




Benefit schedule for AIA Voluntary Health Insurance Flexi Scheme

 Recommendation by attending doctor or registered medical practitioner in writing is required.


Overview




Lifetime benefit limit Applies to benefit items I (a) - (o) and II (a) - (c) and (i)	Nil
Annual benefit limit Applies to benefit items I (a) - (o) and II (a) - (c) and (i)	Nil
Geographical cover	Worldwide (except for psychiatric treatments and worldwide emergency assistance services)

I. Core Benefits

Benefit Items ^{1,7}	Network benefit ^{8,10} (benefit limit)						Non-network benefit ^{9,10} (benefit limit)					
	Ward		Semi-Private		Standard Private		Ward		Semi-Private		Standard Private	
	USD	HKD	USD	HKD	USD	HKD	USD	HKD	USD	HKD	USD	HKD
a. Room and board (per day)	138	1,100	300	2,400	550	4,400	125	1,000	275	2,200	500	4,000
	Maximum 180 days per policy year											
b. Miscellaneous charges (per policy year)	1,975	15,000	2,813	22,500	3,750	30,000	1,840	14,000	2,625	21,000	3,500	28,000
c. Attending doctor's visit fee (per day)	138	1,100	300	2,400	550	4,400	125	1,000	275	2,200	500	4,000
	Maximum 180 days per policy year											
 d. Specialist's fee² (per policy year)	605	4,600	675	5,400	1,338	10,700	565	4,300	625	5,000	1,250	10,000
e. Intensive care (per day)	560	4,480	925	7,400	1,450	11,600	468	3,740	770	6,160	1,210	9,680
	Maximum 25 days per policy year											
f. Surgeon's fee (per surgery)												
Complex	7,240	55,000	10,750	86,000	15,000	120,000	6,580	50,000	9,375	75,000	12,500	100,000
Major	3,620	27,500	5,375	43,000	7,500	60,000	3,290	25,000	4,688	37,500	6,250	50,000
Intermediate	1,810	13,750	3,225	25,800	4,500	36,000	1,645	12,500	2,813	22,500	3,750	30,000
Minor	724	5,500	1,075	8,600	1,500	12,000	658	5,000	938	7,500	1,250	10,000
	 Surgical Procedure of AIA Voluntary Health Insurance Flexi Scheme Subject to surgical category for the surgery / procedure in the schedule of surgical procedures. You may browse the website to understand surgical procedure for reference purpose: https://www.aia.com.hk/content/dam/hk/en/pdf/product-brochure/individuals/vhis-flexi/AVF_surgical_procedure_en.pdf											
g. Anaesthetist's fee	35% of surgeon's fee payable ⁵											
h. Operating theatre charges	35% of surgeon's fee payable ⁵											
 i. Prescribed diagnostic imaging tests^{2,3} (per policy year)	2,895	22,000	4,125	33,000	5,500	44,000	2,630	20,000	3,750	30,000	5,000	40,000
	Subject to 30% coinsurance, except for CT scan (limited to Coronary Arteries), MRI (limited to cervical spine, lumbar spine and brain) & PET											

Benefit schedule for AIA Voluntary Health Insurance Flexi Scheme (continued)

 Recommendation by attending doctor or registered medical practitioner in writing is required.

Benefit Items ^{1,7}	Network benefit ^{8,10} (benefit limit)						Non-network benefit ^{9,10} (benefit limit)					
	Ward		Semi-Private		Standard Private		Ward		Semi-Private		Standard Private	
	USD	HKD	USD	HKD	USD	HKD	USD	HKD	USD	HKD	USD	HKD
j. Prescribed non-surgical cancer treatments⁴ (per policy year)	12,630	96,000	15,000	120,000	22,500	180,000	10,525	80,000	12,500	100,000	18,750	150,000
 k. Pre- and post- confinement / day case procedure outpatient care² (per policy year)	447	3,400	470	3,760	500	4,000	395	3,000	413	3,300	438	3,500
	<ul style="list-style-type: none"> 1 prior outpatient visit or emergency consultation under benefit item I (k)(i) below per confinement / day case procedure 3 follow-up outpatient visits per confinement / day case procedure under benefit item I (k)(ii) below (within 90 days after discharge from hospital or completion of day case procedure) 											
(i) Prior outpatient visit or emergency consultation (per visit)	112	848	117	936	125	1,000	76	580	80	640	84	670
(ii) Follow-up outpatient visit (per visit)												
1. consultation, western medication, dressings, diagnostic tests	112	848	117	936	125	1,000	76	580	80	640	84	670
2. other follow-up outpatient visits: e.g. physiotherapy, occupational therapy, speech therapy, chiropractic treatment	84	640	88	700	93	740	76	580	80	640	84	670
l. Psychiatric treatments (per policy year)	4,340	33,000	4,750	38,000	4,950	39,600	3,945	30,000	4,313	34,500	4,500	36,000
 m. Long term treatment - dialysis² (per policy year)	7,500	60,000	15,000	120,000	22,500	180,000	6,250	50,000	12,500	100,000	18,750	150,000
 n. Daily post-surgery home nursing benefit² (per policy year)												
(per visit)	1,035	8,280	2,040	16,320	4,650	37,200	863	6,900	1,700	13,600	3,875	31,000
	53	424	106	848	238	1,904	44	353	88	704	198	1,584
	Maximum 15 visits within 31 days after discharge from hospital											
o. Emergency outpatient treatment benefit (accident only) (per injury)	990	7,920	1,650	13,200	2,375	19,000	825	6,600	1,375	11,000	1,980	15,840

Benefit schedule for AIA Voluntary Health Insurance Flexi Scheme (continued)



Recommendation by attending doctor or registered medical practitioner in writing is required.

II. Other Benefits

Benefit Items ^{1,7}	Network benefit ^{8,10} (benefit limit)						Non-network benefit ^{9,10} (benefit limit)					
	Ward		Semi-Private		Standard Private		Ward		Semi-Private		Standard Private	
	USD	HKD	USD	HKD	USD	HKD	USD	HKD	USD	HKD	USD	HKD
a. Hospital companion bed benefit (per day)	40	320	80	640	95	760	23	180	35	280	48	380
	Maximum 90 days per policy year											
b. Supplemental major medical benefits (SMM) (per disability per policy year)	Specified eligible expenses in excess of the maximum payable under benefit items I and II (a)											
	Subject to 15% coinsurance ¹¹						Subject to 20% coinsurance ¹²					
	15,000	120,000	30,000	240,000	60,000	480,000	12,500	100,000	25,000	200,000	50,000	400,000
(i) Room & board (per day)	138	1,100	300	2,400	550	4,400	125	1,000	275	2,200	500	4,000
	Payable after exceeding the 180 days per policy year as stated under benefit item I (a)											
(ii) Miscellaneous charges (per policy year)	Payable after exceeding						Payable after exceeding					
	1,975	15,000	2,813	22,500	3,750	30,000	1,840	14,000	2,625	21,000	3,500	28,000
(iii) Attending doctor's visit fee (per day)	138	1,100	300	2,400	550	4,400	125	1,000	275	2,200	500	4,000
	Payable after exceeding the 180 days per policy year as stated under benefit item I (c)											
(iv) Specialist's fee ² (per policy year)	Payable after exceeding						Payable after exceeding					
	605	4,600	675	5,400	1,338	10,700	565	4,300	625	5,000	1,250	10,000
(v) Intensive care (per day)	560	4,480	925	7,400	1,450	11,600	468	3,740	770	6,160	1,210	9,680
	Payable after exceeding the 25 days per policy year as stated under benefit item I (e)											
(vi) Surgeon's fee	Payable after exceeding the benefit amount payable under benefit item I (f)											
(vii) Anaesthetist's fee	Payable after exceeding the benefit amount payable under benefit item I (g)											
(viii) Operating theatre charges	Payable after exceeding the benefit amount payable under benefit item I (h)											
(ix) Prescribed diagnostic imaging tests ^{2,3} (per policy year)	Payable after exceeding						Payable after exceeding					
	2,895	22,000	4,125	33,000	5,500	44,000	2,630	20,000	3,750	30,000	5,000	40,000
(x) Post-confinement / day case procedure outpatient care ² Follow-up outpatient visit: physiotherapy, occupational therapy, speech therapy, and chiropractic treatment only (per visit)	84	640	88	700	93	740	76	580	80	640	84	670
	Payable from 4th visits to 31st visits within 90 days after discharged from hospital or completion of day case procedure											
(xi) Daily post-surgery home nursing benefit ² (per visit)	53	424	106	848	238	1,904	44	353	88	704	198	1,584
	Payable for 1 visit per day from 16th visits to 31st visits within 31 days after discharged from hospital											
(xii) Emergency outpatient treatment benefit (accident only) (per injury)	Payable after exceeding						Payable after exceeding					
	990	7,920	1,650	13,200	2,375	19,000	825	6,600	1,375	11,000	1,980	15,840
(xiii) Hospital companion bed benefit (per day)	40	320	80	640	95	760	23	180	35	280	48	380
	Payable after exceeding the 90 days per policy year as stated under benefit item II (a)											

Benefit schedule for AIA Voluntary Health Insurance Flexi Scheme (continued)

 Recommendation by attending doctor or registered medical practitioner in writing is required.

Benefit Items ^{1,7}	Network benefit ^{8,10} (benefit limit)						Non-network benefit ^{9,10} (benefit limit)					
	Ward		Semi-Private		Standard Private		Ward		Semi-Private		Standard Private	
	USD	HKD	USD	HKD	USD	HKD	USD	HKD	USD	HKD	USD	HKD
c. Top-up subsidy benefit (per day) Payable if a claim is successfully reimbursed by other insurance companies before remaining amounts are claimed under this plan	38	300	75	600	150	1,200	38	300	75	600	150	1,200
	Maximum 90 days per policy year											
d. Compassionate death benefit	1,100	8,800	2,200	17,600	4,400	35,200	1,100	8,800	2,200	17,600	4,400	35,200
e. Accidental death benefit	1,100	8,800	2,200	17,600	4,400	35,200	1,100	8,800	2,200	17,600	4,400	35,200
f. Blood donation benefit for death An extra death benefit payable to be beneficiary if the insured person donated blood at least 3 times in the past 2 years prior to death	550	4,400	1,100	8,800	2,200	17,600	550	4,400	1,100	8,800	2,200	17,600
g. Medical accident and incident extension benefit Payable to the beneficiary if death occurs within 30 days as a direct result of medical negligence	11,000	88,000	22,000	176,000	44,000	352,000	11,000	88,000	22,000	176,000	44,000	352,000
h. Personal Medical Case Management Services	Applicable											
i. Worldwide emergency assistance services ⁶ (per life)	USD625,000/HKD5,000,000											
(i) Emergency medical evacuation (ii) Repatriation of remains (iii) 24-hour worldwide telephone enquiring services	Included											

Notes:

- Unless otherwise specified, eligible expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above.
- We shall have the right to ask for proof of recommendation e.g. written referral or testifying statement on the claim form by the attending doctor or registered medical practitioner.
- Tests covered here only include computed tomography ("CT" scan), magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan), PET-CT combined and PET-MRI combined.
- Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
- The percentage here applies to the surgeon's fee actually payable or the benefit limit for the surgeon's fee according to the surgical categorisation, whichever is the lower.
- Worldwide emergency assistance services are additional benefit and do not form part of the VHIS Certified Plan, the policyholder can remove this additional benefit by sending a written notice to the Company.
- Benefit items l (a) - (l) are provided under VHIS with another set of benefit limits as stated in the VHIS Standard Plan Terms and Benefits. For further details, please visit www.vhis.gov.hk.
- Per policy year limit of benefit item applicable to network benefit only.
- Per policy year limit of benefit item applicable to non-network benefit only.
- In any event, the sum of per policy year limit used under network benefit and non-network benefit shall not exceed the limit of network benefit.
- Coinsurance is a percentage of eligible expenses that you need to pay. For example, for the eligible expenses of HKD10,000 with 15% coinsurance, you are responsible for HKD1,500 (i.e. 15% of eligible expenses), while we pay the remaining HKD8,500 (i.e. 85% of eligible expenses).
- Coinsurance is a percentage of eligible expenses that you need to pay. For example, for the eligible expenses of HKD10,000 with 20% coinsurance, you are responsible for HKD2,000 (i.e. 20% of eligible expenses), while we pay the remaining HKD8,000 (i.e. 80% of eligible expenses).