




Benefits schedule for OptimaCEO Medical Plan

Benefit items 1 – 20, 21 ii), 22 – 25, 34 – 41 are reimbursed on medically necessary and reasonable and customary basis. For more information, please refer to point 2 of the “Product Limitation” section under “Important Information for **OptimaCEO Medical Plan**”.

 Proof of recommendation is required.

Overview	HK\$	US\$
Overall Lifetime Limit Applies to items 1 to 25, 28 to 31 and optional outpatient benefits	70,000,000 per life	8,750,000 per life
Annual Limit Applies to items 1 to 25, 28 to 31 and optional outpatient benefits	30,000,000 per policy year Extra annual limit: 10,000,000 per policy year ^(a)	3,750,000 per policy year Extra annual limit: 1,250,000 per policy year ^(a)
Geographical Cover Choices	For all cover	
	Worldwide or Worldwide excluding the United States	
	For emergency treatment	
	Worldwide	
Room Type	Standard private room	
Annual Deductible Choices Applies to items 1 to 25 (except item 21 iii))	0 / 16,000 / 25,000 / 50,000 / 88,000	0 / 2,000 / 3,125 / 6,250 / 11,000
Elderly Cancer Support – Waiver of Deductible for Cancer^(b)	The remaining balance of annual deductible (if any) shall be reduced to \$0 in the relevant policy year for the medical services arising from cancer ^(c) if the insured: <ul style="list-style-type: none"> has attained age 75 or above; suffers from cancer^(c); and receives any medical services as a direct result of cancer^(c) 	
Optional Benefits	Outpatient benefits Dental benefits	




Core benefits^(d)

A. Confinement Benefits	Maximum Benefit	
	HK\$	US\$
1 Hospital daily room and board benefit	Fully covered ^(f)	
2 Physician's visit		
 3 Specialist's fee^(e)		
4 Miscellaneous hospital expenses benefit		
 5 Intensive care benefit^(e)		

Benefits schedule for OptimaCEO Medical Plan (continued)

Benefit items 1 – 20, 21 ii), 22 – 25, 34 – 41 are reimbursed on medically necessary and reasonable and customary basis. For more information, please refer to point 2 of the “Product Limitation” section under “Important Information for **OptimaCEO Medical Plan**”.




 Proof of recommendation is required.

A. Confinement Benefits (continued)	Maximum Benefit			
	HK\$	US\$		
 6 Private nurse's fee^(e) Nursing services after surgery or discharge from Intensive Care Unit and while the insured is still confined in hospital	Fully covered ^(f) 30 days per policy year			
7 Hospital companion bed benefit Expenses for one companion bed during the insured's hospital stay	Fully covered ^(f)			
B. Surgical Benefits				
8 Surgery benefit Including surgeon's fee, anaesthetist's fee, operating theatre fee and the cost of items and equipment used during the use of operating theatre	Fully covered ^(f)			
i) All surgeries Including organ transplantation surgical cost for insured as a receiver	30% of the total transplantation cost of both donor and receiver ^(g)			
ii) Surgery of the donor If the insured is a receiver for organ transplantation of heart, kidney, liver, lung or bone marrow				
9 Day surgery benefit Including consultation, medication, surgeon's fee, anaesthetist's fee, operating theatre fee and / or room charge	Fully covered ^(f)			
10 Medical appliances benefit	Fully covered ^(f)			
i) Specified items implanted during surgery Pace maker / stents for Percutaneous Transluminal Coronary Angioplasty / intraocular lens / artificial cardiac valve / metallic or artificial joints for joint replacement / prosthetic ligaments for replacement or implantation between bones / prosthetic intervertebral disc	Fully covered ^(f)			
ii) Other items implanted during surgery Prosthetic device other than specified in item 10 i)			96,000 per item per policy year	12,000 per item per policy year
iii) Reconstructive devices or materials External or prosthetic devices or reconstructive materials implanted during reconstructive surgery and / or replacement of any body organ			96,000 per item per policy year	12,000 per item per policy year
C. Post-Hospitalisation Benefits				
11 Post-hospitalisation / day surgery outpatient consultation <ul style="list-style-type: none"> All follow-up outpatient visits (within 90 days after each hospital discharge / completion of day surgery procedure) All follow-up outpatient visits (within 365 days after each hospital discharge / completion of day surgery procedure for performing the surgical procedure categorised as complex or major^(h)) 	Fully covered ^(f)			
 12 Post surgery home nursing benefit^(e) Nursing services within 28 weeks after discharge from hospital (following surgery / admission to Intensive Care Unit)	Fully covered ^(f) 28 weeks per policy year			
 13 Rehabilitation benefit^(e) For stay and treatment in rehabilitation centre	80,000 per policy year	10,000 per policy year 60 days per policy year		

Benefits schedule for OptimaCEO Medical Plan (continued)

Benefit items 1 – 20, 21 ii), 22 – 25, 34 – 41 are reimbursed on medically necessary and reasonable and customary basis. For more information, please refer to point 2 of the “Product Limitation” section under “Important Information for **OptimaCEO Medical Plan**”.











 Proof of recommendation is required.

C. Post-Hospitalisation Benefits (continued)		Maximum Benefit	
		HK\$	US\$
	14 Hospice care benefit^(e) <ul style="list-style-type: none"> For stay in hospice with care and nursing service If the stay in the hospice commences within 90 days following discharge from hospital due to terminal illness 	320,000 per life Once per policy	40,000 per life Once per policy
	15 Post-hospitalisation / day surgery ancillary benefit <ul style="list-style-type: none"> All follow-up outpatient visits (within 90 days after each hospital discharge / completion of day surgery procedure) All follow-up outpatient visits (excluding registered dietitian consultation visits) (within 365 days after each hospital discharge / completion of day surgery procedure for performing the surgical procedure categorised as complex or major^(h)) 	Network benefit: Fully covered ^(f) Non-network benefit: 30,000 per confinement / day procedure	Network benefit: Fully covered ^(f) Non-network benefit: 3,750 per confinement / day procedure
	Benefit item 15 is further subject to a maximum of 1 visit per day to only 1 of the consultations set out under benefit items 15 i) - iii) below		
	Each outpatient visit is subject to the below sub-limits		
	i) Chiropractor / physiotherapist / speech therapist / occupational therapist^(e) For consultation and / or treatment	Network benefit: Fully covered ^(f) Non-network benefit: 1,000 per visit	Network benefit: Fully covered ^(f) Non-network benefit: 125 per visit
	ii) Chinese medicine practitioner For consultation, treatment and / or medicines prescribed	Network benefit: 880 per visit Non-network benefit: 600 per visit 15 visits per confinement / day procedure for the same covered illness / covered injury	Network benefit: 110 per visit Non-network benefit: 75 per visit 15 visits per confinement / day procedure for the same covered illness / covered injury
	iii) Registered dietitian^(e) For consultation within 90 days after discharge / day surgery only	680 per visit 4 visits per confinement / day procedure for the same covered illness / covered injury	85 per visit 4 visits per confinement / day procedure for the same covered illness / covered injury
D. Extended Benefits			
	16 Pre-hospitalisation / day surgery outpatient consultation <ul style="list-style-type: none"> All prior outpatient visits (within 30 days before each confinement / day surgery procedure) 1 prior outpatient visit (more than 30 days before each confinement / day surgery procedure) 	Fully covered ^(f)	

Benefits schedule for OptimaCEO Medical Plan (continued)

Benefit items 1 – 20, 21 ii), 22 – 25, 34 – 41 are reimbursed on medically necessary and reasonable and customary basis. For more information, please refer to point 2 of the “Product Limitation” section under “Important Information for **OptimaCEO Medical Plan**”.

 Proof of recommendation is required.

D. Extended Benefits (continued)		Maximum Benefit	
		HK\$	US\$
	17 Cancer treatment benefit^{(c),(e)} Including chemotherapy, radiotherapy, targeted therapy, hormonal therapy, immunotherapy, proton therapy and surgery for a covered illness which is cancer ^(c) , and the consultation, medication and / or diagnostic tests for and in the course of these treatments	Fully covered ^(f)	
	18 Dialysis benefit^(e) Both on an inpatient or outpatient basis	Fully covered ^(f)	
	19 Mental or nervous disorder benefit^(e) For stay and treatment in a mental or psychiatric hospital, or in the mental or psychiatric unit or department of a hospital	80,000 per policy year	10,000 per policy year
	30 days per policy year		
	20 Reconstructive surgery benefit^(e) For charges incurred within 12 months from the date of accident to restore the function of a body part or appearance, or charges incurred for breast reconstruction surgery after mastectomy	480,000 per covered injury / per covered illness	60,000 per covered injury / per covered illness
	21 Heart attack / stroke rehabilitation benefit After discharge from hospital		
	i) Home facility enhancement benefit^(e) Designated home facility enhancements such as widening doorways and passageways, adapting bathroom facilities and the provision of specialised furniture, which is prescribed by an occupational therapist	50,000 per incident	6,250 per incident
	ii) Heart attack / stroke ancillary benefit		
	I) Chiropractor / Physiotherapist / Speech Therapist / Occupational Therapist / Neurosurgeon ^(e) <ul style="list-style-type: none"> for consultation and / or treatment 	1,000 per visit 100,000 per life	125 per visit 12,500 per life
	II) Neurologist / Cardiologist ^(e) <ul style="list-style-type: none"> for consultation, treatment and / or medicines prescribed 		
	III) Chinese medicine practitioner <ul style="list-style-type: none"> for consultation, treatment and / or medicines prescribed 		
	iii) Disability subsidy benefit If unable to perform 3 or more activities of daily living uninterruptedly for at least 6 consecutive months	30 visits per policy year	
		5,000 per month	625 per month
		24 months per life	
	22 Pregnancy complications benefit^(e) For confinement in hospital and surgical procedure	Fully covered ^(f)	
	23 Experimental drugs for cancer^{(c),(e),(f)}	500,000 per policy year	62,500 per policy year
	For reasonable and customary charges incurred outside Hong Kong, Macau and Mainland China, such charges shall be reduced to 60% in the calculation of the benefit amount payable		

Benefits schedule for OptimaCEO Medical Plan (continued)

Benefit items 1 – 20, 21 ii), 22 – 25, 34 – 41 are reimbursed on medically necessary and reasonable and customary basis. For more information, please refer to point 2 of the “Product Limitation” section under “Important Information for **OptimaCEO Medical Plan**”.

E. Emergency Treatment Benefits	Maximum Benefit	
	HK\$	US\$
24 Emergency outpatient treatment benefit Treatment received within 24 hours of a covered accident	Fully covered ^(f)	
25 Emergency dental benefit Treatment received within 3 months of a covered accident		
26 Worldwide emergency assistance services	5,000,000 per life	625,000 per life
i) Emergency medical evacuation		
ii) Repatriation of remains		
iii) Compassionate visit by one immediate family member For staying in hospital more than 5 consecutive days		
iv) Return of children under the age of 18 For staying in hospital more than 5 consecutive days		
v) 24-hour worldwide telephone enquiring services	Included	
F. Death Benefit		
27 Compassionate death benefit Payable to the beneficiary if the insured passes away	80,000	10,000

Health Wallet Benefits⁽ⁱ⁾

G. Health Wallet Benefits (only applicable to OptimaCEO Medical Plan)	Amount to be credited to the Health Wallet	
	HK\$	US\$
28 Network treatment reward benefit Applicable if charges have been reimbursed by us under benefit items 1 to 8 and 10 to 25 of the core benefits for medical services or treatments carried out by Signature Healthcare Circle ^(a)	5% of total charges already reimbursed under benefit items 1 to 8 and 10 to 25 of the core benefits of OptimaCEO Medical Plan for medical services or treatments carried out by Signature Healthcare Circle ^(a)	
	10,000 per policy year	1,250 per policy year
29 Hospital cash benefit For stay in a government hospital or in a hospital without charge	800 per day	100 per day
	90 days per policy year	
30 Lower room class cash benefit For stay in a room of class below standard private room of a private hospital in Hong Kong or Macau	2,000 per day	250 per day
	10 days per confinement	
31 Day surgery cash benefit Applicable when day surgery benefit is payable under the policy for a surgical procedure	1,600 per procedure	200 per procedure
	1 procedure per policy year	
32 No claim bonus benefit^(k) Applicable if no benefits have been paid or are payable under benefit items 1 to 8 and 10 to 25 of the core benefits for 3 consecutive policy years, and the policy has been in-force throughout the 3 consecutive policy years	5% of total premiums paid to OptimaCEO Medical Plan policy (excluding the premium of optional benefits) for the immediately preceding policy year	



Benefits schedule for OptimaCEO Medical Plan (continued)

Benefit items 1 – 20, 21 ii), 22 – 25, 34 – 41 are reimbursed on medically necessary and reasonable and customary basis. For more information, please refer to point 2 of the “Product Limitation” section under “Important Information for **OptimaCEO Medical Plan**”.

 Proof of recommendation is required.

H. Usage of Health Wallet ^(l) (only applicable to OptimaCEO Medical Plan)	Amount payable	
	HK\$	US\$
33 Usage of Health Wallet	Up to the balance available in the Health Wallet ^(l)	
i) expenses for wellness treatment, check-up or vaccinations^(m) ii) reimburse the reasonable and customary charges of any covered confinement, surgery and / or medical treatment actually incurred due to a covered illness or covered injury but are not payable under the core benefits of the policy solely due to the following reason(s): <ul style="list-style-type: none"> • the charges exceed the relevant benefit limits; • such amount has been deducted from the benefit amount payable under the policy as deductible; or • the charges are incurred for any pre-existing condition, or any congenital condition which manifested or has been diagnosed before the insured attained age 8 		

Optional benefits^(d)

I. Outpatient Benefits	Maximum Benefit	
	HK\$	US\$
Geographical Cover	Same as the OptimaCEO Medical Plan	
34 Outpatient consultation For consultation and medicines prescribed	Fully covered ^(f) Subject to 20% coinsurance ⁽ⁿ⁾ 45 visits per policy year 1 visit per day	
 35 Diagnostic procedures and laboratory tests^(e)	Fully covered ^(f) Subject to 20% coinsurance ⁽ⁿ⁾	
 36 Prescribed medicines and drugs^(e)		
37 Alternative treatment Including medical treatment performed by a Chinese medicine practitioner, physiotherapist, or chiropractor	8,000 per policy year	1,000 per policy year
	Subject to 20% coinsurance ⁽ⁿ⁾ 1 visit per day	
38 Psychiatric treatment	1,000 per visit	125 per visit
	Subject to 20% coinsurance ⁽ⁿ⁾ 10 visits per policy year	
39 Vaccinations, health check-up and child development assessment	2,400 per policy year	300 per policy year
	1 check-up and 1 child development assessment per policy year	
J. Dental Benefits (cover up to the age of 66) ^(o)		
Geographical Cover	Same as the OptimaCEO Medical Plan	
40 Routine dental treatment	5,600 per policy year	700 per policy year
41 Major restorative treatment	12,000 per policy year	1,500 per policy year

Benefits schedule for OptimaCEO Medical Plan (continued)

Notes:

- (a) The annual limit for a policy year will be increased by the amount of extra annual limit if all charges actually incurred in the same policy year for medical services, treatments and confinements which are paid or payable under benefit items 1 - 23 in the benefits schedule for **OptimaCEO Medical Plan** are provided by Signature Healthcare Circle of **OptimaCEO Medical Plan**. The extra annual limit can only be applied to charges incurred in the same policy year for medical services, treatments or confinement which have been directly provided by Signature Healthcare Circle of **OptimaCEO Medical Plan** and are paid or payable under benefit items 1 - 25 and 28 - 31 in the benefits schedule for **OptimaCEO Medical Plan** and optional outpatient benefits (if applicable).

The network benefit under benefit items 15 i) and 15 ii) in the benefits schedule of **OptimaCEO Medical Plan**, the network treatment reward benefit under the Health Wallet Benefits, and extra annual limit will only be applicable if (1) the medical services, treatments and confinements have been recommended and provided by the Signature Healthcare Circle of **OptimaCEO Medical Plan** and (2) you have successfully obtained medical expense pre-approval for such medical services, treatments and confinements from us, subject to our prevailing rules and conditions. Please visit <https://www.aia.com.hk/en/health-and-wellness/medical-expense-pre-approval-service> for the latest updates and full terms and conditions. For the benefit items which have not been specified as “network benefit” or “non-network benefit” in the benefits schedule of **OptimaCEO Medical Plan**, the benefit limits of such benefit items are applicable to both network and non-network medical services, treatments and confinements.

- (b) Upon the recommendation of the attending specialist in writing, receives any medically necessary medical services as a direct result of the cancer for which benefits are payable under benefit items 1 to 25. This waiver of deductible is not applicable if the policy owner or the insured is aware of, or shall be reasonably aware of, such cancer within the first 90 days from the policy effective date. If the insured is diagnosed with sickness other than cancer with eligible expenses incurred, such eligible expense is subject to the remaining balance of annual deductible amount (if any). The elderly cancer support – waiver of deductible for cancer is not applicable to policy with \$0 annual deductible option.
- (c) Please refer to point 6 of “Product Limitation” under “Important Information for **OptimaCEO Medical Plan**” on page 27 of this brochure for the definition of cancer.
- (d) Each of the itemised expenses as shown in the official statement of accounts or receipts submitted to the Company for reimbursement is subject to the reasonable and customary charges requirement. Unless otherwise specified, expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the benefits schedule above (except benefit item 21 iii)).
- (e) The Company shall have the right to ask for proof of recommendation except for consultation, treatment and / or medicine prescribed by Chinese medicine practitioner under benefit items 15 ii) and 21 ii) III) and 37, e.g. written referral or testifying statement on the claim form by the attending doctor, registered medical practitioner, specialist, chiropractor, physiotherapist, speech therapist, occupational therapist and registered dietitian (if applicable).
- (f) Fully covered or full cover shall mean no itemised benefit sublimit, and claim amount is subject to the benefit limits as set out in the benefits schedule for **OptimaCEO Medical Plan**, which include the annual limit, the extra annual limit (if applicable) and the overall lifetime limit, and also subject to the amount of annual deductible.
- (g) The benefit limit of this donor’s benefit shall be up to 30% of the aggregate of the surgical costs of removal of the organ or bone marrow from the donor which are charged to the insured (but excluding the costs of the organ or bone marrow) and the surgical costs of procedures performed on the insured as recipient. For avoidance of doubt, the benefit does not cover the expenses incurred for a surgery to remove the organ or bone marrow from the insured as the donor.
- (h) These surgical categories are defined in detail in the Schedule of Surgical Procedures under Hong Kong’s Voluntary Health Insurance Scheme (VHIS), based on categorisation of surgical procedures and review by the Hong Kong government from time to time. We will follow the surgical categories set out in the latest version of this Schedule of Surgical Procedures in effect at the time of performing the surgery. If the insured undergoes a surgery which is not included in any surgical category under the Schedule of Surgical Procedures, or if this Schedule of Surgical Procedures is no longer valid or is replaced, or if the categories of surgical procedures in this Schedule are renamed or otherwise changed, we will reasonably determine the applicable surgical category based on other surgical procedures with similar difficulty and complexity included in the Schedule of Surgical Procedures and / or any other publication or information from the Hong Kong government, relevant authorities or medical associations.
- (i) Please refer to item 5 on page 29 of this brochure for more details.
- (j) The Health Wallet Benefits (excluding no claim bonus benefit) are subject to the overall lifetime limit, the annual limit and the extra annual limit (if applicable) of the policy. The amount in the Health Wallet cannot be refunded or redeemed for cash, and cannot be used to pay any premium of any policy. Upon the cancellation or termination of the policy, any remaining amount in the Health Wallet will be forfeited immediately.
- (k) No claim bonus benefit will no longer be available once a claim has been made (excluding day surgery benefit, worldwide emergency assistance services, Health Wallet Benefits, redemption of designated rewards under the Health Wallet, optional outpatient benefits and optional dental benefits (if such optional benefits is selected)), and the number of policy year without claim will be recounted from the next policy year.
- (l) Usage of Health Wallet is available after 120 days from the effective date of the **OptimaCEO Medical Plan** policy.
- (m) These services are provided in Hong Kong by the designated third party service providers engaged by AIA, subject to change from time to time. The scope and the location of these services shall be determined by AIA at its sole discretion and AIA may change the scope and / or the location of these services at its sole discretion from time to time without prior notice. The details, locations and arrangement of these services can be accessed on AIA’s website after policy issuance. AIA is not responsible or liable for any services or advice provided by such third party service providers.
- (n) Coinsurance is a percentage of eligible expenses that you need to pay. For example, for the eligible expenses of HK\$10,000 with 20% coinsurance, you are responsible for HK\$2,000 (i.e. 20% of eligible expenses), while we pay the remaining HK\$8,000 (i.e. 80% of eligible expenses) and the payable amount is further capped by the above benefit sub-limit (if applicable, e.g. HK\$8,000 per policy year under alternative treatment), subject to overall lifetime limit, the annual limit and the extra annual limit (if applicable) of the policy.
- (o) The optional dental benefits must be applied together with the optional outpatient benefits. The optional dental benefits will terminate simultaneously when the optional outpatient benefits is terminated.

Important Information for OptimaCEO Medical Plan

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

*You have the right to purchase **OptimaCEO Medical Plan** as a standalone plan without purchasing other insurance products at the same time.*

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

This brochure is for distribution in Hong Kong only.

Key Product Risks

- You need to pay the premium for this plan for life as long as you renew for this plan or for this add-on plan until the basic plan it is attached to is terminated. If you do not pay the premium within 31 days of the premium due date, the policy will be terminated and you / the insured will lose the cover.
- You may request for the termination of your policy by notifying us in written notice. Also, we will terminate your policy and you / the insured will lose the cover on the occurrence of the earliest of any of the following:
 - the insured passes away;
 - you do not pay the premium within 31 days of the premium due date;
 - when the aggregate benefits (excluding compassionate death benefit) paid under your policy and all other relevant insurance policies covering the same insured have reached the overall lifetime limit; or
 - when you take this plan as add-on plan of any basic plan which has been terminated, matured, cancelled or converted to a non-participating insurance plan; or such add-on plan is cancelled or terminated pursuant to the terms of the corresponding basic plan.

If your **OptimaCEO Medical Plan** policy is terminated because you do not pay the premium within 31 days of the premium due date, and the insured is confined in a hospital for a covered illness or covered injury on the date when your **OptimaCEO Medical Plan** policy is terminated, we will extend the cover of your **OptimaCEO Medical Plan** policy while the insured is confined in hospital for up to an additional 30 days without the need for you to make any premium payments, subject to the same benefit limits which apply to your **OptimaCEO Medical Plan** policy.
- We underwrite the plan and you are subject to our credit risk. If we are unable to satisfy the financial obligations of the policy, the insured may lose his / her cover and you may lose the remaining premium for that policy year.
- You are subject to exchange rate risks for plans denominated in currencies other than the local currency. Exchange rates fluctuate from time to time. You may suffer a loss of your benefit values and the subsequent premium payments (if any) may be higher than your initial premium payment as a result of exchange rate fluctuations. You should consider the exchange rate risks and decide whether to take such risks.

- The future medical costs will be higher than they are today due to inflation. Hence, the benefit amounts and the future premium rate of this plan may be revised to reflect the inflation (Please refer to Annual Premium Table for the first year premium provided by your financial planner).

Key Exclusions

Under this plan, we will not cover any confinement, treatment, surgery or charges relating to or caused directly or indirectly, wholly or partly, by any of the following:

- any treatment, investigation, service or supplies which is not medically necessary
- any pre-existing condition or congenital condition that appears or is diagnosed before the insured reaches the age of 8
- self-destruction, intentional self-inflicted injury or drug abuse
- war or warlike operations, and civil commotion, any violation or attempted violation of the law or resisting arrest, acts of terrorism where the insured is a terrorist, the use of atomic, biological or chemical weapons as well as radioactive, biological or chemical contamination due to any act of terrorism (except where the insured is injured during a trip outside the insured’s permanent residence country or place); or when the insured travels to a country at war, or where there is warlike operation, mutiny, riot, civil commotion, martial law or state of siege, or a war zone as recognised by the United Nations
- pregnancy, miscarriage, child birth, abortion, or related complications, except for “pregnancy complications benefit” (see benefits schedule for **OptimaCEO Medical Plan**, item 22 for details), mental or nervous disorder, except for the “mental or nervous disorder benefit” (see benefits schedule for **OptimaCEO Medical Plan**, item 19 for details)
- “HIV” and its related injury or illness which manifested within the first 5 policy years, unless it is proven with evidence that HIV and its related injury or illness was first contracted or occurred after the effective date of the coverage
- cosmetic or plastic surgery, except if such occurrence is covered under the “reconstructive surgery benefit” (see benefits schedule for **OptimaCEO Medical Plan**, item 20 for details), dental care or surgery, except for the “routine dental treatment” under “Dental Benefits” (see benefits schedule for **OptimaCEO Medical Plan**, item 40 for details), corrective aids and treatments of refractive errors unless necessitated by injury caused by an accident, body check-up, except for the “vaccinations, health check-up and child development assessment” under “Outpatient Benefits” (see benefits schedule for **OptimaCEO Medical Plan**, item 39 for details), gradual recovery of health or rest care
- consumption of any of the following traditional Chinese medicines, except for the “post-hospitalisation / day surgery ancillary benefit” and “heart attack / stroke ancillary benefit” (see benefits schedule for **OptimaCEO Medical Plan**, items 15 ii) and 21 ii) III) for details):
 - cordyceps 冬蟲夏草 / ganoderma 靈芝 / antler 鹿茸 / cubilose 燕窩 / donkey-hide gelatin 阿膠 / hippocampus 海馬 / ginseng 人參 / red ginseng 紅參 / American Ginseng 花旗參 / Radix Ginseng Silvestris 野山參 / antelope horn powder 羚羊角尖粉 / placenta hominis 紫河車 / Agaricus blazei murill 姬松茸 / musk 麝香 / pearl powder 珍珠粉

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

Premium Adjustment and Product Features Revision

1. Premium Adjustment

In order to provide you with continuous protection, we will annually review and adjust the premium of your plan accordingly at the end of the policy year if necessary. There could be overall premium adjustment on the policies of this plan or policies of certain coverage options under this plan. During the reviews, we may consider factors including but not limited to the following:

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

2. Product Features Revision

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

We will give you a written notice of any revision 31 days before the end of policy year or upon renewal.

Product Limitation

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

Items	Effective Date (after the policy commences)
Accidental injury	Immediately
Illness	30 days
Investigation / treatment / surgery for tonsils, adenoids, hernias or a disease particular to female generative organs	120 days
Signature Healthcare Circle	30 days
Pregnancy complications benefit	10 months
Usage of Health Wallet	120 days
Items	Effective Date (after the optional benefit commences)
Optional outpatient benefits	30 days (except for treatment of an injury caused by an accident)
Optional dental benefits	6 months (except for treatment of an injury caused by an accident)

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

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

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

Experimental, screening, and preventive services or supplies are not considered medically necessary with the exception of experimental drugs benefit.

“Reasonable and customary” means:

- the medical services, diagnosis and / or treatments are medically necessary and delivered according to standards of good medical practice; and
- the costs of your medical services and the duration of your hospital stay are within the usual level of charges or duration for similar treatment in the locality of such services delivered.

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

- The insured will be covered for any room type in which he stays at hospital, but there will be a reduction in his benefit pay-out amount in case the insured stays in a room type higher than the plan covered. In such a case, the benefit pay-out amount will be adjusted by multiplying the following factor:

$$\frac{\text{Daily room charge of the standard private room in the hospital admitted by the insured}}{\text{Daily room charge of the room the insured stays}}$$

- If the insured continuously stays for 365 days in any of the following regions, for the medical services and / or treatments provided to the insured in such region, the benefit payable will be permanently reduced to 60% of his eligible charges. Such reduction applies to all items in the benefits schedule for **OptimaCEO Medical Plan** except items 26 and 27:

Regions	Countries
North America	United States and Canada
Western Europe	Austria, Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Luxembourg, Monaco, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, United Kingdom and Vatican City

- If compensation or reimbursement is payable under any law, medical programme or insurance policy provided by any government, company, other insurer or other third party, such will not be reimbursable by us under the policy.
- The term “cancer(s)” shall mean all stages of malignant cancer and carcinoma-in-situ, but will specifically exclude any of the following: (a) any tumour which is histologically classified as pre-malignant; (b) abnormal lesions of cervix uteri classified as cervical intra-epithelial neoplasia grade I (CIN I) and grade II (CIN II); and (c) any cancer where HIV infection is also present. The cancer must be confirmed by the insured's attending specialist in writing and supported by clinical, radiological, histological or laboratory evidence reasonably acceptable to us. Please refer to the policy contract for details and the claim conditions.

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

- The network benefit under benefit items 15 i) and 15 ii) in the benefits schedule of **OptimaCEO Medical Plan**, the network treatment reward benefit under the Health Wallet Benefits, and extra annual limit will only be applicable if (1) the medical services, treatments and confinements have been recommended and provided by the Signature Healthcare Circle of **OptimaCEO Medical Plan** and (2) you have successfully obtained medical expense pre-approval for such medical services, treatments and confinements from us, subject to our prevailing rules and conditions. Please visit <https://www.aia.com.hk/en/health-and-wellness/medical-expense-pre-approval-service> for the latest updates and full terms and conditions. For the benefit items which have not been specified as “network benefit” or “non-network benefit” in the benefits schedule of **OptimaCEO Medical Plan**, the benefit limits of such benefit items are applicable to both network and non-network medical services, treatments and confinements.
- Worldwide emergency assistance services are covered during the trip only (except for 24-hour worldwide telephone enquiring services), which are additional benefits. A trip generally refers to a journey where the insured departs for abroad from Hong Kong, Macau or Mainland China (of which the insured is a permanent resident at the time of departure) and then returns to the place of departure. The services are provided by designated third party service provider(s). AIA shall not be responsible for any act, negligence or omission of medical advice, opinion, service or treatment on the part of them. AIA reserves the right to amend, suspend or terminate the service without further notice.
- Signature Healthcare Circle refers to designated third party medical network service providers engaged by AIA. The medical network service providers are independent contractors and are not agents or employees or representatives of AIA. AIA does not guarantee the provision of services by a particular medical network / service provider or the number of medical network(s) / service provider(s) available. The scope and location of the medical network services shall be determined by AIA at its sole discretion and may be changed from time to time. AIA shall not be responsible for any act, negligence or omission of Signature Healthcare Circle in the provision of services, treatments, opinions and advice.

- OptimaCEO Service Hotline, Wellness Relationship Manager, child and adolescent growth and development support hotline, Signature Healthcare Circle, medical expenses pre-approval service, cashless service (also known as credit facility service), Care Concierge, Personal Medical Case Management Services with Rehabilitation Management, telemedicine service, Cancer Genomic Testing Services, and general health hotline as set out in the sections under “1. Prestigious concierge services to safeguard your health” and “3. Dedicated medical services with multi-disciplinary care for your cancer journey” are additional value-added services and do not form part of the contractual service.
- Wellness Relationship Manager, child and adolescent growth and development support hotline, Care Concierge, Personal Medical Case Management Services with Rehabilitation Management, telemedicine service, Cancer Genomic Testing Services and general health hotline (during designated service hours) are provided by designated third party service provider(s) and AIA shall not be responsible for any act, negligence or omission of medical advice, opinion, service or treatment on the part of them.
- The value-added services as set out in the sections under “1. Prestigious concierge services to safeguard your health” and “3. Dedicated medical services with multi-disciplinary care for your cancer journey” are subject to the eligibility of the insureds, the availability of the services and the relevant terms and conditions of the services. AIA reserves the right to amend, suspend or terminate any of these services any time without prior notice. For details of each of the value-added services, please refer to the respective leaflets of the value-added services.

Claim Procedure

If you wish to make a claim (including a claim under the Health Wallet), you must notify us in writing within 20 days of the date the covered event happened, and send us the appropriate forms and relevant proof within 90 days of the same date. You can get the appropriate claim forms from your financial planner, by calling the AIA Customer Hotline (852) 2232 8888 or by visiting any AIA Customer Service Centre. If you wish to know more about claim related matter, you may visit “File A Claim” section under our company website www.aia.com.hk.

Cancellation Right

You have the right to cancel and obtain a refund of any premiums and any levy paid by giving written notice to us. Such notice must be signed by you and submitted to the Customer Service Centre of AIA International Limited at 12/F, AIA Tower, 183 Electric Road, North Point, Hong Kong within 21 calendar days immediately following either the day of delivery of the policy or the Cooling-off Notice to you or your nominated representative, whichever is the earlier.

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

Hong Kong  (852) 2232 8888

 aia.com.hk

    AIA Hong Kong and Macau 

 AIA_HK_MACAU 

Remarks for OptimaCEO Medical Plan:

1. The above value-added services (except for worldwide emergency assistance) as set out in the sections under “1. Prestigious concierge services to safeguard your health” and “3. Dedicated medical services with multi-disciplinary care for your cancer journey” do not form part of the contractual services. Referrals or services provided by third party service providers does not explicitly imply eligibility for claims under **OptimaCEO Medical Plan**. Customers should be solely responsible for any cost not covered under the value-added services subject to the relevant terms and conditions thereof. Please take note that the actual claim reimbursement under **OptimaCEO Medical Plan** shall be subject to the provision of complete claim documents, insured's benefits entitlement, exclusion, policy contract, terms and conditions of **OptimaCEO Medical Plan**. For details, please contact AIA for enquiry. AIA reserves the right to amend, suspend or terminate any of these services any time without further notice.
2. Regarding the first-in-market statement (i) for Health Wallet, as of 1 November 2024, compared against individual medical plans provided by major Hong Kong insurance companies; (ii) for experimental drugs benefit, this benefit was first launched by AIA on 22 April 2024 which was first-in-market compared against individual medical plans provided by major Hong Kong insurance companies; (iii) for child and adolescent growth and development support hotline, as of 12 August 2024, compared against individual medical plans provided by major Hong Kong insurance companies; (iv) for Care Concierge, it refers to Hong Kong insurance industry-first healthcare support that integrates (a) dedicated concierge service with a suite of healthcare and support services for the eligible insured and (b) the medical home visit service in Mainland China for the eligible insured's parents. As of 31 January 2024, compared against similar services offered by major Hong Kong insurance companies. Regarding the rare-in-market statement for Wellness Relationship Manager, as of 12 August 2024, compared against individual medical plans provided by major Hong Kong insurance companies.
3. Source: Healthcare Thinker, 26 December 2021, www.healthcarethinkers.com/2021/12/藥物進步助與癌共存
4. Please refer to point 6 of “Product Limitation” under “Important Information for **OptimaCEO Medical Plan**” on page 27 of this brochure for the definition of cancer.
5. This benefit will be payable if the insured is diagnosed with a stage III or stage IV malignant tumour, or terminal blood cancer which is deemed incurable with existing non-experimental treatment by a specialist, and with a medical certificate issued by a specialist to certify that the experimental drug is prescribed by and is deemed to be an appropriate or recommended active treatment or palliative treatment of the cancer of the insured. Any charges or expenses which are already covered by any other third parties (including sponsorship from the pharmaceutical company, manufacturer and / or marketer of the experimental drug) shall not be covered by this benefit.
6. The prescribed phase 3 clinical trial drug must have been tested in the laboratory and has been approved by one of the following regulatory bodies for undergoing phase 3 of a clinical trial for testing and / or treatment in humans for the treatment of the cancer:
 - United States Food and Drug Administration (FDA)
 - European Medicines Agency (EMA)
 - National Medical Products Administration (NMPA) of China
 - Department of Health of Hong Kong
 - Health Bureau of Macau

and at the time of prescription, such phase 3 clinical trial drug must be undergoing phase 3 of a clinical trial that is approved by the relevant institutional review board in the location where the drug is administered, as being an effective treatment for such cancer upon preliminary review by such board.

7. For any reasonable and customary charges incurred outside of Hong Kong, Macau and Mainland China which are payable under experimental drugs benefit for stage III and stage IV cancers and incurable haematological malignancy, such reasonable and customary charges incurred shall be reduced to 60% in the calculation of the total benefit amount payable, up to a maximum of HK\$500,000 or US\$62,500 per policy year.
8. This elderly cancer support - waiver of deductible is not applicable if the policy owner or the insured is aware of, or shall be reasonably aware of, such cancer within the first 90 days from the policy effective date. This waiver of deductible is not applicable to policy with \$0 annual deductible.
9. Fully covered or full cover shall mean no itemised benefit sublimit, and claim amount is subject to the overall lifetime limit, the annual limit, the extra annual limit (if applicable) of the policy, and also subject to the amount of annual deductible.
10. The annual limit for a policy year will be increased by the amount of extra annual limit if all charges actually incurred in the same policy year for medical services, treatments and confinements which are paid or payable under benefit items 1 - 23 in the benefits schedule for **OptimaCEO Medical Plan** are provided by Signature Healthcare Circle of **OptimaCEO Medical Plan**. The extra annual limit can only be applied to charges incurred in the same policy year for medical services, treatments or confinements which have been directly provided by Signature Healthcare Circle of **OptimaCEO Medical Plan** and are paid or payable under benefit items 1 - 25 and 28 - 31 in the benefits schedule for **OptimaCEO Medical Plan** and optional outpatient benefits (if applicable).
The network benefit under benefit items 15 i) and 15 ii) in the benefits schedule of **OptimaCEO Medical Plan**, the network treatment reward benefit under the Health Wallet Benefits, and extra annual limit will only be applicable if (1) the medical services, treatments and confinements have been recommended and provided by the Signature Healthcare Circle of **OptimaCEO Medical Plan** and (2) you have successfully obtained medical expense pre-approval from us for such medical services, treatments and confinements, subject to our prevailing rules and conditions. Please visit <https://www.aia.com.hk/en/health-and-wellness/medical-expense-pre-approval-service> for the latest updates and full terms and conditions. For the benefit items which have not been specified as “network benefit” or “non-network benefit” in the benefits schedule of **OptimaCEO Medical Plan**, the benefit limits of such benefit items are applicable to both network and non-network medical services, treatments and confinements.
11. The above Health Wallet Benefits (except for no claim bonus benefit) are subject to the overall lifetime limit, the annual limit and the extra annual limit (if applicable) of the policy. The amount in the Health Wallet is available for redemption of the designated rewards any time after 120 days from the effective date of the **OptimaCEO Medical Plan** policy. The amount in the Health Wallet cannot be refunded or redeemed for cash, and cannot be used to pay any premium of any policy. Upon the cancellation or termination of the **OptimaCEO Medical Plan** policy, any remaining amount in the Health Wallet will be forfeited immediately. For details, please refer to Part H of the benefits schedule for **OptimaCEO Medical Plan** of this brochure.
If Health Wallet Benefit has already been credited to the Health Wallet, and if such Health Wallet Benefit is subsequently cancelled for any reason, the amount of Health Wallet Benefit already credited to the Health Wallet shall be returned to us and we shall deduct such amount from the balance of the Health Wallet accordingly. If the balance of the Health Wallet at the time is insufficient to cover the amount of the Health Wallet Benefit already credited to the Health Wallet, we shall deduct the Health Wallet Benefit amount from the benefit amounts payable under the policy. If the benefit amounts payable is not sufficient to cover the amount of Health Wallet Benefit, you are required to settle the shortfall.
12. Even if you received (i) any day surgery benefit paid for procedures, (ii) any benefit under Health Wallet Benefits or any benefit from redemption of the designated rewards under the Health Wallet, (iii) worldwide emergency assistance services or (iv) optional outpatient benefits or optional dental benefits (if such optional benefits is selected) (see benefits schedule for **OptimaCEO Medical Plan**, benefit items 9, 28 - 32, 33, 26, 34 - 41 for details), your eligibility for no claim bonus benefit will not be affected. No claim bonus benefit will no longer be available once a claim has been made (excluding day surgery benefit, worldwide emergency assistance services, Health Wallet Benefits, redemption of designated rewards under the Health Wallet, optional outpatient benefits and optional dental benefits (if such optional benefits is selected)), and the number of policy year without claim will be recounted from the next policy year.
13. Subject to terms and conditions. For details, please refer to Part H of the benefits schedule for **OptimaCEO Medical Plan** of this brochure and the policy contract.

OptimaCEO Medical Plan – First Gift