding consultations, laboratory tests or treatments to monitor the progress of the Insured's recovery after Active Treatment.

(c) DIALYSIS BENEFIT – We shall reimburse the Reasonable and Customary charges actually incurred for haemodialysis or peritoneal dialysis performed on the Insured due to a Covered Illness or Covered Injury, whether as an In-Patient or Out-Patient, provided that the Insured is suffering from chronic and irreversible kidney failure, and haemodialysis or peritoneal dialysis is recommended by the Insured's attending Registered Medical Practitioner.

Provided that such treatment is due to such Covered Illness or Covered Injury and is prescribed by the Insured's attending Registered Medical Practitioner; and the applicable limitation or Maximum Limit for the benefit payable under Part V shall be applied on a per Disability basis, irrespective of the number and timing of the related Confinement(s). For this purpose, two or more Covered Illnesses or Covered Injuries shall be regarded as one and the same Disability if (i) arise from or relate to the same (or a related) cause, or to any complications arising therefrom and (ii) are separated by less than 90 clear days (i.e. excluding the days of the Insured's admission to and discharge from Hospital or the last treatment date.

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PART VI NETWORK CLINICAL SURGERY BENEFIT

We shall directly pay a Network Physician for Clinical Surgery performed by such Network Physician on the Insured, which payment shall be in accordance with our agreement with the Network Physician and based on the Reasonable and Customary charges of such Clinical Surgery, provided that:

i) The Insured has identified his status to the Network Physician before the performance of the relevant Clinical Surgery by presentation of his Network Card and Hong Kong/Macau Identity Card for identification purposes;

ii) The Network Physician completes and submits to us a Prior-Authorization Request Form ("Form") in respect of the relevant Clinical Surgery, and we receive and approve such request prior to the performance of the relevant Clinical Surgery. In this regard, receipt and/or approval of the Form by us does not amount to acceptance by us of liability or responsibility for all of the charges of the Clinical Surgery for which authorization is being requested;

iii) You shall be responsible for repayment to us of any Shortfall resulting from payment by us of non-covered expenses incurred by the Insured.

We shall notify you in writing of any Shortfall resulting from payment by the Company of non-covered expenses to a Network Physician for medical services provided on the Insured, and you are required to pay such Shortfall to the Company on or before the due date specified by the Company. In the event such Shortfall amount remains unpaid, the Company reserves the right to deduct the Shortfall amount from any subsequent benefit(s) payable to you under the Policy.

CHANGE OF BENEFITS

In the event of any subsequent plan changes to benefit amounts, reimbursement for any claims incurred after such a plan change shall be based on the new benefit amounts. However, if the Insured continues to be treated for a previous condition which had been treated within ninety (90) days preceding the effective date of such a change, claims payable for such a previous condition shall be based on the benefit amounts applicable prior to such change. If, however, after the effective date of such change and the previous condition has not required any treatment for a continuous period of ninety (90) days, reimbursement for such a condition shall be based on the new benefit amounts after the change in plan.

LIMITATIONS OF BENEFIT

(a) We are not liable for any Confinement, surgery and/or medical treatment for which compensation or reimbursement is payable under any law, medical program, or insurance policy provided by any government, company or other insurer except to the extent that such charges are not reimbursed by such law, medical program or insurance policy. However, this compensation or reimbursement will count towards the Deductible provided that certified copy(ies) of all the bills are submitted to the Company as the evidence.

(b) In addition, where any Confinement, surgery and/or medical treatment covered by this Policy is also covered by other group medical policy, if any, which provide coverage to the Insured, benefits under this Policy shall be paid only after all such group medical policy have been claimed.

(c) (i) Benefits under Parts I, II, III and IV herein are payable subject to any limitations described herein and/or the Coverage/Maximum Limits shown on the Schedule of Benefits, and are further subject in the case of each Insured to:

(a) the Per Disability Limit;
(b) the Additional Per Disability Limit (as the case may be); and
(c) the Deductible.

(ii) Benefits under Part V herein are payable subject to any limitations described herein and/or the Coverage/Maximum Limits shown on the Schedule of Benefits, and are further subject in the case of each Insured to:

(a) the Per Disability Limit; and
(b) the Deductible.

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(iii) Benefits under Part VI herein are payable subject to any limitations described herein and/or the Coverage/Maximum Limits shown on the Schedule of Benefits, and are further subject in the case of each Insured to:

(a) the Per Disability Limit; and
(b) the Additional Per Disability Limit (as the case may be).

(iv) In no event shall the total amount of any benefit(s) payable hereunder exceed one hundred percent (100%) of the relevant charges, costs or fees incurred after the Deductible has been met in full, in respect of any covered Confinement, surgery and/or medical treatment.

(d) If the Insured is Confined in a higher level of Room Type shown on the Schedule of Benefits for this Policy, whether voluntarily or involuntarily, on any days of a Confinement, any reimbursable charges under Parts I, II, III, IV and V herein in relation to such days of Confinement shall be reduced by multiplying an Adjustment Factor.

LIMITATIONS OF CONFINEMENT BENEFITS

For benefits relating to Confinement, the Confinement must be evidenced by a daily room/room & board charge by the Hospital. We will not be liable to pay any benefit:

(a) for more than one daily room/room & board charge for each day of Confinement; or
(b) for any Confinement that is not a Reasonable and Customary Hospital Confinement.

REVISION OF BENEFIT STRUCTURE AND/OR LIMITATIONS

On any Policy Anniversary Date or renewal, by giving a 30-day prior notice in writing by ordinary post to the Owner's last known address in the Company's records, the Company reserves the right to revise, amend or modify the benefit structure and/or restrictions/limitations and/or the premium, including but not limited to the Schedule of Benefits, and/or any other items of benefits or coverage as determined by the Company.

In the event that the Owner disagrees with such revision and notifies the Company in writing within thirty (30) days after such revision takes effect, this Policy and all its Supplementary Contract(s) (if any) shall automatically terminate on the Premium Due Date following our receipt of such notice.

Any change of benefits or coverage under this Policy as requested by the Owner shall only take effect subject to the approval by the Company and on the Policy Anniversary Date or renewal.

An appropriate endorsement shall be issued following each revision together with the revised Schedule of Benefits.

EXCLUSIONS

This Policy does not cover any Confinement, treatment, surgery or charges relating to or caused directly or indirectly, wholly or partly, by any of the following:

(a) any Injury or illness caused by (i) self-destruction or intentional self-inflicted injuries or any attempted self-destruction while sane or insane; or (ii) war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power; or (iii) service in the armed forces in time of declared or undeclared war or while under orders for warlike operations or restoration of public order; or (iv) any violation or attempted violation of the law or resistance to arrest or (v) any Act of Terrorism where the Insured was involved as a terrorist; or (vi) the use of atomic, biological or chemical weapons as well as radioactive, biological or chemical contamination due to any Act of Terrorism except where the Insured is injured during a Trip outside the Insured's permanent residence country or place (being Hong Kong, Macau or the People's Republic of China, as the case may be); or (vii) the Insured's travelling to a country where there is a war (whether declared or not), warlike operation, hostilities, mutiny, riot, civil commotion, civil war, rebellion, revolution, insurrection, military or usurped power, martial law or state of siege, or a war zone as recognized by the United Nations.

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(b) (i) Pregnancy, miscarriage or child birth, termination of pregnancy, pre-natal or postnatal care, or complications of them; or (ii) investigations, treatment or any procedures related to fertility, genetic testing or counselling, sexual dysfunction or inadequacies, contraception, sterilization and all kinds of assisted reproduction procedures; or (iii) any mental, behavioural, psychiatric or psychological disorder, including but not limited to anxiety, anorexia, depression, stress, fatigue, or psychiatric complications of physical disorders, cognitive impairment, sleep disorders, nicotine or alcohol or drug or substance abuse/dependency, or any complications of them; or (iv) cosmetic or plastic surgery, prophylactic surgery or treatment; treatment of obesity (including morbid obesity) and weight control programmes, organ donation as the donor, or treatment of an optional nature; or (v) any form of dental care or surgery unless necessitated by Injury but in all circumstances shall not cover replacement of natural teeth, denture and prosthetic services such as bridges and crowns, their replacement and related expenses; or (vi) any congenital disorder that gives rise to signs or symptoms, or is diagnosed, before the Insured attains 17 years of age; or (vii) treatment directly or indirectly associated with a sex change; or (viii) corrective aids and treatment of refractive errors, vision therapy or hearing aids unless necessitated by Injury caused by Accident; or (ix) routine health checks, screening and preventive care/checking, or investigations not directly related to illness or conditions for which the Insured is admitted; or (x) convalescence, custodial or rest care, or any admission that is not Medically Necessary; or (xi) any treatment, investigation, service or supplies which is not Medically Necessary.

(c) AIDS or any complications associated with HIV Infection.

(d) Pre-existing Conditions for which the Insured received medical treatment, Diagnosis, consultation or prescribed drugs during the ninety (90) days preceding the effective of this coverage, unless the Insured affected by these conditions has been insured under the AIA group medical policy continuously for twelve (12) months.

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NETWORK TREATMENT PROVISIONS

GENERAL TERMS AND CONDITIONS FOR TREATMENT BY A NETWORK PHYSICIAN

(a) We do not guarantee the provision of medical services by a particular Network Physician. The list of Network Physicians covered by valid written agreements with us may change from time to time without prior notice, and we reserve the right to amend or terminate, at our discretion, the written agreement with any Network Physician.

(b) Network Physicians are neither agents nor employees of the Company, and are solely responsible for any acts and/or omissions in the medical services and/or treatment they provide to the Insured. The Company shall not be held liable or responsible for any acts or omissions of a Network Physician in the provision of such services and/or treatment.

(c) The Insured shall first identify his status to the Network Physician before obtaining any treatment or medical services from such Network Physician by production of his Network Card and Hong Kong/Macau Identity Card (or other valid identification document(s) reasonably required by the Network Physician) for identification purposes.

USE OF NETWORK CARD

Subject to the terms and conditions of the Policy, the Insured may use the Network Card after the Network Services Valid Date to obtain treatment or medical services from a Network Physician. Use of the Network Card constitutes acceptance of the following terms and conditions under which the Network Card is issued:

(a) The Network Card shall be the property of the Company and is not transferable. The Owner shall assume full responsibility for any improper use of the Network Card.

(b) The Network Card ceases to be valid immediately upon termination of the Policy, at which time the Owner undertakes to return the Network Card to the Company.

(c) The Owner must report any theft or loss of, or damage to, the Network Card to the Company. The Company shall not be liable or responsible for, and the Owner must indemnify the Company in respect of, any expenses involving the use of any stolen or lost Network Card unless and until such event is reported to the Company.

MEDICAL INFORMATION

We are not responsible for maintaining any medical information of the Insured which is provided in relation to treatment or services provided by a Network Physician. Any information disclosed to the Network Physician by you or the Insured shall not constitute or be deemed to constitute knowledge by us of the same, and shall not affect our right to contest any other policy(ies) we issue in respect of the Insured.

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CLAIM PROCEDURES

(1) **NOTICE OF CLAIM**

Claims must be submitted to us within ninety (90) days after the date the covered event happens. Failure to give notice within such time shall not invalidate any claim if it shall be shown not to have been reasonably possible to give such notice and that notice was given as soon as reasonably possible. The claims against this Basic Policy and its Supplementary Contract(s) (if any) are assessed independently of each other and it may lead to different claim decisions.

(2) **FILING PROOF OF CLAIM**

Affirmative proof of loss and any appropriate forms as required by us must be completed and furnished to us, at the claimant's expenses, within ninety (90) days after the date the covered event happens, unless specified otherwise. We reserve the right to require any additional proof and documents in support of the claim. The original copies of the official statement of accounts and receipts showing the itemized expenses are required.

(3) **MEDICAL EXAMINATION**

We reserve the right to require any additional proof and request medical examination of the Insured.

(4) **CANCELLATION**

If you or the claimant submits a claim which is in any respect fraudulent, unfounded, incorrect, incomplete or misleading, or if you or the claimant withhold any information or conspire with a third party to obtain a benefit from this Policy, we shall have the right to cancel this Policy immediately. In any of these circumstances, we shall also have the right to recover from you or the claimant any benefit we have already paid to you or the claimant in relation to any claim which is not eligible.

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GENERAL PROVISIONS

THE CONTRACT

This contract is made in consideration of your application and payment of the required premium. The terms and conditions of this Policy cannot be changed or waived except by endorsement or Supplementary Contract duly signed by our duly authorized officer.

Your Basic Policy is called StepUp Medical Protection Plan. The plan name of the Policy and the product/or code name and form number of the Supplementary Contract, if attached to this Policy, are shown under the Schedule of Benefits and Premiums of the Policy Information Page.

We rely on the information you provide in your application in deciding whether or not to accept your application. We also rely on such information to decide at our sole and absolute discretion whether or not to apply special terms to your Policy. We will treat all statements made in your application (in the absence of fraud) to be representations and not warranties.

If your application omits facts or contains materially incorrect or incomplete facts, we have the right to declare the Policy void. Alternatively, we may impose special terms on your Policy that will apply from the date on which the cover commences.

MISSTATEMENT OF AGE AND SEX

If the age or sex of the Insured has been misstated and the premium paid as a result thereof is insufficient, any amount payable subject to the Maximum Limits provided under this Policy shall be prorated based on the ratio of the actual premium paid to the correct premium which should have been charged for the year. Any excess premium which may have been paid as a result of such misstatement of age or sex shall be refunded without interest. If at the correct age the Insured is not insurable under this Policy or any of its rider pursuant to our underwriting rules, the Policy or the relevant Supplementary Contract shall be void.

CURRENCY AND PLACE OF PAYMENT

All amounts payable either to or by us will be paid in the Currency shown on the Policy Information Page. Such amounts will be paid by a negotiable bank draft or checks drawn on a bank in the country in which the Currency of this Policy is denominated. All amounts due from us will be payable at our office shown on the Policy Information Page.

FREEDOM FROM RESTRICTIONS

Unless otherwise specified, this Policy is free from any restrictions upon the Insured as to travel, residence or occupation.

RENEWAL AND CANCELLATION

Subject to all of the terms and conditions of this Policy and provided this plan continues to be available for renewal, you can automatically renew this Policy by advance payment of the appropriate annual premium on each Policy Anniversary Date during the lifetime of the Insured. We reserve the right to determine the terms and conditions for renewal. Unless otherwise specified, the premium is not fixed, and at the time of such renewal, we reserve the right to revise or adjust it according to our applicable premium rate for the attained age of the Insured at the time of such renewal, subject to other terms and conditions, if any, as set out in this Policy.

We reserve the right to cancel this Policy at any time by giving a 30-day prior written notice without cause to the Owner, The unearned portion of the premium at the time of cancellation without interest shall be returned to you after deducting any debt owing by you to us under the Policy.

NO THIRD PARTY RIGHTS

A person who is not a party to this Policy (including but not limited to the Insured or the Beneficiary) has no right to enforce any of the terms of this Policy.

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TERMINATION

This Policy shall automatically terminate on the occurrence of the earliest of the following:

(a) the death of the Insured; and
(b) the lapse of the Policy pursuant to the "Grace Period" clause under the PREMIUM PROVISIONS.

On termination of your Policy, all benefits under all Supplementary Contracts (if any) will also terminate.

Notwithstanding the foregoing or anything else contained in this Policy, if on the date the Policy terminates pursuant to clause (b) above the Insured is Confined in a Hospital for a Covered Illness or Covered Injury, the Policy shall not terminate and coverage shall continue to be extended for an additional thirty (30) days of such Confinement without any premium payment, subject to any Coverage/Maximum Limit(s) shown in the Schedule of Benefits or limitation(s) applicable to the covered benefit(s) in question. Termination of the Policy shall be without prejudice to any claim arising prior to such termination unless otherwise specified. The payment to or acceptance by us or our agent of any premium subsequent to termination of the Policy shall not create any liability on our part except to refund any such premium without interest.

PAYMENT OF BENEFITS

All benefits under the Policy are payable to the Owner.

GOVERNING LAW AND JURISDICTION

This Policy is governed by and shall be construed in accordance with the laws of such place where this Policy is issued (being Hong Kong or Macau, as the case may be). The courts of such place shall have non-exclusive jurisdiction to consider and determine any dispute or proceedings arising out of or in connection with this Policy.

CONFORMITY WITH LAW

Any provision of the Policy which on its Issue Date or Commencement Date, is in conflict with the laws of the country or place in which this Policy is delivered or issued for delivery is hereby amended to conform to the minimum requirements of such laws and shall not affect this Policy which shall remain in full force and effect.

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OWNERSHIP PROVISIONS

OWNER

The Owner is the only person entitled to exercise any right or privilege provided under this Policy.

CHANGE OF OWNERSHIP

While this Policy is in force, you may change ownership of this Policy by filing a written notice on Company's prescribed form. Any change of ownership of this Policy will not be effective until such change is evidenced by an endorsement issued by us. We are not responsible for any written notice of a change of ownership received by us pending issue of an endorsement.

In addition, if and when the Owner dies:

(a) If the Insured is 18 years old or above and no Contingent Owner is named, the Insured will become the Owner of this Policy.

(b) If the Insured is 18 years old or above and a Contingent Owner is named, the Insured will become the Owner of this Policy,

(c) If the Insured is less than 18 years old and a Contingent Owner is named, the Contingent Owner will become the Owner of this Policy.

(d) If the Insured is less than 18 years old and no Contingent Owner is named, the successor to the Owner's estate will become the Owner of this Policy.

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PREMIUM PROVISIONS

PAYMENT

While the Insured is living, all premiums are payable annually on or before their due dates to us either at our Issuing Office or to our authorized officer or cashier. The Company shall have the right to review and adjust the premium for this Policy from time to time. Any premium(s) paid to us but not yet due ("Prepaid Premium") and/or any payment in excess of premium(s) currently due and payable ("Overpayment") shall, subject to any maximum amount as determined by us from time to time, accumulate interest at such interest rates as we may determine from time to time. We reserve the right to reject any Prepaid Premium and/or Overpayment paid to us in excess of such maximum amount. You may withdraw the Prepaid Premium or Overpayment and/or any interest thereon in accordance with our procedures. The balance of any Prepaid Premium, Overpayment and / or interest thereon that is not withdrawn shall be automatically used to offset any premium due and payable which is not paid within the Grace Period.

DEFAULT

After payment of the first premium, failure to pay a subsequent premium on or before its due date will constitute a default in premium payment.

GRACE PERIOD

A Grace Period of thirty one (31) days from the due date will be allowed for payment of each subsequent premium. The Policy will remain in force during this period. If any premium remains unpaid at the end of its Grace Period, the Policy shall lapse and have no further value.

REINSTATEMENT

If any premium is in default beyond the Grace Period, the Policy may be reinstated with the consent of the Company within three months after (and excluding) the Premium Due Date in default subject to:

(a) a written application for reinstatement; and
(b) production of evidence of insurability satisfactory to the Company.

Such reinstatement shall only cover a loss or covered event which occurs after the effective date of reinstatement.

All claims for benefits hereunder prior to reinstatement be carried forward and included for purposes of applying the Coverage/Maximum Limits shown on the Schedule of Benefits, the Per Disability Limit to benefits payable under the reinstated Policy.

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OUTPATIENT BENEFIT (PLAN 1) SUPPLEMENTARY CONTRACT FORM NO. 2255

A Supplementary Contract is validly attached to the Basic Policy if its product or code name and form number appear on the Policy Information Page or is subsequently added by a relevant endorsement.

This Supplementary Contract is attached to and forms a part of the Policy. This Supplementary Contract supersedes any conflicting provisions of the Policy. The cover described in this Supplementary Contract is not available on a standalone basis and will terminate if the Basic Policy terminates for any reason.

Unless otherwise defined in this Supplementary Contract, words and expressions defined in your Policy have the same meanings in this Supplementary Contract.

Unless otherwise modified by Supplementary Contract, all terms, conditions and provisions of the Basic Policy remain unchanged.

While this Supplementary Contract is in force, we shall pay the following Outpatient Benefit subject to the maximum limit stated in the Schedule Of Outpatient Benefits and the terms and conditions set out herein.

BASIC DEFINITIONS

DEFINITIONS

The following definition applies to this Supplementary Contract.

"Chinese Medicine Practitioner" means an Independent Person who is an herbalist, a bonesetter or an acupuncturist registered with the Chinese Medicine Council of Hong Kong according to the Chinese Medicine Ordinance or with the local medical authorities at the place of treatment if such treatment is received outside Hong Kong.

"Chiropractor" means an Independent Person who is registered with the Chiropractor Council of Hong Kong according to the Chiropractor Registration Ordinance or with the local medical authorities at the place of treatment if such treatment is received outside Hong Kong and renders chiropractic treatment to diagnose and cure the disorders of the musculoskeletal system and the effects of these disorders on the nervous system and general health.

"Physiotherapist" means an Independent Person who is legally authorized in the geographical area of his practice to render assessment and treatment service on physical disability by means of cryotherapy, heat therapy, electrotherapy, manual therapy, traction, exercise therapy and hydrotherapy.

BENEFIT PROVISIONS

(a) **OUTPATIENT CONSULTATION BENEFIT** – We shall reimburse eighty percent (80%) of the Reasonable and Customary charges actually incurred for the consultation visit on an Out-patient basis for a Covered Illness or Covered Injury and the following medical services or supplies rendered during the consultation visit.

- consultation with a Registered Medical Practitioner
- medication for a maximum of thirty (30) days
- dressing as and when required

This benefit is restricted by a maximum of one (1) visit per day for a Covered Illness or Covered Injury and subject to the maximum limit for this benefit shown in the Schedule Of Outpatient Benefits. Payment of this benefit shall be in lieu of any Post-Hospitalization / Outpatient Surgery Outpatient Consultation under Part III of the Basic Policy.

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(b) **OUTPATIENT SPECIALIST FEE BENEFIT** – We shall reimburse eighty percent (80%) of the Reasonable and Customary charges actually incurred for the medical treatment performed by a Specialist to whom the Insured has been referred in writing by his attending Registered Medical Practitioner for a Covered Illness or a Covered Injury. The benefit is restricted by a maximum of one (1) visit per day for a Covered Illness or Covered Injury and subject to the maximum limit for this benefit shown on the Schedule Of Outpatient Benefits.

(c) **PHYSIOTHERAPY AND CHIROPRACTIC BENEFIT** – We shall reimburse eighty percent (80%) of the Reasonable and Customary charges actually incurred for the medical treatment performed by a Physiotherapist, and Chiropractor to whom the Insured has been referred in writing by his attending Registered Medical Practitioner for a Covered Illness or a Covered Injury. The benefit is restricted by a maximum of one (1) visit per day for a Covered Illness or Covered Injury and subject to the maximum limit for this benefit shown on the Schedule Of Outpatient Benefits.

(d) **CHINESE MEDICINE PRACTITIONER CONSULTATION BENEFIT** – We shall reimburse eighty percent (80%) of the Reasonable and Customary charges actually incurred for the medical treatment performed by a Chinese Medicine Practitioner for a Covered Illness or a Covered Injury. The benefit is restricted by a maximum of one (1) visit per day for a Covered Illness or Covered Injury and subject to the maximum limit for this benefit shown on the Schedule Of Outpatient Benefits.

(e) **PSYCHIATRIC TREATMENT** – We shall reimburse eighty percent (80%) of the Reasonable and Customary charges actually incurred for psychiatric treatment provided by a Specialist in psychiatry on an Out-patient basis for curing the mental disorder or mental illness which is a psychological or behavioral pattern and causes suffering to the Insured. The maximum amount payable is the limit for this benefit shown on the Schedule Of Outpatient Benefits.

(f) **DIAGNOSTIC PROCEDURES AND LABORATORY TESTS** – We shall reimburse eighty percent (80%) of the Reasonable and Customary charges actually incurred for the diagnostic procedures and laboratory tests performed on the Insured prescribed by a Registered Medical Practitioner or Specialist for diagnostic purpose.

(g) **PRESCRIBED MEDICINES AND DRUGS** – We shall reimburse eighty percent (80%) of the Reasonable and Customary charges for actual expenses for the purchases of prescribed medicines and drugs prescribed by a Registered Medical Practitioner or Specialist for treatment or management of a Covered Illness or a Covered Injury from a legally operated pharmacy other than the office / clinic of a Registered Medical Practitioner / a Specialist, outpatient department or emergency treatment room of a Hospital.

REQUIREMENT FOR REFERRAL

Referral is required for some health services as stated in the above Benefits Provisions. The Insured is responsible for obtaining such referral from the attending Physician before seeking such health services.

Referrals have the following duration and applicability:

Covered Benefit	**Validity Duration**
Specialist Physician's services	180 days for all treatments from the same specialist Physician related to the same Disability, or if each treatment is not separated by more than 180 days.
Physiotherapy / Chiropractic Treatment	180 days for all treatments from the same registered physiotherapist / chiropractor, physiotherapy / chiropractic clinic related to the same Disability, or if each treatment is not separated by more than 180 days.
Diagnostic Procedures and Laboratory Tests	Referral is valid for one time within 180 days from the date of issue of such referral.

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Specimen

AIA International Limited

SCHEDULE OF OUTPATIENT BENEFITS

Outpatient Benefits	Coverage/Maximum Limit (HK$/MOP)
(a) Outpatient Consultation Benefit	150 per visit
(b) Outpatient Specialist Fee Benefit	400 per visit up to 10 visits per Policy Year
(c) Physiotherapy and Chiropractic Benefit	220 per visit up to 20 visits per Policy Year
(d) Chinese Medicine Practitioner Consultation Benefit	150 per visit up to 10 visits per Policy Year
Total Number of visit from items (a), (b), (c) and (d)	Maximum 50 visits per Policy Year regardless of the number of Covered Illness and/or Covered Injury.
(e) Psychiatric Treatment	2,500 per Policy Year
(f) Diagnostic Procedures and Laboratory Tests	2,500 per Policy Year
(g) Prescribed Medicines and Drugs	2,500 per Policy Year

All benefits payable hereunder must be for reasonable and customary charges, and must be based on itemized official statements of accounts or receipts.

LIMITATIONS OF BENEFITS

The Per Disability Limit and Deductible of the Basic Policy are not applicable to this Supplementary Contract.

The number of visit under section (a), (b), (c) and (d) of Benefit Provisions of this Supplementary Contract is limited to maximum fifty (50) visits per Policy Year regardless of the number of Covered Illness and/or Covered Injury.

EXCLUSIONS

The exclusions of the Basic Policy apply except (b)(iii) under Exclusions clause of Basic Policy to the extent where such occurrence is covered under (e) Psychiatric Treatment of this Supplementary Contract respectively.

GENERAL PROVISIONS

TERMINATION OF COVERAGE

This Supplementary Contract shall automatically terminate on the earliest of the following dates:

(a) the date of termination of the Basic Policy; and
(b) the date of termination of this Supplementary Contract.

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Specimen

AIA International Limited

OUTPATIENT BENEFIT (PLAN 2) SUPPLEMENTARY CONTRACT FORM NO. 2255

A Supplementary Contract is validly attached to the Basic Policy if its product or code name and form number appear on the Policy Information Page or is subsequently added by a relevant endorsement.

This Supplementary Contract is attached to and forms a part of the Policy. This Supplementary Contract supersedes any conflicting provisions of the Policy. The cover described in this Supplementary Contract is not available on a standalone basis and will terminate if the Basic Policy terminates for any reason.

Unless otherwise defined in this Supplementary Contract, words and expressions defined in your Policy have the same meanings in this Supplementary Contract.

Unless otherwise modified by Supplementary Contract, all terms, conditions and provisions of the Basic Policy remain unchanged.

While this Supplementary Contract is in force, we shall pay the following Outpatient Benefit subject to the maximum limit stated in the Schedule Of Outpatient Benefits and the terms and conditions set out herein.

BASIC DEFINITIONS

DEFINITIONS

The following definition applies to this Supplementary Contract.

"Chinese Medicine Practitioner" means an Independent Person who is an herbalist, a bonesetter or an acupuncturist registered with the Chinese Medicine Council of Hong Kong according to the Chinese Medicine Ordinance or with the local medical authorities at the place of treatment if such treatment is received outside Hong Kong.

"Chiropractor" means an Independent Person who is registered with the Chiropractor Council of Hong Kong according to the Chiropractor Registration Ordinance or with the local medical authorities at the place of treatment if such treatment is received outside Hong Kong and renders chiropractic treatment to diagnose and cure the disorders of the musculoskeletal system and the effects of these disorders on the nervous system and general health.

"Physiotherapist" means an Independent Person who is legally authorized in the geographical area of his practice to render assessment and treatment service on physical disability by means of cryotherapy, heat therapy, electrotherapy, manual therapy, traction, exercise therapy and hydrotherapy.

BENEFIT PROVISIONS

(a) **OUTPATIENT CONSULTATION BENEFIT** – We shall reimburse eighty percent (80%) of the Reasonable and Customary charges actually incurred for the consultation visit on an Out-patient basis for a Covered Illness or Covered Injury and the following medical services or supplies rendered during the consultation visit.

- consultation with a Registered Medical Practitioner
- medication for a maximum of thirty (30) days
- dressing as and when required

This benefit is restricted by a maximum of one (1) visit per day for a Covered Illness or Covered Injury and subject to the maximum limit for this benefit shown in the Schedule Of Outpatient Benefits. Payment of this benefit shall be in lieu of any Post-Hospitalization / Outpatient Surgery Outpatient Consultation under Part III of the Basic Policy.

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AIA International Limited

(b) **OUTPATIENT SPECIALIST FEE BENEFIT** – We shall reimburse eighty percent (80%) of the Reasonable and Customary charges actually incurred for the medical treatment performed by a Specialist to whom the Insured has been referred in writing by his attending Registered Medical Practitioner for a Covered Illness or a Covered Injury. The benefit is restricted by a maximum of one (1) visit per day for a Covered Illness or Covered Injury and subject to the maximum limit for this benefit shown on the Schedule Of Outpatient Benefits.

(c) **PHYSIOTHERAPY AND CHIROPRACTIC BENEFIT** – We shall reimburse eighty percent (80%) of the Reasonable and Customary charges actually incurred for the medical treatment performed by a Physiotherapist, and Chiropractor to whom the Insured has been referred in writing by his attending Registered Medical Practitioner for a Covered Illness or a Covered Injury. The benefit is restricted by a maximum of one (1) visit per day for a Covered Illness or Covered Injury and subject to the maximum limit for this benefit shown on the Schedule Of Outpatient Benefits.

(d) **CHINESE MEDICINE PRACTITIONER CONSULTATION BENEFIT** – We shall reimburse eighty percent (80%) of the Reasonable and Customary charges actually incurred for the medical treatment performed by a Chinese Medicine Practitioner for a Covered Illness or a Covered Injury. The benefit is restricted by a maximum of one (1) visit per day for a Covered Illness or Covered Injury and subject to the maximum limit for this benefit shown on the Schedule Of Outpatient Benefits.

(e) **PSYCHIATRIC TREATMENT** – We shall reimburse eighty percent (80%) of the Reasonable and Customary charges actually incurred for psychiatric treatment provided by a Specialist in psychiatry on an Out-patient basis for curing the mental disorder or mental illness which is a psychological or behavioral pattern and causes suffering to the Insured. The maximum amount payable is the limit for this benefit shown on the Schedule Of Outpatient Benefits.

(f) **DIAGNOSTIC PROCEDURES AND LABORATORY TESTS** – We shall reimburse eighty percent (80%) of the Reasonable and Customary charges actually incurred for the diagnostic procedures and laboratory tests performed on the Insured prescribed by a Registered Medical Practitioner or Specialist for diagnostic purpose.

(g) **PRESCRIBED MEDICINES AND DRUGS** – We shall reimburse eighty percent (80%) of the Reasonable and Customary charges for actual expenses for the purchases of prescribed medicines and drugs prescribed by a Registered Medical Practitioner or Specialist for treatment or management of a Covered Illness or a Covered Injury from a legally operated pharmacy other than the office / clinic of a Registered Medical Practitioner / a Specialist, outpatient department or emergency treatment room of a Hospital.

REQUIREMENT FOR REFERRAL

Referral is required for some health services as stated in the above Benefits Provisions. The Insured is responsible for obtaining such referral from the attending Physician before seeking such health services.

Referrals have the following duration and applicability:

Covered Benefit	**Validity Duration**
Specialist Physician's services	180 days for all treatments from the same specialist Physician related to the same Disability, or if each treatment is not separated by more than 180 days.
Physiotherapy / Chiropractic Treatment	180 days for all treatments from the same registered physiotherapist / chiropractor, physiotherapy / chiropractic clinic related to the same Disability, or if each treatment is not separated by more than 180 days.
Diagnostic Procedures and Laboratory Tests	Referral is valid for one time within 180 days from the date of issue of such referral.

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Specimen

AIA International Limited

SCHEDULE OF OUTPATIENT BENEFITS

Outpatient Benefits	Coverage/Maximum Limit (HK$/MOP)
(a) Outpatient Consultation Benefit	250 per visit
(b) Outpatient Specialist Fee Benefit	600 per visit up to 10 visits per Policy Year
(c) Physiotherapy and Chiropractic Benefit	260 per visit up to 20 visits per Policy Year
(d) Chinese Medicine Practitioner Consultation Benefit	250 per visit up to 10 visits per Policy Year
Total Number of visit from items (a), (b), (c) and (d)	Maximum 50 visits per Policy Year regardless of the number of Covered Illness and/or Covered Injury.
(e) Psychiatric Treatment	3,000 per Policy Year
(f) Diagnostic Procedures and Laboratory Tests	3,000 per Policy Year
(g) Prescribed Medicines and Drugs	3,000 per Policy Year

All benefits payable hereunder must be for reasonable and customary charges, and must be based on itemized official statements of accounts or receipts.

LIMITATIONS OF BENEFITS

The Per Disability Limit and Deductible of the Basic Policy are not applicable to this Supplementary Contract.

The number of visit under section (a), (b), (c) and (d) of Benefit Provisions of this Supplementary Contract is limited to maximum fifty (50) visits per Policy Year regardless of the number of Covered Illness and/or Covered Injury.

EXCLUSIONS

The exclusions of the Basic Policy apply except (b)(iii) under Exclusions clause of Basic Policy to the extent where such occurrence is covered under (e) Psychiatric Treatment of this Supplementary Contract respectively.

GENERAL PROVISIONS

TERMINATION OF COVERAGE

This Supplementary Contract shall automatically terminate on the earliest of the following dates:

(a) the date of termination of the Basic Policy; and
(b) the date of termination of this Supplementary Contract.

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Specimen

AIA International Limited

OUTPATIENT BENEFIT (PLAN 3) SUPPLEMENTARY CONTRACT FORM NO. 2255

A Supplementary Contract is validly attached to the Basic Policy if its product or code name and form number appear on the Policy Information Page or is subsequently added by a relevant endorsement.

This Supplementary Contract is attached to and forms a part of the Policy. This Supplementary Contract supersedes any conflicting provisions of the Policy. The cover described in this Supplementary Contract is not available on a standalone basis and will terminate if the Basic Policy terminates for any reason.

Unless otherwise defined in this Supplementary Contract, words and expressions defined in your Policy have the same meanings in this Supplementary Contract.

Unless otherwise modified by Supplementary Contract, all terms, conditions and provisions of the Basic Policy remain unchanged.

While this Supplementary Contract is in force, we shall pay the following Outpatient Benefit subject to the maximum limit stated in the Schedule Of Outpatient Benefits and the terms and conditions set out herein.

BASIC DEFINITIONS

DEFINITIONS

The following definition applies to this Supplementary Contract.

"Chinese Medicine Practitioner" means an Independent Person who is an herbalist, a bonesetter or an acupuncturist registered with the Chinese Medicine Council of Hong Kong according to the Chinese Medicine Ordinance or with the local medical authorities at the place of treatment if such treatment is received outside Hong Kong.

"Chiropractor" means an Independent Person who is registered with the Chiropractor Council of Hong Kong according to the Chiropractor Registration Ordinance or with the local medical authorities at the place of treatment if such treatment is received outside Hong Kong and renders chiropractic treatment to diagnose and cure the disorders of the musculoskeletal system and the effects of these disorders on the nervous system and general health.

"Physiotherapist" means an Independent Person who is legally authorized in the geographical area of his practice to render assessment and treatment service on physical disability by means of cryotherapy, heat therapy, electrotherapy, manual therapy, traction, exercise therapy and hydrotherapy.

BENEFIT PROVISIONS

(a) **OUTPATIENT CONSULTATION BENEFIT** – We shall reimburse eighty percent (80%) of the Reasonable and Customary charges actually incurred for the consultation visit on an Out-patient basis for a Covered Illness or Covered Injury and the following medical services or supplies rendered during the consultation visit.

- consultation with a Registered Medical Practitioner
- medication for a maximum of thirty (30) days
- dressing as and when required

This benefit is restricted by a maximum of one (1) visit per day for a Covered Illness or Covered Injury and subject to the maximum limit for this benefit shown in the Schedule Of Outpatient Benefits. Payment of this benefit shall be in lieu of any Post-Hospitalization / Outpatient Surgery Outpatient Consultation under Part III of the Basic Policy.

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Specimen

AIA International Limited

(b) **OUTPATIENT SPECIALIST FEE BENEFIT** – We shall reimburse eighty percent (80%) of the Reasonable and Customary charges actually incurred for the medical treatment performed by a Specialist to whom the Insured has been referred in writing by his attending Registered Medical Practitioner for a Covered Illness or a Covered Injury. The benefit is restricted by a maximum of one (1) visit per day for a Covered Illness or Covered Injury and subject to the maximum limit for this benefit shown on the Schedule Of Outpatient Benefits.

(c) **PHYSIOTHERAPY AND CHIROPRACTIC BENEFIT** – We shall reimburse eighty percent (80%) of the Reasonable and Customary charges actually incurred for the medical treatment performed by a Physiotherapist, and Chiropractor to whom the Insured has been referred in writing by his attending Registered Medical Practitioner for a Covered Illness or a Covered Injury. The benefit is restricted by a maximum of one (1) visit per day for a Covered Illness or Covered Injury and subject to the maximum limit for this benefit shown on the Schedule Of Outpatient Benefits.

(d) **CHINESE MEDICINE PRACTITIONER CONSULTATION BENEFIT** – We shall reimburse eighty percent (80%) of the Reasonable and Customary charges actually incurred for the medical treatment performed by a Chinese Medicine Practitioner for a Covered Illness or a Covered Injury. The benefit is restricted by a maximum of one (1) visit per day for a Covered Illness or Covered Injury and subject to the maximum limit for this benefit shown on the Schedule Of Outpatient Benefits.

(e) **PSYCHIATRIC TREATMENT** – We shall reimburse eighty percent (80%) of the Reasonable and Customary charges actually incurred for psychiatric treatment provided by a Specialist in psychiatry on an Out-patient basis for curing the mental disorder or mental illness which is a psychological or behavioral pattern and causes suffering to the Insured. The maximum amount payable is the limit for this benefit shown on the Schedule Of Outpatient Benefits.

(f) **DIAGNOSTIC PROCEDURES AND LABORATORY TESTS** – We shall reimburse eighty percent (80%) of the Reasonable and Customary charges actually incurred for the diagnostic procedures and laboratory tests performed on the Insured prescribed by a Registered Medical Practitioner or Specialist for diagnostic purpose.

(g) **PRESCRIBED MEDICINES AND DRUGS** – We shall reimburse eighty percent (80%) of the Reasonable and Customary charges for actual expenses for the purchases of prescribed medicines and drugs prescribed by a Registered Medical Practitioner or Specialist for treatment or management of a Covered Illness or a Covered Injury from a legally operated pharmacy other than the office / clinic of a Registered Medical Practitioner / a Specialist, outpatient department or emergency treatment room of a Hospital.

REQUIREMENT FOR REFERRAL

Referral is required for some health services as stated in the above Benefits Provisions. The Insured is responsible for obtaining such referral from the attending Physician before seeking such health services.

Referrals have the following duration and applicability:

Covered Benefit	**Validity Duration**
Specialist Physician's services	180 days for all treatments from the same specialist Physician related to the same Disability, or if each treatment is not separated by more than 180 days.
Physiotherapy / Chiropractic Treatment	180 days for all treatments from the same registered physiotherapist / chiropractor, physiotherapy / chiropractic clinic related to the same Disability, or if each treatment is not separated by more than 180 days.
Diagnostic Procedures and Laboratory Tests	Referral is valid for one time within 180 days from the date of issue of such referral.

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Specimen

AIA International Limited

SCHEDULE OF OUTPATIENT BENEFITS

Outpatient Benefits	Coverage/Maximum Limit (HK$/MOP)
(a) Outpatient Consultation Benefit	350per visit
(b) Outpatient Specialist Fee Benefit	800 per visit up to 10 visits per Policy Year
(c) Physiotherapy and Chiropractic Benefit	380 per visit up to 20 visits per Policy Year
(d) Chinese Medicine Practitioner Consultation Benefit	350 per visit up to 10 visits per Policy Year
Total Number of visit from items (a), (b), (c) and (d)	Maximum 50 visits per Policy Year regardless of the number of Covered Illness and/or Covered Injury.
(e) Psychiatric Treatment	4,000 per Policy Year
(f) Diagnostic Procedures and Laboratory Tests	4,000 per Policy Year
(g) Prescribed Medicines and Drugs	4,000 per Policy Year

All benefits payable hereunder must be for reasonable and customary charges, and must be based on itemized official statements of accounts or receipts.

LIMITATIONS OF BENEFITS

The Per Disability Limit and Deductible of the Basic Policy are not applicable to this Supplementary Contract.

The number of visit under section (a), (b), (c) and (d) of Benefit Provisions of this Supplementary Contract is limited to maximum fifty (50) visits per Policy Year regardless of the number of Covered Illness and/or Covered Injury.

EXCLUSIONS

The exclusions of the Basic Policy apply except (b)(iii) under Exclusions clause of Basic Policy to the extent where such occurrence is covered under (e) Psychiatric Treatment of this Supplementary Contract respectively.

GENERAL PROVISIONS

TERMINATION OF COVERAGE

This Supplementary Contract shall automatically terminate on the earliest of the following dates:

(a) the date of termination of the Basic Policy; and
(b) the date of termination of this Supplementary Contract.

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Specimen

AIA International Limited

OUTPATIENT BENEFIT (PLAN 4) SUPPLEMENTARY CONTRACT FORM NO. 2255

A Supplementary Contract is validly attached to the Basic Policy if its product or code name and form number appear on the Policy Information Page or is subsequently added by a relevant endorsement.

This Supplementary Contract is attached to and forms a part of the Policy. This Supplementary Contract supersedes any conflicting provisions of the Policy. The cover described in this Supplementary Contract is not available on a standalone basis and will terminate if the Basic Policy terminates for any reason.

Unless otherwise defined in this Supplementary Contract, words and expressions defined in your Policy have the same meanings in this Supplementary Contract.

Unless otherwise modified by Supplementary Contract, all terms, conditions and provisions of the Basic Policy remain unchanged.

While this Supplementary Contract is in force, we shall pay the following Outpatient Benefit subject to the maximum limit stated in the Schedule Of Outpatient Benefits and the terms and conditions set out herein.

BASIC DEFINITIONS

DEFINITIONS

The following definition applies to this Supplementary Contract.

"Chinese Medicine Practitioner" means an Independent Person who is an herbalist, a bonesetter or an acupuncturist registered with the Chinese Medicine Council of Hong Kong according to the Chinese Medicine Ordinance or with the local medical authorities at the place of treatment if such treatment is received outside Hong Kong.

"Chiropractor" means an Independent Person who is registered with the Chiropractor Council of Hong Kong according to the Chiropractor Registration Ordinance or with the local medical authorities at the place of treatment if such treatment is received outside Hong Kong and renders chiropractic treatment to diagnose and cure the disorders of the musculoskeletal system and the effects of these disorders on the nervous system and general health.

"Physiotherapist" means an Independent Person who is legally authorized in the geographical area of his practice to render assessment and treatment service on physical disability by means of cryotherapy, heat therapy, electrotherapy, manual therapy, traction, exercise therapy and hydrotherapy.

BENEFIT PROVISIONS

(a) **OUTPATIENT CONSULTATION BENEFIT** – We shall reimburse eighty percent (80%) of the Reasonable and Customary charges actually incurred for the consultation visit on an Out-patient basis for a Covered Illness or Covered Injury and the following medical services or supplies rendered during the consultation visit.

- consultation with a Registered Medical Practitioner
- medication for a maximum of thirty (30) days
- dressing as and when required

This benefit is restricted by a maximum of one (1) visit per day for a Covered Illness or Covered Injury and subject to the maximum limit for this benefit shown in the Schedule Of Outpatient Benefits. Payment of this benefit shall be in lieu of any Post-Hospitalization / Outpatient Surgery Outpatient Consultation under Part III of the Basic Policy.

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Specimen

AIA International Limited

(b) **OUTPATIENT SPECIALIST FEE BENEFIT** – We shall reimburse eighty percent (80%) of the Reasonable and Customary charges actually incurred for the medical treatment performed by a Specialist to whom the Insured has been referred in writing by his attending Registered Medical Practitioner for a Covered Illness or a Covered Injury. The benefit is restricted by a maximum of one (1) visit per day for a Covered Illness or Covered Injury and subject to the maximum limit for this benefit shown on the Schedule Of Outpatient Benefits.

(c) **PHYSIOTHERAPY AND CHIROPRACTIC BENEFIT** – We shall reimburse eighty percent (80%) of the Reasonable and Customary charges actually incurred for the medical treatment performed by a Physiotherapist, and Chiropractor to whom the Insured has been referred in writing by his attending Registered Medical Practitioner for a Covered Illness or a Covered Injury. The benefit is restricted by a maximum of one (1) visit per day for a Covered Illness or Covered Injury and subject to the maximum limit for this benefit shown on the Schedule Of Outpatient Benefits.

(d) **CHINESE MEDICINE PRACTITIONER CONSULTATION BENEFIT** – We shall reimburse eighty percent (80%) of the Reasonable and Customary charges actually incurred for the medical treatment performed by a Chinese Medicine Practitioner for a Covered Illness or a Covered Injury. The benefit is restricted by a maximum of one (1) visit per day for a Covered Illness or Covered Injury and subject to the maximum limit for this benefit shown on the Schedule Of Outpatient Benefits.

(e) **PSYCHIATRIC TREATMENT** – We shall reimburse eighty percent (80%) of the Reasonable and Customary charges actually incurred for psychiatric treatment provided by a Specialist in psychiatry on an Out-patient basis for curing the mental disorder or mental illness which is a psychological or behavioral pattern and causes suffering to the Insured. The maximum amount payable is the limit for this benefit shown on the Schedule Of Outpatient Benefits.

(f) **DIAGNOSTIC PROCEDURES AND LABORATORY TESTS** – We shall reimburse eighty percent (80%) of the Reasonable and Customary charges actually incurred for the diagnostic procedures and laboratory tests performed on the Insured prescribed by a Registered Medical Practitioner or Specialist for diagnostic purpose.

(g) **PRESCRIBED MEDICINES AND DRUGS** – We shall reimburse eighty percent (80%) of the Reasonable and Customary charges for actual expenses for the purchases of prescribed medicines and drugs prescribed by a Registered Medical Practitioner or Specialist for treatment or management of a Covered Illness or a Covered Injury from a legally operated pharmacy other than the office / clinic of a Registered Medical Practitioner / a Specialist, outpatient department or emergency treatment room of a Hospital.

REQUIREMENT FOR REFERRAL

Referral is required for some health services as stated in the above Benefits Provisions. The Insured is responsible for obtaining such referral from the attending Physician before seeking such health services.

Referrals have the following duration and applicability:

Covered Benefit	**Validity Duration**
Specialist Physician's services	180 days for all treatments from the same specialist Physician related to the same Disability, or if each treatment is not separated by more than 180 days.
Physiotherapy / Chiropractic Treatment	180 days for all treatments from the same registered physiotherapist / chiropractor, physiotherapy / chiropractic clinic related to the same Disability, or if each treatment is not separated by more than 180 days.
Diagnostic Procedures and Laboratory Tests	Referral is valid for one time within 180 days from the date of issue of such referral.

*** End of Page ***

Specimen

AIA International Limited

SCHEDULE OF OUTPATIENT BENEFITS

Outpatient Benefits	Coverage/Maximum Limit (HK$/MOP)
(a) Outpatient Consultation Benefit	500 per visit
(b) Outpatient Specialist Fee Benefit	1,000 per visit up to 10 visits per Policy Year
(c) Physiotherapy and Chiropractic Benefit	500 per visit up to 20 visits per Policy Year
(d) Chinese Medicine Practitioner Consultation Benefit	500 per visit up to 20 visits per Policy Year
Total Number of visit from items (a), (b), (c) and (d)	Maximum 50 visits per Policy Year regardless of the number of Covered Illness and/or Covered Injury.
(e) Psychiatric Treatment	5,000 per Policy Year
(f) Diagnostic Procedures and Laboratory Tests	5,000 per Policy Year
(g) Prescribed Medicines and Drugs	5,000 per Policy Year

All benefits payable hereunder must be for reasonable and customary charges, and must be based on itemized official statements of accounts or receipts.

LIMITATIONS OF BENEFITS

The Per Disability Limit and Deductible of the Basic Policy are not applicable to this Supplementary Contract.

The number of visit under section (a), (b), (c) and (d) of Benefit Provisions of this Supplementary Contract is limited to maximum fifty (50) visits per Policy Year regardless of the number of Covered Illness and/or Covered Injury.

EXCLUSIONS

The exclusions of the Basic Policy apply except (b)(iii) under Exclusions clause of Basic Policy to the extent where such occurrence is covered under (e) Psychiatric Treatment of this Supplementary Contract respectively.

GENERAL PROVISIONS

TERMINATION OF COVERAGE

This Supplementary Contract shall automatically terminate on the earliest of the following dates:

(a) the date of termination of the Basic Policy; and
(b) the date of termination of this Supplementary Contract.

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Specimen

AIA International Limited

SCHEDULE OF BENEFITS
(Plan 1)

	Coverage/Maximum Limit (HK$/MOP)	
ROOM TYPE	WARD	
PER DISABILITY LIMIT **(applies to benefits payable under Parts I, II, III, IV and VI)**	100,000	
ADDITIONAL PER DISABILITY LIMIT FOR NETWORK BENEFITS **(applies to benefits payable under Parts I, II, III, IV and VI)**	50,000	
PER DISABILITY LIMIT **(applies to benefits payable under Part V only)**	100,000	
	Maximum Limit (HK$/MOP) **Network Benefits**	**Non-network Benefits**
DEDUCTIBLE **(applies to benefits payable under Parts I, II, III, IV and V)**	0	5,000
I. **CONFINEMENT BENEFITS** (a) Hospital Daily Room & Board Benefit (b) Physician's Visit (c) Specialist's Fee (d) Miscellaneous Hospital Expenses Benefit (e) Intensive Care Benefit	90% of Eligible Expenses	80% of Eligible Expenses
II. **SURGICAL BENEFITS** (a) Surgery Benefit (b) Out-patient Surgery Benefit (c) Medical Appliances Benefit	90% of Eligible Expenses	80% of Eligible Expenses
III. **POST-HOSPITALIZATION / OUTPATIENT SURGERY OUTPATIENT CONSULTATION**	90% of Eligible Expenses	80% of Eligible Expenses
IV. **OTHER BENEFITS** (a) Advanced Diagnostic Imaging (b) Emergency Outpatient Treatment Benefit	90% of Eligible Expenses	80% of Eligible Expenses
V. **SPECIAL BENEFIT FOR CANCER AND RENAL DIALYSIS** (a) Diagnostic Benefit for Cancer (b) Chemotherapy, Radiotherapy & Targeted Therapy Benefit (c) Dialysis Treatment	90% of Eligible Expenses	80% of Eligible Expenses
VI. **NETWORK CLINICAL SURGERY BENEFIT**	Fully covered	N/A

All benefits payable hereunder must be reasonable and customary charges, and must be based on itemized official statements of accounts or receipts.

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Specimen

AIA International Limited

SCHEDULE OF BENEFITS
(Plan 2)

	Coverage/Maximum Limit (HK$/MOP)	
ROOM TYPE	SEMI-PRIVATE	
PER DISABILITY LIMIT **(applies to benefits payable under Parts I, II, III, IV and VI)**	200,000	
ADDITIONAL PER DISABILITY LIMIT FOR NETWORK BENEFITS **(applies to benefits payable under Parts I, II, III, IV and VI)**	100,000	
PER DISABILITY LIMIT **(applies to benefits payable under Part V only)**	200,000	
	Maximum Limit (HK$/MOP)	
	Network Benefits	**Non-network Benefits**
DEDUCTIBLE **(applies to benefits payable under Parts I, II, III, IV and V)**	0	15,000
I. **CONFINEMENT BENEFITS** (a) Hospital Daily Room & Board Benefit (b) Physician's Visit (c) Specialist's Fee (d) Miscellaneous Hospital Expenses Benefit (e) Intensive Care Benefit	90% of Eligible Expenses	80% of Eligible Expenses
II. **SURGICAL BENEFITS** (a) Surgery Benefit (b) Out-patient Surgery Benefit (c) Medical Appliances Benefit	90% of Eligible Expenses	80% of Eligible Expenses
III. **POST-HOSPITALIZATION / OUTPATIENT SURGERY OUTPATIENT CONSULTATION**	90% of Eligible Expenses	80% of Eligible Expenses
IV. **OTHER BENEFITS** (a) Advanced Diagnostic Imaging (b) Emergency Outpatient Treatment Benefit	90% of Eligible Expenses	80% of Eligible Expenses
V. **SPECIAL BENEFIT FOR CANCER AND RENAL DIALYSIS** (a) Diagnostic Benefit for Cancer (b) Chemotherapy, Radiotherapy & Targeted Therapy Benefit (c) Dialysis Treatment	90% of Eligible Expenses	80% of Eligible Expenses
VI. **NETWORK CLINICAL SURGERY BENEFIT**	Fully covered	N/A

All benefits payable hereunder must be reasonable and customary charges, and must be based on itemized official statements of accounts or receipts.

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Specimen

AIA International Limited

SCHEDULE OF BENEFITS
(Plan 3)

	Coverage/Maximum Limit (HK$/MOP)	
ROOM TYPE	STANDARD PRIVATE	
PER DISABILITY LIMIT **(applies to benefits payable under Parts I, II, III, IV and VI)**	500,000	
ADDITIONAL PER DISABILITY LIMIT FOR NETWORK BENEFITS **(applies to benefits payable under Parts I, II, III, IV and VI)**	100,000	
PER DISABILITY LIMIT **(applies to benefits payable under Part V only)**	300,000	
	Maximum Limit (HK$/MOP)	
	Network Benefits	**Non-network Benefits**
DEDUCTIBLE **(applies to benefits payable under Parts I, II, III, IV and V)**	0	28,000
I. **CONFINEMENT BENEFITS** (a) Hospital Daily Room & Board Benefit (b) Physician's Visit (c) Specialist's Fee (d) Miscellaneous Hospital Expenses Benefit (e) Intensive Care Benefit	90% of Eligible Expenses	80% of Eligible Expenses
II. **SURGICAL BENEFITS** (a) Surgery Benefit (b) Out-patient Surgery Benefit (c) Medical Appliances Benefit	90% of Eligible Expenses	80% of Eligible Expenses
III. **POST-HOSPITALIZATION / OUTPATIENT SURGERY OUTPATIENT CONSULTATION**	90% of Eligible Expenses	80% of Eligible Expenses
IV. **OTHER BENEFITS** (a) Advanced Diagnostic Imaging (b) Emergency Outpatient Treatment Benefit	90% of Eligible Expenses	80% of Eligible Expenses
V. **SPECIAL BENEFIT FOR CANCER AND RENAL DIALYSIS** (a) Diagnostic Benefit for Cancer (b) Chemotherapy, Radiotherapy & Targeted Therapy Benefit (c) Dialysis Treatment	90% of Eligible Expenses	80% of Eligible Expenses
VI. **NETWORK CLINICAL SURGERY BENEFIT**	Fully covered	N/A

All benefits payable hereunder must be reasonable and customary charges, and must be based on itemized official statements of accounts or receipts.

*** End of Page ***

Specimen

StepUp Medical Protection Plan – Schedule of Benefits 11012017 DCDC

AIA International Limited

WORLDWIDE EMERGENCY ASSISTANCE SERVICES ENDORSEMENT

This Endorsement is attached to and forms a part of the Policy. Except as otherwise provided in this Endorsement, all terms, conditions, provisions and definitions of the Policy shall have full force and effect.

BENEFITS

While this Policy is in force, and subject to the terms, conditions and exclusions herein contained, we will provide the following coverages which will be organized and implemented using the means and services best adapted to the physical condition of the Insured by a service provider ("Provider") engaged by us.

(a) **EMERGENCY MEDICAL EVACUATION**

If the Insured suffers a Serious Injury or Sickness commenced during the Insured's Trip outside the country or place of which the Insured was a permanent resident at the time the Trip commenced (being Hong Kong, Macau or the People's Republic of China, as the case may be), and if, in the absolute opinion of the Provider or its authorized representative, it is judged medically appropriate with regard to relevant factors (such as the Insured's medical situation and the treatments that the Insured has been undertaking), the Provider will organize emergency medical transport to the nearest medical facility that is adequately equipped to treat the Insured's medical condition. Depending upon the medical severity of the Insured's condition, the Insured will be transported by airplane, road or air ambulance, rail or other suitable and available means. Except as may be included under Covered Expenses (as defined herein), medical expenses, including but not limited to the cost of medical treatment at the nearest medical facility to which the Insured has been transported for treatment, are not covered hereunder.

(b) **REPATRIATION OF REMAINS**

If the Insured dies during a Trip, the Provider will organize the repatriation of the Insured's body to the country or place of which the Insured was a permanent resident at the time the Trip commenced (being Hong Kong, Macau or the People's Republic of China, as the case may be). The costs of burial, embalming, casket and ceremonies are not covered unless this is mandatory under the local legislation.

(c) **COMPASSIONATE VISIT**

If the Insured dies or is hospitalized for more than five (5) consecutive days due to a Serious Injury or Sickness commenced during the Insured's Trip outside the country or place of which the Insured was a permanent resident at the time the Trip commenced (being Hong Kong, Macau or the People's Republic of China, as the case may be) and no Adult Immediate Family Member is with the Insured, the Company shall arrange and pay for one (1) Adult Immediate Family Member to travel to the location where the Insured has died or is hospitalized to attend to the Insured. The benefits payable hereunder shall be limited to: 1) round trip travelling expenses (return economy class airfare or first class railway fare only) necessarily incurred for such Adult Immediate Family Member to travel to the location of the Insured; and 2) reasonable hotel accommodation expenses necessarily incurred by such Adult Immediate Family Member at the Insured's location.

(d) **RETURN OF MINOR CHILDREN**

If the Insured travels alone with Minor Child(ren) on a Trip outside the country or place of which the Insured was a permanent resident at the time the Trip commenced (being Hong Kong, Macau or the People's Republic of China, as the case may be) and dies or is hospitalized for more than five (5) consecutive days due to a Serious Injury or Sickness commenced during such Trip, the Company shall arrange and pay for one (1) Adult Immediate Family Member to travel to the location where the Insured has died or is hospitalized to take care of the Minor Child(ren) and accompany up to two (2) Minor Child(ren) back to the country or place of which the Insured was a permanent resident at the time the Trip commenced. The benefits payable hereunder shall be limited to: 1) round trip travelling expenses (economy class airfare or first class railway fare only) necessarily incurred for such Adult Immediate Family Member to travel to the location of the Insured; 2) one-way traveling expenses (economy class airfare or first class railway fare only) necessarily incurred for up to two (2) Minor Child(ren) to travel from the Insured's location back to the country or place of which the Insured was a permanent resident at the time the Trip commenced; and 3) reasonable hotel accommodation expenses necessarily incurred by such Adult Immediate Family Member and up to two (2) Minor Child(ren) at the Insured's location.

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Specimen

StepUp Medical Protection Plan (WW Emer. Asst.) 06282017 THLK P0104

AIA International Limited

(e) **24-HOUR WORLDWIDE TELEPHONE ENQUIRY SERVICES**

While the Policy is in force, a 24-hour worldwide telephone enquiry service will be provided to the Insured for travel matters, before or during the Insured's Trip.

The 24-hour worldwide telephone enquiry service is limited to telephone enquiry services in relation to travel matters. We will not be held responsible for any costs or expenses (including any medical or legal costs, and costs for any other services) incurred by the Insured and / or you arising out of or in relation to following any advice or referral given by or from the 24-hour worldwide telephone enquiry service.

The 24-hour worldwide telephone enquiry service is provided on a best-effort basis and may not be available due to logistical problems, such as time, distance, location, or any other factors that are not within the control of the Company or the Provider. Without prejudice to the provisions "GENERAL TERMS AND CONDITIONS" of this Endorsement, the Company or the Provider shall not be held liable or responsible for any damages or losses whatsoever suffered by the Insured for the failure, delay or omission in the delivery of this 24-hour worldwide telephone enquiry services.

The coverage hereunder for Covered Expenses under Items (a) and (b) above and the expenses incurred under Items (c) and (d) above is subject to a maximum aggregate limit of HK$/MOP1,000,000 or its equivalent of emergency assistance benefits payable under all policies insuring the same life issued by the Company or AIA Company Limited (whether in Hong Kong or otherwise), including this Policy, which are providing emergency assistance services coverage of the same or a similar type.

IN CASE OF MEDICAL EMERGENCY

In case of serious medical emergency the Insured must contact the Provider immediately. There will be assistance operators ready to respond twenty-four (24) hours a day.

After this preliminary contact the Provider's medical team, in consultation with both the attending Registered Medical Practitioner(s) and / or the Insured's habitual Registered Medical Practitioner(s), will in their absolute discretion decide which means of medical transport and / or medical center and / or medical care is most appropriate to the Insured's medical situation.

In case of evacuation or repatriation due to covered Accident or Sickness the Provider will pay Covered Expenses directly to the medical transport organization.

Any expenses for a service not approved and arranged by the Provider or an authorized representative of the Provider shall not be covered under this Endorsement. However, the Company may at its absolute sole discretion consider reimbursing the expenses, or any part thereof, for services not approved or arranged by the Provider or an authorized representative of the Provider if it is proved to our satisfaction that the Insured and the Insured's traveling companions cannot, for reasons beyond their reasonable control, contact or notify the Provider during an emergency medical situation. Any such reimbursement will be limited to those expenses incurred for services that would have been provided by the Provider under the same circumstances.

When the Insured's transportation or that of other people traveling with the Insured is paid for by us, we are entitled to request any unused transportation tickets of the Insured or the Insured's traveling companion(s), as the case may be.

GENERAL TERMS AND CONDITIONS

(a) In the event that authorization of payment and / or payment is made by the Company or the Provider or an authorized representative of the Provider for an emergency assistance claim which is not covered under this Endorsement, the Company or the Provider or an authorized representative of the Provider reserves the right to recover the said sum from the Insured.

(b) The Company or the Provider cannot be held liable for any default or delay in the execution of services in the event of strikes, riots, any act of sabotage or terrorism, civil or foreign war, release of heat or irradiation coming from the splitting of nuclei of atoms, radioactivity, other accidents or case of natural catastrophe.

*** End of page ***

Specimen

AIA International Limited

All interventions by the Provider are conducted within the context of the national and international laws and regulations and are dependent on all necessary authorizations and permits being obtained from the relevant authorities.

(c) The coverage under this Endorsement shall automatically terminate on the occurrence of the earliest of the following:

i) termination of the Policy;
ii) taking up of permanent residency by the Insured in a jurisdiction other than the country or place of which the Insured was a permanent resident at the time the Trip commenced (being Hong Kong, Macau or the People's Republic of China, as the case may be); or
iii) any specific loss for which any benefit of Repatriation of Remains is payable under this Endorsement.

(d) The Provider or an authorized representative of the Provider is not our agent and we shall not be held liable or responsible for the act or omission of such provider.

EXCLUSIONS

Exclusions of the Basic Policy and Supplementary Contracts (if any) do not apply and are replaced with the following for purposes of this Endorsement.

Benefits under this Endorsement will not be provided for any expenses or loss resulting in whole or in part from any of the following occurrences:

(a) War declared or undeclared, invasion, civil war, revolution, and any warlike operations;

(b) Treatment of alcoholism, or drug abuse or any other complications arising therefrom, or Accidents and / or illnesses caused by and whilst under the influence of drugs or alcohol;

(c) The Insured commencing his Trip contrary to medical advice, or with intention to obtain medical treatment or after a terminal prognosis has been made;

(d) Suicide, attempted suicide or intentionally self-inflicted Injury;

(e) The Insured engages or takes part in hang-gliding, parasailing, parachuting or any sports undertaken on a professional or competitive basis;

(f) The Insured engaging in air-travel except flying as a fare-paying passenger in or on any aircraft operated by a commercial passenger airline on a regularly scheduled passenger trip over its established passenger route;

(g) The Insured engaging in services in any of the armed forces;

(h) Violation or attempted violation of the law or resistance to arrest;

(i) Pre-existing Conditions;

(j) Childbirth, pregnancy and its Complications of Pregnancy;

(k) Mental or nervous disorders;

(l) Cosmetic or plastic surgery, or any elective surgery; or

(m) Any loss that is covered by any other existing insurance scheme, government program or which will be paid or refunded by a hotel, airline, travel agent or organizer, or any other providers of travel and / or accommodation.

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Specimen

AIA International Limited

MODIFICATIONS AND CANCELLATION

We reserve the absolute right and discretion to determine, specify and amend the scope and conditions of any of the coverage under this Endorsement or to terminate or cancel any of them at any time without notice.

BASIC DEFINITIONS

"Accident" shall mean any bodily injury, unintentional on the part of the Insured, resulting directly from the sudden action of an external cause and independently of all other causes, of which the Insured is a victim.

"Adult" means a person who is eighteen (18) years old or above.

"Complications of Pregnancy" refers to those conditions requiring hospital stays (when the pregnancy is not terminated) whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy. These conditions include acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity. Complications of pregnancy also include non-elective Caesarean section, ectopic pregnancy which is terminated and spontaneous termination of pregnancy, which occurs during a period of gestation in which a viable birth is not possible.

"Covered Expenses" shall mean expenses for transportation, medical services and / or medical supplies necessarily incurred in connection with service provided and / or arranged by the Provider or an authorized representative of the Provider for emergency medical evacuation of the Insured or repatriation of the Insured's remains.

"Immediate Family Member" refers to the Insured's legal spouse; Insured's child (including natural offspring, stepchild or legally adopted child); sibling; sibling-in-law; parent; parent-in-law; grandparent; grandchild; legal guardian or step-parent.

"Minor" means a person who is under eighteen (18) years old.

"Pre-existing Condition" refers to any sickness, disease, or other condition for which the Insured received medical treatment, diagnosis, consultation or prescribed drugs, or a condition for which medical service or treatment was recommended by a Registered Medical Practitioner, before the commencement of coverage under this Endorsement.

"Serious Injury or Sickness" is an Injury or Sickness which requires treatment by a Registered Medical Practitioner and which results in the Insured being certified by that Registered Medical Practitioner as unfit to travel or continue with the original Journey.

"Sickness" shall mean any noticeable change in the physical health of the Insured provided that this change occurs during the Trip, the Insured requires the care of a Registered Medical Practitioner acting within the scope of his / her license to treat the Sickness, and the nature of the illness is not excluded from this Endorsement.

"Trip" means a journey taken by the Insured and commences upon the Insured leaving the country or place of which the Insured was a permanent resident at the time of leaving (being Hong Kong, Macau or the People's Republic of China, as the case may be) or two (2) hours before the Insured's arrival at any immigration counter for the purpose of leaving such country or place (whichever is later), and ceases on the occurrence of the earliest of the following:

(a) the Insured's return directly to the country or place of which the Insured was a permanent resident at the time of leaving (being Hong Kong, Macau or the People's Republic of China, as the case may be); or
(b) two (2) hours following the Insured's arrival at any immigration counter for the purpose of returning to such country or place after the journey.

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Specimen

P. Frequently Asked Questions

I. Related to Eligibility	
1.	**What kind of corporate clients can offer *StepUp Medical Protection Plan* ("*StepUp*") to their employees?** • Corporate groups which are/going to be AIA group medical clients; and • Corporate groups with not less than 10 employees (not including voluntary or top-up policies)
2.	**Who is eligible for *StepUp*?** AIA group medical scheme members only (not including voluntary or top-up policies) with the following requirement: • HKID Card holder; • Not a life insured for in-force ***StepUp*** or ***Journey Protect Medical Protection Plan***; • Have not cancelled any ***StepUp*** or ***Journey Protect*** before.
3.	**Enrolment period of *StepUp*:** • New join employees and their dependants*: within 30 days after joining AIA group medical scheme; • within 30 days after the policy anniversary of AIA group medical scheme; • within 30 days prior to / after the termination of their membership in AIA group medical scheme; • within 30 days prior to the birthday of **age 66.** * Corporate groups have to offer AIA group medical protection to employees' dependants so that they can apply
4.	**Do employee and dependants have to apply at the same time?** • Corporate groups have to offer AIA group medical protection to employees' dependants so that they can apply; • Dependant child(ren) aged under 18 must enrol this plan together with his/her parent; • Eligible dependants must enrol in the same plan as the employee to whom they are related (Include core benefits and optional outpatient benefit, if applicable)
II. Related to Benefit Cover	
1.	**When will the sickness/injury be treated as a separate disability?** "Disability" means: (i) any and all Sicknesses or Injuries arising from the same (or a related) cause, including any and all complications therefrom, provided that any Confinement for or treatment of such Sicknesses or Injuries are separated by less than ninety (90) days; or (ii) any and all Sicknesses or Injuries arising concurrently from different causes in the course of the same Confinement. For the avoidance of doubt, a Sickness or Injury which is treated or investigated ninety (90) or more days following Confinement for or treatment of a prior Sickness or Injury arising from the same (or a related) cause shall be regarded as a separate Disability for purposes of this Policy.
2.	**Which kind of medical appliances are included?** Specified items: i. pace maker; ii. stents for Percutaneous Transluminal Coronary Angioplasty iii. intraocular lens (standard); iv. artificial cardiac valve; v. metallic or artificial joints for joint replacement; vi. prosthetic ligaments for replacement or implantation between bones; vii. prosthetic intervertebral disc.
3.	**Does Advanced Diagnostic Imaging Test include those before or after surgery?** It includes those medically necessary Advanced Diagnostic Imaging Tests, no matter before or after surgery.

4.	**Does Post-hospitalisation/Outpatient Surgery Outpatient Consultation include medication and physiotherapy fees?** Provided that the insured who consults registered practitioners on an outpatient basis, we cover the reasonable and customary actual consultation fee incurred within 31 days after hospitalisation or outpatient surgery: • Consultation charge per visit; • Medication fee for 7 days per consultation per visit; • Necessary wound care after outpatient surgery; • Any medically necessary diagnostic tests during consultation; and • The insured is the outpatient attendee of tests conducted provided that such consultation, medical treatment, medication and diagnostic tests (as the case may be) are in respect of the same covered illness or covered injury to which the confinement or procedures performed relates.
5.	**If employees or their family members change job or retire, can they still be covered under *StepUp*?** When employees or their family members join ***StepUp***, they can renew their cover every year. Renewal premium will be based on the prevailing premium rates at the time of renewal. Even if they leave the company, group cover ends or retire, their cover under this plan will continue, giving them protection at all times.
6.	**Does *StepUp* cover pre-existing conditions?** If the insured has been a member of AIA group medical scheme for 12 continuous months, or has been a member of AIA group medical scheme plus ***StepUp*** for 12 continuous months, pre-existing conditions of the insured will be covered under ***StepUp***.
III. Related to Medical Underwriting	
1.	**Is medical underwriting or a health declaration required?** No. Acceptance is guaranteed for AIA group medical scheme members.
IV. Related to Network Services	
1.	**Where can I get the list of *StepUp* network doctors?** The insured can get the network doctor list from: i. Contact AIA customer hotline (852) 2232 8888, or ii. AIA Employee Benefits Online Service: https://gmd.aia.com.hk/eCOMPASS/com/aig/ecompass/admin/jsp/Login.jsp?locale=en_HK
2.	**What kinds of outpatient surgeries can credit facility be arranged?** Credit facility can be arranged for the below 4 designated outpatient surgeries performing in our network clinics: 1. lens operation including cataract removal and prosthetic lens insertion 2. colonoscopy, with or without biopsy or papilloma removal 3. upper endoscopy up to the level of duodenum 4. excision of skin lumps or tumour of subcutaneous tissue, including lipoma, neurofibroma or its variants, sebaceous cysts, malignant melanoma and naevus etc.
3.	**How to use the network credit facility arrangement service?** • Please contact the network booking enquiry hotline on (852) 2232 8770 to enquire and arrange designated outpatient surgeries at a network clinic. • Present the electronic ***StepUp*** network card and Hong Kong Identity Card to the network clinic. If the outpatient surgery is performed at a network clinic, network clinic staff will submit the Prior Authorisation request to AIA directly for the clinical surgery charge of the insured and will bill AIA directly for payment of covered charges for the approved surgery up to the application coverage limit.

V. Related to Claims

1. **What is the deadline of submitting confinement and surgical claims?**
Within 90 days.

2. **Do confinement benefits include physiotherapy treatment?**
Yes. It is included in Miscellaneous hospital expenses.

3. **When making a claim for confinement expenses, given that dependants have other corporate group scheme, should they first make the claim from their own group scheme, then from *StepUp*?**
All claim should be made first from group scheme (no matter AIA or other company), before making the claim from ***StepUp***.

4. **How is the benefit calculated under non-network doctors?**
Reimbursement percentage: 80% after deducting deductible.
Example:
Expenses incurred: HK$120,000
Deductible: HK$15,000
Reimbursement = (HK$120,000 - $15,000) x 80% = HK$84,000

5. **If the insured has selected Ward plan (Plan 1), but then confined in semi-private room as ward room is not available, will the reimbursement need to be adjusted?**
Yes. If the insured is confined in a hospital room of a type that is at a higher level than the room type corresponding to the plan level chosen, the benefit payable shall be paid according to the benefits schedule, and subject to adjustment by a percentage indicated in the column of "Adjustment Factor" below:

Room Type entitlement	Received Treatment in	Adjustment Factor
Ward	Semi-Private	50%
Ward	Standard Private	25%
Ward	VIP/Deluxe/Suite	0%
Semi-Private	Standard Private	50%
Semi-Private	VIP/Deluxe/Suite	0%
Standard Private	VIP/Deluxe/Suite	50%

6. **If the insured made claims under *StepUp* before, how do the insured work out the remaining benefit limit of that disability payable under *StepUp*?**
The insured can contact AIA customer hotline (852) 2232 8888.

VI. Related to Optional Outpatient Benefit

1. **If the AIA group medical scheme of the corporate group does not provide outpatient benefit, can the eligible employees and their dependants apply for the optional outpatient benefit when they apply for *StepUp*?**
Yes.

2. **If the eligible employees apply for the optional outpatient benefit under *StepUp*, do their dependants have to apply for the optional outpatient benefit when applying for *StepUp*?**
No. Eligible employee and their dependants do not have to apply for the optional outpatient benefit at the same time. However, if the eligible dependants wish to apply for the optional outpatient benefit later, they should apply for the same optional outpatient benefit plan as the employee.

3.	**Do the eligible employees and their depedants have to apply for the same optional outpatient benefit plan?** The eligible employees and their depedants have to apply for the same core benefits and optional outpatient benefit plan, if applicable.
4.	**After the *StepUp* policy becomes effective, can add or remove the optional outpatient benefit?** • **Add optional outpatient benefit:** After the ***StepUp*** policy becomes effective, if existing clients of ***StepUp*** wish to apply for optional outpatient benefit of ***StepUp***, they must submit the application on the policy anniversary date, and medical underwriting is required. • **Remove optional outpatient benefit:** Can apply for removing the optional outpatient benefit on the next premium due date.
5.	**If the insured person removed optional outpatient benefit before, can he/she apply again in the future?** No.
6.	**Does the optional outpatient benefit of *StepUp* have medical network?** No.
7.	**When making a claim for outpatient expenses, given that the insured person has other corporate group scheme, should the insured person first make the claim from the own group scheme, then from *StepUp*?** All claim should be made first from group scheme (no matter AIA or other company), before making the claim from ***StepUp***.
8.	**Deadline of outpatient claims submission?** Within 90 days.
VII.	**Others**
1.	**Is there any minimum participation?** No.
2.	**When is the application effective?** The policy will be effective 14 days (not guaranteed) after the receipt of all documents and successful underwriting approval. The policy effective date is policy issued date, which is stated in the policy contract.
3.	**Does this scheme provide lifelong protection and guaranteed renewal? Under what circumstances would the renewal cancel?** ***StepUp*** is a lifelong medical protection but renewal is not guaranteed. AIA reserves the right to cancel the Policy by giving no less than 30 days' prior written notice.
4.	**Will AIA adjust the premium according to a specific corporate group's loss ratio?** No. When adjusting the premium, AIA would consider the overall claim cost incurred from all policies under this plan, medical inflation and other risk factors.
5.	**Can the insured settle the premium in a monthly, semi-annually or annually?** The insured can settle the premium by monthly or by annual mode, please refer to premium table for more information.

VIII. Financial Planners' Commission

1. What is the commission for selling *StepUp*?

Basic Plan

1st year	14%
2nd & 3rd year	12%
4th year onwards	10%

Optional Benefits

1st year	14%
2nd & 3rd year	12%
4th year onwards	10%

Q. Premium Table

I. Annual Premium Table (HK$) – Core Benefits

Age	Plan 1	Plan 2	Plan 3	Age	Plan 1	Plan 2	Plan 3
	Ward	Semi-Private	Standard Private		Ward	Semi-Private	Standard Private
0	2,115	4,067	8,203	50	2,793	5,519	11,571
1	2,115	4,067	8,203	51	2,862	5,655	11,857
2	2,115	4,067	8,203	52	2,975	5,880	12,328
3	2,115	4,067	8,203	53	3,096	6,118	12,827
4	2,115	4,067	8,203	54	3,211	6,344	13,302
5	1,395	2,684	5,412	55	3,320	6,757	15,059
6	1,395	2,684	5,412	56	3,429	6,979	15,557
7	1,395	2,684	5,412	57	3,557	7,238	16,134
8	1,395	2,684	5,412	58	3,697	7,524	16,772
9	1,395	2,684	5,412	59	3,866	7,869	17,539
10	1,395	2,684	5,412	60	4,106	8,358	18,630
11	1,395	2,684	5,412	61	4,461	9,080	20,242
12	1,395	2,684	5,412	62	4,911	9,996	22,281
13	1,395	2,684	5,412	63	5,343	10,875	24,241
14	1,395	2,684	5,412	64	5,770	11,742	26,172
15	1,395	2,684	5,412	65	6,179	12,839	28,319
16	1,401	2,696	5,438	66*	6,430	13,500	29,472
17	1,409	2,711	5,467	67*	6,798	14,271	30,837
18	1,424	2,740	5,527	68*	7,189	15,093	32,281
19	1,442	2,772	5,593	69*	7,606	15,969	33,813
20	1,458	2,805	5,658	70*	7,961	16,713	35,391
21	1,476	2,841	5,729	71*	8,345	17,519	37,100
22	1,496	2,883	5,815	72*	8,736	18,340	38,836
23	1,520	2,930	5,910	73*	9,150	19,208	40,674
24	1,537	2,967	5,986	74*	9,568	20,088	42,537
25	1,557	3,007	6,065	75*	9,855	20,691	43,813
26	1,604	3,103	6,261	76*	10,155	21,317	45,140
27	1,650	3,192	6,441	77*	10,459	21,958	46,496
28	1,695	3,284	6,625	78*	10,774	22,619	47,894
29	1,740	3,374	6,807	79*	11,098	23,299	49,335
30	1,779	3,454	6,969	80*	11,432	24,002	50,824
31	1,821	3,539	7,138	81*	11,777	24,725	52,356
32	1,856	3,612	7,286	82*	12,128	25,462	53,916
33	1,895	3,691	7,446	83*	12,490	26,221	55,521
34	1,931	3,764	7,593	84*	12,867	27,014	57,204
35	1,972	3,880	7,892	85*	13,248	27,812	58,893
36	2,024	3,986	8,106	86*	13,321	27,966	59,218
37	2,071	4,082	8,302	87*	13,381	28,091	59,482
38	2,126	4,195	8,532	88*	13,450	28,238	59,794
39	2,184	4,314	8,774	89*	13,516	28,377	60,089
40	2,197	4,431	9,014	90*	13,579	28,508	60,367
41	2,250	4,539	9,232	91*	13,649	28,654	60,676
42	2,315	4,668	9,495	92*	13,711	28,787	60,956
43	2,385	4,737	9,780	93*	13,784	28,940	61,281
44	2,444	4,814	10,026	94*	13,845	29,066	61,547
45	2,444	4,891	10,128	95*	13,911	29,204	61,839
46	2,520	4,978	10,439	96*	13,980	29,350	62,150
47	2,610	5,156	10,812	97*	14,043	29,481	62,427
48	2,698	5,331	11,178	98*	14,116	29,635	62,752
49	2,741	5,416	11,356	99*	14,182	29,775	63,051

Effective Date: 1 July 2017

* For renewal only. Policy owner will be advised of the renewal premium for aged 100 and above before renewal.

Note:

- Premium payable is calculated according to the insured's attained age and the applicable premium at the time of application or renewal.
- Premiums stated above are non-guaranteed and may increase with the increase of age. We will regularly (not less than once per year) review the impact of medical inflation and claim performance on premium. As a result, premium may be adjusted in order to continuously provide customers with long term medical protection.
- All premiums (including renewal premiums) shown above are based on the standard premium rate. Moreover, the actual renewal premiums will be calculated according to the insured's attained age and the applicable premium rate at the time of renewal. Such premium rate is non-guaranteed and subject to revision by the Company from time to time.

II. Monthly Premium Table (HK$) – Core Benefits

Age	Plan 1	Plan 2	Plan 3	Age	Plan 1	Plan 2	Plan 3
	Ward	Semi-Private	Standard Private		Ward	Semi-Private	Standard Private
0	187	359	724	50	247	487	1,022
1	187	359	724	51	253	499	1,047
2	187	359	724	52	263	519	1,089
3	187	359	724	53	273	540	1,133
4	187	359	724	54	284	560	1,175
5	123	237	478	55	293	597	1,330
6	123	237	478	56	303	616	1,374
7	123	237	478	57	314	639	1,425
8	123	237	478	58	326	664	1,481
9	123	237	478	59	341	695	1,549
10	123	237	478	60	363	738	1,645
11	123	237	478	61	394	802	1,787
12	123	237	478	62	434	883	1,967
13	123	237	478	63	472	960	2,140
14	123	237	478	64	509	1,037	2,311
15	123	237	478	65	546	1,134	2,501
16	124	238	480	66*	568	1,192	2,602
17	124	239	483	67*	600	1,260	2,723
18	126	242	488	68*	635	1,333	2,850
19	127	245	494	69*	672	1,410	2,986
20	129	248	500	70*	703	1,476	3,125
21	130	251	506	71*	737	1,547	3,276
22	132	255	513	72*	771	1,619	3,429
23	134	259	522	73*	808	1,696	3,592
24	136	262	529	74*	845	1,774	3,756
25	137	266	536	75*	870	1,827	3,869
26	142	274	553	76*	897	1,882	3,986
27	146	282	569	77*	924	1,939	4,106
28	150	290	585	78*	951	1,997	4,229
29	154	298	601	79*	980	2,057	4,356
30	157	305	615	80*	1,009	2,119	4,488
31	161	312	630	81*	1,040	2,183	4,623
32	164	319	643	82*	1,071	2,248	4,761
33	167	326	657	83*	1,103	2,315	4,903
34	171	332	670	84*	1,136	2,385	5,051
35	174	343	697	85*	1,170	2,456	5,200
36	179	352	716	86*	1,176	2,469	5,229
37	183	360	733	87*	1,182	2,480	5,252
38	188	370	753	88*	1,188	2,493	5,280
39	193	381	775	89*	1,193	2,506	5,306
40	194	391	796	90*	1,199	2,517	5,330
41	199	401	815	91*	1,205	2,530	5,358
42	204	412	838	92*	1,211	2,542	5,382
43	211	418	864	93*	1,217	2,555	5,411
44	216	425	885	94*	1,223	2,567	5,435
45	216	432	894	95*	1,228	2,579	5,460
46	223	440	922	96*	1,234	2,592	5,488
47	230	455	955	97*	1,240	2,603	5,512
48	238	471	987	98*	1,246	2,617	5,541
49	242	478	1,003	99*	1,252	2,629	5,567

Effective Date: 1 July 2017

* For renewal only. Policy owner will be advised of the renewal premium for aged 100 and above before renewal.

Note:

- Premium payable is calculated according to the insured's attained age and the applicable premium at the time of application or renewal.
- Premiums stated above are non-guaranteed and may increase with the increase of age. We will regularly (not less than once per year) review the impact of medical inflation and claim performance on premium. As a result, premium may be adjusted in order to continuously provide customers with long term medical protection.
- All premiums (including renewal premiums) shown above are based on the standard premium rate. Moreover, the actual renewal premiums will be calculated according to the insured's attained age and the applicable premium rate at the time of renewal. Such premium rate is non-guaranteed and subject to revision by the Company from time to time.

III. Annual Premium Table (HK$) – Optional Outpatient Benefit

Age group	Plan 1	Plan 2	Plan 3	Plan 4
0 – 19	3,599	5,204	6,843	9,776
20 – 29	3,433	4,960	6,522	9,317
30 – 39	3,433	4,960	6,522	9,317
40 – 49	3,527	5,095	6,700	9,571
50 – 59	3,527	5,095	6,700	9,571
60 – 64	4,073	5,888	7,726	11,037
65 – 69*	4,396	6,341	8,334	11,906
≥70*	5,741	8,308	10,913	15,590

Effective Date: 1 July 2017
* For renewal only (applicable to aged 66 or above).

IV. Monthly Premium Table (HK$) – Optional Outpatient Benefit

Age group	Plan 1	Plan 2	Plan 3	Plan 4
0 – 19	318	460	604	863
20 – 29	303	438	576	823
30 – 39	303	438	576	823
40 – 49	311	450	592	845
50 – 59	311	450	592	845
60 – 64	360	520	682	975
65 – 69*	388	560	736	1,051
≥70*	507	734	964	1,377

Effective Date: 1 July 2017
* For renewal only (applicable to aged 66 or above).

Note:
- Premium payable is calculated according to the insured's attained age and the applicable premium at the time of application or renewal.
- Premiums stated above are non-guaranteed and may increase with the increase of age. We will regularly (not less than once per year) review the impact of medical inflation and claim performance on premium. As a result, premium may be adjusted in order to continuously provide customers with long term medical protection.
- All premiums (including renewal premiums) shown above are based on the standard premium rate. Moreover, the actual renewal premiums will be calculated according to the insured's attained age and the applicable premium rate at the time of renewal. Such premium rate is non-guaranteed and subject to revision by the Company from time to time.

R. Remarks

1. This document is for Internal Use Only. You are not allowed to use it in sales solicitation by interview or presentation or for other similar purposes. For product details, please refer to the relevant principal brochure and marketing materials.
2. This is an internal document of AIA and intended for use by its employees and agents only. You must not disseminate, distribute, and circulate to any third parties outside AIA.
3. This Launch Pack is for general information purposes only. It is not a contract of insurance nor does it form any part of the Policy. Details are subject to the terms, conditions, provisions and exclusions of the Policy.
4. "AIA", "the Company", "we", "us" or "our" as used herein refers to AIA International Limited (Incorporated in Bermuda with limited liability).
5. The Chinese translation of this Launch Pack is for reference only. In case of discrepancy, the English version of this Launch Pack prevails.

團體業務部「承諾」 – 團體危疾保障產品資料冊

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A. 產品簡介

產品名稱:	**「承諾」 – 團體危疾保障**
銷售地區:	香港
基本計劃/附加契約:	基本計劃
銷售對象:	中小企 / 大型企業 • 持有香港商業登記證之企業 及 • 擁有10名或以上申請僱員之企業
投保年齡:	60歲以下獲投保企業長期聘用及慣常地執行其固定職務的全職僱員, 最高受保年齡為65歲
貨幣:	港元
繳費形式:	僱主以年繳方式繳交保費

產品理念:

危疾潛伏您我左右。根據香港癌症統計資料顯示，每5名女士及每4名男士當中，便有1位於75歲前患上癌症[1]。此外，近十年患上癌症人士約有4成為60歲或以下人士[2]。可見危疾患者數字每年遞增，且有年輕化趨勢，情況令人憂心。

僱員一旦不幸患上危疾，他們除要負擔巨額的醫藥費外，還可能需要停工休養。身為負責任的僱主，實有必要為僱員提供一份危疾保障，防患於未然。

有見僱主對危疾保障日益關注, 友邦團體業務部特意推出**「承諾」(PROMISE)團體危疾保障**，保障僱員的同時，亦為僱主提供多一份安心 – 當受保僱員不幸患上危疾，僱員會得到一筆過的現金賠償外，僱主亦得到一筆現金(10%的賠償額)作為額外資金聘請人手暫代患病同事。

以相宜的保費、提供一份全面的團體危疾保障給僱員，可補一般團體醫療計劃的不足！ 加上此計劃提供高達500,000港元免核保額, 企業只需有10名僱員即可參加！ 我們深信「**承諾**」– 團體危疾保障定能助你搶先一步，打開團體危疾市場，贏盡中小企商機！

資料來源:
1. 醫院管理局2013年11月，香港癌症資料統計中心2011年數據。
2. 醫院管理局網頁，香港癌症資料統計中心根據2003-2012年所有部位癌症發病率平均數字統計。

上述經外部來源搜集之資料是以一般情況作為基礎及僅供參考，AIA 不會就他人因使用及/或詮釋有關內容而引致的任何損失承擔任何責任。

產品特點：

- 投保門檻低　10位僱員即可申請
- 僱員補償惠益 – 若受保僱員不幸被確診患上危疾，僱主將收到10%的賠償金額，填補僱員在接受治療期間不能工作的經濟損失
- 危疾保障賠償 – 56種危疾　保障全面
- 危疾限制預支賠償

病症	最高保障額(港元)
血管成形術及其他冠狀動脈疾病之創傷性療法	保額的10%
須作手術之腦動脈瘤	保額的50%
早期甲狀腺癌	保額的20%

- 醫療核保豁免額（根據受保人數而定）

受保僱員人數	免驗身限額（港元）
10 – 14	100,000
15 – 19	200,000
20 – 49	300,000
50名或以上	500,000

- 預設4個保額供僱主選擇 – 100,000港元; 200,000港元; 300,000港元和500,000港元
- 可按僱員職級提供不同保障額
- 身故恩恤賠償 – 如受保成員在保單生效時不幸離世，不論死因均可獲身故恩恤賠償1,000港元。
- 60日等候期
- 保障不包括已存在病症
- 可選擇轉換權益（Optional Conversion Privilege) – 僱主可選擇附加轉換權益，凡僱員在退休或終止合約之時，其年齡為65歲或以下，轉換至指定AIA個人危疾保障計劃。

銷售對象：

- 希望為僱員提供危疾保障、但預算有限的中小企
- 人手只是「岩岩好」的中小企 – 僱員一旦患上危疾而需要停工，他們並沒有預備一筆費用聘請額外人手。

B. 核保規則

最高投保限額：	500,000港元
體檢要求：	根據受保人數決定醫療核保豁免額 (NEL)。如投保額高於NEL，AIA會為每位準受保僱員進行醫療核保，準受保僱員或會被要求提供更多資料(如醫療報告)。
財務核保要求：	香港：《打擊洗錢及恐怖分子資金籌集指引》要求文件 (GP-AML-RD)

C. 佣金

第一年: 25%; 第二年或以後: 12%

D. 產品資料

產品小冊子:	PTA999290 （中英文版本）

- 財務策劃顧問可於2015年9月25日登入營業員專頁下載電子版本產品小冊子
- 印刷版本亦可由10月19日起於PSS訂購，有關編號為：PTA999290.0915

E. 賠償例子

請參閱以下個案分享：

個案 1 – 受保僱員患上受保危疾 – 中風

（以下數字乃假設並只作舉例說明之用）



受保僱員：Jason（男性, 40 歲）
職業：貿易公司經理
婚姻狀況：已婚，育有一兒一女
現有保障：「承諾」– 團體危疾保障

個案情況：
Jason在一間貿易公司擔任經理，其公司於2015年1月為僱員投保了「**承諾**」– 團體危疾保障，每位的投保額為500,000港元。
Jason公司投保後半年不幸中風，有關醫療費用高達137,793#港元。他在接受治療期間無法工作，損失收入，期間仍需履行家庭責任，支付生活費用520,800*港元。
此外，公司亦需於Jason的康復期間，另聘請額外人手分擔工作。

		港元
相關醫療費用	醫療費用、私家住院一般病房、藥物費用等	93,249
	私家醫院深切治療費用	44,544
履行家庭責任	在接受治療期間無法工作，損失收入，2 年期間仍需履行家庭責任（每年 260,400 港元*）	520,800
總支出共達		**658,593**
因僱主為 Jason 投保了「承諾」– 團體危疾保障（投保額 500,000 港元），讓 Jason 可獲得 500,000 港元的危疾保障賠償，可繳付大部分治療危疾之費用及康復期的支出等，讓 Jason 可安心對抗病魔。 此外，公司亦獲得 50,000 港元（即 10%的賠償金額）的僱員補償惠益，分擔聘請額外人手的支出或填補 Jason 不能回到工作崗位的經濟損失。		

如僱員不幸患上受保危疾

「承諾」 – 團體危疾保障

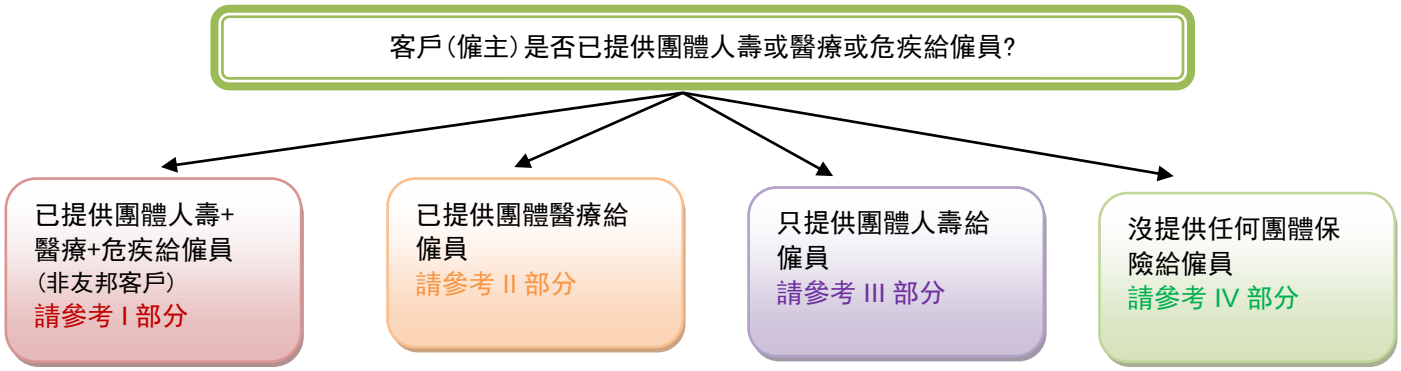
對僱員
得到一筆過危疾保障賠償，讓他們履行對家庭的經濟責任、維持現有生活質素，選擇合適的治療方案。

對僱主
得到保額 10%作僱員補償惠益，分擔聘請額外人手的支出或填補患病僱員不能回到工作崗位的經濟損失。

資料來源：
* 香港大學社會科學研究中心《香港保險市場客戶AIA問卷調查2012》
# 數據參考自友邦2013年真實賠償個案

上述經外部來源搜集之資料是以一般情況作為基礎及僅供參考，AIA 不會就他人因使用及/或詮釋有關內容而引致的任何損失承擔任何責任。

F. 產品配對小貼士



I 部分　　已提供團體人壽+醫療+危疾給僱員（非友邦客戶）

✓ 此產品較易推銷給客戶，因為:
- 他們重視僱員福利/保障
- 明白危疾保障的重要性
- 「承諾」– 團體危疾保障的優越性:
  - ✓ 可選擇個人保障轉換選擇 →讓受保成員在退休或終止合約之時，其年齡為 65 歲或以下，轉換至指定 AIA 個人危疾保障計劃。
  - ✓ 可按僱員職級提供不同保障額
  - ✓ 僱員補償惠益 –若受保僱員不幸被確診患上危疾可獲危疾保障賠償，僱主將收到保額 10%的賠償

II 部分　　已提供團體醫療給僱員
- 「承諾」– 團體危疾保障可補團體醫療計劃以外的不足
- 團體醫療計劃一般是「實報實銷」的制度賠償給僱員
- 「承諾」團體危疾保障:
  - 危疾保障賠償給僱員，讓患病僱員可以利用此賠償金額作財務上的分配，例如醫療費用、生活開支等，讓他們於治療期間仍可維持現有的生活質素。
  - 僱員補償惠益 –若受保僱員不幸被確診患上危疾，僱主將收到保額 10%的賠償金額，給僱主多一重保障。

III 部分　　只提供團體人壽給僱員
- 團體人壽保障與團體危疾保障不同
- 現今醫學科技昌明，很多早期危疾若能及早被發現，成功痊癒率其實相當高
- 危疾越趨普遍及不容忽視－香港每 4 名男性及每 5 名女性就有 1 人於 75 歲前患上不同形式的癌症 [1]

IV 部分　　沒提供任何團體保險給僱員
- 了解客戶的公司人手 – 10 人或以上? 或 3 人或以上?
- 了解客戶為甚麼還未購買團體保險?
  - 以為 3 人或 10 人的小型企業不能購買團險?
  - 以為保費太貴?

✓ 可以向他們介紹 POWER（3 名僱員已可投保、無須醫療批核及健康申報，包括團體人壽、意外、住院保障）。
✓ 如他們有額外預算及有 10 人或以上，可考慮同時向他們推介承諾。

想了解那些團險產品適合你的目標客戶，歡迎聯絡我們的業務代表。

資料來源:
1. 醫院管理局2013年11月，香港癌症資料統計中心2011年數據。

上述經外部來源搜集之資料是以一般情況作為基礎及僅供參考，AIA 不會就他人因使用及/或詮釋有關內容而引致的任何損失承擔任何責任。

G. 市場產品比較

重點比較

	AIA 「承諾」 PROMISE	X黎X – 團體危疾保障	XeneralX	AXX
套裝產品/度身訂造計劃	套裝產品	套裝產品	度身訂造計劃	度身訂造計劃
投保資格	10名僱員或以上的企業	5名僱員或以上的企業	NA	NA
投保年齡	16-59	16-65	16-55	NA
最高受保年齡	65	70	60	65
已存在病症	不受保	不受保	不受保	不受保
受保危疾	56種 ★	23種	54種	35種
產品特點	1. 僱員補償惠益 ★ 2. 危疾限制預支賠償	1. 住院現金保障（每日500港元） 2. 10名以上享有折扣	NA	NA
投保額	預設4個投保額 100,000 200,000 300,000 500,000	3個計劃 150,000 300,000 450,000	NA	NA
免核保額	10-14名: 100,000 15-19名: 200,000 20-49名: 300,000 50名以上: 500,000 ★	若投保額達150,000港元，並由僱主認可，可豁免健康申報	NA	NA
等待期	60日	30日	90日	60日
轉換至個人產品	可以，供僱主選擇。	不可以	NA	NA
保費比較 (以投保額300,000港元，受保人為男性)				
24歲	327.6	312.0	NA	NA
34歲	439.2 ★	790.0		
44歲	1,303.2 ★	1,916.0		
（以投保額300,000港元，受保人為女性）				
24歲	478.8	328.0	NA	NA
34歲	709.2 ★	832.0		
44歲	1,616.4 ★	2,016.0		
總結	AIA「承諾」的優勢 ✓ 受保危疾有56種，較其他3家保障更全面。 ✓ 備有「僱員補償惠益」照顧僱主(特別是中小企)的需要。 ✓ 保費(以34歲、44歲)而言，較X黎X – 團體危疾保障的更相宜。			

市場產品比較註解及聲明

以上上述分析及比較根據各公司於2015年3月之產品小冊子及網上相關產品資料而製成，本公司概不會就產品比較資料之準確性及完整性作出保證。只是本公司就有關計劃或產品部分資料而作出的分析和比較，惟有關計劃或產品的特色可能與此計劃不同。所有的資料將可能隨時改變而不作另行通知。本公司並不承擔任何錯之責任。此文件只供內部使用，閣下不得使用此文件作銷售面談或說明或其他相類似之用途。就有關產品詳情，請參閱有關推銷刊物。

注意事項 – 這是一份內部文件，只供友邦、其僱員及顧問使用，不能傳播或分發予友邦以外的任何第三方。

H. 合約條款樣本

AIA INTERNATIONAL LIMITED
(Incorporated in Bermuda with limited liability)

AIA Tower, 183 Electric Road, North Point, Hong Kong

In consideration of the application for this Policy, and the payment in advance of the premium computed and payable as provided hereinafter, by

(Herein called the Policyholder)

HEREBY AGREES, in accordance with and subject to the provisions of this Policy, to pay the benefits as provided by this Policy to the person or persons entitled thereto.

The provisions and conditions on the subsequent pages hereof form a part of this Policy as fully as if recited at length over the signatures hereto affixed.

IN WITNESS WHEREOF, THE AIA INTERNATIONAL LIMITED, has caused this Policy to be executed at the Issuing Office as of its Date of Issue to take effect on the Policy Effective Date.

SAMPLE

Registrar

Jacky Chan
Chief Executive Officer
Hong Kong & Macau

GROUP CRITICAL ILLNESS PROTECTION PROMISE POLICY NO. < >

GL 20150901

- PROVISIONS -

PART I - DEFINITIONS

PART II - MEMBER PARTICIPATION AND TERMINATION

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- SCHEDULES -

SCHEDULE OF CRITICAL ILLNESSES

POLICY SCHEDULE

GL 20150901

- PROVISIONS -

PART I - DEFINITIONS

In this Policy where consistent with the contents the singular shall include the plural and the plural the singular; words importing the masculine gender shall include the feminine gender; and each of the following words and expressions shall have the following meanings:

1. **"Accident"** shall mean an unforeseen and involuntary event that occurs after the insurance coverage for an Insured Member under this Policy becomes effective.

2. **"Acquired Immunodeficiency Syndrome"** or **"AIDS"** shall have the meaning ascribed to such term by the World Health Organization from time to time.

3. **"Active Service"** shall mean for employees to be employed with the Policyholder on a full time permanent basis and who are actively working on a day which is one of the Policyholder's scheduled work days and are performing in the customary manner all the regular duties of his employment with the Policyholder on a full-time basis that day either at one of the Policyholder's business establishments, or at some location to which the Policyholder's business requires him to travel. An employee will be considered in Active Service on a day which is not one of the Policyholder's scheduled work days only if he was performing in the customary manner all of the regular duties of his employment on the preceding scheduled work day.

4. **"Activities of Daily Living"** shall mean the following:

(a)	Transfer:	Getting in and out of a chair or bed without requiring any physical assistance;
(b)	Mobility:	The ability to move from room to room without requiring any physical assistance;
(c)	Continence:	The ability to voluntarily control bladder and bowel functions so as to maintain personal hygiene;
(d)	Dressing:	Putting on and taking off all necessary items of clothing without requiring assistance of another person;
(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:	All tasks of getting food into the body once it has been prepared.

5. **"Company"** shall mean the AIA International Limited.

6. **"Critical Illness"** shall mean an illness or Surgery as set out and defined in the Schedule of Critical Illnesses attached hereto, provided that the signs or symptoms of the illness or the cause of (or otherwise the condition that results in) the Surgery commence more than sixty (60) days following the coverage effective date of the respective Insured Member under this Policy.

7. **"Death"** shall mean death solely due to or arising from a natural cause or an Accident but excluding suicide.

8. **"Diagnosis"** shall mean the definitive diagnosis made by a Physician as defined below, based upon such specific condition(s), as referred to herein in the definition of the particular illness or Surgery concerned or, in the absence of such specific condition(s), based upon radiological, clinical, histological or laboratory evidence acceptable to the Company. Such Diagnosis must be supported by the Company's medical director who may base his opinion on the medical evidence submitted by the Insured Member and / or the Policyholder and / or any additional evidence he may require.

   In the event of any dispute or disagreement regarding the appropriateness or correctness of the Diagnosis, the Company shall have the right to call for an examination, of either the Insured Member or the evidence used in arriving at such Diagnosis, by an independent acknowledged expert in the field of medicine concerned selected by the Company and the opinion of such expert as to such Diagnosis shall be binding on both the Insured Member and the Company.

9. **"Eligible Members"** shall mean Members who, having completed the required Waiting Period and are not otherwise disqualified by reason of the matters set out herein, are entitled to participate in the insurance plan under this Policy.

- 1 -

GL 20150901

SAMPLE

10. **"HIV Infection"** shall be deemed to have occurred where, blood or other relevant test(s) indicate in the opinion of the Company either the presence of any human immunodeficiency virus, antigens or antibodies to such a virus.

11. **"Injury"** shall mean any abnormal bodily condition caused solely by Accident and independent of any other causes and not therefore due to illness or disease.

12. **"Insured Members"** shall mean Eligible Members who, in accordance with the provisions of Part II Section A, are participating in the insurance plan under this Policy.

13. **"Medically Necessary"** is a medical service, procedure or supply, which in the opinion of the Company, is:
    (a) consistent with generally accepted professional standards of medical practice;
    (b) required to establish a Diagnosis and/or to provide treatment; and
    (c) cannot be safely delivered at a lower level of medical care.
    Experimental, screening and preventive services or supplies are not considered Medically Necessary.

14. **"Members"** shall mean the persons so defined in the Policy Schedule attached hereto.

15. **"Physician"** shall mean any person qualified by degree in and licensed to practise western medicine who is legally authorized in the geographical area of his practice to render medical or surgical services, but excluding a Physician who is the Insured Member himself, an insurance agent, business partner or employer / employee of the Insured Member or a member of the Insured Member's immediate family, or the Policyholder.

16. **"Policy"** shall mean this agreement, any supplementary contracts or endorsements therein, whenever executed, any amendments thereto signed by the Company, the application attached hereto of the Policyholder, and the individual enrolment forms, if any, of the Insured Members, which together constitute the entire contract between the parties.

17. **"Policyholder"** shall mean the employer or other defined or otherwise legally constituted group to whom the Policy is issued.

18. **"Policy Anniversary"** shall mean the anniversary of the Policy Effective Date or the date otherwise specified in the Policy Schedule.

19. **"Policy Effective Date"** shall mean the date from which the coverage under this Policy becomes effective.

20. **"Policy Year"** shall mean a period of twelve (12) consecutive months beginning with the Policy Effective Date and subsequent Policy Anniversaries.

21. "**Principal Sum**" shall mean the amount shown on the Policy Schedule of this Policy as the "Principal Sum", as may be amended by endorsement from time to time.

22. **"Surgery"** shall mean any of the following operative procedures:
    1. Cerebral Aneurysm Requiring Surgery;
    2. Coronary Artery Surgery;
    3. Heart Valve Replacement and Repair;
    4. Major Organ Transplant;
    5. Surgery to Aorta; or
    6. Angioplasty and Other Invasive Treatments for Coronary Artery Disease.

SAMPLE

PART II - MEMBER PARTICIPATION AND TERMINATION

Section A - Participation

1. Members already eligible on the Policy Effective Date shall be eligible for participation on the Policy Effective Date.

2. Members not eligible as of the Policy Effective Date and new Members shall become eligible for participation hereunder on the day following the completion of the required Waiting Period as specified in the Policy Schedule.

3. A Member whose participation has been terminated and who re-applies for participation shall be considered as new Member.

4. Any Member who is not in Active Service on the date he would otherwise become eligible for participation hereunder shall not be eligible until he has returned to Active Service in good health and if required by the Company, submitted evidence of insurability satisfactory to the Company. Coverage for such members shall begin upon approval and confirmation by the Company.

5. Every Member who fulfills the conditions necessary to participate as set forth in paragraphs 1 to 4 above must elect to do so in writing within thirty-one (31) days from the date on which he becomes eligible. Otherwise, he shall be able to start participation only after he shall have furnished, at his own expense, evidence of his insurability satisfactory to the Company.

6. Each Eligible Member shall be insured hereunder on the first day on which he becomes eligible provided the condition set forth in paragraph 5 of this Section has been satisfied and the duly completed enrolment form and satisfactory evidence of insurability, where applicable, has been received and coverage confirmed by the Company.

Section B - Termination

The insurance hereunder of any Insured Member shall automatically cease on the earliest of the following dates:

1. The date on which the Policy is terminated.

2. The date of the expiration of the period for which the last premium payment is made on account of the Insured Member's insurance.

3. The date on which the Insured Member enters full-time military, naval or air service.

4. The Policy Anniversary at which the Insured Member attains or has attained the age of sixty-five (65).

5. The date on which the Lump Sum Payment for Critical Illness is paid in respect of the Insured Member.

6. The date communicated to the Policyholder by the Company as the date the Policy ceases on account of war, or an act of war, such date being determined at the discretion of the Company.

7. The date on which the Insured Member shall cease to be a Member. Cessation of Active Service by an Insured Member (or cessation of membership in good standing in the case of associations) shall be deemed to constitute the termination of his coverage under the Policy, except that while an Insured Member is temporarily on part-time employment or is absent for whatever reasons, his coverage under the Policy shall be deemed to continue until premium payments for such Insured Member are discontinued, but not for a period longer than twenty-four (24) months from the date of cessation of Active Service.

PART III - BENEFIT PROVISIONS

Section A - Critical Illness Benefit

1. While this Policy is in force and an Insured Member is insured hereunder:

   (a) Upon the Death of the Insured Member; or
   (b) Upon Diagnosis in the Insured Member of any Critical Illness covered in the Schedule of Critical Illnesses hereto or Surgery undergone by an Insured Member (solely for the purpose of this clause, Angioplasty and Other Invasive Treatments for Coronary Artery Disease, Cerebral Aneurysm Requiring Surgery and Early Thyroid Cancer are **excluded**),

SAMPLE

and upon receipt of due proof of the aforesaid and subject to the provisions herein, the Company shall pay the Principal Sum in one lump sum less any and all Limited Advance Payments as defined herein below (the "Lump Sum Payment for Critical Illness"). The Company's liability to each Insured Member in respect of the Lump Sum Payment for Critical Illness is limited to one-time payment and shall cease upon payment thereof.

2. While this Policy is in force and an Insured Member is insured hereunder, upon Diagnosis of, or surgery on, Angioplasty and Other Invasive Treatments for Coronary Artery Disease, Cerebral Aneurysm Requiring Surgery or Early Thyroid Cancer, and upon receipt of due proof of the aforesaid and subject to the provisions herein, the Company shall only pay a limited advance payment for Critical Illness (the "Limited Advance Payment") at the respective amounts provided in Section C below but not otherwise.

Section B - Staff Replacement Benefit

If Lump Sum Payment for Critical Illness has been made according to the benefit provisions under Section A above, the Company shall pay an additional Staff Replacement Benefit equivalent to ten percent (10%) of the Principal Sum in respect of each Insured Member to the Policyholder.

In respect of each Insured Member, the Staff Replacement Benefit is limited to one-time payment only and shall cease upon payment thereof.

Section C - Limited Advance Payment for Critical Illness

While this Policy is in force and an Insured Member is insured hereunder, upon Diagnosis of or surgery on any one of the following Critical Illnesses, and upon receipt of due proof of the same and subject to the provisions herein, the Company shall pay the Limited Advance Payment as follows:

1. In the event that an Insured Member undergoes Angioplasty and Other Invasive Treatments for Coronary Artery Disease, the Company shall pay the Limited Advance Payment equivalent to ten percent (10%) of the Principal Sum. The Company's liability to an Insured Member in respect of the Limited Advance Payment for Angioplasty and Other Invasive Treatments for Coronary Artery Disease is limited to one-time payment and shall cease upon payment thereof.

2. In the event that an Insured Member undergoes Cerebral Aneurysm Requiring Surgery, the Company shall pay the Limited Advance Payment equivalent to fifty percent (50%) of the Principal Sum. The Company's liability to an Insured Member in respect of the Limited Advance Payment for Cerebral Aneurysm Requiring Surgery is limited to one-time payment and shall cease upon payment thereof.

3. In the event that an Insured Member is diagnosed with Early Thyroid Cancer, the Company shall pay the Limited Advance Payment equivalent to twenty percent (20%) of the Principal Sum. The Company's liability to an Insured Member in respect of the Limited Advance Payment for Early Thyroid Cancer hereunder is limited to one-time payment and shall cease upon payment thereof.

Section D - Compassionate Death Benefit

While this Policy is in force and an Insured Member is insured hereunder, upon the Death of the Insured Member and upon receipt of due proof of the aforesaid, the Company shall pay the Compassionate Death Benefit as stated in the Policy Schedule.

Section E - Benefit Limitations

1. The Lump Sum Payment for Critical Illness payable in respect of an Insured Member insured hereunder (whether for Death or Critical Illness) shall be reduced by the amount(s) of any Limited Advance Payment(s) previously paid for such Insured Member.

2. The aggregate of the Lump Sum Payment for Critical Illness and any Limited Advance Payment(s) made hereunder in respect of any Insured Member shall not exceed the Principal Sum.

SAMPLE

3. The insurance under this Policy of any Insured Member shall terminate upon payment of the Lump Sum Payment for Critical Illness in respect of such Insured Member.

Section F - Risks Excluded

Save and except in the case of Compassionate Death Benefit which is not subject to Risks Excluded under this Section, the insurance under this Policy shall not cover any loss caused directly or indirectly, wholly or partly, by any one of the following occurrences:

1. Any Critical Illness or performance of any covered surgery, or Death caused by any illness which, as it can be established, was diagnosed prior to the effective date of coverage of the respective Insured Member, or within 60 days following such date.

2. The Diagnosis of Fulminant Viral Hepatitis or Cancer of the Insured Member where in the opinion of the Company, such Critical Illness was directly or indirectly due to AIDS or HIV Infection.

3. Suicide or self-destruction or intentional self-inflicted Injuries or any attempt thereat while sane or insane.

4. Coronary Artery Surgery and/or Other Serious Coronary Artery Disease and/or Angioplasty and Other Invasive Treatment for Coronary Artery Disease if the Insured Member had a diagnosis of "heart attack" prior to the effective date of his coverage.

Section G - Filing Proof of Death, Critical Illness or Surgery

It shall be a condition precedent to the liability of the Company to make payment of any benefit hereunder that satisfactory proof of loss must be furnished to the Company at its issuing office within ninety (90) days after the date of Death of the Insured Member, Diagnosis of Critical Illness or performance of Surgery.

Without affecting the generality of the foregoing, in the case of death/disability, in no event shall any further or supplemental proof of loss be submitted to the Company after seven (7) years from the date of such loss or the date of disappearance (as the case may be), nor shall the Company be processing any claim regarding an Insured Member after seven (7) years from the date of such loss or the date of disappearance of such Insured Member.

SAMPLE

Section H - Examination

The Company shall have the right and opportunity to examine the Insured Member when and as often as it may reasonably require during the pendency of claim hereunder, and also the right and opportunity to call for an autopsy in case of death where it is not forbidden by law.

Where a claim is based upon Fulminant Viral Hepatitis or Cancer as defined in the Schedule of Critical Illnesses, the Company shall be entitled to require the Insured Member to undergo a blood test including a test for the detection of any Human Immunodeficiency Virus as a condition precedent to any acceptance by the Company of due proof of such Critical Illness.

Section I - Payment of Benefits

1. Subject to Clause 3 of this Section, payment of all benefits other than Staff Replacement Benefit under this Policy shall be made to the order of the Insured Member, if living, or, in the case of Death of the Insured Member, to his designated beneficiary or beneficiaries for disbursement in accordance with the terms of the Policy provided always that the Company may, at the written request of the Policyholder for reasons acceptable to the Company, and in receipt of a bond of indemnity signed by the Policyholder, pay the benefits to the order of the Policyholder.

2. Payment of any sum made by the Company as provided by this Section shall be a good discharge to the Company and shall release the Company from all claims and demands whatsoever in respect thereto.

Section B - Grace Period, Termination and Reinstatement of Policy

1. A grace period of thirty-one (31) days following the Premium Due Date shall be allowed to the Policyholder for the payment of any premium after the first within each Policy Year. If any premium is not paid before the expiration of the grace period, this Policy shall automatically terminate at the expiration of the grace period. The Policyholder shall be liable to the Company for the premium for the time the Policy was in force during the grace period.

2. The Company reserves the right to terminate this Policy on any Premium Due Date when fewer than the total number of Members then eligible for insurance are insured hereunder, if the insurance plan is non-contributory; or less than seventy-five (75) percent of the total number of Members then eligible are insured hereunder, if the insurance plan is contributory; or if the total number of Insured Members is less than ten (10) regardless if the insurance plan is non-contributory or contributory.

3. This Policy may be terminated as at any Premium Due Date by either the Policyholder or the Company by mailing written notice of termination to the other party, not less than thirty-one (31) days before the Premium Due Date on which such termination shall be effective. If the Policyholder requests to terminate the Policy on a date other than a Premium Due Date, no refund of premiums (if any) shall apply. Termination shall be without prejudice to any claim originating prior to the effective date of termination.

4. After termination of the Policy, the Policyholder may apply for reinstatement which shall be subject to the consent of the Company and to the terms and conditions which the Company may impose including the payment of any premiums due and not paid together with interest at a rate to be decided upon by the Company.

5. This Policy shall be terminated by the Company, by written notice to the Policyholder, due to the Policyholder's violation of participation rules or material violation of the terms of the Policy.

6. This Policy shall be terminated by the Company, by written notice to the Policyholder, if the Policyholder provided the Company with false information material to the execution of this Policy or to the provision of benefits under this Policy.

7. In the circumstances described in item 5 and 6 above, the Company has the right to rescind this Policy retroactively to the Policy Effective Date, and collect compensation from the Policyholder for all claims reimbursed under this Policy, plus administrative fees.

8. This Policy shall be terminated by the Company due to fraud or misrepresentation by the Policyholder, or because the Insured Member knowingly provided the Company with false material information, including, but not limited to, false information relating to another person's eligibility for coverage. The Company has the right to rescind coverage back to the effective date.

Section C - Renewal Privilege

This Policy is issued for the term of one year and at the end of each Policy Year shall be automatically renewed provided that the Company issues an official receipt for the payment of the premium due on the following Policy Anniversary, to be paid by the Policyholder on that date.

Section D - Premium Rate

1. The Company shall have the right to change the rate at which the premiums shall be calculated, (a) on any Policy Anniversary, or (b) on any Premium Due Date provided the rate that is then being charged has been in effect for at least twelve (12) months, or (c) when the risks being insured against under the Policy have increased, or (d) when there is substantial changes to membership on which premium is based and provided further that the Company notifies the Policyholder at least thirty-one (31) days in advance of such Premium Due Date.

2. Premium adjustments involving return of unearned premiums to the Policyholder shall be limited to the period starting with the latest Policy Anniversary preceding the date of receipt by the Company of evidence that such adjustments should be made.

SAMPLE

Section E - The Contract

1. All statements relating to material facts made by the Policyholder, or by the Insured Members, shall in the absence of fraud, be deemed representations and not warranties and be conditions precedent to the enforceability of this Policy provided that no statement shall avoid the insurance, or be used in defence of a claim under it, unless it is in writing.

2. The rights of the Policyholder or of any Insured Member or of any beneficiary under the Policy shall not be affected by any provision other than those contained in this Policy or in the copy of the Policyholder's application attached hereto, or in the individual enrollment form of an Insured Member, or in any other document which constitutes part of the entire contract.

3. No agent is authorized to alter or amend this Policy, to accept premiums in arrears or to extend the due date of any premium, to waive any notice or proof of loss required by this Policy, or to extend the date before which any such notice or proof must be submitted.

4. Endorsements and/or Supplementary Contracts are effective on the date specified by the Company. No change shall be made to this Policy unless made by an Endorsement or a Supplementary Contract which is approved and signed by a Registrar of the Company and by a designated officer of the Policyholder, if applicable.

Section F - Data Required

1. The Policyholder shall maintain a record with respect to each Insured Member under this Policy, showing the Insured Member's name, sex, age or date of birth, amount of insurance, the date insurance became effective, the date insurance terminated, changes, with dates noted, of classification, beneficiary designation and other pertinent information as may be necessary to carry out the terms of this Policy.

2. Clerical error in keeping the records shall not invalidate insurance otherwise validly in force nor continue insurance otherwise validly terminated. Failure to report the termination of insurance coverage shall not continue such coverage beyond the date it is scheduled to terminate according to the terms of this Policy. Upon discovery of a clerical error, any necessary and appropriate adjustment in premiums and benefits shall be made. However, such adjustment shall be limited to the period starting with the latest Policy Anniversary preceding the date the Company received notification of such clerical error.

3. The Policyholder shall furnish the Company with all information and proof which the Company may reasonably require with regard to any matters pertaining to the Policy. All documents furnished to the Policyholder by any Insured Member in connection with the insurance, and other records as may have a bearing on the insurance under this Policy, shall be open for inspection by the Company at all reasonable times.

4. Any personal information collected or held by the Company with respect to each Insured Member under this Policy may be held, used and disclosed by the Company to individuals or organizations associated with the Company with regards to matters pertaining to the Insured Member's coverage.

5. It shall be the responsibility of the Policyholder to ensure that the personal information provided to the Company is accurate. The Policyholder shall indemnify and keep indemnified the Company against any and all losses, costs, expenses, actions, proceedings suffered by the Company as a result of the Policyholder's failure to carry out the aforesaid.

6. Personal information held by the Company in respect of each Insured Member under the Policy may be retained for not more than seven (7) years after termination of coverage of the Insured Member. The period of retention may vary on grounds of investigations, enquiries, complaints or legal actions as the case may be.

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Section G - Misstatement

1. If the age or date of birth or other relevant facts relating to an Insured Member shall be found to have been misstated and if such misstatement affects the scale of benefits or has anything to do with the terms and conditions of this Policy, the true age and facts shall be used in determining whether insurance is in force under the terms of this Policy and the benefits payable therefrom, and an equitable adjustment of premiums shall be made.

2. Where a misstatement of age or other relevant facts has caused a Member to be insured hereunder when he is otherwise ineligible for any insurance, or where such statement has caused a Member to remain insured when he would otherwise be disqualified in accordance with the terms and limitations of this Policy, his entire insurance shall be void and there shall be a return of premiums paid in respect of the Member, provided always that where there is fraud on the part of the Policyholder or Insured Member, no premiums paid are to be returned.

Section H - Enrolment Forms

The Policyholder shall furnish to the Company individual enrolment forms for Eligible Members in the form prescribed by the Company.

Section I - Administrative Services

The services necessary to administer this Policy and the coverage provided under it shall be provided in accordance with the Company's standard administrative procedures. If the Policyholder requests that such administrative services be provided in a manner other than that in accordance with these standard procedures, including requests for non-standard reports, the Company shall reserve the right to request the Policyholder to pay for such services or reports at the Company's then-current charges for such services or report.

SAMPLE

Section J - Notice

Written notice given by the Company to an authorized representative of the Policyholder is deemed notice to all affected Insured Members in the administration of this Policy, including termination of this Policy. The Policyholder is responsible for giving notice to Insured Members.

Section K - Applicable Law

This Policy, and all rights, obligations and liabilities arising hereunder, shall be construed and determined and may be enforced in accordance with the law of the Place of Issue.

Section L - Legal Proceedings

No action in law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) days after proof of loss has been filed in accordance with the requirement of the Policy, nor shall such action be brought at all unless brought within two (2) years from the expiration of time within which proof of loss is required by this Policy.

Section M - Incontestability

Notwithstanding anything to the contrary stated heretofore in this Policy, this Policy shall be incontestable except for non-payment of premium or for fraud, after it has been in force one year from its Date of Issue or date of any reinstatement whichever is later. The original coverage on any Insured Member and any subsequent additional coverage shall be incontestable except for non-payment of premium or for fraud after such Insured Member's coverage and any subsequent additional coverage has been in force hereunder for one year during his lifetime from the effective date of the original coverage and the effective date of any subsequent additional coverage respectively.

Section N - Policy Non-Participating

This Policy shall not participate in any surplus distribution by the Company.

Section O - Currency and Place of Payment

All amounts payable either to or by the Company shall be payable at the Issuing Office and in the Currency shown in the Policy Schedule.

Section P - No Offshore Risks

Unless expressly provided to the contrary, coverage and benefits under the Policy are available to Insured Members who are ordinarily residing in and are stationed in Hong Kong or Macau.

Section Q - No Third Party Rights

Unless expressly provided to the contrary in this Policy, this Policy is not intended to, and does not, give any person who is not a party to it any right to enforce its provisions.

PART VI – CONVERSION PRIVILEGE

SAMPLE

If the insurance of an Insured Member is terminated due to cessation of his employment with the Policyholder, such Insured Member shall be entitled to have an individual policy of critical illness benefit issued to him by the Company without further evidence of insurability, subject to the following terms and conditions:

1. The insurance amount of such individual policy shall not exceed the Principal Sum under this Policy then in force for the relevant Insured Member.

2. In the case of an Insured Member who:

   (a) is not a citizen of the United States of America, such individual policy shall be upon one of the forms then being offered by the Company (excluding Superior Critical Illness Plan), or

   (b) is a citizen of the United States of America, such individual policy shall be upon one of the forms of Superior Critical Illness Plan then being offered by the Company, except that any conversion privilege in such policy shall be removed;

   and the relevant individual policy shall be subject to other customary requirements of the forms being offered. The Company reserves the right to define the product range available for the purpose of such conversion.

3. Such individual policy shall require payment of the premium applicable to the form and insurance amount of the policy at the Insured Member's then attained age.

4. Such conversion privilege is not applicable for voluntary coverage, if any, under this Policy;

5. Written application for such individual policy and payment of the first premium must be made in advance by the Insured Member and received by the Company within thirty-one (31) days after the date of termination of coverage.

6. The Insured Member's attained age at the time of issuance of such individual policy is 65 or under.

7. Such conversion privilege will not be available for termination of coverage due to cessation of employment as a result of:
   (a) the Insured Member's entry into active military, naval, or airforce service of any country; or
   (b) the Insured Member's committing an illegal and / or dishonest act, or felony.

8. such conversion privilege is applicable only to Hong Kong or Macau identity cardholders.

SCHEDULE OF CRITICAL ILLNESSES

1. Acute Necrohemorrhagic Pancreatitis

Acute inflammation and necrosis of pancreas parenchyma, focal enzymic necrosis of pancreatic fat and hemorrhage due to blood vessel necrosis, where all of the following criteria are met:
(a) The necessary treatment is surgical clearance of necrotic tissue or pancreatectomy; and
(b) The Diagnosis is based on histopathological features and confirmed by a Physician who is a gastroenterologist.

Pancreatitis due to alcohol or drug abuse is excluded.

2. AIDS due to Blood Transfusion

HIV Infection due to a blood transfusion, provided that all of the following conditions are met:-
(a) the blood transfusion was Medically Necessary;
(b) the blood transfusion was received by the Insured Member after the commencement of his coverage under this Policy;
(c) the source of the infection is established to be contaminated blood provided for the blood transfusion, the origin of which can be traced through the institution providing such contaminated blood; and
(d) the Insured Member does not suffer from hemophilia.

This insurance will not apply and no benefit payment will be payable whenever a Cure is available. "Cure" means any treatment that renders the HIV inactive or non-infectious.

3. 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 Member is required. The Diagnosis of Alzheimer's Disease or other irreversible organic degenerative brain disorder must be clinically confirmed by a Physician 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.

4. Angioplasty and Other Invasive Treatments for Coronary Artery Disease

The actual undergoing of coronary artery balloon angioplasty, atherectomy, laser treatment or the insertion of a stent to correct narrowing (minimum of fifty percent (50%) stenosis) of two (2) or more coronary arteries as shown by angiographic evidence. Intra-arterial investigative procedures are not included.

5. Apallic Syndrome

Universal necrosis of the brain cortex with the brainstem remaining intact. A definite Diagnosis of apallic syndrome must be confirmed by a Physician who is a neurologist, and the condition must be medically documented for at least one (1) month.

6. Aplastic Anaemia

Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:
(a) blood product transfusion;
(b) marrow stimulating agents;
(c) immunosuppressive agents; or
(d) bone marrow transplantation.

The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy.

SAMPLE

7. Bacterial Meningitis

Bacterial Meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent neurological deficit. The Diagnosis of bacterial meningitis must be confirmed by:
(a) a Physician who is a neurologist; and
(b) a lumbar puncture confirming the presence of bacterial infection in the cerebrospinal fluid.

8. 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.

9. Blindness

Total and irreversible loss of sight in both eyes as a result of illness or Injury. The blindness must be confirmed by a Physician who is an ophthalmologist.

10. 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.

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.

11. Cardiomyopathy

An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Physician 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.

SAMPLE

12. Cerebral Aneurysm Requiring Surgery

The actual undergoing by the Insured Member of intracranial surgery via a craniotomy to clip, repair or remove an aneurysm of one (1) or more of the cerebral arteries. Catheter and intravascular technique are specially excluded from this condition.

13. Chronic Adrenal Insufficiency (Addison's Disease)

An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for life-long glucocorticoid and mineral corticoid replacement therapy. The Diagnosis of Chronic Adrenal Insufficiency (Addison's Disease) must be: i) confirmed by a Physician who is an endocrinologist and an independent medical expert appointed by the Company; and ii) supported by ACTH stimulation tests.

Only chronic adrenal insufficiency caused by an autoimmune disorder is included. All other causes of adrenal insufficiency are excluded.

14. 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 secondary to alcohol or drug abuse is excluded.

15. Coma

A state of unconsciousness with no reaction or response to external stimuli or internal needs, which is associated with a permanent neurological deficit, persists continuously for at least ninety-six (96) hours, and requires the use of a life support system. The Coma must be confirmed by a Physician who is a neurologist.

Irrespective of the above, Coma resulting directly from self-inflicted injury, alcohol or drug mis-use is excluded.

16. 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.

17. Creutzfeld-Jacob Disease

The occurrence of Creutzfeld-Jacob Disease or Variant Creutzfeld-Jacob Disease where there is an associated neurological deficit, which is solely responsible for a permanent inability to perform two (2) or more Activities of Daily Living as hereinabove defined.

Disease caused by human growth hormone treatment is excluded.

18. Early Thyroid Cancer

Any malignant tumour of the thyroid, positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells and invasion of tissue, which is histologically classified as T1N0M0 according to the TNM classification system, or another equivalent classification.

19. Ebola

Infection with the Ebola virus where the following conditions are met:
(a) presence of the Ebola virus has been confirmed by laboratory testing;
(b) there are ongoing complications of the infection persisting beyond thirty (30) days from the onset of symptoms; and
(c) the infection does not result in death.

SAMPLE

20. Elephantiasis

The end-stage lesion of filariasis, characterised by massive swelling in the tissues of the body as a result of obstructed circulation in the blood or lymphatic vessels.

Unequivocal Diagnosis of elephantiasis must be:
(a) clinically confirmed by a Physician in the appropriate medical specialty;
(b) supported by laboratory confirmation of microfilariae; and
(c) concurred in by the Company's medical director.

Lymphedema caused by infection with any other disease(s), trauma, post-operative scarring, congestive heart failure, or congenital lymphatic system abnormalities is excluded.

21. Encephalitis

Severe inflammation of brain substance, resulting in permanent neurological deficit which is documented for a minimum of thirty (30) days. Diagnosis of Encephalitis must be confirmed by a Physician who is a neurologist.

Encephalitis as a result of HIV Infection is excluded.

22. 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.

23. Fulminant Viral Hepatitis

Sub-massive to massive necrosis of the liver by a hepatitis virus, leading precipitously to liver failure, where the following criteria are met:
(a) Rapid decrease in liver size associated with necrosis involving entire lobules;
(b) Rapid deterioration of liver enzymes;
(c) Deepening jaundice; and
(d) Hepatic encephalopathy.

Hepatitis infection or carrier status alone does not meet the diagnostic criteria.

24. 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.

Angina is specifically excluded.

25. 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.

SAMPLE

26. Hemiplegia

The total and permanent loss of the use of one side of the body through paralysis caused by illness or Injury, except when such Injury is self-inflicted.

27. Infective Endocarditis

Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:

(a) Positive result of the blood culture proving presence of the infectious organism(s);
(b) Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and
(c) The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a Physician who is a cardiologist.

28. 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.

29. Loss of Hearing

Total and irreversible loss of hearing (involving the loss of at least 80 decibels in all frequencies of hearing) in both ears as a result of illness or Injury.

Medical evidence in the form of an audiometry and sound-threshold test must be provided, and the Diagnosis of Loss of Hearing must be confirmed by a Physician who is an ear, nose and throat (ENT) specialist.

30. Loss of Independent Existence

Inability to perform at least three (3) of the Activities of Daily Living as hereinabove defined (either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons) for a continuous period of at least six (6) months and leading to a permanent inability to perform the same. For the purpose of this definition, the word "permanent" shall mean beyond the hope of recovery with current medical knowledge and technology. The Diagnosis of Loss of Independent Existence must be confirmed by a Physician.

All psychiatric related causes are excluded.

31. Loss of One Limb and One Eye

Total, permanent and irrecoverable loss of sight of one (1) eye and loss by severance of one (1) limb at or above the wrist or ankle as a result of illness or Injury.

32. Loss of Speech

Total and irrecoverable loss of the ability to speak for a continuous period of twelve (12) months as a result of illness or Injury. Medical evidence confirming damage to the vocal cords leading to loss of speech must be supplied by a Physician who is an ear, nose and throat (ENT) specialist.

All psychiatric related causes are excluded.

33. Loss of Two Limbs

Severance of two (2) limbs at or above wrist or ankle as a result of illness or Injury.

34. Major Burns

Third degree (i.e. full thickness skin destruction) burns covering at least twenty percent (20%) of the total body surface area.

SAMPLE

35. 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 hereinabove defined, 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 Physician who is a neurologist and duly concurred in by the Company's medical director.

36. Major Organ Transplant

The undergoing by the Insured Member 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 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.

37. Medullary Cystic Disease

Medullary Cystic Disease where the following criteria are met:
(a) the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
(b) clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and
(c) the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.

Isolated or benign kidney cysts are specifically excluded from this benefit.

38. Motor Neurone Disease

Progressive degeneration of the corticospinal tracts and anterior horn cells or bulbar efferent neurons resulting in a permanent neurological deficit and including the following forms of motor neurone disease: spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis.

The Diagnosis of Motor Neurone Disease must be confirmed by a Physician who is a neurologist.

39. Multiple Sclerosis

Unequivocal Diagnosis of multiple sclerosis by a Physician who is a neurologist, and which confirms the following:
(a) Symptoms referable to tracts (white matter) involving the optic nerves, brain stem, and spinal cord, producing well-defined neurological deficits;
(b) A multiplicity of discrete lesions; and
(c) A well-documented history of exacerbations and remissions of said symptoms/neurological deficits.

40. Muscular Dystrophy

Diagnosis of muscular dystrophy by a Physician who is a neurologist based on three (3) out of four (4) of the following conditions:
(a) Family history of other affected individuals;
(b) Clinical presentation including absence of sensory disturbance, normal cerebro-spinal fluid and mild tendon reflex reduction;
(c) Characteristic electromyogram; or
(d) Clinical suspicion confirmed by muscle biopsy.

SAMPLE

41. Necrotising Fasciitis

The occurrence of necrotising fasciitis where the following conditions are met:
(a) the usual clinical criteria of necrotising fasciitis are met;
(b) the bacteria identified is a known cause of necrotising fasciitis; and
(c) there is widespread destruction of muscle and other soft tissues that results in a total and permanent loss of function of the affected body part.

42. Occupationally Acquired HIV

HIV Infection acquired as a result of an Accident occurring while the Insured Member is in the course of carrying out his normal occupational duties. Proof of sero-conversion to HIV Infection occurring within six (6) months of the Accident is required, together with a negative HIV test taken within seven (7) days of the Accident. The Accident giving rise to the HIV Infection must be reported to the Company within thirty (30) days of the Accident.

HIV Infection by any other means, including but not limited to HIV Infection resulting from sexual activity, blood transfusion(s) by the Insured Member as recipient, or recreational intravenous drug use, is specifically excluded.

This insurance will not apply and no benefit payment will be payable whenever a Cure is available. "Cure" means any treatment that renders the HIV inactive or non-infectious.

43. 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).

44. Paralysis

Complete and permanent loss of use of both arms or both legs, or one (1) arm and one (1) leg, through paralysis caused by illness or Injury.

45. Parkinson's Disease

Unequivocal Diagnosis of Parkinson's Disease by a Physician 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 Member to perform at least three (3) of the Activities of Daily Living as hereinabove defined, 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.

46. Pheochromocytoma

Presence of a neuroendocrine tumour of the adrenal or extra-chromaffin tissue that secretes excess catecholamines requiring the actual undergoing of surgery to remove the tumour.

The Diagnosis of Pheochromocytoma must be confirmed by a Physician who is an endocrinologist.

47. Poliomyelitis

Infection with the poliovirus, leading to paralytic disease. Paralysis due to Poliomyelitis must be confirmed by a Physician who is a neurologist, and cases not involving paralysis are excluded.

SAMPLE

48. Progressive Supranuclear Palsy

Progressive Supranuclear Palsy occurring independently of all other causes and resulting in a permanent neurological deficit, which is directly responsible for a permanent inability to perform at least two (2) of the Activities of Daily Living. The Diagnosis of Progressive Supranuclear Palsy must be confirmed by a Physician who is a neurologist.

49. Pulmonary Arterial Hypertension (Primary)

Primary Pulmonary Arterial Hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterization, and which results in permanent irreversible physical impairment to the degree of New York Heart Association (NYHA) classification Class III or Class IV, 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.

Pulmonary Arterial Hypertension which does not meet the above conditions is excluded.

50. Severe Myasthenia Gravis

An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatiguability, where all of the following criteria are met:
(a) Presence of permanent muscle weakness categorized as Class III, IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification below; and
(b) The Diagnosis of Myasthenia Gravis and categorization are confirmed by a Physician who is a neurologist.

Myasthenia Gravis Foundation of America Clinical Classification:
Class I: Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere
Class II: Eye muscle weakness of any severity, mild weakness of other muscles
Class III: Eye muscle weakness of any severity, moderate weakness of other muscles
Class IV: Eye muscle weakness of any severity, severe weakness of other muscles
Class V: Intubation needed to maintain airway

51. Severe Rheumatoid Arthritis

Unequivocal Diagnosis of systemic immune disorder of rheumatoid arthritis where all of the following criteria are met:
(a) Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis;
(b) Permanent inability to perform at least two (2) Activities of Daily Living;
(c) Widespread joint destruction and major clinical deformity of three (3) or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet; and
(d) The foregoing conditions have been present for at least six (6) months.

52. Stroke

Any cerebrovascular accident or incident producing neurological sequelae lasting at least four (4) weeks and which results in a permanent neurological deficit. Infarction of brain tissue, haemorrhage and embolization from an extra-cranial source are included. The Diagnosis of Stroke must be based on changes seen in a CT scan or MRI and must be confirmed by a Physician who is a neurologist.

The following are excluded:
(a) Cerebral symptoms due to transient ischaemic attacks;
(b) Any reversible ischaemic neurological deficit;
(c) Cerebral symptoms due to migraine; and
(d) Vascular disease affecting the eye or optic nerve or vestibular functions.

SAMPLE

53. 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.

54. Systemic Lupus Erythematosus (SLE) with Lupus Nephritis

Multi-system, autoimmune disorder characterized by the development of auto-antibodies directed against various self-antigens.

For purposes of the definition of "Critical Illness", SLE is restricted to only those forms of systemic lupus erythematosus which involve the kidneys, and are characterized as Class III, Class IV, Class V or Class VI lupus nephritis under the Abbreviated International Society of Nephrology / Renal Pathology Society (ISN/RPS) classification of lupus nephritis (2003) below based on renal biopsy. Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded.

Abbreviated ISN/RPS classification of lupus nephritis (2003):
Class I - Minimal mesangial lupus nephritis
Class II - Mesangial proliferative lupus nephritis
Class III - Focal lupus nephritis
Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis
Class V - Membranous lupus nephritis
Class VI - Advanced sclerosing lupus nephritis

55. Systemic Scleroderma

A systemic connective tissue disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs which reaches systemic proportions such that two (2) of the following criteria are met:
(a) pulmonary involvement showing carbon monoxide diffusing capacity (DLCO) < 70% of the predicted value, or forced expiratory volume in 1 sec (FEV1), forced vital capacity (FVC) or total lung capacity (TLC) < 75% of the predicted value;
(b) renal involvement showing glomerular filtration rate (GFR) < 60 ml/min; and/or
(c) cardiac involvement showing evidence of either congestive heart failure, cardiac arrhythmia requiring medication, or pericarditis with moderate to large pericardial effusion.

The following are excluded:
(i) Localised scleroderma (linear scleroderma or morphea); and
(ii) Eosinophilic fasciitis; and
(iii) CREST syndrome

Unequivocal Diagnosis of Systemic Scleroderma must be confirmed by a Physician who is a rheumatologist.

56. Terminal Illness

Conclusive Diagnosis (with written confirmation) by a Physician in the appropriate medical specialty, of a condition that is expected to result in death of the Insured Member within twelve (12) months. The Insured Member must no longer be receiving active treatment other than that for pain relief or other conservative palliative measures.

SAMPLE

Attaching to and forming part of Group Critical Illness Protection Promise Policy No.

POLICY SCHEDULE

Policy Effective Date:

Policy Anniversary:

Members at Participation: All regular full time employees of the Policyholder, who are in Active Service and have not reached the age of 60.

Age Limits: Maximum Entry Age - below 60
Termination Age - 65 upon Policy Anniversary

Waiting Period:

Plan: Plan 1 -
Plan 2 -
Plan 3 -
Plan 4 -

Changes in Classification to be Effective: Any change in Plan as a result of a change in Member's Classification shall be made effective on the Effective Date of such classification change provided that the Company has been given written notice in advance.

Principal Sum: Plan 1 - HK$100,000 per Insured Member
Plan 2 - HK$200,000 per Insured Member
Plan 3 - HK$300,000 per Insured Member
Plan 4 - HK$500,000 per Insured Member

Staff Replacement Benefit : An additional benefit of 10% of the Principal Sum in respect of each Insured Member shall be payable to the Policyholder in accordance with Section B, Part III of the Policy

Compassionate Death Benefit: HK$1,000 per Insured Member

No-Evidence Limit:

No. of Insured Members as at the first day of each Policy Year	No-Evidence Limit per Insured Member HK$
10 - 14	100,000
15 - 19	200,000
20 - 49	300,000
50 or above	500,000

Conversion Privilege:

Modal Premium Rates:

Attained Age as at the first day of each Policy Year	Annual Premium (HK$) per HK$100,000 Principal Sum **Without Conversion Privilege**	
	Male	Female
16 - 24	109.2	159.6
25 - 29	111.6	172.8
30 - 34	146.4	236.4
35 - 39	244.8	363.6
40 - 44	434.4	538.8
45 - 49	838.8	855.6
50 - 54	1,256.4	1,069.2
55 - 59	2,037.6	1,617.6
60 – 64 (renewal only)	3,380.4	2,592.0

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SAMPLE

Attained Age as at the first day of each Policy Year	Annual Premium (HK$) per HK$100,000 Principal Sum	
	With Conversion Privilege	
	Male	Female
16 - 24	120.0	175.2
25 - 29	122.4	189.6
30 - 34	160.8	260.4
35 - 39	268.8	399.6
40 - 44	477.6	592.8
45 - 49	922.8	940.8
50 - 54	1,382.4	1,176.0
55 - 59	2,241.6	1,779.6
60 – 64 (renewal only)	3,718.8	2,851.2

Mode of Payment: Annually

Premium Due Dates:

Currency Basis: Hong Kong Dollar
Place of Issue: Hong Kong
Issuing Office: Hong Kong Office
Date of Issue:

SAMPLE

Registrar

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I. 常見問題

I. 關於申請資格	
1.	**誰有資格申請「承諾」– 團體危疾保障?** **必須為企業** • 持有香港商業登記證之企業 • 擁有10名或以上申請僱員之企業 **受保人** • 受保人是指受保僱員 • 受保成員:所有60歲*以下長期聘用並慣常地執行其固定職務之全職僱員 • 最高受保年齡為65歲 *所有年齡以參加計劃時計算
2.	**僱員之家屬可否參加?** 不可以。
3.	**是否所有行業的公司可參加「承諾」– 團體危疾保障?** 大部分行業也可參加，惟以下行業並不適用: • 核能/化學/發電工廠** • 保安人員/警務人員/消防員團體** • 彈藥或爆炸品製造商 • 需集體前往外地之團體（即專業運動員、飛機工作人員、海上作業人員、鑽油台工作人員、船上工作人員） • 潛水員/鑽探員（石油/水） • 政治或宗教團體（全職僱員除外） • 僱員租賃公司/臨時僱員中介公司 • 窗戶/工業清潔服務 • 建築公司 • 醫療行業 **一般為巨災再保險合約之不保行業
II. 產品資料	
1.	**「承諾」– 團體危疾保障和度身訂造計劃下的團體危疾保障有甚麼分別?** • 「僱員補償惠益」只限提供予投保「承諾」– 團體危疾保障的公司；度身訂造計劃並不可以加入此項保障。 • 於「承諾」，已根據受保僱員人數，預設4級免驗身限額(NEL)，詳列如下: 受保僱員人數 / 免驗身限額（港元幣） 10-14 / 100,000 15-19 / 200,000 20-49 / 300,000 50名或以上 / 500,000 如投保額高於NEL，AIA會為每位準受保僱員進行醫療核保，準受保僱員或會被要求提供更多資料(如醫療報告)。 • 於承諾 – 團體危疾保障，每名僱員最高投保額為500,000港元；度身訂造計劃的危疾保額上限為2,400,000港元。
2.	**「僱員補償惠益」簡介** 若受保僱員不幸被確診患上危疾可獲危疾保障賠償，僱主將收到保額10%的賠償金額，填補僱員在接受治療期間不能工作的經濟損失。

III. 核保方面

1. **甚麼情況才需要進行醫療核保?**
如投保額高於免核保額，我們便會為準受保僱員進行醫療核保。在進行醫院核保期間，準受保僱員或會被要求提供更多資料（如醫療報告）。

IV. 關於保障範圍

1. **企業能否只為個別僱員提供「承諾」危疾保障?**
不可以。所有60歲以下長期聘用並慣常地執行其固定職務之全職僱員必須參加。

2. **不同職級的僱員能否享有不同級別的計劃?**
可以，唯所有同一職級的受保僱員均需投保同一金額。
分4個投保額給僱主選擇: 100,000; 200,000; 300,000及500,000港元。

3. **每位僱員最高投保額是多少?**
500,000港元。

V. 關於賠償

1. **如僱員患上危疾限制預支賠償下的病症，(1)血管成形術及其他冠狀動脈疾病之創傷性療法、或(2)須作手術之腦動脈瘤、或(3)早期甲狀腺癌，僱主可得到「僱員補償惠益」的賠償嗎?**
不可以。

危疾限制預支下的病症	危疾限制預支賠償給僱員	賠償給僱主（保單持有人）
血管成形術及其他冠狀動脈疾病之創傷性療法	保額的 10%	N/A
須作手術之腦動脈瘤	保額的 50%	
早期甲狀腺癌	保額的 20%	

2. **如僱主獲得「僱員補償惠益」賠償，他們是否一定要利用這筆金額來聘請額外人手?**
不。「僱員補償惠益」是當僱員患上受保危疾可獲危疾保障賠償，給予僱主一筆現金，讓他們自行決定用作聘請人手或作為僱員於治療期間不能工作，對公司的經濟損失。

3 **如僱員於保單生效期間兩度患上受保危疾，僱主可獲得2次「僱員補償惠益」?僱員可得到2次賠償？**
僱主：以每個患病僱員計算，僱主只可獲得一次「僱員補償惠益」。
僱員：任何受保僱員之保障概於就該受保僱員支付危疾保障賠償後結束。

VI. 個人保障轉換權利

1. **此產品有否提供個人保障轉換權利(Conversion Privilege)?**
如僱主選擇了投保「承諾」+個人保障轉換權利計劃，其受保僱員可於65歲或之前離職或退休時，可自行決定是否轉換至個人保障計劃。

2. **有甚麼個人保障產品可供轉換?**
財務策劃顧問可到eAgency Corner下載最新"AIA Conversion Product List"或致電團體業務熱線 2232 8118取得。

3. **轉換至個人保障產品時，於「承諾」–團體危疾保障內已受保之已存在病症，會否繼續受到保障?**
會。

VII. 其他	
1.	**本計劃是否設有「等待期」? 「等待期」如何被界定?** 等待期為60日。根據PROMISE保單生效日期起計算。
2.	**「承諾」– 團體危疾保障是否自動續保?** 是。
3.	**「承諾」– 團體危疾保障會否因應客戶之賠償率 (Loss Ratio) 個別調整保費?** 不會。此計劃屬套裝產品，在調整價格時我們會衡量所有客戶的整體賠償率及其他風險因素。然而，客戶或有機會因個別受保人年齡增長而需調整保費。
4.	**保費是以每月、每半年或每年繳付?** 以年繳形式繳付。
VIII. 財務策劃顧問福利	
1.	**「承諾」– 團體危疾保障之財務策劃顧問之佣金為多少?** 第一年: 25%; 第二年或以後: 12%

J. 保費表

I. 「承諾」 – 團體危疾保障之年繳保費率
每100,000港元計算（最高保障額：500,000港元）

按足歲計算	男性	女性
16 – 24	109.2	159.6
25 – 29	111.6	172.8
30 – 34	146.4	236.4
35 – 40	244.8	363.6
41 – 44	434.4	538.8
45 – 49	838.8	855.6
50 – 54	1,256.4	1,069.2
55 – 59	2,037.6	1,617.6
60 – 64（只供續保）	3,380.4	2,592.0

II. 「承諾」 – 團體危疾保障連同個人保障轉換權利之年繳保費率
每100,000港元計算（最高保障額：500,000港元）

按足歲計算	男性	女性
16 – 24	120.0	175.2
25 – 29	122.4	189.6
30 – 34	160.8	260.4
35 – 40	268.8	399.6
41 – 44	477.6	592.8
45 – 49	922.8	940.8
50 – 54	1,382.4	1,176.0
55 – 59	2,241.6	1,779.6
60 – 64（只供續保）	3,718.8	2,815.2

K. 保障疾病一覽表

嚴重疾病		
第1類 癌症	1. 癌[1]	
第2類 與心臟相關之疾病	2. 心肌病 3. 冠狀動脈手術 4. 心臟病 5. 心瓣置換及修補	6. 傳染性心內膜炎 7. 其他嚴重的冠狀動脈疾病 8. 肺動脈高血壓（原發性） 9. 主動脈手術
第3類 與神經系統相關之疾病	10. 亞爾茲默氏病/不可還原之器質性腦退化疾病 11. 植物人 12. 細菌性腦（脊）膜炎 13. 良性腦腫瘤 14. 昏迷 15. 腦炎 16. 偏癱 17. 嚴重頭部創傷	18. 運動神經原疾病 19. 多發性硬化症 20. 肌營養不良症 21. 癱瘓 22. 柏金遜症 23. 脊髓灰質炎 24. 進行性核上神經痲痺症 25. 嚴重重症肌無力 26. 中風
第4類 與主要器官相關之疾病	27. 急性壞死及出血性胰腺炎 28. 再生障礙性貧血 29. 慢性肝病 30. 末期肺病 31. 暴發性病毒性肝炎	32. 腎衰竭 33. 主要器官移植 34. 腎髓質囊腫病 35. 系統性紅斑狼瘡連狼瘡性腎炎 36. 系統性硬皮病
第5類 其他嚴重疾病	37. 因輸血而感染愛滋病 38. 失明 39. 慢性腎上腺功能不全（即阿狄森氏病） 40. 庫賈氏病 41. 伊波拉 42. 象皮病 43. 失聰 44. 失去一肢及一眼 45. 喪失語言能力	46. 失去兩肢 47. 嚴重燒傷 48. 壞死性筋膜炎（俗稱食肉菌感染） 49. 因職業感染人體免疫力缺乏病毒（HIV） 50. 嗜鉻細胞瘤 51. 嚴重類風濕性關節炎 52. 不能獨立生活 53. 末期疾病
非嚴重疾病		
	54. 血管成形術及其他冠狀動脈疾病之創傷性療法 55. 須作手術之腦動脈瘤 56. 早期甲狀腺癌	

註：
1. 癌（Cancer）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。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。

L. 注意事項

1. 此文件只供內部使用，閣下不得使用此文件作銷售面談或說明或其他相類似之用途。有關產品詳情，請參閱有關推銷刊物。
2. 這是一份內部文件，只供友邦、其僱員及顧問使用，不能傳播或分發予友邦以外的任何第三方。只供AIA內部使用 – 不得發放予任何公眾人士、客戶或準客戶。
3. 此產品簡介只供參考用途而非保單契約，亦不構成保單契約的部份。有關保單契約的詳情，請參閱保單契約的條款、條件、條文及不保事項。
4. 「AIA」、「友邦」或「本公司」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）。
5. 中文翻譯只供參考用途。若有任何差異，將以英文版本作準。

Corporate Solutions *PROMISE – Group Critical Illness Protection* Launch Pack

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A. Product Introduction

Product Name	***PROMISE*** – Group Critical Illness Protection
Region	Hong Kong
Basic/Top-up Plan	Basic
Targeted Customer	SME/Corporate • with Hong Kong Business Registration Certificate & • a minimum of 10 employees
Age range on Issue	Any full-time permanent employee in Active Service below 60 years of age is eligible for enrolment Maximum age for cover is 65
Policy Currency	HK dollars
Payment Mode	Annual

Product Concept：

Critical illnesses are common. According to the Hong Kong Cancer Registry, one in every five women and one in every four men will develop cancer before the age of 75[1]. Over the last decade, close to 40% of sufferers were 60 or below[2], indicating that more people are contracting the illness at a younger age. The situation is rather alarming.

If your employee is diagnosed with a critical illness, he/she will incur very high medical expenses. For responsible and caring employers, it is essential they provide critical illness protection for their employees.

There is growing concern among employers about protection for critical illness. AIA Corporate Solutions has launched ***PROMISE*** *Group Critical Illness Protection*, to bring protection to employees as well as employers. If an employee is diagnosed with critical illness, *PROMISE* pays a lump sum directly to him/her, and we will pay 10% of the sum assured[3] to their employer as to help recruit staff to temporarily replace the concerned employee.

PROMISE helps bridge the financial gap between what medical insurance covers and the additional expenses associated with critical illness. ***PROMISE*** also offers a maximum of HK$500,000 No Evidence Limit (NEL). The minimum number of employees for this plan is 10.

With PROMISE, we believe you can seize the opportunity to lead in the SME market with CI protection!

Source:

1. Hong Kong Cancer Statistics 2011, Hong Kong Cancer Registry, by Hospital Authority, November 2013.
2. Website of Hong Kong Cancer Registry, Hospital Authority, based on the 2003-2012 statistics of average prevalence rate of cancers of different parts of the body.
3. Sum assured refers to the Principal Sum as defined in the Policy Contract

The above information gathered from external source(s) is made on a general basis and is for reference only. AIA is not liable for any loss arising from the use and / or interpretation of the relevant information.

Product Highlights：

- Easy entry with a minimum 10 employees
- Staff Replacement Benefit – if an employee is diagnosed with a critical illness, we will pay 10% of sum assured to employers to fill the vacancy when the employee stops working to undergo treatment and recuperate.
- Critical Illness Benefit – Comprehensive coverage of 56 critical illness
- Limited Advance Payment

Diagnosis	Maximum Benefit (HK$)
Angioplasty and Other Invasive Treatments for Coronary Artery Disease	10% of sum assured
Cerebral Aneurysm Requiring Surgery	50% of sum assured
Early Thyroid Cancer	20% of sum assured

- Waiver of medical underwriting (NEL) – subject to number of insured members

No. of Insured Employees	No-Evidence Limit (HK$)
10 – 14	100,000
15 – 19	200,000
20 – 49	300,000
50 or above	500,000

- 4 different sum assured amounts for employers to choose – HK$100,000; HK$200,000; HK$300,000 & HK$500,000
- Different sum assured amounts can be chosen for different class of employee
- Compassionate Death Benefit – In the unfortunate event that the Insured Member passes away while the Policy is in force, a Compassionate Death Benefit HK$1,000 will be payable.
- 60-day waiting period
- Exclusions for pre-existing conditions
- Conversion Privilege – Employer can select conversion privilege in addition to PROMISE, so that employee can convert to a designated AIA critical illness insurance plan upon his / her retirement or termination of employment at age 65 or below.

Target Customer:

- Employer who is looking for critical illness protection for employees on a tight financial budget (especially SME)
- Workforce is 'just right' for the company – once an employee is unable to work due to critical illness, employer may not have budget to recruit an additional headcount for temporary replacement.

B. Underwriting Guidelines

Maximum Sum Assured	HK$500,000
Medical Requirement	NEL is subject to number of insured employees. If sum assured is higher than NEL, AIA will carry out individual medical underwriting of each proposed employee. Further information (e.g. medical report) may be required for medical underwriting.
Financial Requirement	HK: Documentation Required by The AML Guideline (GP-AML-RD)

C. Commission

First year: 25%; Second year onwards: 12%

D. Product Information

Product Brochure:	PTA0999290 (Bilingual Version)

- Financial planners can download the product brochure via eAgency Corner on 25 September 2015
- Printed version will be ready for ordering through PSS from 19 October onwards, THE PTA code is: PTA999290.0915

E. Claims Example

Case 1 – Employee is diagnosed with Stroke

(The following example is hypothetical for illustration purpose only)



Member：Jason (male, age 40)

Occupation：Manager, trading company

Marital status: Married with a son and a daughter

Protection: PROMISE

Case:

Jason is a manager in a trading company, his company has offered *PROMISE Group Critical Illness Protection* to employees since January 2015, and each employee is insured for HK$500,000.

After 6 months, Jason unfortunately suffers a stroke, it costs him a total of HK$137,793* in medical-related expenses. He cannot work to earn income due to treatment, yet he still needs to fulfill his family obligations of HK$520,800# over that period.

In addition, his employer has to recruit a temporary worker to cover his job during treatment.

		HK$
Medical-related Expenses	Medical treatment, general ward in private hospital, medication, etc.	93,249
	Intensive Care Unit Charges in private hospital	44,544
Family Obligation	Loss of income due to treatment that he still needs to fulfil family obligations (HK$260,400 per year) for 2 years.	520,800
Total expenses		**658,593**

Since the company purchased *PROMISE* (sum assured: HK$500,000), a Critical Illness Benefit (HK$500,000) was paid to Jason for settling most of the medical related expenses and expenses during rehabilitation.

In addition, employer receives HK$50,000 (10% of sum assured) as Staff Replacement Benefit to replace him and minimise the financial impact on the business.

If an employee is diagnosed with covered CI

PROMISE
Group Critical Illness
Protection

Employee
A Critical Illness Benefit will be paid, so he can fulfil family obligations, maintain living standard and choose the most appropriate treatment.

Employer
10% of sum assured will be paid as Staff Replacement Benefit, to replace the employee or minimise the financial impact on the business.

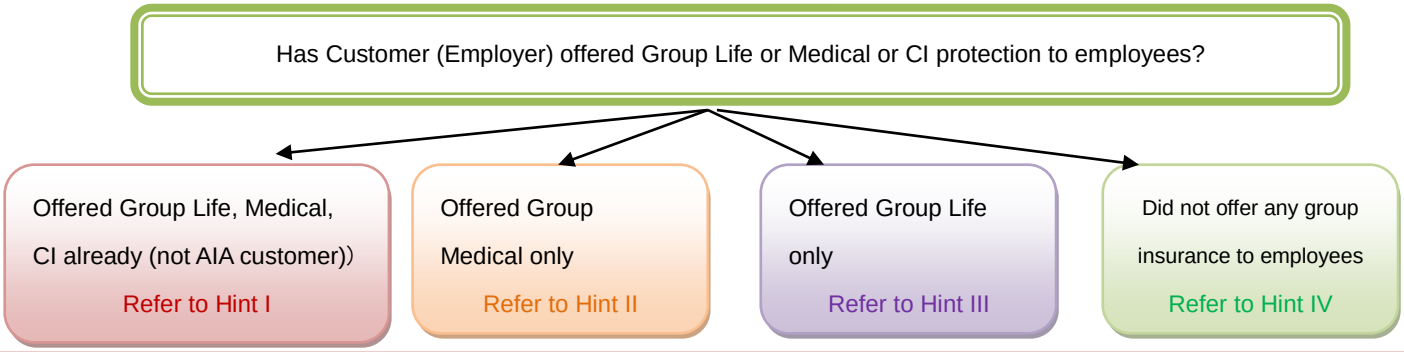
Remarks:

* Social Science Research Centre, The University of Hong Kong, "AIA Consumer Study of Hong Kong Insurance Market 2012".

The data refers to AIA actual claim cases in 2013

The above information gathered from external source(s) is made on a general basis and is for reference only. AIA is not liable for any loss arising from the use and / or interpretation of the relevant information.

F. Hint of Product Matching



Hint I Offered Group Life + Medical + CI to employees (not AIA customer)

✓ Customer welcomes this product because:

- They have an interest in Employee Benefits / Protection
- They understand the importance of CI protection
- Selling Point of PROMISE:
  - ✓ Conversion Privilege → an option of conversion at age 65 or below to an AIA individual CI insurance plan on an employee's retirement or termination of employment
  - ✓ Different sum assured can be chosen for different class of employees
  - ✓ Staff Replacement Benefit – if an employee is diagnosed with a critical illness and is paid the critical illness benefit, 10% of sum assured will be paid to employers to fill the vacancy while the employee stops working to undergo treatment and recuperate.

Hint II Offered Group Medical only

- PROMISE bridges the financial gap between what medical insurance covers and the added expenses associated with critical illness
- In general, group medical, usually on a reimbursement basis ,has the primary purpose to pay the bills
- Selling Point of PROMISE:
  - Critical illness benefit that gives insured employee the freedom and security to pay for whatever may arise during the course of the illness, or if possible, treatment and recovery.
  - Staff Replacement Benefit – if an employee is diagnosed with a critical illness and is paid the critical illness benefit, 10% of sum assured will be paid to employers to fill the vacancy while the employee stops working to undergo treatment and recuperate.

Hint III Offered Group Life only

- Group life protection and group critical illness protection are totally different.
- With advances in medical technology, the recovery rate is actually quite high provided diseases are discovered in the early stages
- Critical Illnesses are common. One in every five women and one in every four men in Hong Kong will develop cancer before the age of 75[1].

Hint IV Did not offer any group insurance to employees

- Know your customer – e.g. number of employees is 10 or above? 3 or above?
- Why have they not offered group insurance to employees?
  - They think they cannot purchase group insurance as they only have 3 -10 employees
  - Premium is too high

✓ Recommend another packaged product – POWER (easy entry from 3 employees, no underwriting or health declaration is required, group life accident and hospitalization benefit.）

If you would like to understand more on which group insurance product suits your customer, please contact our Account Executive.

Source:

1. Hong Kong Cancer Statistics 2011, Hong Kong Cancer Registry, by Hospital Authority, November 2013.

The above information gathered from external source(s) is made on a general basis and is for reference only. AIA is not liable for any loss arising from the use and / or interpretation of the relevant information.

G. Product Comparison

Comparison Highlights

	AIA PROMISE	XuricX – Group CI	XeneralX	AXX
Package/Tailor-made	Packaged	Package	Tailor-made	Tailor-made
Eligibility	Suitable for Corporate groups with a minimum of 10 employees	Suitable for Corporate groups with a minimum of 5 employees	NA	NA
Enrolment Age	16-59	16-65	16-55	NA
Max. Cover Age	65	70	60	65
Pre-existing Conditions	Exclude	Exclude	Exclude	Exclude
No. of Critical Illness Cover	56 ★	23	54	35
Special Features	1. Staff Replacement Benefit 2. Limited Advance Payment ★	1. Daily Hospital Income Benefit (HK$500 per day) 2. Discount for 10 employees or more	NA	NA
Sum Assured	Pre-determined 4 plans 100,000 200,000 300,000 500,000	3 plans 150,000 300,000 450,000	NA	NA
NEL	10-14 employee: 100,000 15-19 employee: 200,000 20-49 employee: 300,000 ★ 50 employee or above: 500,000	Be waived of health declaration for a sum insured at HK$150,000 with the employer's approval	NA	NA
Waiting Period	60 days	30 days	90 days	60 days
Conversion Option	Yes (depends by employer)	No	NA	NA
Premium Comparison (Sum Assured HK$300,000，Male)				
Age 24	327.6	312.0	NA	NA
Age 34	439.2 ★	790.0		
Age 44	1,303.2 ★	1,916.0		
(Sum Assured HK$300,000, Female)				
Age 24	478.8	328.0	NA	NA

Age 34	709.2 ★	832.0		
Age 44	1,616.4 ★	2,016.0		
Conclusion	PROMISE's key selling points: ✓ Cover 56 types of CI, which is more comprehensive than others 3 insurers mentioned above. ✓ "Staff Replacement Benefits" to care employers financial needs (esp. SMEs). ✓ Premium (for aged 34, 44) is comparatively lower than XuricX's group CI.			

Product comparison disclaimer:

AIA does not guarantee the accuracy and completeness of the comparison information as the above analysis and comparisons made by the Company are based on the respective brochures and respective companies' website in March 2015. The above analysis and comparisons made by the Company are based on partial information of the relevant plans as the nature and/or some features of the relevant plans may be different from this plan. All information is subject to change at any time without notice. AIA does not bear any liability for any errors and omissions. This document is for internal use only. You are not allowed to use it in sales solicitation by interview or presentation or for other similar purposes.

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H. Sample of Policy (updated)

AIA INTERNATIONAL LIMITED
(Incorporated in Bermuda with limited liability)

AIA Tower, 183 Electric Road, North Point, Hong Kong

In consideration of the application for this Policy, and the payment in advance of the premium computed and payable as provided hereinafter, by

(Herein called the Policyholder)

HEREBY AGREES, in accordance with and subject to the provisions of this Policy, to pay the benefits as provided by this Policy to the person or persons entitled thereto.

The provisions and conditions on the subsequent pages hereof form a part of this Policy as fully as if recited at length over the signatures hereto affixed.

IN WITNESS WHEREOF, THE AIA INTERNATIONAL LIMITED, has caused this Policy to be executed at the Issuing Office as of its Date of Issue to take effect on the Policy Effective Date.

SAMPLE

Registrar

Jacky Chan
Chief Executive Officer
Hong Kong & Macau

GROUP CRITICAL ILLNESS PROTECTION PROMISE POLICY NO. < >

GL 20150901

- PROVISIONS -

PART I - DEFINITIONS

PART II - MEMBER PARTICIPATION AND TERMINATION

PART III - BENEFIT PROVISIONS

PART IV - NO-EVIDENCE LIMIT

PART V - GENERAL PROVISIONS

PART VI - CONVERSION PRIVILEGE

SAMPLE

- SCHEDULES -

SCHEDULE OF CRITICAL ILLNESSES

POLICY SCHEDULE

GL 20150901

- PROVISIONS -

PART I - DEFINITIONS

In this Policy where consistent with the contents the singular shall include the plural and the plural the singular; words importing the masculine gender shall include the feminine gender; and each of the following words and expressions shall have the following meanings:

1. **"Accident"** shall mean an unforeseen and involuntary event that occurs after the insurance coverage for an Insured Member under this Policy becomes effective.

2. **"Acquired Immunodeficiency Syndrome"** or **"AIDS"** shall have the meaning ascribed to such term by the World Health Organization from time to time.

3. **"Active Service"** shall mean for employees to be employed with the Policyholder on a full time permanent basis and who are actively working on a day which is one of the Policyholder's scheduled work days and are performing in the customary manner all the regular duties of his employment with the Policyholder on a full-time basis that day either at one of the Policyholder's business establishments, or at some location to which the Policyholder's business requires him to travel. An employee will be considered in Active Service on a day which is not one of the Policyholder's scheduled work days only if he was performing in the customary manner all of the regular duties of his employment on the preceding scheduled work day.

4. **"Activities of Daily Living"** shall mean the following:

(a) Transfer:	Getting in and out of a chair or bed without requiring any physical assistance;
(b) Mobility:	The ability to move from room to room without requiring any physical assistance;
(c) Continence:	The ability to voluntarily control bladder and bowel functions so as to maintain personal hygiene;
(d) Dressing:	Putting on and taking off all necessary items of clothing without requiring assistance of another person;
(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:	All tasks of getting food into the body once it has been prepared.

5. **"Company"** shall mean the AIA International Limited.

6. **"Critical Illness"** shall mean an illness or Surgery as set out and defined in the Schedule of Critical Illnesses attached hereto, provided that the signs or symptoms of the illness or the cause of (or otherwise the condition that results in) the Surgery commence more than sixty (60) days following the coverage effective date of the respective Insured Member under this Policy.

7. **"Death"** shall mean death solely due to or arising from a natural cause or an Accident but excluding suicide.

8. **"Diagnosis"** shall mean the definitive diagnosis made by a Physician as defined below, based upon such specific condition(s), as referred to herein in the definition of the particular illness or Surgery concerned or, in the absence of such specific condition(s), based upon radiological, clinical, histological or laboratory evidence acceptable to the Company. Such Diagnosis must be supported by the Company's medical director who may base his opinion on the medical evidence submitted by the Insured Member and / or the Policyholder and / or any additional evidence he may require.

   In the event of any dispute or disagreement regarding the appropriateness or correctness of the Diagnosis, the Company shall have the right to call for an examination, of either the Insured Member or the evidence used in arriving at such Diagnosis, by an independent acknowledged expert in the field of medicine concerned selected by the Company and the opinion of such expert as to such Diagnosis shall be binding on both the Insured Member and the Company.

9. **"Eligible Members"** shall mean Members who, having completed the required Waiting Period and are not otherwise disqualified by reason of the matters set out herein, are entitled to participate in the insurance plan under this Policy.

SAMPLE

10. **"HIV Infection"** shall be deemed to have occurred where, blood or other relevant test(s) indicate in the opinion of the Company either the presence of any human immunodeficiency virus, antigens or antibodies to such a virus.

11. **"Injury"** shall mean any abnormal bodily condition caused solely by Accident and independent of any other causes and not therefore due to illness or disease.

12. **"Insured Members"** shall mean Eligible Members who, in accordance with the provisions of Part II Section A, are participating in the insurance plan under this Policy.

13. **"Medically Necessary"** is a medical service, procedure or supply, which in the opinion of the Company, is:
(a) consistent with generally accepted professional standards of medical practice;
(b) required to establish a Diagnosis and/or to provide treatment; and
(c) cannot be safely delivered at a lower level of medical care.
Experimental, screening and preventive services or supplies are not considered Medically Necessary.

14. **"Members"** shall mean the persons so defined in the Policy Schedule attached hereto.

15. **"Physician"** shall mean any person qualified by degree in and licensed to practise western medicine who is legally authorized in the geographical area of his practice to render medical or surgical services, but excluding a Physician who is the Insured Member himself, an insurance agent, business partner or employer / employee of the Insured Member or a member of the Insured Member's immediate family, or the Policyholder.

16. **"Policy"** shall mean this agreement, any supplementary contracts or endorsements therein, whenever executed, any amendments thereto signed by the Company, the application attached hereto of the Policyholder, and the individual enrolment forms, if any, of the Insured Members, which together constitute the entire contract between the parties.

17. **"Policyholder"** shall mean the employer or other defined or otherwise legally constituted group to whom the Policy is issued.

18. **"Policy Anniversary"** shall mean the anniversary of the Policy Effective Date or the date otherwise specified in the Policy Schedule.

19. **"Policy Effective Date"** shall mean the date from which the coverage under this Policy becomes effective.

20. **"Policy Year"** shall mean a period of twelve (12) consecutive months beginning with the Policy Effective Date and subsequent Policy Anniversaries.

21. "**Principal Sum**" shall mean the amount shown on the Policy Schedule of this Policy as the "Principal Sum", as may be amended by endorsement from time to time.

22. **"Surgery"** shall mean any of the following operative procedures:
1. Cerebral Aneurysm Requiring Surgery;
2. Coronary Artery Surgery;
3. Heart Valve Replacement and Repair;
4. Major Organ Transplant;
5. Surgery to Aorta; or
6. Angioplasty and Other Invasive Treatments for Coronary Artery Disease.

PART II - MEMBER PARTICIPATION AND TERMINATION

Section A - Participation

1. Members already eligible on the Policy Effective Date shall be eligible for participation on the Policy Effective Date.

SAMPLE

2. Members not eligible as of the Policy Effective Date and new Members shall become eligible for participation hereunder on the day following the completion of the required Waiting Period as specified in the Policy Schedule.

3. A Member whose participation has been terminated and who re-applies for participation shall be considered as new Member.

4. Any Member who is not in Active Service on the date he would otherwise become eligible for participation hereunder shall not be eligible until he has returned to Active Service in good health and if required by the Company, submitted evidence of insurability satisfactory to the Company. Coverage for such members shall begin upon approval and confirmation by the Company.

5. Every Member who fulfills the conditions necessary to participate as set forth in paragraphs 1 to 4 above must elect to do so in writing within thirty-one (31) days from the date on which he becomes eligible. Otherwise, he shall be able to start participation only after he shall have furnished, at his own expense, evidence of his insurability satisfactory to the Company.

6. Each Eligible Member shall be insured hereunder on the first day on which he becomes eligible provided the condition set forth in paragraph 5 of this Section has been satisfied and the duly completed enrolment form and satisfactory evidence of insurability, where applicable, has been received and coverage confirmed by the Company.

Section B - Termination

The insurance hereunder of any Insured Member shall automatically cease on the earliest of the following dates:

1. The date on which the Policy is terminated.

2. The date of the expiration of the period for which the last premium payment is made on account of the Insured Member's insurance.

3. The date on which the Insured Member enters full-time military, naval or air service.

4. The Policy Anniversary at which the Insured Member attains or has attained the age of sixty-five (65).

5. The date on which the Lump Sum Payment for Critical Illness is paid in respect of the Insured Member.

6. The date communicated to the Policyholder by the Company as the date the Policy ceases on account of war, or an act of war, such date being determined at the discretion of the Company.

7. The date on which the Insured Member shall cease to be a Member. Cessation of Active Service by an Insured Member (or cessation of membership in good standing in the case of associations) shall be deemed to constitute the termination of his coverage under the Policy, except that while an Insured Member is temporarily on part-time employment or is absent for whatever reasons, his coverage under the Policy shall be deemed to continue until premium payments for such Insured Member are discontinued, but not for a period longer than twenty-four (24) months from the date of cessation of Active Service.

PART III - BENEFIT PROVISIONS

Section A - Critical Illness Benefit

1. While this Policy is in force and an Insured Member is insured hereunder:

   (a) Upon the Death of the Insured Member; or
   (b) Upon Diagnosis in the Insured Member of any Critical Illness covered in the Schedule of Critical Illnesses hereto or Surgery undergone by an Insured Member (solely for the purpose of this clause, Angioplasty and Other Invasive Treatments for Coronary Artery Disease, Cerebral Aneurysm Requiring Surgery and Early Thyroid Cancer are **excluded**),

SAMPLE

and upon receipt of due proof of the aforesaid and subject to the provisions herein, the Company shall pay the Principal Sum in one lump sum less any and all Limited Advance Payments as defined herein below (the "Lump Sum Payment for Critical Illness"). The Company's liability to each Insured Member in respect of the Lump Sum Payment for Critical Illness is limited to one-time payment and shall cease upon payment thereof.

2. While this Policy is in force and an Insured Member is insured hereunder, upon Diagnosis of, or surgery on, Angioplasty and Other Invasive Treatments for Coronary Artery Disease, Cerebral Aneurysm Requiring Surgery or Early Thyroid Cancer, and upon receipt of due proof of the aforesaid and subject to the provisions herein, the Company shall only pay a limited advance payment for Critical Illness (the "Limited Advance Payment") at the respective amounts provided in Section C below but not otherwise.

Section B - Staff Replacement Benefit

If Lump Sum Payment for Critical Illness has been made according to the benefit provisions under Section A above, the Company shall pay an additional Staff Replacement Benefit equivalent to ten percent (10%) of the Principal Sum in respect of each Insured Member to the Policyholder.

In respect of each Insured Member, the Staff Replacement Benefit is limited to one-time payment only and shall cease upon payment thereof.

Section C - Limited Advance Payment for Critical Illness

While this Policy is in force and an Insured Member is insured hereunder, upon Diagnosis of or surgery on any one of the following Critical Illnesses, and upon receipt of due proof of the same and subject to the provisions herein, the Company shall pay the Limited Advance Payment as follows:

1. In the event that an Insured Member undergoes Angioplasty and Other Invasive Treatments for Coronary Artery Disease, the Company shall pay the Limited Advance Payment equivalent to ten percent (10%) of the Principal Sum. The Company's liability to an Insured Member in respect of the Limited Advance Payment for Angioplasty and Other Invasive Treatments for Coronary Artery Disease is limited to one-time payment and shall cease upon payment thereof.

2. In the event that an Insured Member undergoes Cerebral Aneurysm Requiring Surgery, the Company shall pay the Limited Advance Payment equivalent to fifty percent (50%) of the Principal Sum. The Company's liability to an Insured Member in respect of the Limited Advance Payment for Cerebral Aneurysm Requiring Surgery is limited to one-time payment and shall cease upon payment thereof.

3. In the event that an Insured Member is diagnosed with Early Thyroid Cancer, the Company shall pay the Limited Advance Payment equivalent to twenty percent (20%) of the Principal Sum. The Company's liability to an Insured Member in respect of the Limited Advance Payment for Early Thyroid Cancer hereunder is limited to one-time payment and shall cease upon payment thereof.

Section D - Compassionate Death Benefit

While this Policy is in force and an Insured Member is insured hereunder, upon the Death of the Insured Member and upon receipt of due proof of the aforesaid, the Company shall pay the Compassionate Death Benefit as stated in the Policy Schedule.

Section E - Benefit Limitations

1. The Lump Sum Payment for Critical Illness payable in respect of an Insured Member insured hereunder (whether for Death or Critical Illness) shall be reduced by the amount(s) of any Limited Advance Payment(s) previously paid for such Insured Member.

2. The aggregate of the Lump Sum Payment for Critical Illness and any Limited Advance Payment(s) made hereunder in respect of any Insured Member shall not exceed the Principal Sum.

SAMPLE

3. The insurance under this Policy of any Insured Member shall terminate upon payment of the Lump Sum Payment for Critical Illness in respect of such Insured Member.

Section F - Risks Excluded

Save and except in the case of Compassionate Death Benefit which is not subject to Risks Excluded under this Section, the insurance under this Policy shall not cover any loss caused directly or indirectly, wholly or partly, by any one of the following occurrences:

1. Any Critical Illness or performance of any covered surgery, or Death caused by any illness which, as it can be established, was diagnosed prior to the effective date of coverage of the respective Insured Member, or within 60 days following such date.
2. The Diagnosis of Fulminant Viral Hepatitis or Cancer of the Insured Member where in the opinion of the Company, such Critical Illness was directly or indirectly due to AIDS or HIV Infection.
3. Suicide or self-destruction or intentional self-inflicted Injuries or any attempt thereat while sane or insane.
4. Coronary Artery Surgery and/or Other Serious Coronary Artery Disease and/or Angioplasty and Other Invasive Treatment for Coronary Artery Disease if the Insured Member had a diagnosis of "heart attack" prior to the effective date of his coverage.

Section G - Filing Proof of Death, Critical Illness or Surgery

It shall be a condition precedent to the liability of the Company to make payment of any benefit hereunder that satisfactory proof of loss must be furnished to the Company at its issuing office within ninety (90) days after the date of Death of the Insured Member, Diagnosis of Critical Illness or performance of Surgery.

Without affecting the generality of the foregoing, in the case of death/disability, in no event shall any further or supplemental proof of loss be submitted to the Company after seven (7) years from the date of such loss or the date of disappearance (as the case may be), nor shall the Company be processing any claim regarding an Insured Member after seven (7) years from the date of such loss or the date of disappearance of such Insured Member.

SAMPLE

Section H - Examination

The Company shall have the right and opportunity to examine the Insured Member when and as often as it may reasonably require during the pendency of claim hereunder, and also the right and opportunity to call for an autopsy in case of death where it is not forbidden by law.

Where a claim is based upon Fulminant Viral Hepatitis or Cancer as defined in the Schedule of Critical Illnesses, the Company shall be entitled to require the Insured Member to undergo a blood test including a test for the detection of any Human Immunodeficiency Virus as a condition precedent to any acceptance by the Company of due proof of such Critical Illness.

Section I - Payment of Benefits

1. Subject to Clause 3 of this Section, payment of all benefits other than Staff Replacement Benefit under this Policy shall be made to the order of the Insured Member, if living, or, in the case of Death of the Insured Member, to his designated beneficiary or beneficiaries for disbursement in accordance with the terms of the Policy provided always that the Company may, at the written request of the Policyholder for reasons acceptable to the Company, and in receipt of a bond of indemnity signed by the Policyholder, pay the benefits to the order of the Policyholder.
2. Payment of any sum made by the Company as provided by this Section shall be a good discharge to the Company and shall release the Company from all claims and demands whatsoever in respect thereto.

3. In the event that there is no designated beneficiary or that the designated beneficiary predeceased the Insured Member, settlement of any death proceeds shall be made after the grant of probate or letters of administration has been submitted to the Company and when the Company is permitted under the applicable laws in the Place of Issue to make payment of the death proceeds, provided always that the Company may waive such requirement as it sees fit in the circumstances.

Section J - Beneficiaries

1. Each Insured Member shall designate in writing a beneficiary or beneficiaries to whom the benefits under this Policy (except Staff Replacement Benefit) shall be payable in the event of Death and such designation shall be filed with the Policyholder. If at the Death of the Insured Member there be no designated beneficiary or beneficiaries filed with the Policyholder, or if such beneficiary or beneficiaries predecease such Insured Member, the benefits shall be payable to the estate of the Insured Member, except that the Company may in the alternative pay to the surviving spouse, or to the children who survive such Insured Member equally if there is no surviving spouse, or to either parent or both, equally, if no spouse or children survive such Insured Member.

2. During the Insured Member's lifetime, he shall be entitled to change the beneficiary by written notice to the Policyholder. Such change shall take effect on receipt of such notice by the Policyholder. In the event of Death of the Insured Member, the Policyholder will provide to the Company the name(s) of the beneficiary or beneficiaries to whom the benefits shall be payable. Payment of the benefits to such beneficiary or beneficiaries shall release the Company of all liabilities for further claims and demands in respect thereto.

SAMPLE

Section K - Assignment

No part of the benefits available under this Policy shall be subject to assignment or encumbrance by any Insured Member or his nominees or to garnishment or attachment by his or their creditors.

PART IV - NO-EVIDENCE LIMIT

No-Evidence Limit means, for the purpose of determining the Principal Sum of an Insured Member, the amount at or below which evidence of insurability shall not be required.

Principal Sum in excess of the relevant No-Evidence Limit as shown in the Policy Schedule shall be subject to the Company's written acceptance following the furnishing of evidence of insurability satisfactory to the Company. In the absence of written acceptance by the Company, which is at the Company's sole discretion, the Principal Sum shall be reduced and limited to the relevant No-Evidence Limit, and the premium for each Insured Member will be calculated by applying the corresponding Modal Premium Rate (with or without conversion privilege (as the case may be)) based on the relevant No-Evidence Limit. The No-Evidence Limit may be subject to change at each Policy Anniversary and the Company reserves the right to require evidence of insurability for any increase in Principal Sum which is in excess of any new No-Evidence Limit.

PART V - GENERAL PROVISIONS

Section A - Premium Payments

Premiums are payable by the Policyholder as frequently as specified by Mode of Payment in the Policy Schedule, in advance, either to the Company or at the Issuing Office or at its Head Office or to an authorized agent of the Company. The first premium shall be payable at the Policy Effective Date and subsequent premiums shall be due and payable on the Premium Due Dates determined by the Policy Schedule.

Section B - Grace Period, Termination and Reinstatement of Policy

1. A grace period of thirty-one (31) days following the Premium Due Date shall be allowed to the Policyholder for the payment of any premium after the first within each Policy Year. If any premium is not paid before the expiration of the grace period, this Policy shall automatically terminate at the expiration of the grace period. The Policyholder shall be liable to the Company for the premium for the time the Policy was in force during the grace period.

2. The Company reserves the right to terminate this Policy on any Premium Due Date when fewer than the total number of Members then eligible for insurance are insured hereunder, if the insurance plan is non-contributory; or less than seventy-five (75) percent of the total number of Members then eligible are insured hereunder, if the insurance plan is contributory; or if the total number of Insured Members is less than ten (10) regardless if the insurance plan is non-contributory or contributory.

3. This Policy may be terminated as at any Premium Due Date by either the Policyholder or the Company by mailing written notice of termination to the other party, not less than thirty-one (31) days before the Premium Due Date on which such termination shall be effective. If the Policyholder requests to terminate the Policy on a date other than a Premium Due Date, no refund of premiums (if any) shall apply. Termination shall be without prejudice to any claim originating prior to the effective date of termination.

4. After termination of the Policy, the Policyholder may apply for reinstatement which shall be subject to the consent of the Company and to the terms and conditions which the Company may impose including the payment of any premiums due and not paid together with interest at a rate to be decided upon by the Company.

5. This Policy shall be terminated by the Company, by written notice to the Policyholder, due to the Policyholder's violation of participation rules or material violation of the terms of the Policy.

6. This Policy shall be terminated by the Company, by written notice to the Policyholder, if the Policyholder provided the Company with false information material to the execution of this Policy or to the provision of benefits under this Policy.

7. In the circumstances described in item 5 and 6 above, the Company has the right to rescind this Policy retroactively to the Policy Effective Date, and collect compensation from the Policyholder for all claims reimbursed under this Policy, plus administrative fees.

8. This Policy shall be terminated by the Company due to fraud or misrepresentation by the Policyholder, or because the Insured Member knowingly provided the Company with false material information, including, but not limited to, false information relating to another person's eligibility for coverage. The Company has the right to rescind coverage back to the effective date.

Section C - Renewal Privilege

This Policy is issued for the term of one year and at the end of each Policy Year shall be automatically renewed provided that the Company issues an official receipt for the payment of the premium due on the following Policy Anniversary, to be paid by the Policyholder on that date.

Section D - Premium Rate

1. The Company shall have the right to change the rate at which the premiums shall be calculated, (a) on any Policy Anniversary, or (b) on any Premium Due Date provided the rate that is then being charged has been in effect for at least twelve (12) months, or (c) when the risks being insured against under the Policy have increased, or (d) when there is substantial changes to membership on which premium is based and provided further that the Company notifies the Policyholder at least thirty-one (31) days in advance of such Premium Due Date.

2. Premium adjustments involving return of unearned premiums to the Policyholder shall be limited to the period starting with the latest Policy Anniversary preceding the date of receipt by the Company of evidence that such adjustments should be made.

SAMPLE

Section E - The Contract

1. All statements relating to material facts made by the Policyholder, or by the Insured Members, shall in the absence of fraud, be deemed representations and not warranties and be conditions precedent to the enforceability of this Policy provided that no statement shall avoid the insurance, or be used in defence of a claim under it, unless it is in writing.

2. The rights of the Policyholder or of any Insured Member or of any beneficiary under the Policy shall not be affected by any provision other than those contained in this Policy or in the copy of the Policyholder's application attached hereto, or in the individual enrollment form of an Insured Member, or in any other document which constitutes part of the entire contract.

3. No agent is authorized to alter or amend this Policy, to accept premiums in arrears or to extend the due date of any premium, to waive any notice or proof of loss required by this Policy, or to extend the date before which any such notice or proof must be submitted.

4. Endorsements and/or Supplementary Contracts are effective on the date specified by the Company. No change shall be made to this Policy unless made by an Endorsement or a Supplementary Contract which is approved and signed by a Registrar of the Company and by a designated officer of the Policyholder, if applicable.

Section F - Data Required

1. The Policyholder shall maintain a record with respect to each Insured Member under this Policy, showing the Insured Member's name, sex, age or date of birth, amount of insurance, the date insurance became effective, the date insurance terminated, changes, with dates noted, of classification, beneficiary designation and other pertinent information as may be necessary to carry out the terms of this Policy.

2. Clerical error in keeping the records shall not invalidate insurance otherwise validly in force nor continue insurance otherwise validly terminated. Failure to report the termination of insurance coverage shall not continue such coverage beyond the date it is scheduled to terminate according to the terms of this Policy. Upon discovery of a clerical error, any necessary and appropriate adjustment in premiums and benefits shall be made. However, such adjustment shall be limited to the period starting with the latest Policy Anniversary preceding the date the Company received notification of such clerical error.

3. The Policyholder shall furnish the Company with all information and proof which the Company may reasonably require with regard to any matters pertaining to the Policy. All documents furnished to the Policyholder by any Insured Member in connection with the insurance, and other records as may have a bearing on the insurance under this Policy, shall be open for inspection by the Company at all reasonable times.

4. Any personal information collected or held by the Company with respect to each Insured Member under this Policy may be held, used and disclosed by the Company to individuals or organizations associated with the Company with regards to matters pertaining to the Insured Member's coverage.

5. It shall be the responsibility of the Policyholder to ensure that the personal information provided to the Company is accurate. The Policyholder shall indemnify and keep indemnified the Company against any and all losses, costs, expenses, actions, proceedings suffered by the Company as a result of the Policyholder's failure to carry out the aforesaid.

6. Personal information held by the Company in respect of each Insured Member under the Policy may be retained for not more than seven (7) years after termination of coverage of the Insured Member. The period of retention may vary on grounds of investigations, enquiries, complaints or legal actions as the case may be.

SAMPLE

Section G - Misstatement

1. If the age or date of birth or other relevant facts relating to an Insured Member shall be found to have been misstated and if such misstatement affects the scale of benefits or has anything to do with the terms and conditions of this Policy, the true age and facts shall be used in determining whether insurance is in force under the terms of this Policy and the benefits payable therefrom, and an equitable adjustment of premiums shall be made.

2. Where a misstatement of age or other relevant facts has caused a Member to be insured hereunder when he is otherwise ineligible for any insurance, or where such statement has caused a Member to remain insured when he would otherwise be disqualified in accordance with the terms and limitations of this Policy, his entire insurance shall be void and there shall be a return of premiums paid in respect of the Member, provided always that where there is fraud on the part of the Policyholder or Insured Member, no premiums paid are to be returned.

Section H - Enrolment Forms

The Policyholder shall furnish to the Company individual enrolment forms for Eligible Members in the form prescribed by the Company.

Section I - Administrative Services

The services necessary to administer this Policy and the coverage provided under it shall be provided in accordance with the Company's standard administrative procedures. If the Policyholder requests that such administrative services be provided in a manner other than that in accordance with these standard procedures, including requests for non-standard reports, the Company shall reserve the right to request the Policyholder to pay for such services or reports at the Company's then-current charges for such services or report.

SAMPLE

Section J - Notice

Written notice given by the Company to an authorized representative of the Policyholder is deemed notice to all affected Insured Members in the administration of this Policy, including termination of this Policy. The Policyholder is responsible for giving notice to Insured Members.

Section K - Applicable Law

This Policy, and all rights, obligations and liabilities arising hereunder, shall be construed and determined and may be enforced in accordance with the law of the Place of Issue.

Section L - Legal Proceedings

No action in law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) days after proof of loss has been filed in accordance with the requirement of the Policy, nor shall such action be brought at all unless brought within two (2) years from the expiration of time within which proof of loss is required by this Policy.

Section M - Incontestability

Notwithstanding anything to the contrary stated heretofore in this Policy, this Policy shall be incontestable except for non-payment of premium or for fraud, after it has been in force one year from its Date of Issue or date of any reinstatement whichever is later. The original coverage on any Insured Member and any subsequent additional coverage shall be incontestable except for non-payment of premium or for fraud after such Insured Member's coverage and any subsequent additional coverage has been in force hereunder for one year during his lifetime from the effective date of the original coverage and the effective date of any subsequent additional coverage respectively.

Section N - Policy Non-Participating

This Policy shall not participate in any surplus distribution by the Company.

Section O - Currency and Place of Payment

All amounts payable either to or by the Company shall be payable at the Issuing Office and in the Currency shown in the Policy Schedule.

Section P - No Offshore Risks

Unless expressly provided to the contrary, coverage and benefits under the Policy are available to Insured Members who are ordinarily residing in and are stationed in Hong Kong or Macau.

Section Q - No Third Party Rights

Unless expressly provided to the contrary in this Policy, this Policy is not intended to, and does not, give any person who is not a party to it any right to enforce its provisions.

PART VI – CONVERSION PRIVILEGE

SAMPLE

If the insurance of an Insured Member is terminated due to cessation of his employment with the Policyholder, such Insured Member shall be entitled to have an individual policy of critical illness benefit issued to him by the Company without further evidence of insurability, subject to the following terms and conditions:

1. The insurance amount of such individual policy shall not exceed the Principal Sum under this Policy then in force for the relevant Insured Member.

2. In the case of an Insured Member who:

   (a) is not a citizen of the United States of America, such individual policy shall be upon one of the forms then being offered by the Company (excluding Superior Critical Illness Plan), or

   (b) is a citizen of the United States of America, such individual policy shall be upon one of the forms of Superior Critical Illness Plan then being offered by the Company, except that any conversion privilege in such policy shall be removed;

   and the relevant individual policy shall be subject to other customary requirements of the forms being offered. The Company reserves the right to define the product range available for the purpose of such conversion.

3. Such individual policy shall require payment of the premium applicable to the form and insurance amount of the policy at the Insured Member's then attained age.

4. Such conversion privilege is not applicable for voluntary coverage, if any, under this Policy;

5. Written application for such individual policy and payment of the first premium must be made in advance by the Insured Member and received by the Company within thirty-one (31) days after the date of termination of coverage.

6. The Insured Member's attained age at the time of issuance of such individual policy is 65 or under.

7. Such conversion privilege will not be available for termination of coverage due to cessation of employment as a result of:
   (a) the Insured Member's entry into active military, naval, or airforce service of any country; or
   (b) the Insured Member's committing an illegal and / or dishonest act, or felony.

8. such conversion privilege is applicable only to Hong Kong or Macau identity cardholders.

SCHEDULE OF CRITICAL ILLNESSES

1. Acute Necrohemorrhagic Pancreatitis

Acute inflammation and necrosis of pancreas parenchyma, focal enzymic necrosis of pancreatic fat and hemorrhage due to blood vessel necrosis, where all of the following criteria are met:
(a) The necessary treatment is surgical clearance of necrotic tissue or pancreatectomy; and
(b) The Diagnosis is based on histopathological features and confirmed by a Physician who is a gastroenterologist.

Pancreatitis due to alcohol or drug abuse is excluded.

2. AIDS due to Blood Transfusion

HIV Infection due to a blood transfusion, provided that all of the following conditions are met:-
(a) the blood transfusion was Medically Necessary;
(b) the blood transfusion was received by the Insured Member after the commencement of his coverage under this Policy;
(c) the source of the infection is established to be contaminated blood provided for the blood transfusion, the origin of which can be traced through the institution providing such contaminated blood; and
(d) the Insured Member does not suffer from hemophilia.

This insurance will not apply and no benefit payment will be payable whenever a Cure is available. "Cure" means any treatment that renders the HIV inactive or non-infectious.

3. 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 Member is required. The Diagnosis of Alzheimer's Disease or other irreversible organic degenerative brain disorder must be clinically confirmed by a Physician 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.

4. Angioplasty and Other Invasive Treatments for Coronary Artery Disease

The actual undergoing of coronary artery balloon angioplasty, atherectomy, laser treatment or the insertion of a stent to correct narrowing (minimum of fifty percent (50%) stenosis) of two (2) or more coronary arteries as shown by angiographic evidence. Intra-arterial investigative procedures are not included.

5. Apallic Syndrome

Universal necrosis of the brain cortex with the brainstem remaining intact. A definite Diagnosis of apallic syndrome must be confirmed by a Physician who is a neurologist, and the condition must be medically documented for at least one (1) month.

6. Aplastic Anaemia

Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:
(a) blood product transfusion;
(b) marrow stimulating agents;
(c) immunosuppressive agents; or
(d) bone marrow transplantation.

The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy.

SAMPLE

7. Bacterial Meningitis

Bacterial Meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent neurological deficit. The Diagnosis of bacterial meningitis must be confirmed by:
(a) a Physician who is a neurologist; and
(b) a lumbar puncture confirming the presence of bacterial infection in the cerebrospinal fluid.

8. 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.

9. Blindness

Total and irreversible loss of sight in both eyes as a result of illness or injury. The blindness must be confirmed by a Physician who is an ophthalmologist.

10. 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.

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.

11. Cardiomyopathy

An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Physician 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.

SAMPLE

12. Cerebral Aneurysm Requiring Surgery

The actual undergoing by the Insured Member of intracranial surgery via a craniotomy to clip, repair or remove an aneurysm of one (1) or more of the cerebral arteries. Catheter and intravascular technique are specially excluded from this condition.

13. Chronic Adrenal Insufficiency (Addison's Disease)

An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for life-long glucocorticoid and mineral corticoid replacement therapy. The Diagnosis of Chronic Adrenal Insufficiency (Addison's Disease) must be: i) confirmed by a Physician who is an endocrinologist and an independent medical expert appointed by the Company; and ii) supported by ACTH stimulation tests.

Only chronic adrenal insufficiency caused by an autoimmune disorder is included. All other causes of adrenal insufficiency are excluded.

14. 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 secondary to alcohol or drug abuse is excluded.

15. Coma

A state of unconsciousness with no reaction or response to external stimuli or internal needs, which is associated with a permanent neurological deficit, persists continuously for at least ninety-six (96) hours, and requires the use of a life support system. The Coma must be confirmed by a Physician who is a neurologist.

Irrespective of the above, Coma resulting directly from self-inflicted injury, alcohol or drug mis-use is excluded.

16. 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.

17. Creutzfeld-Jacob Disease

The occurrence of Creutzfeld-Jacob Disease or Variant Creutzfeld-Jacob Disease where there is an associated neurological deficit, which is solely responsible for a permanent inability to perform two (2) or more Activities of Daily Living as hereinabove defined.

Disease caused by human growth hormone treatment is excluded.

18. Early Thyroid Cancer

Any malignant tumour of the thyroid, positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells and invasion of tissue, which is histologically classified as T1N0M0 according to the TNM classification system, or another equivalent classification.

19. Ebola

Infection with the Ebola virus where the following conditions are met:
(a) presence of the Ebola virus has been confirmed by laboratory testing;
(b) there are ongoing complications of the infection persisting beyond thirty (30) days from the onset of symptoms; and
(c) the infection does not result in death.

SAMPLE

20. Elephantiasis

The end-stage lesion of filariasis, characterised by massive swelling in the tissues of the body as a result of obstructed circulation in the blood or lymphatic vessels.

Unequivocal Diagnosis of elephantiasis must be:
(a) clinically confirmed by a Physician in the appropriate medical specialty;
(b) supported by laboratory confirmation of microfilariae; and
(c) concurred in by the Company's medical director.

Lymphedema caused by infection with any other disease(s), trauma, post-operative scarring, congestive heart failure, or congenital lymphatic system abnormalities is excluded.

21. Encephalitis

Severe inflammation of brain substance, resulting in permanent neurological deficit which is documented for a minimum of thirty (30) days. Diagnosis of Encephalitis must be confirmed by a Physician who is a neurologist.

Encephalitis as a result of HIV Infection is excluded.

22. 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.

23. Fulminant Viral Hepatitis

Sub-massive to massive necrosis of the liver by a hepatitis virus, leading precipitously to liver failure, where the following criteria are met:
(a) Rapid decrease in liver size associated with necrosis involving entire lobules;
(b) Rapid deterioration of liver enzymes;
(c) Deepening jaundice; and
(d) Hepatic encephalopathy.

Hepatitis infection or carrier status alone does not meet the diagnostic criteria.

24. 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.

Angina is specifically excluded.

25. 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.

SAMPLE

26. Hemiplegia

The total and permanent loss of the use of one side of the body through paralysis caused by illness or Injury, except when such Injury is self-inflicted.

27. Infective Endocarditis

Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:
(a) Positive result of the blood culture proving presence of the infectious organism(s);
(b) Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and
(c) The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a Physician who is a cardiologist.

28. 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.

29. Loss of Hearing

Total and irreversible loss of hearing (involving the loss of at least 80 decibels in all frequencies of hearing) in both ears as a result of illness or Injury.

Medical evidence in the form of an audiometry and sound-threshold test must be provided, and the Diagnosis of Loss of Hearing must be confirmed by a Physician who is an ear, nose and throat (ENT) specialist.

30. Loss of Independent Existence

Inability to perform at least three (3) of the Activities of Daily Living as hereinabove defined (either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons) for a continuous period of at least six (6) months and leading to a permanent inability to perform the same. For the purpose of this definition, the word "permanent" shall mean beyond the hope of recovery with current medical knowledge and technology. The Diagnosis of Loss of Independent Existence must be confirmed by a Physician.

All psychiatric related causes are excluded.

31. Loss of One Limb and One Eye

Total, permanent and irrecoverable loss of sight of one (1) eye and loss by severance of one (1) limb at or above the wrist or ankle as a result of illness or Injury.

32. Loss of Speech

Total and irrecoverable loss of the ability to speak for a continuous period of twelve (12) months as a result of illness or Injury. Medical evidence confirming damage to the vocal cords leading to loss of speech must be supplied by a Physician who is an ear, nose and throat (ENT) specialist.

All psychiatric related causes are excluded.

33. Loss of Two Limbs

Severance of two (2) limbs at or above wrist or ankle as a result of illness or Injury.

34. Major Burns

Third degree (i.e. full thickness skin destruction) burns covering at least twenty percent (20%) of the total body surface area.

SAMPLE

35. 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 hereinabove defined, 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 Physician who is a neurologist and duly concurred in by the Company's medical director.

36. Major Organ Transplant

The undergoing by the Insured Member 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 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.

37. Medullary Cystic Disease

Medullary Cystic Disease where the following criteria are met:
(a) the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
(b) clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and
(c) the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.

Isolated or benign kidney cysts are specifically excluded from this benefit.

38. Motor Neurone Disease

Progressive degeneration of the corticospinal tracts and anterior horn cells or bulbar efferent neurons resulting in a permanent neurological deficit and including the following forms of motor neurone disease: spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis.

The Diagnosis of Motor Neurone Disease must be confirmed by a Physician who is a neurologist.

39. Multiple Sclerosis

Unequivocal Diagnosis of multiple sclerosis by a Physician who is a neurologist, and which confirms the following:
(a) Symptoms referable to tracts (white matter) involving the optic nerves, brain stem, and spinal cord, producing well-defined neurological deficits;
(b) A multiplicity of discrete lesions; and
(c) A well-documented history of exacerbations and remissions of said symptoms/neurological deficits.

40. Muscular Dystrophy

Diagnosis of muscular dystrophy by a Physician who is a neurologist based on three (3) out of four (4) of the following conditions:
(a) Family history of other affected individuals;
(b) Clinical presentation including absence of sensory disturbance, normal cerebro-spinal fluid and mild tendon reflex reduction;
(c) Characteristic electromyogram; or
(d) Clinical suspicion confirmed by muscle biopsy.

SAMPLE

41. Necrotising Fasciitis

The occurrence of necrotising fasciitis where the following conditions are met:
(a) the usual clinical criteria of necrotising fasciitis are met;
(b) the bacteria identified is a known cause of necrotising fasciitis; and
(c) there is widespread destruction of muscle and other soft tissues that results in a total and permanent loss of function of the affected body part.

42. Occupationally Acquired HIV

HIV Infection acquired as a result of an Accident occurring while the Insured Member is in the course of carrying out his normal occupational duties. Proof of sero-conversion to HIV Infection occurring within six (6) months of the Accident is required, together with a negative HIV test taken within seven (7) days of the Accident. The Accident giving rise to the HIV Infection must be reported to the Company within thirty (30) days of the Accident.

HIV Infection by any other means, including but not limited to HIV Infection resulting from sexual activity, blood transfusion(s) by the Insured Member as recipient, or recreational intravenous drug use, is specifically excluded.

This insurance will not apply and no benefit payment will be payable whenever a Cure is available. "Cure" means any treatment that renders the HIV inactive or non-infectious.

43. 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).

44. Paralysis

Complete and permanent loss of use of both arms or both legs, or one (1) arm and one (1) leg, through paralysis caused by illness or Injury.

45. Parkinson's Disease

Unequivocal Diagnosis of Parkinson's Disease by a Physician 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 Member to perform at least three (3) of the Activities of Daily Living as hereinabove defined, 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.

46. Pheochromocytoma

Presence of a neuroendocrine tumour of the adrenal or extra-chromaffin tissue that secretes excess catecholamines requiring the actual undergoing of surgery to remove the tumour.

The Diagnosis of Pheochromocytoma must be confirmed by a Physician who is an endocrinologist.

47. Poliomyelitis

Infection with the poliovirus, leading to paralytic disease. Paralysis due to Poliomyelitis must be confirmed by a Physician who is a neurologist, and cases not involving paralysis are excluded.

SAMPLE

48. Progressive Supranuclear Palsy

Progressive Supranuclear Palsy occurring independently of all other causes and resulting in a permanent neurological deficit, which is directly responsible for a permanent inability to perform at least two (2) of the Activities of Daily Living. The Diagnosis of Progressive Supranuclear Palsy must be confirmed by a Physician who is a neurologist.

49. Pulmonary Arterial Hypertension (Primary)

Primary Pulmonary Arterial Hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterization, and which results in permanent irreversible physical impairment to the degree of New York Heart Association (NYHA) classification Class III or Class IV, 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.

Pulmonary Arterial Hypertension which does not meet the above conditions is excluded.

50. Severe Myasthenia Gravis

An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatiguability, where all of the following criteria are met:
(a) Presence of permanent muscle weakness categorized as Class III, IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification below; and
(b) The Diagnosis of Myasthenia Gravis and categorization are confirmed by a Physician who is a neurologist.

Myasthenia Gravis Foundation of America Clinical Classification:
Class I: Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere
Class II: Eye muscle weakness of any severity, mild weakness of other muscles
Class III: Eye muscle weakness of any severity, moderate weakness of other muscles
Class IV: Eye muscle weakness of any severity, severe weakness of other muscles
Class V: Intubation needed to maintain airway

51. Severe Rheumatoid Arthritis

Unequivocal Diagnosis of systemic immune disorder of rheumatoid arthritis where all of the following criteria are met:
(a) Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis;
(b) Permanent inability to perform at least two (2) Activities of Daily Living;
(c) Widespread joint destruction and major clinical deformity of three (3) or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet; and
(d) The foregoing conditions have been present for at least six (6) months.

52. Stroke

Any cerebrovascular accident or incident producing neurological sequelae lasting at least four (4) weeks and which results in a permanent neurological deficit. Infarction of brain tissue, haemorrhage and embolization from an extra-cranial source are included. The Diagnosis of Stroke must be based on changes seen in a CT scan or MRI and must be confirmed by a Physician who is a neurologist.

The following are excluded:
(a) Cerebral symptoms due to transient ischaemic attacks;
(b) Any reversible ischaemic neurological deficit;
(c) Cerebral symptoms due to migraine; and
(d) Vascular disease affecting the eye or optic nerve or vestibular functions.

SAMPLE

53. 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.

54. Systemic Lupus Erythematosus (SLE) with Lupus Nephritis

Multi-system, autoimmune disorder characterized by the development of auto-antibodies directed against various self-antigens.

For purposes of the definition of "Critical Illness", SLE is restricted to only those forms of systemic lupus erythematosus which involve the kidneys, and are characterized as Class III, Class IV, Class V or Class VI lupus nephritis under the Abbreviated International Society of Nephrology / Renal Pathology Society (ISN/RPS) classification of lupus nephritis (2003) below based on renal biopsy. Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded.

Abbreviated ISN/RPS classification of lupus nephritis (2003):
Class I - Minimal mesangial lupus nephritis
Class II - Mesangial proliferative lupus nephritis
Class III - Focal lupus nephritis
Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis
Class V - Membranous lupus nephritis
Class VI - Advanced sclerosing lupus nephritis

55. Systemic Scleroderma

A systemic connective tissue disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs which reaches systemic proportions such that two (2) of the following criteria are met:
(a) pulmonary involvement showing carbon monoxide diffusing capacity (DLCO) < 70% of the predicted value, or forced expiratory volume in 1 sec (FEV1), forced vital capacity (FVC) or total lung capacity (TLC) < 75% of the predicted value;
(b) renal involvement showing glomerular filtration rate (GFR) < 60 ml/min; and/or
(c) cardiac involvement showing evidence of either congestive heart failure, cardiac arrhythmia requiring medication, or pericarditis with moderate to large pericardial effusion.

The following are excluded:
(i) Localised scleroderma (linear scleroderma or morphea); and
(ii) Eosinophilic fasciitis; and
(iii) CREST syndrome

Unequivocal Diagnosis of Systemic Scleroderma must be confirmed by a Physician who is a rheumatologist.

56. Terminal Illness

Conclusive Diagnosis (with written confirmation) by a Physician in the appropriate medical specialty, of a condition that is expected to result in death of the Insured Member within twelve (12) months. The Insured Member must no longer be receiving active treatment other than that for pain relief or other conservative palliative measures.

SAMPLE

Attaching to and forming part of Group Critical Illness Protection Promise Policy No.

POLICY SCHEDULE

Policy Effective Date:

Policy Anniversary:

Members at Participation: All regular full time employees of the Policyholder, who are in Active Service and have not reached the age of 60.

Age Limits: Maximum Entry Age - below 60
Termination Age - 65 upon Policy Anniversary

Waiting Period:

Plan: Plan 1 -
Plan 2 -
Plan 3 -
Plan 4 -

Changes in Classification to be Effective: Any change in Plan as a result of a change in Member's Classification shall be made effective on the Effective Date of such classification change provided that the Company has been given written notice in advance.

Principal Sum: Plan 1 - HK$100,000 per Insured Member
Plan 2 - HK$200,000 per Insured Member
Plan 3 - HK$300,000 per Insured Member
Plan 4 - HK$500,000 per Insured Member

Staff Replacement Benefit : An additional benefit of 10% of the Principal Sum in respect of each Insured Member shall be payable to the Policyholder in accordance with Section B, Part III of the Policy

Compassionate Death Benefit: HK$1,000 per Insured Member

No-Evidence Limit:

No. of Insured Members as at the first day of each Policy Year	No-Evidence Limit per Insured Member HK$
10 - 14	100,000
15 - 19	200,000
20 - 49	300,000
50 or above	500,000

Conversion Privilege:

Modal Premium Rates:

Attained Age as at the first day of each Policy Year	Annual Premium (HK$) per HK$100,000 Principal Sum	
	Without Conversion Privilege	
	Male	Female
16 - 24	109.2	159.6
25 - 29	111.6	172.8
30 - 34	146.4	236.4
35 - 39	244.8	363.6
40 - 44	434.4	538.8
45 - 49	838.8	855.6
50 - 54	1,256.4	1,069.2
55 - 59	2,037.6	1,617.6
60 – 64 (renewal only)	3,380.4	2,592.0

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Attained Age as at the first day of each Policy Year	Annual Premium (HK$) per HK$100,000 Principal Sum	
	With Conversion Privilege	
	Male	Female
16 - 24	120.0	175.2
25 - 29	122.4	189.6
30 - 34	160.8	260.4
35 - 39	268.8	399.6
40 - 44	477.6	592.8
45 - 49	922.8	940.8
50 - 54	1,382.4	1,176.0
55 - 59	2,241.6	1,779.6
60 – 64 (renewal only)	3,718.8	2,851.2

Mode of Payment: Annually

Premium Due Dates:

Currency Basis: Hong Kong Dollar
Place of Issue: Hong Kong
Issuing Office: Hong Kong Office
Date of Issue:

SAMPLE

Registrar

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H. Frequently Asked Questions

I. Related to Eligibility

1. **Who is eligible to apply for *PROMISE*?**

Corporate Group

- Corporate group with Hong Kong Business Registration Certificate

Corporate group with 10 or more employees to enroll

Insured Person

- Employee only
- Full time and permanent employee in Active Service below 60 years old*
- Maximum age for cover is 65

* Age is calculated at the date of enrolment

2. **Can dependants enroll *PROMISE*?**

No.

3. **Are all industries/occupations eligible for *PROMISE?***

Most industries are eligible for ***PROMISE*** with the following exceptions:

• Nuclear/Chemical/Electrical plant**
• Group of security guards, police and firemen**
• Manufacturer of ammunition or explosive
• Collective traveling group (i.e. professional sports team, aircrew, offshore worker, oil rig worker, ship crew)
• Diver/driller (oil/ water)
• Political or religious group (other than full-time staff)
• Temporary Employee agency
• Window or industrial cleaning services
• Construction company
• Medical industry

** Typically excluded from Catastrophic Reinsurance treaties.

II. Product Information

1. **What is the difference between *PROMISE* and CI benefit under tailor-made policy?**

- Staff replacement benefit is for ***PROMISE*** insured employees only. This benefit is not applicable for tailor-made policy
- Four default NEL are available in ***PROMISE*** based on number of employees:

Number of Insured Members	NEL (HK$)
10 – 14	100,000
15 – 19	200,000
20 – 49	300,000
50 or above	500,000
If sum assured is higher than NEL，AIA will carry out individual medical underwriting of each proposed member. Further information (e.g. medical report) may be required.	

- Maximum sum assured under ***PROMISE*** is HK$500,000 while maximum sum assured under tailor-made policy is HK$2.4M

2.	**What is Staff Replacement Benefit?** If an employee is diagnosed with a critical illness, 10% of sum assured will be paid to employer to fill the vacancy while the employee stop working to undergo treatment and recuperate.
III. Medical Underwriting	
1.	**In what circumstances underwriting is required?** If sum assured is higher than NEL, AIA will carry out individual medical underwriting of each employee proposed. Further information (e.g. medical report) may be required during the medical underwriting.
IV. Related to Benefit Coverage	
1.	**Can employer offer *PROMISE* to selected employees?** No. All full time and permanent employees in Active Service who is below 60 years old must enroll.
2.	**Can different sum assured be offered to different level of employees?** Yes. There are four sum assured to choose form – HK$100,000; HK$200,000; HK$300,000 & HK$500,000. All employees within the same class must enroll in the same sum assured.
3.	**What is the maximum sum assured per employee?** HK$500,000.
V. Related to Claims	
1.	**If an employee is diagnosed with one of the illnesses under Limited Advance Payment i.e. (1) Angioplasty and Other Invasive Treatments for Coronary Artery Disease; (2) Cerebral Aneurysm Requiring Surgery; or (3) Early Thyroid Cancer, is employer entitled Staff replacement benefit?** No.

Diagnosis	Limited Advance Payment to employee	Payment to employer (Policyholder)
Angioplasty and Other Invasive Treatments for Coronary Artery Disease	10% of sum assured	N/A
Cerebral Aneurysm Requiring Surgery	50% of sum assured	
Early Thyroid Cancer	20% of sum assured	

2.	**If employer receives the Staff Replacement Benefit, is it compulsory to use it to recruit temporary staff to fill the vacancy?** No. Employer can make use of this money to recruit staff to fill the vacancy or for business use to minimise the impact to the company.
3	**If employee is diagnosed with CI twice while policy is in force, are employer and employee entitled two times of Staff Replacement Benefit?** Employer: is entitled to a one-time Staff Replacement Benefit only per member level. Employee: Coverage will be terminated once Critical Illness Benefit is paid.

VI.	**Related to Conversion**
1.	**Does *PROMISE* have Conversion Privilege?** Yes. If employer chose Conversion Privilege, insured employee can choose to convert to an AIA individual CI insurance plan upon his/her retirement or termination of employment at the age of 65 or below.
2.	**What kind of individual product can be converted?** Financial Planner can download the latest "AIA Conversion Product List" at eAgency Corner or call CS hotline on 2232 8118.
3.	**Is a Pre-existing Condition currently covered under *PROMISE* will be covered after converting to individual product?** Yes.
VII.	**Others**
1.	**Does *PROMISE* have waiting period?** There is a 60-day waiting period. The waiting period commences following the coverage effective date of the respective member under PROMISE.
2.	**Does *PROMISE* offer automatic renewal?** Yes
3.	**Will the premium of *PROMISE* be adjusted according to the respective corporate client's loss ratio?** No. For packaged products, we consider the loss ratio of and other risk factors affecting all clients as a pool when we adjust the premium. However, the premium for a particular corporate client may be adjusted because of aging of particular Insured Persons.
4.	**What is the premium payment mode?** Annual mode.
VIII.	**Financial Planner Benefits**
1.	**What is the commission for selling "PROMISE"?** First year: 25%; Second Year onwards: 12%

J. Premium Table

I. Annual Premium Rate for PROMISE – Group Critical Illness Protection

Sum Insured per HK$100,000 (maximum sum assured: HK$500,000)

Age at last birthday (Annualized premium)	Male	Female
16 – 24	109.2	159.6
25 – 29	111.6	172.8
30 – 34	146.4	236.4
35 – 40	244.8	363.6
41 – 44	434.4	538.8
45 – 49	838.8	855.6
50 – 54	1,256.4	1,069.2
55 – 59	2,037.6	1,617.6
60 – 64 (for renewal only)	3,380.4	2,592.0

II. Annual Premium Rate for PROMISE – Group Critical Illness Protection with Conversion Privilege

Sum Insured per HK$100,000 (maximum sum assured: HK$500,000)

Age at last birthday	Male	Female
16 – 24	120.0	175.2
25 – 29	122.4	189.6
30 – 34	160.8	260.4
35 – 40	268.8	399.6
41 – 44	477.6	592.8
45 – 49	922.8	940.8
50 – 54	1,382.4	1,176.0
55 – 59	2,241.6	1,779.6
60 – 64 (for renewal only)	3,718.8	2,815.2

K. Critical Illness Benefit Schedule

Major Illnesses		
Group 1 Cancer	1. Cancer[1]	
Group 2 Illnesses related to the Heart	2. Cardiomyopathy 3. Coronary Artery Surgery 4. Heart Attack 5. Heart Valve Replacement and Repair	6. Infective Endocarditis 7. Other Serious Coronary Artery Disease 8. Pulmonary Arterial Hypertension (Primary) 9. Surgery to the Aorta
Group 3 Illnesses related to the Nervous System	10. Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders 11. Apallic Syndrome 12. Bacterial Meningitis 13. Benign Brain Tumour 14. Coma 15. Encephalitis 16. Hemiplegia 17. Major Head Trauma	18. Motor Neurone Disease 19. Multiple Sclerosis 20. Muscular Dystrophy 21. Paralysis 22. Parkinson's Disease 23. Poliomyelitis 24. Progressive Supranuclear Palsy 25. Severe Myasthenia Gravis 26. Stroke

Group 4 Illnesses related to Major Organs and Functions	27. Acute Necrohemorrhagic Pancreatitis 28. Aplastic Anaemia 29. Chronic Liver Disease 30. End-stage Lung Disease 31. Fulminant Viral Hepatitis	32. Kidney Failure 33. Major Organ Transplant 34. Medullary Cystic Disease 35. Systemic Lupus Erythematosus (SLE) with Lupus Nephritis 36. Systemic Scleroderma
Group 5 Other Major Ilnesses	37. AIDS due to Blood Transfusion 38. Blindness 39. Chronic Adrenal Insufficiency (Addison's Disease) 40. Creutzfeld-Jacob Disease 41. Ebola 42. Elephantiasis 43. Loss of Hearing 44. Loss of One Limb and One Eye 45. Loss of Speech	46. Loss of Two Limbs 47. Major Burns 48. Necrotising Fasciitis 49. Occupationally Acquired HIV （HIV） 50. Pheochromocytoma 51. Severe Rheumatoid Arthritis 52. Loss of Independent Existence 53. Terminal
Minor Illnesses		
	54. Angioplasty and Other Invasive Treatments for Coronary Artery Disease 55. Cerebral Aneurysm Requiring Surgery 56. Early Thyroid Cancer	

Remarks：

1. 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. 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 insitu, 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.

L. Remarks

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3. This Launch Pack is for general information purposes only. It is not a contract of insurance nor does it form any part of the Policy. Details are subject to the terms, conditions, provisions and exclusions of the Policy.
4. “AIA”, “the Company”, “we”, “us” or “our” as used herein refers to AIA International Limited (Incorporated in Bermuda with limited liability).
5. The Chinese translation of this Launch Pack is for reference only. In case of discrepancy, the English version of this Launch Pack prevails.

僱員自選保障－保障

LAUGHING「自選牙科保障計劃」

僱員自選牙科保障計劃
綻放自信笑容



保障涵蓋補牙、脱牙及年度洗牙服務，僱員及家屬同樣受惠，綻放燦爛笑容！

aia.com.hk

友邦保險（國際）有限公司（於百慕達註冊成立之有限公司）

俗語有云「牙痛慘過大病」，定期牙科檢查既可有效預防口腔疾病，亦能及早治理牙齒問題，對症下藥。Laughing「自選牙科保障計劃」讓您以相宜的保費，在我們醫療網絡內的牙科中心，接受高質素的牙科護理服務。

Laughing「自選牙科保障計劃」利益一覽表

	最高限額（港元）
醫療機構	網絡牙科中心
I. 網絡牙科保障	
1. 洗牙服務（不包括牙腳面的刮療）	每個保單年度一次
2. 口腔檢查及口腔衛生指導（如有需要）	不限
3. 口腔X光細片檢查（不包括環迴X光片）	
4. 因蛀牙引起之補牙，包括以瓷粉修補門牙及以銀粉修補大牙	
5. 脱牙（蛀牙或患嚴重牙周病之牙齒，不包括智慧齒脱除、脱牙手術及牙根手術）	
6. 氟化治療	
7. 由普通科牙醫進行的輕微牙周病治療，包括清洗牙周袋內的牙菌膜及牙根刮治（如有需要）	
8. 診症時間內的牙痛緊急治療，包括處理牙瘡	
9. 因以上治療所需的藥物	
II. 意外保障（保額）	
1. 意外身故賠償 若受保成員於意外發生後180日內因意外導致死亡，我們將賠償此意外身故賠償	150,000
2. 雙倍意外身故賠償 若意外在下列情況發生並導致受保成員死亡，我們將作出以上意外身故賠償之雙倍賠償： • 受保成員以付款乘客身份乘坐公共交通工具 • 受保成員以行人身份在交通意外中受傷及/或受任何機動或動力車輛撞擊 • 在香港因自然災害造成之水浸及/或山泥傾瀉而引致	300,000 （已包括第II部分第1項意外身故賠償）
III. 身故恩恤賠償	
若受保成員於保單生效期間不幸身故，我們將賠償此身故賠償	1,000
IV. 其他牙科優惠	
受保成員可以優惠價於指定網絡牙科中心接受其他不屬保障範圍內之治療。詳情及最新費用請向有關牙科中心查詢。	

以上資料只供參考，有關保單契約條款之定義及契約條款及條件之原文及完整敘述，請參閱保單契約。公司保留權利不時修改利益一覽表。
「AIA」、「友邦」、「本公司」或「我們」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）。

細則

公司參加指引

- 適用於持有AIA團體保險計劃（不包括自選或附加保障計劃）的公司

成員投保指引

僱員年齡

- 16至64歲；65至69歲只供續保，不接受新申請

僱員家屬年齡

- 配偶：16至64歲；65至69歲只供續保，不接受新申請
- 子女：15天至64歲；65至69歲只供續保，不接受新申請

保障至年齡

- 僱員、配偶及子女：69歲

申請程序

請遞交以下已填妥及簽署之文件。

僱主：

- 商業登記證之影印本
- 由僱主填妥之申請表（申請表只需於第一批僱員及其家屬（如適用）遞交參加表格時遞交一次）
- 《打擊洗錢及恐怖分子資金籌集指引》要求文件

僱員及其家屬（如適用）：

- 由僱員及其家屬（如適用）填妥之參加表格及保費

年繳保費

- 595港元（每名受保成員）

不保行業/機構

此計劃不接受以下行業/機構申請：

1. 合資格僱員包括季節性、非技術性、兼職或臨時性質的團體
2. 個人或公司協會
3. 巴士、的士或卡車司機（不包括在中國大陸駕駛的風險）
4. 建設團體
5. 工會
6. 醫院/醫生/護士/醫療或診所團體
7. 政治或宗教團體
8. 運動員團體
9. 地下礦工
10. 農場經營者/農業/屠宰動物
11. 僱員租賃公司或臨時僱員中介公司
12. 窗戶及/或工業清潔服務
13. 溫泉、土耳其浴室、按摩院、健身房、健康度假村或相似的公司
14. 劇院、遊樂園、歌舞廳、桌球室、保齡球館或運動推廣人員
15. 涉及特殊危害/風險的團體
    a) 商業航空公司人員
    b) 核能或化學工廠
    c) 警務人員或保安人員
    d) 消防員
    e) 彈藥或爆炸品製造商
    f) 軍事和軍事相關團體
    g) 集體旅遊團體（例如：專業運動員團體、飛機工作人員、海上作業人員、鑽油台工作人員、船上工作人員、潛水員或鑽探員（石油/水/地下煤礦）或地下礦工）

注意事項：
- 應繳保費是根據投保或續保此保障時適用之保費而定。
- 上表所列之保費為非保證，本公司可隨時作出更改。

重要資料

1. 此產品簡介只供參考，並非及不構成保險契約的一部分，是為提供本產品主要特點概覽而設。本計劃的精確條款及條件列載於保單契約。有關此計劃條款的定義、契約條款及條件之完整敘述，請參閱保單契約。此產品簡介應與包括本產品附加資料及重要考慮因素的說明文件（如有）及有關的市場推廣資料一併閱覽。此外，請詳閱相關的產品資料，並在需要時諮詢獨立的專業意見。
2. 本計劃為保險計劃，並不包括任何儲蓄成分。所有繳付的保費都用作提供保險及相關開支的用途。
3. 保單持有人是指參與公司。
4. 受保成員是指受保僱員及其受保家屬（如適用）。
5. 如計劃已包括家屬保障，則此產品簡介內提及的僱員保障，同樣適用於僱員家屬。

主要產品風險

1. 受保成員須於每年續保時為此計劃繳付保費。
2. 如以下其中一項情況發生，我們將會終止受保成員的保障：
   - 受保成員身故；或
   - 受保成員於保費到期日後31日內仍未繳交保費。
3. 如以下情況發生，我們將會終止保單持有人的保單，所有受保成員將失去保障：
   - 公司的商業類別變更為我們須停止提供保障的類別。有關不保行業／機構的最新列表，請瀏覽我們的網站aia.com.hk。
4. 如受保成員不再於香港定居，受保成員可能失去保障。
5. 如公司不再於香港營運，我們保留權利終止保單持有人的保單，所有受保成員將失去保障。
6. 續保情況將根據我們是否仍然為所有現有保單繼續提供該計劃而定。
7. 此計劃由我們承保，因此受保成員受我們的信貸風險所影響。若我們無法按保單的承諾履行其財務責任，受保成員可能損失其保障及可能損失保單年度餘下已繳的保費。
8. 通脹會導致未來醫療費用增加。因此，本計劃的賠償金額以及未來保費率都有可能受調整，以反映通脹。
9. 由於通脹可能會導致未來生活費用增加，現有的預期保障可能無法滿足受保成員未來的需求。如實際的通脹率高於預期，即使我們履行所有的合約責任，受保成員收到的金額（以實際基礎計算）可能會較預期少。

主要不保事項

在此計劃內，我們並不會承保因以下情況而引致的賠償：

網絡牙科保障之不保事項

1. 非辦公時間內之牙科急診；
2. 專科牙醫之檢查及治療；
3. 晚期牙周病治療；
4. 於洗牙時進行牙腳面的刮療；
5. 非蛀牙而導致的補牙，如：齒質耗損、美容、創傷、取代前修補之折斷或牙齒碎裂；
6. 牙科整形之脫牙、脫除牙根尖和智慧齒；
7. 牙科矯正裝置，包括活動假牙套；
8. 如小童未能接受由普通科牙科醫生診治，而需經兒科訓練的牙醫進行治療，有關之診金及治療費不包括在此計劃範圍內；
9. 於其他非指定網絡牙科醫生接受服務。

意外保障之不保事項

1. 受保前已存在的症狀；
2. 因任何疾病而引發的意外；
3. 精神病、精神分裂、神經紊亂、睡眠失調；或受酒精或藥物影響之情況下發生的意外；
4. 違反或意圖違反法律的行為或拒捕；
5. 參與空中飛行（以須付費的乘客身份乘搭註冊私人或商業航空公司的固定航班除外）；
6. 自殺、企圖自殺或故意自我傷害；
7. 婦女分娩、流產、懷孕或其併發症；
8. 戰爭、侵略、內戰、革命或任何類似戰爭行動；
9. 從事或參與海軍、陸軍或空軍服務或行動；
10. 以專業身份參與運動；
11. 警務人員或懲教署職員，在襲擊案、謀殺案、暴亂、民事騷亂、罷工時執行任務或進行逮捕工作；
12. 消防員或當值消防員，在襲擊案、謀殺案、暴亂、民事騷亂或罷工時，其工作範圍涉及滅火或於火災發生時負責保護別人的性命財產；
13. 職業司機在香港境外進行駕駛工作；
14. 任何直接或間接因愛滋病（AIDS）或人體免疫力缺乏病毒（HIV）而引致之賠償。

上列事項只供參考，有關不保事項之完整敘述及詳細資料，請參閱保單契約。

由2018年1月1日起，所有保單持有人均需向保險業監管局為其新繕發及現行香港保單繳付的每筆保費繳交徵費。有關保費徵費詳情，請瀏覽我們的網站www.aia.com.hk/useful-information-ia-tc或保險業監管局網站www.ia.org.hk。

保費調整及產品內容改動

1. **保費調整**
   為了持續提供保障，我們會每年覆核計劃下的保費。如有需要，我們會於保單年度終結時作出相應調整。我們在覆核時會考慮的因素包括但不限於：
   - 此計劃下所有保單的理賠成本及來年的預期理賠支出（反映醫療趨勢、醫療成本通脹和產品內容改動所帶來的影響）；
   - 與保單直接有關的支出及分配至此產品的間接開支。
2. **產品內容改動**
   我們保留每年更改利益、條款及細則及/或產品內容之權利，以配合醫療科技的進步及持續提供保障。

如有任何更改，我們會在續保或保單年度終結前以書面通知保單持有人及/或受保成員。

索償過程

如要索償，受保成員須於受保事故發生後90日內向我們提出書面通知。所需的賠償申請表可於我們的網頁：aia.com.hk下載或向財務策劃顧問索取。

取消投保權益

保單持有人有權以不少於31日前的書面通知予我們取消此保單或受保成員有權以不少於31日前的書面通知予我們取消保障。惟這樣會導致受保成員損失其保障及保單年度餘下已繳的保費，保單持有人亦會損失保單年度已繳的保費徵費。我們亦保留權利於續保時以不少於31日前的書面通知予保單持有人及/或受保成員取消此保單。



保險業監管局保費徵費詳情

保險業監管局向保單持有人收取保費徵費（由2018年1月1日起生效）

背景

保險業監管局（「保監局」）已於2017年6月26日起取代保險業監理處規管保險公司。於新監管制度下，配合《保險業（徵費）令》（「徵費令」）和《保險業（徵費）規例》（「徵費規例」）刊登憲報，所有新繕發或現行生效之香港保單，需於2018年1月1日起繳付保費徵費。

保費徵費法定要求

- 所有現行生效之保單，保單週年日為2018年1月1日或之後均需繳交保費徵費。
- 應繳保費徵費是根據保費的百分比計算，並由保單持有人於繳交保費時一併支付。按徵費令，保費徵費將以每一保單週年計算，保費徵費率及最高保費徵費金額列於下表。

保單生效日或保單週年日	徵費率	最高保費徵費（港元）	
		一般業務*	長期業務#
由2018年1月1日至2019年3月31日（包括首尾兩日）	0.04%	2,000	40
由2019年4月1日至2020年3月31日（包括首尾兩日）	0.06%	3,000	60
由2020年4月1日至2021年3月31日（包括首尾兩日）	0.085%	4,250	85
由2021年4月1日起（包括該日）	0.1%	5,000	100

* 團體醫療保單及附有疾病保障的團體人壽保單之最高保費徵費以「一般業務」類別為上限。
\# 純團體人壽保單及附有意外死亡及傷殘保障的團體人壽保單之最高保費徵費以「長期業務」類別為上限。

- 根據保單生效日或週年日，不同的保費徵費率及最高保費徵費將會被採用。所指定的保費徵費將隨年度改變。
- 實則的保費徵費金額將取決於最終之保單生效日和保費金額。

如欲了解更多保費徵費資訊，請瀏覽我們的網站：www.aia.com.hk 或保險業監管局網站：www.ia.org.hk。



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團體保險中介人必修度身設計計劃培訓課程 (1)

版本更新: 2019.10

友邦機密及專利資料。嚴禁分發。

只供內部培訓之用

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只供內部培訓之用

團體保險分類簡介

友邦機密及專利資料。嚴禁分發。

團體保險計劃分類

只供內部培訓之用



套裝計劃

切合中小企業客戶的需要，為僱主及僱員提供全面的人壽、醫療、意外、旅遊及危疾等保障方案。

中小企方案
3 至 100 位僱員



度身設計計劃

度身設計全面及高效率的團體保險方案，為滿足僱員不同的保障需要。

企業方案
20位僱員或以上



僱員自選保障方案

僱員可以自付形式投保牙科保障計劃，或透過網上平台自選和優化不同範疇的保障。

僱員自費個人保障

友邦機密及專利資料。嚴禁分發。

套裝計劃vs度身設計團體保險

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	中小企團體保險套裝計劃	度身設計團體保險計劃
對象公司僱員人數	3-100 名全職僱員	20名或以上全職僱員
客戶自設保障能力	計劃內容已設定；有限度選擇	每項保障可因應客戶需要，度身設計
銷售切入點	保障簡單易明及多元化；方便快捷之選	保障精心設計，應有盡有．照顧不同業務種類及僱員的需要。打造價值之選
準備計劃書時間	CS iPoS 即時（指定產品可以即時用 CS iPoS 電子遞交申請）	營業員須聯絡企業業務部索取計劃書（一般情況下須要5個工作天[1]準備計劃書）
好處	申請容易，無須報價 方便快捷，一般無須醫核保[2] 較容易撐握計劃內容 較容易管理計劃	計劃彈性度高；因應僱主需要設定保障內容 可調整保費去符合客戶預算 一般無須醫核保[2] 能設計多項計劃，適合公司不同職級人士須要
保費	按年齡層收費	同一級別員工，劃一收費
公司例子	小型商舖/茶餐廳 中小型貿易公司 中小型商舖/專業服務公司	中大型機構/品牌公司 上市公司 ／ 大型酒店 學校/政府機構

友邦機密及專利資料。嚴禁分發。

*備註：1. 計劃書準備時間有可能變更視符公司人數，計劃書內容複雜程度，理賠資料及其他報價資料完整性等等。2. 視符團體保險產品及保單條款而定，詳細請參閱友邦小冊子及保單條款.

度身設計團體保險計劃

只供內部培訓之用

因應企業不同需要，我們可為客戶度身設計各類型團體保險計劃，
保障一應俱全。



團體保險 – 環球保障

- 住院及手術保障
- 門診保障
- 牙科保障
- 分娩保障
- 自選附加保障
- 靈活福利計劃
- 定期人壽保障
- 意外死亡及傷殘賠償
- 永久完全傷殘賠償
- 危疾保障

友邦機密及專利資料。嚴禁分發。

只供內部培訓之用

銷售流程

友邦機密及專利資料。嚴禁分發。

只供內部培訓之用

團體保險銷售流程九步曲

1. 尋找公司客戶

2. 致電洽談

3. 初步資料搜集
約見會面

4. 選擇計劃類型
(套裝/度身設計)
度身設計計劃需要聯絡企業業務同事準備計劃書



5.做好見客前準備
(開門7件事)

6. 準備見客銷售簡報PPT及計劃書
(按公司規模業務性質適用)

7. 與客戶會談及介紹方案

8. 選擇方案
準備申請文件

9. 安排售後服務
舉辦員工簡介會及駐場服務

轉化

增值銷售
僱員自選保障





見客要搵幫手?
歡迎聯絡各區企業業務同事提供銷售或員工簡介會支援服務。

友邦機密及專利資料。嚴禁分發。

團體計劃分類流程

只供內部培訓之用



起點

準客戶對象:現有客戶/老闆/HR/舊同事/朋友等等..

你公司有團體保障嗎?

有　　沒有

有團體保障

你公司現有僱員人數多少?

3-19名　　20名以上

選擇產品種類

使用CS iPOS介紹套裝計劃

度身訂造計劃方案收集ABCD報價資料

中小企套裝計劃



度身訂造計劃

企業業務專員準備計劃書內容

沒有團體保障

公司現有僱員人數多少?

3-19名　　20名以上

選擇產品種類

介紹團體保險種類，使用CS iPOS介紹

20名員工或以上先參考套裝計劃內容，與客戶初步溝通，然後再設計度身訂造計劃

中小企套裝計劃



友邦機密及專利資料。嚴禁分發。

資料搜集:了解客戶需要切入點

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未參加團體保障計劃

- 僱員對現有公司福利配套意見(滿意度)
- 公司競爭對手僱員福利配套如何
- 企業文化及招聘情況
- 管理層對市場上團體保險計劃及服務認知多少
- 提客戶準備僱員資料（例如：人數，年齡，性別，職級，及業務性質，等等..）
- 用於僱員福利的財政預算
(預計合資格僱員年薪2%-3%)

已參加團體保障計劃

- 對現有承保保障範圍的意見/建議
- 對現有服務評價/建議
- 去年理賠狀況如何
- 現有或新入職僱員及家屬參加計劃資格的建議
- 提客戶準備ABCD資料
- 用於來年僱員福利的財政預算



友邦機密及專利資料。嚴禁分發。

搜集資料清單表

只供內部培訓之用

	中小企套裝計劃及度身訂造計劃	
	新個案	轉保個案
公司資料		
公司/機構英名名稱	✓	✓
業務性質	✓	✓
建議福利	✓	✓
財政預算	✓	✓
受保僱員每月薪金	只適用於團體人壽保障計劃	
現有承保公司名稱	X	✓
現有福利賠償表副本	X	✓
最少過去8個月的前承保公司索償紀錄摘要	X	✓
保單續保日	X	✓
受保成員資料		
受保僱員名單	✓	✓
受保僱員年齡	✓	✓
受保僱員性別	✓	✓
其他資料		
對現時保險公司的意見	X	✓
對現時投保計劃的意見	X	✓
客戶對選擇保險公司的要求	✓	✓
客戶是否向其他保險公司索取計劃書	✓	✓

友邦機密及專利資料。嚴禁分發。

搜集資料-準備計劃書

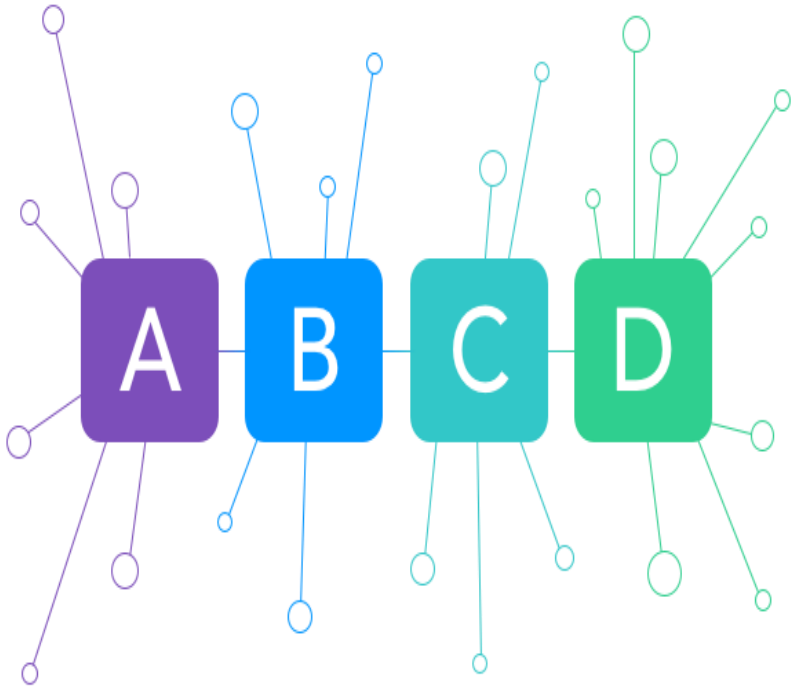
只供內部培訓之用

A Anniversary 續保日期
保單起保日期/保單續保日期
(一般續保日期前2-3個月開始與客戶接洽)

B Benefit of Coverage 保障範圍
現有福利概要表副本

C Claims Record 索償紀錄
最少過去8個月的前承保公司索償紀錄摘要

D Details of Prospect 詳細資料
客戶詳細資料 (例如)：
- 現有承保公司名稱/受保公司名稱
- 業務性質
- 建議僱員福利
- 投保僱員及/或家屬資料 (例如：年齡、性別及人數)
- 用於僱員福利的財政預算



友邦機密及專利資料。嚴禁分發。

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見客前準備:開門7件事

1. 咭片
2. iPad (已下載CS iPoS)
3. 了解友邦背景及優勢
4. 閱讀並了解產品資料
5. 準備產品小冊子及相關申請表格
6. 做好充份的見客準備 *
7. 準備計劃書及簡報(如適用)



*備註: 了解客戶公司背景,業務性質,見面目的,員工人數, 年齡, 性別, 搜集 ABCD資料, 競爭對手資料等等

友邦機密及專利資料。嚴禁分發。

見客筆記

收集資料
(Facts Finding)

- 充足資料搜集 (客戶要求, 準受保成員資料,競爭對手資料, 行業資料, ABCD資料)
- 準備好見客資料: 開門7件事

僱員福利面談
(Consulting & Pitching)

- 介紹友邦, 產品方案及增值服務
- 分析公司優勢, 講解計劃的好處
- 講解參加計劃時要注意事項

友邦機密及專利資料。嚴禁分發。

簽單筆記

成交及售後服務安排

- 準備申請文件清單
- 確定計劃書
- 講解申請程序, 主要產品風險, 不保事項,及產品限制資訊等等
- 預約及安排成員簡介會與駐場服務



友邦機密及專利資料。嚴禁分發。

只供內部培訓之用

申請前注意事項

- 了解基本投保資格, 參加指引及組別劃分細則
- 海外投保風險
- 講解主要產品風險, 不保事項, 產品限制,及收費(保費徵費)
- 準受保成員是否須要遞交健康申報表或可保證明(如適用)
- 轉保資料是否有效及完整(如適用)



友邦機密及專利資料。嚴禁分發。

海外投保風險

投保公司必需為香港營運之企業及其所投保之僱員及其家屬均於**香港定居**。

凡隨後就僱員及其家屬之居住地有任何變更，投保公司必需通知友邦保險。在僱員及其家屬之居住地變更後，若受法規所限而導致友邦保險未能提供保障，友邦保險有權終止對僱員及其家屬之保障；

或不接受本保單內應有之賠償要求。



以上資料只供參考，有關保單契約條款之定義及契約條款及條件之原文及完整敍述，請參閱保單契約。

友邦機密及專利資料。嚴禁分發。

主要產品風險

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1. 投保公司須於每年續保時為此計劃繳付保費。
2. 如以下情況發生，受保成員將失去保障：
   - 受保成員身故。
3. 如以下其中一項情況發生，我們將會終止您的保單，所有受保成員將失去保障：
   - 於保費到期日後31日內仍未繳交保費；
   - 受保全職僱員人數少於3名；
   - 公司的商業類別變更為我們須停止提供保障的類別。有關不保行業 / 機構的最新列表，請瀏覽我們的網站 aia.com.hk；或
   - 公司提供受保成員的錯誤資料，或未能披露受保成員的重 要資料。
4. 如受保成員不再於香港定居，受保成員可能失去保障。
5. 如公司不再於香港營運，我們保留權利終止您的保單，所有受保成員將失去保障。
6. 續保情況將根據我們是否仍然為所有現有保單繼續提供該計劃而定。
7. 此計劃由我們承保，因此您受我們的信貸風險所影響。若我們無法按保單的承諾履行其財務責任，受保成員可能損失其保障而您亦可能損失保單年度餘下已繳之保費及保費徵費
8. 通脹會導致未來醫療費用增加。因此，本計劃的賠償金額以及未來保費率都有可能受調整，以反映通脹。
9. 由於通脹可能會導致未來生活費用增加，您現有的預期保障 可能無法滿足受保成員未來的需求。如實際的通脹率高於預期，即使我們履行所有的合約責任，受保成員收到的金額（以實際基礎計算）可能會較預期少。

友邦機密及專利資料。嚴禁分發。

保費徵費

只供內部培訓之用

由2018年1月1日起，所有保單持有人均需向保險業監管局為其新繕發及現行香港保單繳付的每筆保費繳交徵費。有關保費徵費詳情，請瀏覽我們的網站www.aia.com.hk/useful-information-ia-tc或保險業監管局網站www.ia.org.hk。

保單日期或保單週年日	徵費率
由2019年4月 1日至2020年3月 31日 (包括首尾兩日)	0.06%
由2020年4月 1日至2021年3月 31日 (包括首尾兩日)	0.085%
由2021年4月 1日起(包括該日)	0.1%

- 友邦香港保留權利於續保時以不少於31日前的書面通知予您取消此保單。
- 此產品簡報只供參考用途，並非及不構成保單契約的一部分。有關保單契約的詳情，請參閱保單契約的條款、條件、條文及不保事項。
- 受保成員是指受保僱員及其受保家屬（如適用）。

友邦機密及專利資料。嚴禁分發。

申請文件清單

只供內部培訓之用

	度身設計計劃
需遞交的申請文件	1. 團體醫療申請表 2. 團體人壽申請表 (如適用) 3. 準受保成員資料表 (excel file) 4. 商業登記證之影印本 5. 前承保公司索償紀錄摘要(適用於轉保個案) 6. 前承保公司現有福利賠償表(適用於轉保個案) 7. 前承保公司現有受保成員名單(適用於轉保個案) 8. 申請人聲明書 (適用於轉保個案) 9. 計劃書(已確定版本) 10. 《打擊洗錢及恐佈分子資金籌集指引》要求文件
將接獲的文件	1. 僱主迎新錦囊 2. 僱員迎新包* (內附迎新函, 醫療卡/中國支援卡, 網絡醫生名單, 等等) 3. 正式保單合約 4. 正式受保成員名單 5. 正式收據 *註: 視符產品而定, 以上所有文件因個別情況有機會使用電子版本發放給客戶, 有關詳情請聯絡企業客戶服務部.

有關填寫表格樣本之詳情，請瀏覽
營業員專頁或
向企業業務部營業代表查詢

友邦機密及專利資料。嚴禁分發。

度身設計計劃申請流程

只供內部培訓之用

計劃生效前
2至3個月內

開始

鎖定準客戶

接洽準客戶

搜集資料
ABCD
準備報價

演譯計劃書
成交
遞交申請文件

需要10個工作天[1]

準備賬單及繳費

需要14個工作天[1]

安排
員工簡介會
駐場服務

發送保單合約[2]
成員迎新包
僱主迎新錦囊

計劃生效









1.備注:參考一般保單營運部服務TAT時間, 有機會因個別情況更改。2. 正式紙本保單合約將會遞交給營業代表, 再營業代表交予客戶。

友邦機密及專利資料。嚴禁分發。

只供內部培訓之用

多謝！
Thank you!

友邦機密及專利資料。嚴禁分發。