

Benefit schedule for AIA Voluntary Health Insurance Standard Scheme







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

Overview

Lifetime benefit limit Applies to items (a) - (l)	Nil
Annual benefit limit Applies to items (a) - (l)	HKD420,000 per policy year
Geographical cover	Worldwide (except for psychiatric treatments)

Core Benefit

Benefit item ¹	Benefit limit
	HKD
a. Room and board (per day)	750 Maximum 180 days per policy year
b. Miscellaneous charges (per policy year)	14,000
c. Attending doctor's visit fee (per day)	750 Maximum 180 days per policy year
 d. Specialist's fee² (per policy year)	4,300
e. Intensive care (per day)	3,500 Maximum 25 days per policy year
f. Surgeon's fee (per surgery) Surgical Procedure of AIA Voluntary Health Insurance Standard 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-standard/AVS_surgical_procedure_en.pdf	Complex: 50,000 Major: 25,000 Intermediate: 12,500 Minor: 5,000
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)	20,000 subject to 30% coinsurance ⁶
j. Prescribed non-surgical cancer treatments⁴ (per policy year)	80,000
 k. Pre- and post-confinement / day case procedure outpatient care² (per visit)	580 up to HKD3,000 per policy year <ul style="list-style-type: none"> 1 prior outpatient visit or emergency consultation per confinement / day case procedure 3 follow-up outpatient visits per confinement / day case procedure (within 90 days after discharge from hospital or completion of day case procedure)
l. Psychiatric treatments (per policy year)	30,000



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

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

Other Benefit

Benefit Item ¹	Benefit Limit
	HKD
Compassionate death benefit	8,800

Notes:

1. Eligible expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above. All benefits are not subject to any restriction in the choice of ward class.
2. 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.
3. 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.
4. Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
5. 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.
6. Coinsurance is a percentage of eligible expenses that you need to pay. For example, for the eligible expenses of HKD10,000 with 30% coinsurance, you are responsible for HKD3,000 (i.e. 30% of eligible expenses), while we pay the remaining HKD7,000 (i.e. 70% of eligible expenses).

Important Information

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.

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

1. You need to pay the premium for this plan until the age of 100 as long as you renew for this plan. If you do not pay the premium within 30 days of the premium due date, the policy will be terminated and you / the insured person will lose the cover.
2. 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 person will lose the cover when one of the following happens:
 - the insured person passes away;
 - you do not pay the premium within 30 days after the premium due date;
 - the Company has ceased to have the requisite authorization under the Insurance Ordinance to write or continue to write the plan; or
 - when taking this plan as an add-on plan of any basic plan which has been terminated. For continuation of the cover, you may apply to convert this add-on plan to a standalone plan by giving us a written notice.
3. 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 person may lose his cover and you may lose the remaining premium for that policy year.
4. 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.

Key Exclusions

Under this plan, we will not pay any benefits in relation to or arising from the following expenses:

- treatments, procedures, medications, tests or services which are not medically necessary
- solely for the purpose of diagnostic procedures or allied health services, including but not limited to physiotherapy, occupational therapy and speech therapy
- HIV and its related disability, which is contracted or occurs before the policy effective date, except for sexual assault, medical assistance, organ transplant, blood transfusions or blood donation, or infection at birth
- the dependence, overdose or influence of drugs, alcohol, narcotics or similar drugs or agents, self-inflicted injuries or attempted suicide, illegal activity, or venereal and sexually transmitted disease or its sequelae
- services for beautification or cosmetic purposes, unless necessitated by injury caused by an accident, or correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens, including but not limited to LASIK
- prophylactic treatment or preventive care, including but not limited to general check-ups, routine tests, screening procedures for asymptomatic conditions
- dental treatment and oral and maxillofacial procedures performed by a dentist except for emergency treatment and surgery during confinement arising from an accident
- medical services and counselling services relating to maternity conditions and its complications, including but not limited to abortion or miscarriage, birth control or reversal of birth control
- purchase of durable medical equipment or appliances including but not limited to wheelchairs, hearing aids and over-the-counter drugs
- traditional Chinese medicine treatment including but not limited to herbal treatment, bone-setting and acupuncture, and other forms of alternative treatment including but not limited to qigong, massage therapy and aromatherapy
- experimental or unproven medical technology or procedure
- congenital condition(s) which have manifested or been diagnosed before the insured person attained the age of 8 years
- eligible expenses which have been reimbursed under any law, or medical program or insurance policy provided by any government, company or other third party
- war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power

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 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
- historical investment returns and the future outlook of the product's backing asset
- policy surrenders and lapses
- expenses directly related to the policy and indirect expenses allocated to this product

2. Product Features Revision

We reserve the right to revise the terms and benefits upon renewal by giving a 30 days advance notice. As long as we maintain the registration as a VHIS provider, we guarantee you the terms and benefits will not be less favourable than the latest version of the Standard Plan terms and benefits published by the Government at the time of renewal.

We will give you a written notice of any revision 30 days before the end of policy year or upon renewal.

Benefits Covered

Cover of this plan will be effective on the following dates:

Items	Effective Date (after the policy commences)
Injury	Immediately
Sickness / Disease	Immediately
Network Service	Immediately

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.

Product Limitation

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

"Medically necessary" means the need to have medical service for the purpose of investigating or treating the relevant disability in accordance with the generally accepted standards of medical practice and such medical service must:

- require the expertise of, or be referred by, a registered medical practitioner;
- be consistent with the diagnosis and necessary for the investigation and treatment of the disability;
- be rendered in accordance with standards of good and prudent medical practice, and not be rendered primarily for the convenience or the comfort of the insured person, his family, caretaker or the attending registered medical practitioner;
- be rendered in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice for the medical services; and
- be furnished at the most appropriate level which, in the prudent professional judgment of the attending registered medical practitioner, can be safely and effectively provided to the insured person.

"Reasonable and customary" means in relation to a charge for medical service, such level which does not exceed the general range of charges being charged by the relevant service providers in the locality where the charge is incurred for similar treatment, services or supplies to individuals with similar conditions, e.g. of the same sex and similar age, for a similar disability, as reasonably determined by us in utmost good faith. The reasonable and customary charges shall not in any event exceed the actual charges incurred.

In determining whether a charge is reasonable and customary, we shall make reference to the followings (if applicable):

- treatment or service fee statistics and surveys in the insurance or medical industry;
- internal or industry claim statistics;
- gazette published by the government; and / or
- other pertinent source of reference in the locality where the treatments, services or supplies are provided.

2. The maximum limit of surgeon's fee per surgery is subject to the relevant surgical category and the categorisation of such surgical procedure.
3. Only the eligible expenses charged on the psychiatric treatments during confinement in Hong Kong as recommended by a specialist is payable under psychiatric treatments (see benefit schedule item (I)).
4. If the eligible expenses have been reimbursed under any law, or medical program or other insurance policy provided by any government, company, other third party or us, such will not be reimbursable by us under this policy.
5. Medical network services, Credit Facility Service for Hospitalisation, and Medical Expense Pre-approval Service are additional benefits and do not form part of the VHIS Certified Plan. Medical network services are provided by network doctor. AIA shall not be responsible for any act or omission of network doctor in the provision of medical network services. Credit Facility Service for Hospitalisation is provided by third party service provider(s). AIA reserves the right to amend, suspend or terminate these services without further notice.

Claim Procedure

If you wish to make a claim, you must send us the appropriate forms and proofs within 90 days after discharge from hospital or the date on which relevant medical services are performed and completed. You can get the appropriate claim forms from your financial planner, by calling the AIA Customer Hotline (852) 2232 8888 in Hong Kong, 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 the policy 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 Policyholder or Policyholder's nominated representative, whichever is earlier. After the cooling-off period, you can request cancellation of this policy by giving 30 days prior written notice to us, provided that there has been no benefit payment under this policy during the relevant policy year.

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 