



Plan Leaflet of the Hong Kong Police Force's Voluntary Group Medical Insurance Plan

Policy Year 2023 – 2024

(Enrolment Period: 27 February – 30 April 2023)

This version of leaflet as of 27 February 2023 will supersede all previous versions of the leaflet. All previous versions of the leaflet shall no longer be applicable.

Leaflet Version – 27 February 2023

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Important Note

This document is for internal communication and solely for the use of the members of Hong Kong Police Force ("HKPF") in Hong Kong only and should not be distributed or forwarded to any other third party.

[AIA - CONFIDENTIAL]

"AIA", "the Company", "we", "our" or "us" herein refers to **AIA International Limited** (Incorporated in Bermuda with limited liability).

IMPORTANT NEWS: In view of the status of enrolment and the feedbacks from the association's members relating to the Hong Kong Police Force's Voluntary Group Medical Insurance Plan (the "Plan"), certain relevant changes have been made to the Plan to increase the flexibility of the Plan. For details, please refer to this plan leaflet.

If you have submitted the application for the enrolment to the Plan on or before 26 February 2023, AIA will contact you on or before 28 February 2023 on the latest arrangement and seek for your reply on whether you (and your spouse and child(ren), if any) wish to continue your application for the enrolment to the Plan or not. If AIA does not receive your reply **on or before 30 April 2023**, your previous enrolment application shall be deemed cancelled and void. Please contact AIA at (852) 2200 6262 for enquiries relating to the Plan.

Introduction

This plan leaflet does not contain the full terms and conditions of the Plan. 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 the Plan. AIA shall have no legal obligation on the Plan until the policy contract has been entered into between AIA and the policyholder. The precise terms and conditions of the 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.

Hong Kong Police Force ("HKPF"), Superintendents' Association ("SPA"), Hong Kong Police Inspectors' Association ("HKPIA"), Overseas Inspectors' Association ("OIA"), Junior Police Officers' Association ("JPOA") and Tung Yan Fund will not conduct and/or provide any insurance related products and/or services, and do not provide any insurance-related advice and recommendation. The information stated under this plan leaflet is provided by AIA, and the relevant insurance product is underwritten by AIA.

Plan Effective Date

The Plan intends to take effect on 1 June 2023 subject to a minimum of 10,000 persons to be covered being successfully enrolled in the Plan by the end of the Enrolment Period i.e., 30 April 2023.

If the minimum number of persons to be covered of 10,000 is not fulfilled, AIA reserves the right to cease to effect the Plan or change the terms and conditions of the Plan and/or the policyholder has the right not to apply for the Plan.

If the Plan successfully becomes effective and continues to be in effect, each policy year will run from 1 June to 31 May in the following year. The first policy year runs from 1 June 2023 to 31 May 2024. The continuity and the premium of the Plan in each renewal policy year will be subject to various factors, including the number of persons to be covered of the Plan at the time of renewal, the terms and conditions of the Plan, and the decision of AIA and/or the policyholder.

Policy Anniversary Date

The Plan's policy anniversary date is the first calendar day of June of each year.








Upon completion of successful enrolment process and AIA accepts the enrolment and notifies you in writing, the insurance coverage of the Insured Person will start from the latest upcoming policy anniversary date.

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Key Features of the Plan

Product Nature:	Medical protection insurance plan (Reimbursement)
Plan Type:	Basic Plan
Renewal:	Yearly renewal

-  Guaranteed acceptance¹ and no medical underwriting required
-  Cover for pre-existing conditions²
-  Reimbursement for a range of eligible medical expenses with benefit limits on a per disability basis, with no itemised limit on each benefit item
-  Extended care for Cancer, Renal Dialysis and Heart Disease Treatment by providing extra support for these serious illnesses
-  Quality medical network with credit facility service
-  Members can choose to enrol the optional outpatient benefit to suit their own needs
-  As long as the Plan is still in effect, members can choose to renew the Plan after retirement to suit their own needs³

Remarks:

1. “Guaranteed acceptance” means AIA will not deny enrolment application because of the medical condition of the applicant, at the time of submission of the enrolment application, while the enrolment application is subject to factors including but not limited to administrative requirements, submission of complete information, fulfilment of eligibility requirements and receipt of required premium payment. Please note that AIA reserves the right to cease to effect the Plan or change the terms and conditions of the Plan and/or the policyholder has the right not to apply for the Plan if the minimum number of persons to be covered of 10,000 is not fulfilled.
2. For additional benefits of Cancer, Renal Dialysis and Heart Disease Treatment, the pre-existing conditions which the Insured Person received medical treatment, diagnosis, consultation or prescribed drugs for Cancer, Renal Dialysis and Heart Disease Treatment ninety (90) days preceding the effective date of his/her coverage will not be covered, unless the Insured Person affected by these conditions has been insured under the Plan for twelve (12) continuous months.
3. As long as the Plan is still in effect, the Insured Members can continue to participate in the Plan after retirement, and the Insured Person’s coverage can be up to the age of 75 of the Insured Person or age of 75 of the Insured Members (whichever is earlier). Please refer to the sections headed “Plan Effective Date”, “Continuity and Termination of Coverage” and “Key Product Risks” for further details.

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Eligibility

Members of HKPF⁴ (“Member(s)”) and their spouse and unmarried children (if any) who fulfils the requirements below are eligible to participate in the Plan. The eligible Members can choose either Benefits Option 1, 2, 3 or 4 under hospitalisation benefits with the option to opt in for outpatient benefits. For more information, please read the section headed “Benefits Schedule” in this plan leaflet.

REQUIREMENTS

Insured Member(s)

- Being:
 - a current disciplined officer of HKPF in any ranks; or
 - a current civilian officer of HKPF who holds the HKPF civilian officer identity card; or
 - a retired disciplined officer or a retired civilian officer of HKPF who held the HKPF civilian officer identity card before the Plan becomes effective (i.e., 1 June 2023) (“Retired Member(s)”); and
- Maximum age to enrol to the Plan is below age 65.

Insured Dependant(s) of Insured Member

- Spouse of the Insured Member with the maximum age to enrol to the Plan being below the age of 65.
- Child of the Insured Member, who, at the time of enrolment to the Plan, must be unmarried and in the eligible age from 2 weeks old to the age of 26.

Special arrangement for the requirement of eligibility

- If the age of the Insured Member and/or his/her spouse as of 1 March 2023 was below 65 but the age has been turned into 65 as of 1 June 2023, the Insured Member and/or his/her spouse is still entitled to enrol to the Plan.
- The eligible age of unmarried child has now been extended from the age of 22 to the age of 26. If the marital status of the child was unmarried as of 1 March 2023 but has changed to married as of 1 June 2023, he/she is still entitled to enrol to the Plan.

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Enrolment

Insured Member(s)

- The eligible Members can apply for enrolment of the Plan in the enrolment period commencing from 27 February 2023 to 30 April 2023 (“2023 Enrolment Period”).
- The Retired Members will be given a one-off chance to apply for enrolment to the Plan within the 2023 Enrolment Period. Once the 2023 Enrolment Period has ended, the Retired Members will not be entitled to apply for enrolment. After the Retired Member has successfully enrolled, they can renew their coverage until the age of 75³ as long as the Plan is still in effect.
- If you have previously submitted your application for the enrolment to the Plan on or before 26 February 2023, your application WILL NOT be automatically deemed submitted for enrolment to the Plan. AIA will contact you on or before 28 February 2023 on the latest arrangement of the Plan and seek for your reply on whether you (and your spouse and child(ren), if any) wish to continue your application for the enrolment to the Plan or not. **If AIA does not receive your reply on or before 30 April 2023, your previous enrolment application shall be deemed cancelled and void.** Please contact AIA at (852) 2200 6262 for enquiries relating to the Plan.

Insured Dependant(s) of Insured Member

- At the time of the Insured Member’s enrolment of the Plan, the eligible spouse (if any) of the Insured Member **MUST** enrol to the Plan together with the Insured Member.
- At the time of the Insured Member’s enrolment of the Plan or at subsequent policy anniversary date, the Insured Member can decide whether to enrol their eligible child(ren) (if any) to the Plan.
 - The eligible child(ren) of Insured Member can apply for enrolment to the Plan one-time only. Once the coverage of the insured child(ren) is terminated for any reason(s) (including the premium not being paid or the coverage not being renewed), the previously insured child(ren) of the Insured Member will not be entitled to re-enrol to the Plan again.
- If there are any new eligible spouse and child(ren) of an Insured Member (“Dependants”) during the policy year, the new Dependants will only be entitled to enrol to the Plan at the next policy anniversary date.

Selection of Benefits

- Insured Person refers to any Insured Member and Insured Dependant(s) of the Insured Member (if applicable) who are insured under the Plan after successful enrolment.
- Insured Person can select the benefit plans of the hospitalisation benefits, namely Benefits Option 1, 2, 3, or 4 as set out in the section headed “Benefit Schedule” below.
 - All Insured Dependant(s) (if applicable) **MUST** select the same benefits plan of the hospitalisation benefits with the Insured Member.
- The outpatient benefit coverage is optional for selection.
 - If the Insured Member decides to apply for the hospitalisation benefits only at the time of enrolment, he/she can opt for the outpatient benefit coverage at the subsequent policy anniversary date.
 - The Insured Person can only enrol the outpatient benefit coverage one-time under the Plan. Once the Insured Person’s outpatient benefit coverage is terminated for any reasons (including the premium not being paid or the coverage not being renewed), he/she will not be entitled to re-enrol the outpatient benefits under the Plan in future renewal.
 - The Insured Dependant of the Insured Member can only enrol the optional outpatient benefits when the Insured Member also enrolls the outpatient benefits. If the Insured Member does not renew his/her the outpatient benefit coverage under this Plan, the Insured Dependant will not be entitled to apply and/or renew the outpatient benefit.

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Continuity and Termination of Coverage

The continuity and the premium of the Plan in each renewal policy year will be subject to various factors, including whether the minimum number of persons to be covered in the Plan can be fulfilled at the time of renewal, the terms and conditions of the Plan and the decision of AIA and/or the policyholder.

Coverage Age

- The maximum coverage age of the Plan is 75.

Retirement of Insured Member

- As long as the Plan is still in effect, the Insured Member may renew his/her participation under the Plan upon the end of the relevant policy year following the retirement. The Plan can be renewed up to the Insured Members' age of 75.
- If the Insured Member does not renew his/her participation under the Plan upon the end of the relevant policy year following the retirement, the Insured Member will no longer be eligible to re-apply for enrolment of the Plan.

Coverage of Insured Child(ren)

- If the Insured Member continues to participate in the Plan, he/she can still renew the insured child(ren)'s coverage under the Plan until the insured child(ren) attains the age of 75 regardless of whether the insured child(ren) has subsequently married.

Death of Insured Member

- If the Insured Member passes away, the Insured Dependant(s) have the option to continue to participate in the Plan subject to the maximum coverage age of 75 and the relevant administrative arrangement and provided that the Plan is still in effect. AIA has the right to adjust the premium and change the terms and conditions of the Plan for the Insured Dependents. In case the Insured Dependant(s) does not choose to continue to participate in the Plan, they will have the option of applying a Designated Individual Medical Insurance^{5,6} 30 days before or after the end of that policy year for enjoying medical coverage.

Termination of Coverage

- Upon termination of employment of the Insured Member with HKPF (except retirement and the death of the Insured Member as set out in the above sections "Retirement of Insured Member" and "Death of Insured Member"), the insurance coverage of the relevant Insured Person (including the Insured Dependant(s) of the Insured Member) shall cease automatically at the end of the relevant policy year. Insured Person will then have the option of applying a Designated Individual Medical Insurance^{5,6} 30 days before or after the end of that policy year for enjoying medical coverage.
- The insurance coverage of the Insured Person will cease at the end of the relevant policy year when the Insured Person attains the age of 75 or when the Insured Member ceases to participate in the Plan (except for the death of the Insured Member as set out in the above section "Death of Insured Member"), whichever is earlier.
- If the marriage between the spouse and the Insured Member ends, the insurance coverage for such insured spouse of the Insured Member shall cease at the end of that relevant policy year.

Remarks:

4. Members of HKPF includes
 - a. any disciplined officer of HKPF in any ranks;
 - b. any civilian officer of HKPF, who holds the HKPF civilian officer identity card, in any ranks; and
 - c. any person retired from serving as a disciplined officer or a civilian officer of HKPF who held the HKPF civilian officer identity card before the Plan becomes effective (i.e., 1 June 2023).
5. AIA reserves the right to adjust the premium as well as the right to change the terms and conditions of the Plan or cancel the Plan with prior notice.
6. The Designated Individual Medical Insurance will be subject to change from time to time, as well as subject to the availability. Please also note that the designated plan is an individual medical insurance product with different premium and product features from the Plan. For enquiry on the Plan, please call AIA hotline 2200 6262. For Designated Individual Medical Insurance, please call AIA hotline 3108 1686 for more details.

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Benefits Schedule

Benefit items are reimbursed on medically necessary and reasonable and customary basis.

Hospitalisation Benefits

Reimbursement Amount (HK\$)

Benefits	Maximum Benefit			
	Benefit Option 1	Benefit Option 2	Benefit Option 3	Benefit Option 4
Hospitalisation Benefits^{^, 7}				
Geographic cover	Hong Kong – Network only			
Room Type entitlement	Outside Hong Kong – Non-network only (Cover accident only⁸)			
	Ward	Ward	Ward	Semi-Private
Per disability limit applies to items 1 to 9	HK\$120,000	HK\$150,000	HK\$200,000	HK\$300,000
Reimbursement percentage ¹⁰	100%	100%	100%	100%
I. Confinement Benefits				
1. Daily room & board				
2. In-hospital doctor's visit				
3. Inpatient specialist's fee [#]				
4. Miscellaneous hospital expenses, including advanced diagnostic imaging test and basic laboratory tests				
5. Intensive care unit				
II. Surgical Benefits				
6. Surgeon's fees				
7. Anaesthetist's fees				
8. Operation theatre fees				
III. Network Clinical Surgery Benefit				
9. Including but not limited to 4 common types below				
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.				
IV. Additional Benefits for Cancer, Renal Dialysis and Heart Disease Treatment*				
Per disability limit	HK\$120,000	HK\$150,000	HK\$200,000	HK\$300,000
V. Medical Evacuation & Repatriation Benefit-[®]				
●Emergency Medical Evacuation			100%	
●Repatriation of Remains			100%	
●Worldwide Hospitalisation Deposit Guarantee				Maximum HK\$60,000 per Trip per Life
●Compassionate Visit by one immediate family member (if the Insured Person is hospitalised for more than 7 consecutive days)				
- Return air ticket (economy class)			Included	
- Visitor's accommodation expenses				Maximum HK\$12,000 per Trip per Life
●Return of Children (under 18 years of age)				
- One-way air ticket (economy class)			Included	
- Qualified escort when necessary			Included	
●Overseas Medical Monitoring & Repatriation after discharge from overseas Hospitalisation				Included
●Hotel Room Accommodation for Convalescence (Maximum 5 days per Trip per Life)				Maximum HK\$2,000 per day

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Notes:

^ Referral from network doctor is required for hospital admission (except for oversea accidental treatment outside Hong Kong). Prior authorisation is required for hospital admissions, surgical as well as diagnostic procedures, etc. Network providers will need to obtain prior authorisation from AIA for the Insured Persons before providing any services. The granting of prior authorisation and the provision of credit facility does not guarantee full coverage of the hospitalisation charges. Insured Persons are required to settle any amounts in excess of the cover limit upon receiving notification from AIA.

Written recommendation from a registered network western doctor is required.

* The pre-existing conditions which the Insured Person received medical treatment, diagnosis, consultation or prescribed drugs for Cancer, Renal Dialysis and Heart Disease Treatment ninety (90) days preceding the effective date of his/her coverage will not be covered by Additional Benefits for Cancer, Renal Dialysis and Heart Disease Treatment, unless the Insured Person affected by these conditions has been insured under the Plan for twelve (12) continuous months. Cancer means any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue; or any occurrence of histologically confirmed leukemia, lymphoma or sarcoma. Heart Diseases include Cardiomyopathy, Coronary Artery Surgery, Heart Attack, Hart Valve Replacement and Repair, Infective Endocarditis, Other Serious Coronary Artery Disease, Pulmonary Arterial Hypertension (primary), and Surgery to Aorta. Please refer to the policy contract for the definition of illnesses.

@ Prior Authorisation by AIA or AIAS Provider (“AIAS” means AIA International Assistance Services, the worldwide emergency assistance / support services provided by AIA through its service provider) shall be required.

Adjustment Factor

If the Insured Person is confined in a hospital room type that is at a higher level than the corresponding room type under the Plan, the benefit shall be paid according to the benefits schedule above, 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%

The actual reimbursement will be calculated as follows:

(Eligible Expenses x Adjustment Factor) x Reimbursement Rate (i.e., 100%), subject to the benefit limit per disability of Benefit Option **enrolled**

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Optional Outpatient Benefits

Reimbursement Amount (HK\$)

Benefits	Maximum Benefit
Geographic cover	Hong Kong (for all benefits under Optional Outpatient Benefits)
Medical service provider	Network only
Overall maximum number of visits* (GP+SP+PHY+CHIRO+CM+JPOA+EOC) applies to items 1 to 4, 7 and 8 per year	20
1. General Physician's Consultation (GP) <ul style="list-style-type: none"> Including charges for treatment and medication Maximum 1 visit per day 	Covered
2. Specialist Physician's Consultation (SP) <ul style="list-style-type: none"> Including charges for treatment and medication Maximum 1 visit per day 	Covered
3. Physiotherapist's (PHY) and Chiropractor's Treatment (CHIRO) # <ul style="list-style-type: none"> Including charges for care and treatment Maximum 1 visit per day 	Covered
4. Chinese Herbalist and Bonesetting (CM) <ul style="list-style-type: none"> Including charges for care and treatment Maximum 1 visit per day 	Covered
5. Basic Diagnostic Testing (XRLT) # 10	Covered
Medical service provider	Network and Non-Network
Reimbursement percentage 9	100%
6. Prescribed medicine (any legitimate sources in Hong Kong including the physician's clinic) # <ul style="list-style-type: none"> Maximum limit per policy year 	HK\$1,500
Medical service provider	Non-Network
Reimbursement percentage 9	100%
7. Designated Non-Network JPOA Physician Consultation for GP, SP, PHY #, CHIRO # and CM (JPOA) <ul style="list-style-type: none"> For GP, SP, including charges for treatment and medication For PHY, CHIRO, CM, including charges for care and treatment Maximum 1 visit per day respectively 	HK\$250
8. Emergency Outpatient Consultation (EOC) ^ <ul style="list-style-type: none"> Including charges for treatment and medication Maximum 1 visit per day 	HK\$300

Notes:

* Network telemedicine service is applicable for Insured Persons in Hong Kong only. Each telemedicine consultation session will be counted as one Network General Physician's Consultation (GP) or Specialist Physician's Consultation (SP), while the cost of medicine delivery is not covered by this Plan.

Written recommendation from a registered western doctor is required.

^ Emergency Outpatient Consultation shall mean consultation incurred at the outpatient department of a hospital, after 9:00 pm and before 9:00 am during weekdays (including Saturday), or anytime on a Sunday and a Public Holiday and a gale warning day or black rainstorm warning day as defined by section 71(2) of the Interpretation and General Clauses Ordinance (Cap. 1).

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Remarks:

7. Network Hospitalisation Benefit requires the referral from network doctors and prior authorisation by AIA. Network doctors will need to obtain prior authorisation from AIA for the Insured Persons before providing any services.
8. Hospitalisation occurred outside Hong Kong will be covered only if it is directly due to accidental cause only. Insured person needs to pay for the expenses by themselves first and obtain the original receipts with the diagnosis and file to AIA for claim application.
9. "Reimbursement percentage" shall mean the percentage of eligible expenses responsible by the Company. The eligible expenses payable shall first be multiplied by the reimbursement percentage and then be capped by the maximum benefit limit (per visit or per day) as well as the maximum number of visits for that benefit. For example, for a benefit with HK\$350 maximum limit per visit and 100% reimbursement percentage the Insured Person incurs a claim of HK\$500 under the benefit, we shall pay HK\$350 (HK\$500 X 100%, but capped at HK\$350), and the Insured Person pays the remaining HK\$150.
10. Basic Diagnostic Testing includes basic diagnostic imaging such as X-Ray, mammograms, ultrasound, electrocardiogram, echocardiogram, treadmill, blood test, urinalysis and other laboratory tests. Advanced diagnostic imaging such as MRI, CT scans, nuclear medicine shall be payable under Miscellaneous Hospital Expenses under Hospitalisation Benefits.

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Monthly Premium

Participation Choices		
	For Insured Persons aged below 60	For Insured Persons aged between 60 to 75
Inpatient benefits	Core	Core
Outpatient benefits	Optional	Optional
Monthly Premium per Insured Person (HK\$)		
	For Insured Persons aged below 60	For Insured Persons aged between 60 to 75
Inpatient benefits		
Benefit Option 1	\$522.25	\$806.25
Benefit Option 2	\$584.00	\$905.00
Benefit Option 3	\$660.75	\$1,039.25
Benefit Option 4	\$1,285.00	\$1,984.75
Optional outpatient benefit		
Outpatient benefits	\$258.25	\$335.50

For all eligible children of the Insured Members who have successfully enrolled on or before 30 April 2023, they will enjoy 15% discount on the monthly premium in the first policy year for the inpatient benefits. The premium for eligible children after the 15% discount on inpatient benefit is as follows.

First Policy Year Monthly Premium per eligible children after 15% discount on inpatient benefits (HK\$)	
Inpatient benefits	
Benefit Option 1	\$443.75
Benefit Option 2	\$496.25
Benefit Option 3	\$561.75
Benefit Option 4	\$1,092.25
Optional outpatient benefit	
Outpatient benefits	\$258.25

Future premiums will be reviewed and adjusted annually if necessary to reflect continuous medical inflation, the number of persons to be covered in the Plan in the relevant policy year, and overall claim experience of the Plan. First year premium is stated above according to the Insured Person's attained age as of the effective date of the Plan but cannot be regarded as the actual premiums payable by you in the future/upon renewal. We will provide to the Insured Member a written notice before the end of each policy year regarding the actual premiums payable of the coming policy year.

Remarks:

- The attained age of the Insured Person is referring to the actual attained age of the Insured Person as of the effective date of the Plan or renewal at each policy anniversary date.
- The Plan is on voluntary membership basis.
- The Plan allows the eligible Dependant(s) of the Insured Member to participate. The eligible spouse of the Insured Member (if any) must enrol to the Plan together with the Insured Member.
- Insured Persons can only enrol outpatient benefits once. If his/her outpatient benefit coverage is terminated, he/she cannot enrol the outpatient benefits again.
- The interpretation of specific provisions or its applicability is subject to the provisions of the Plan issued by AIA.
- All Insured Persons must hold Hong Kong identity card at the time of application.
- Effective from 1 January 2018, all policyholders 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 aia.com.hk/useful-information-ia-en or IA's website at www.ia.org.hk. The levy payable under this group insurance policy to IA will be borne by AIA.

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Important Information

1. This plan leaflet does not contain the full terms and conditions of the Plan. 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 Plan. The precise terms and conditions of the 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 plan leaflet should be read along with the illustrative document (if any) and other relevant marketing materials, which include additional information and important considerations about the Plan. We would like to remind you to review the relevant product materials provided to you and seek independent professional advice if necessary.
2. The Plan is an insurance plan without any savings element. All premiums are paid for the insurance and related costs.
3. This document is for internal communication and solely for the use of the members of HKPF in Hong Kong only and should not be delivered or forwarded to any other third party.

Key Product Risks

1. You need to pay the premium for the Insured Person for the Plan. If you do not pay the premium within 31 days of the premium due date, the insurance coverage of the Insured Person will be terminated and you / the Insured Person will lose the coverage.
2. You may request for the termination of your insurance coverage by notifying us in written notice. Also, we will terminate your insurance coverage and you / the Insured Person will lose the coverage when one of the following happens:
 - the Insured Person passes away (if the Insured Member passes away, the Insured Dependants could have the option to continue to participate in the Plan, subject to the maximum covered age and the relevant administrative arrangement, and provided that the Plan is still in effect);
 - you do not pay the premium for the Insured Person within 31 days of the premium due date;
 - upon termination of employment of the Insured Member with HKPF (except normal or early or late retirement), the insurance coverage will end at the end of that policy year;
 - upon termination of the Plan (including under the decision of AIA and/or the policyholder, or if the minimum participation requirement cannot be fulfilled). Please note that AIA reserve the right to terminate the Plan at any time by giving a 30-day prior written notice to you; or
 - the Insured Person cannot fulfil the administrative requirement.
3. We underwrite the Plan and you are subject to our credit risk. If we are unable to satisfy the financial obligations of the Plan, you may lose your coverage and you may lose the remaining premium.
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 the Plan may be revised to reflect the inflation.
5. Your current planned benefit may not be sufficient to meet the future needs of the Insured Persons since the future cost of living may become higher than they are today due to inflation. Where the actual rate of inflation is higher than expected, the Insured Persons may receive less in real terms even if we meet all of our contractual obligations.
6. If the marriage relationship between the spouse of the Insured Member and the Insured Member ends, the insurance coverage for the spouse of the Insured Member will cease at the end of that relevant policy year.

Key Exclusions

Under this Plan, we will not cover the expenses that result from any of the following events:

1. For Additional Benefits for Cancer, Renal Dialysis and Heart Disease Treatment only: pre-existing conditions for which the Member received medical treatment, diagnosis, consultation or prescribed drugs during the ninety (90) days preceding the effective date of his/her coverage, unless the Member affected by these conditions has been insured under the Plan continuously for twelve (12) months.
2. Investigation and treatment of psychological, emotional, mental or behavioural conditions; alcoholism or drug addiction; rest cure or sanatoria care; treatment of an optional nature; intentionally self-inflicted Injuries while sane or insane.
3. Injuries arising directly or indirectly from war, declared or undeclared.
4. General physical or medical check-up or tests not incidental to treatment or diagnosis of an actual Sickness or Injury or any treatment which is not medically necessary, immunisation, vaccination or inoculation.
5. Procurement or use of special braces, any appliances, any equipment or prosthetic devices, any implants, contact lenses, eye glasses, hearing aids or the fitting of the same and nonmedical services such as television, telephone and the like.
6. Any dental or eye examination/treatment, surgical procedure for correction of eye refraction, cosmetic procedures or plastic surgery except to the extent that such surgery is necessary for the repair of damage caused solely by accidental bodily injuries covered under the Plan.
7. Any investigation, treatment or surgery for congenital defect that gives rise to signs or symptoms, or is diagnosed, before the Insured Person reaches the age of 17.
8. Birth control measures, investigation or treatment pertaining to infertility, genetic testing or counselling, treatment occasioned by or resulting from pregnancy, childbirth, or abortion.
9. Non-medically necessary health services.
10. Experimental, investigational or unproven services except when authorised by AIA.
11. Services and supplies for smoking cessation programmes and the treatment of nicotine addiction.

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12. Services rendered by a Physician, Surgeon, or Chinese Medicine Practitioner (whether legally registered or not) with the same legal residence as the insured member or who is a member of the insured member's family, including spouse, brother, sister, parent or child; or services delivered by financial planner of AIA.
13. Clinical home care; custodial care in any setting; day care; hospice, private duty nursing; respite care unless prior approval is obtained from AIA.
14. Other education services such as speech improvement, diabetic classes and nutritional services, or group support services.
15. Health Services provided by non-AIA network providers except otherwise mentioned in the Benefit Schedule.

Premium Adjustment and Product Features Revision

1. Premium Adjustment

In order to provide you with continuous protection, AIA will annually review and adjust the premium of the Plan accordingly at the end of policy year if necessary. During the review, AIA may consider factors including but not limited to the following:

- claim costs incurred from all members under the Plan and the expected claim outgo in the coming year which reflects the impact of medical trend, medical cost inflation and product feature revisions;
- the number of persons to be covered in the Plan;
- policy surrenders and lapses; and
- expenses directly related to the Plan and indirect expenses allocated to the Plan.

2. Product Features Revision

AIA reserves 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.

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

Product Limitation

1. 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, but excludes experimental, screening, and preventive services or supplies.

"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 service delivered.

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

2. An "adjustment factor" is applied to the calculation of the benefit payable when 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 option chosen, the benefit payable shall be paid according to the benefits schedule, and the adjustment factor will also apply. For details, please refer to the "Adjustment Factor" in this plan leaflet.
3. If the eligible expenses have been reimbursed under any law, or medical programme or other insurance policy provided by any government, company, other third party or us, such will not be reimbursable by us under this policy.
4. All services under Medical Evacuation & Repatriation Benefits are covered during the trip only (except that 24-hour worldwide telephone enquiring services are covered before and during the trip), which are additional benefits. While trip is referring to a journey taken by the insured to leave the country or place of which the insured was a permanent resident at the time of leaving (being Hong Kong, Macau or Mainland China). The services are provided by 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.
5. Credit Facility Service for Hospitalisation is not contractual services and non-guaranteed, but the administrative arrangements offered in AIA's absolute discretion. AIA reserves the right to amend, suspend or terminate these services without further notice.
6. 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. AIA reserves the right to amend, suspend or terminate the list of network doctor without further notice. Please seek independent advice from doctors before receiving any medical treatment to ensure such treatment is suitable to your health condition.
7. If you would like to change your benefits or coverage after insurance coverage inception, such a request shall be made only in the next policy anniversary date.

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Claim Procedure

If you wish to make a claim, you must send us the appropriate forms and proof within 90 days of the date on which the covered event happened. You can get the appropriate claims forms from AIA website aia.com.hk, or by calling AIA Customer Hotline on (852) 2200 6262 in Hong Kong. If you wish to know more about claim related matter, you may visit "File A Claim" section under AIA website aia.com.hk.

For enquiries, please contact AIA Customer Hotline at 2200 6262

Service Hours

Monday-Friday, 9:00am - 5:30pm

Except Public Holidays

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