

# Benefit Summary 福利概要

| Plan 4V 計劃 4V   | In-Network 網絡   | Out-of-Network 非網絡   |
|---|-----------------|--|
| <b>HOSPITALIZATION BENEFITS 住院福利</b> <sup>13</sup>  |                 | 100% per disability per policy year up to 全數支付, 每保單年度每病症最高   |
| <b>Accommodation Level 住房類別</b>   |                 | Semi-Private 半私家病房   |
| <b>Inpatient Facilities Services 住院設施服務</b>   |                 | \$2,500 per day (Max. 182 days)<br>每日\$2,500 (最高 182 日)  |
| • Room and Board 膳宿費 <sup>8</sup>   |                 | \$4,000 per day (Max. 10 days)<br>每日\$4,000 (最高 10 日)  |
| • Intensive Care Unit 深切治療病房費 <sup>6</sup>  |                 |  |
| • Operating Room Charges 手術室費   |                 |  |
| Complex 複雜手術  |                 | \$35,750   |
| Major 大型手術  |                 | \$21,600   |
| Intermediate 中型手術   |                 | \$10,800   |
| Minor 小型手術  |                 | \$5,250  |
| • Other Hospital Services 醫院雜費  |                 | \$84,000   |
| <b>Inpatient Physician Services 住院醫生服務</b>  |                 |  |
| • Surgeon's Fee 醫生手術費   |                 |  |
| Complex 複雜手術  |                 | \$134,000  |
| Major 大型手術  |                 | \$67,500   |
| Intermediate 中型手術   |                 | \$33,750   |
| Minor 小型手術  |                 | \$16,200   |
| • Anesthetist's Fee 麻醉師費  |                 |  |
| Complex 複雜手術  |                 | \$35,750   |
| Major 大型手術  |                 | \$21,600   |
| Intermediate 中型手術   |                 | \$10,800   |
| Minor 小型手術  |                 | \$5,250  |
| • Physician Consultation 醫生診症費  |                 |  |
| Including 包括  |                 |  |
| • Pre-Hospitalization consultation (one visit only)<br>入院前醫生診症費 (只限於一次)   |                 | \$2,500 per day (Max. 182 days)<br>每日\$2,500 (最高 182 日)  |
| • Post-Hospitalization consultation 出院後門診覆診費 <sup>9</sup>   |                 |  |
| • Specialist consultation 專科醫生診症費 <sup>5</sup>  |                 | \$10,000   |
| Home Health Care 家居康護   |                 | \$51,000   |
| <b>Second Claim Incentive 第二索償獎金</b> <sup>10</sup>  |                 | \$950 per day (Max. 90 days)<br>每日\$950 (最高 90 日)  |
| <b>Fertility Treatment (Inpatient / Outpatient Treatment) 生育治療(住院及門診治療)</b> <sup>11, 12</sup>   |                 | 80% up to \$50,000 per Policy Year<br>八成賠償每保單年度最高\$50,000  |
| <b>HA Hospitals Reimbursement (General Ward only) 醫管局住院保障(普通病房)</b>   |                 |  |
| • Daily Cash 每日現金保障 <sup>6</sup>  |                 | \$1,000 per day (Max 180 days)<br>每日\$1,000 (最高 180 日)   |
| • Surgical Supplies 手術醫療用品賠償 <sup>1</sup>   |                 | \$84,000   |
| <b>Increased Overseas Hospitalization Benefit (due to accident only) 額外海外住院福利 (只限因意外引致)</b>   |                 | Up to 200% of Basic Hospitalization Benefits<br>最高賠償相等於基本住院福利之 200%                                      |
| <b>Supplementary Major Medical 附加住院醫療福利</b> <sup>7, 8</sup>   | n/a 不適用         | 80% up to \$300,000 per disability<br>after \$500 deductible<br>扣除\$500 自付費, 餘額八成賠償,<br>每病症最高限額\$300,000 |
| <b>OUT-PATIENT BENEFITS 門診福利</b>  | 90% 支付          | 90% 支付   |
| <b>General Physician Services 普通科醫生服務</b> <sup>2</sup><br>(including 1 preventive vaccine per Policy Year 每保單年度包括1次預防注射)                                |                 |  |
| <b>Telemedicine Service - General Physician's Consultation 視像診症服務 - 普通科門診諮詢</b> <sup>2, 16</sup><br>(Max. 45 visits per Policy Year 每保單年度限於45次)         | \$0 copay 自付\$0 | \$570 per visit 每次診症最高\$570  |
| <b>Physiotherapy 物理治療</b> <sup>2, 5</sup>   | \$0 copay 自付\$0 | \$800 per visit 每次診症最高\$800  |
| <b>Chiropractor Treatment 脊醫</b> <sup>2, 5</sup><br>(Max. 45 visits per policy year 每保單年度限於 45 次)   | n/a 不適用         | \$800 per visit 每次診症最高\$800  |
| <b>Chinese Herbalist, Bonesetter &amp; Acupuncture 中醫, 跌打及針灸</b>  |                 |  |
| <b>Telemedicine Service - Chines Herbalist's Consultation 視像診症服務 - 中醫門診諮詢</b> <sup>16</sup><br>(Max. 30 visits per policy year 每保單年度限於 30 次)            | n/a 不適用         | \$500 per visit 每次診症最高\$500  |
| <b>Routine Physical Examination 例行身體檢查</b><br>(including Eye Examination performed by Optometrist or Ophthalmologist<br>包括由視光師或眼科醫生進行之視力檢查)             | n/a 不適用         | \$3,000 per policy year 每保單年度最高\$3,000   |
| <b>Specialist Physician Services 專科醫生服務</b> <sup>5, 14</sup>  |                 |  |
| <b>Telemedicine Service - Specialist Physician's Consultation 視像診症服務 - 專科門診諮詢</b> <sup>5, 14, 16</sup><br>(Max. 40 visits per policy year 每保單年度限於 40 次) | \$0 copay 自付\$0 | \$1,100 per visit 每次診症最高\$1,100  |
| <b>Basic Diagnostic Testing 基本診斷測試</b> <sup>3, 5</sup>  |                 | Up to \$6,000 per Disability 每病症最高\$6,000  |

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|--|--|--|
| <b>OTHER BENEFITS 其他福利</b>   |  |  |
| <b>Emergency Cash Benefit (For employees only)</b><br>緊急現金保障 (只適用於僱員)  |  | \$10,000   |
| <b>Maternity Benefit 分娩福利</b><br>(Applicable to all female employee & eligible dependent wives of male employees and female domestic partners 只適用於女性員工、男性員工之配偶及女性同居伴侶)<br><ul style="list-style-type: none"> <li>Caesarian Section 剖腹分娩</li> <li>Normal Delivery 自然分娩</li> <li>Miscarriage or Abortion due to Medical Necessity 流產或因醫療所需之人工流產</li> </ul>   | 100% per Pregnancy up to 全數支付至每宗分娩最高<br>\$75,000<br>\$60,000<br>\$42,000 |  |
| <b>Evacuation &amp; Repatriation Benefit 醫療運送及遺體運返福利<sup>4</sup></b><br><ul style="list-style-type: none"> <li>Emergency Medical Evacuation 緊急醫療運送</li> <li>Repatriation of Remains 遺體運返</li> <li>Worldwide Hospitalization Deposit Guarantee 全球住院按金保證</li> <li>Compassionate Visit (if the Insured Person is hospitalized for more than 7 consecutive days) 家屬恩恤探訪 (如受保人需住院超過連續 7 日) <ul style="list-style-type: none"> <li>Return Common Carrier ticket (economy class) 探訪家屬來回機票乙張 (經濟客位)</li> <li>Visitor's accommodation expenses 探訪家屬之住宿費用</li> </ul> </li> <li>Return of Children (under 18 years of age) 子女護送 (只限十八歲以下子女) <ul style="list-style-type: none"> <li>One-way Common Carrier ticket (economy class) 單程(送返之) 機票乙張 (經濟客位)</li> <li>Qualified escort when necessary 如有需要將由專人陪同送返</li> </ul> </li> <li>Overseas medical monitoring &amp; repatriation after discharge from overseas Hospitalization 海外住院期間醫療跟進及出院後醫療運返</li> <li>Hotel Room Accommodation for Convalescence (Maximum 5 days per Trip) 療癒期間酒店住宿費用 (每行程最多 5 日)</li> </ul> | n/a 不適用  | 100% 全數支付<br>100% 全數支付<br>Maximum \$60,000 per Trip 每行程最高限額 \$60,000<br><br>Included 已包括<br>Maximum \$12,000 per Trip 每行程最高限額 \$12,000<br><br>Included 已包括<br>Included 已包括<br>Included 已包括<br><br>Maximum \$2,000 per day 每日最高限額 \$2,000 |
| <b>Dental Benefits 牙科福利</b>  |  |  |
| <b>Routine Oral Examination (Scale &amp; Polish &amp; Prophylaxis)</b><br>例行口腔檢查(洗牙及預防治療)<br>(Max. 2 visits per year 每年限於 2 次)   |  | 100% up to \$1,000 per visit, 全數支付, 每次診症最高\$1,000  |
| X-Rays required prior to performance of dental service<br>牙科服務之前所需的 X 光測驗<br>a) Single film 單片 (每張)<br>b) Each additional film 每附加片  |  |  |
| Abscesses – Per Abscess 牙瘡 –每隻牙<br>a) Each Abscess – without surgery 不需手術<br>b) Each Abscess – with surgery 需要手術   |  |  |
| Amalgam Fillings – Molar & Pre-molar 齒科汞合金 – 臼齒與臼齒前的牙<br>a) Each fillings (One surface) 每次補牙 (一面)<br>b) Each additional surface 每附加面<br>c) Maximum each tooth 每隻牙最高限額  |  |  |
| Pins for Cusp restoration 補留牙之牙冠釘<br>a) First pin 第一口釘<br>b) Each subsequent pin for same tooth 同一牙隨後所需用釘  | n/a 不適用  |  |
| Anterior Fillings 前牙的填補<br>a) Each filling – composite 每次補牙 – (合成) 樹脂<br>b) Each filling – with acid etch 每次補牙 – 帶酸性 (蝕刻)  |  | 80% up to \$7,700 per Policy Year<br>80% 支付, 每保單年度最高\$7,700  |
| Root Canal Fillings 齒根管之填補<br>a) One root 單根<br>b) Each subsequent root same tooth 同一牙隨後所需填補的齒根  |  |  |
| Extractions – Per Tooth 脫牙 – 每隻牙<br>a) Uncomplicated 簡單方法<br>b) Surgical, Impacted Wisdom Teeth 需動手術, 阻生智慧齒  |  |  |
| Apicoectomy – Anterior 齒根尖切除術 – 前排的牙 Each tooth (每隻牙)  |  |  |
| Dentures - due to accident 假牙 – 由意外引起<br>a) Both sets full upper & lower 上排整套及下排整套<br>b) One full set upper or lower 上排整套或下排整套<br>c) Partial sets – (i) preparation plate 倒模<br>(ii) each tooth 每隻假牙   |  |  |
| <b>Overall Maximum Amount Per Policy Year 全保單年度總限額</b><br>(excluding cost of dentures 不包括假牙所需之費用)  |  | <b>\$7,700</b>   |

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Remarks for accessing Benefits 接受醫療服務條件之備註:

1. Surgical Supplies shall be payable under Other Hospital Services. 手術醫療用品賠償包括於住院雜費內。
2. Overall maximum is 45 visits per member per Policy Year. 每位會員全年總限額合共 45 次。
3. Basic Diagnostic Testing includes basic diagnostic imaging (X-Ray, mammograms, ultrasound). Advanced diagnostic imaging (MRI, CT scans, nuclear medicine) shall be payable under Other Hospital Services. 基本診斷測試包括基本診斷造影 (X 光、乳房組織 X 光檢查、超聲波測試)。先進診斷造影 (磁力共振、電腦掃描、核子醫學) 賠償於醫院雜費內。
4. Prior authorization by AIA or AIAS Provider shall be required. 需預先通知友邦保險或友邦國際支援服務。
5. Referral letter is required. 需轉診推薦書。
6. The specified maximum number of days set forth in this benefit shall be included in that of Daily Room & Board. 本福利之最高賠償日數已包括在「膳宿費」的最高賠償日數內。
7. Hospital confinement should be in the same or lower level of accommodation. If the insured confined into Private class accommodation, reimbursement % will be changed to 50%. No benefit shall be payable for VIP / Deluxe Room class accommodation. 所住房間等級必須低於或與基本住院計劃內之等級相同。如入住私家病房，賠償比率將會相對調整至 50%。入住貴賓病房 / 豪華病房的住院費用於此項福利不會作出賠償。
8. Extend to cover Rehabilitation benefit. 包括復康治療。
9. Post-hospitalization consultation benefit shall be paid when an Insured person discharged from hospitalization within 6 weeks for which benefit has been paid under the Policy, incurs out-patient consultation fees charged by a Physician for the same disability for which he was hospitalized. 倘受保人於出院後 6 週內就同一病症覆診而該次住院費用為本保單之受理費用，則受保人可享有「出院後門診覆診」的福利賠償。
10. This benefit shall be payable in the event that the claim for expenses under the Hospitalization Benefits of an Insured Person is for the balance of expenses not payable by other insurers providing hospital and surgical benefits to such Insured Person. 倘受保成員向本公司提交之住院賠償申請金額乃為其他保險公司未支付之住院索償餘額，本公司將支付此項福利。
11. Supplementary Major Medical benefit is not applicable. 不適用於附加住院醫療福利。
12. This benefit shall cover inpatient and outpatient treatments of medical disorder of infertility and services to create a pregnancy up to the maximum benefit set forth for Fertility Treatment in the Benefit Summary including:
  - a) Consultation, investigation and medication prescribed by Physician on fertility treatment (including related injections, lab fees and X-ray fees)
  - b) In Vitro Fertilisation (IVF)
  - c) Intracytoplasmic Sperm Injection (ICSI)
  - d) Gamete Intra Fallopian Transfer (GIFT)
  - e) Zygote Intra Fallopian Transfer (ZIFT)
  - f) Artificial Insemination (AI), also known as Intrauterine Insemination (IUI) and cryopreservation
  - g) Embryo transport (from one physical location to another)
  - h) Collection, preparation and storage of donor ovum and/or semen
  - i) Egg frozen expenses if the Insured Person elects to preserve the egg for delayed pregnancy due to health or medical reasons (Maximum HKD10,000/year)此項福利包括有關不育症的住院和門診治療及服務，以創造妊娠，但以不超過福利概要內所訂定之最高賠償額為限。此福利包括：
  - a) 有關生育治療的醫生諮詢，調查和處方藥物（包括相關注射，化驗費用和 X 光費用）
  - b) 體外受精 (IVF)
  - c) 胞漿精子注射 (ICSI)
  - d) 精卵輸卵管內植入術 (GIFT)
  - e) 受精卵輸卵管內植入術 (ZIFT)
  - f) 人工授精 (AI)，也稱為宮內授精 (IUI) 和冷凍保存
  - g) 胚胎運輸 (從一個實體位置到另一個實體位置)
  - h) 收集，準備和儲存捐贈者的卵子和/或精液
  - i) 受保人因健康或醫療原因，選擇保留冷凍卵子，待想生育時取出 (每年最高 10,000 港元)
13. Hospitalization Benefit is extended to cover transgender surgery 住院福利延伸保障性別重置手術。
14. Referral letter from a Registered Medical Practitioner of a western medication is required (except for Paediatrics, Dermatology, Gynaecology, Ophthalmology, Orthopedics & Traumatology). 基本醫療計劃之會員必須獲得註冊西醫之推薦書(兒科，皮膚科，婦科，眼科及骨科&創傷專科除外)。
15. Post-hospitalization consultation benefit shall be paid when an Insured person discharged from hospitalization within 6 weeks for which benefit has been paid under the Policy, incurs out-patient consultation fees charged by a Physician for the same disability for which he was hospitalized. 倘受保人於出院後 6 週內就同一病症覆診而該次住院費用為本保單之受理費用，則受保人可享有「出院後門診覆診」的福利賠償。
16. Telemedicine Service excludes medication delivery charge. 視像診症服務不包括藥物送遞服務的費用。

## Note:

- If an insured member is covered for less than a full policy year, the maximum number of visits and maximum benefit per policy year entitled shall be pro-rated to the portion of the policy year for which such insured member is covered. 若受保人之保障有效期少於一個完整的保單年度，受保人於此保障期間之保單年度次數限額及保單年度最高賠償額會按此期間與保單年度之比例計算。
- Please visit our AIA Employee Benefits Online Service to view the Member Guide for important information including use of HealthCard, important terms, general exclusions and claim procedures. 有關醫療卡的使用守則、重要條款、一般不保事項及索償手續等資訊，請登入僱員福利網站細閱成員指南。
- All above figures are expressed in the following currency: HKD. 以上限額以港元計算。

The final interpretation of the benefit coverage or its applicability is subject to the provisions of the master policy issued by AIA International Limited (Incorporated in Bermuda with limited liability). 此團體保險計劃之福利賠償的最後詮釋及執行，均以友邦保險(國際)有限公司(於百慕達註冊成立之有限公司)之英文保單為準。

0000013099\_04V\_Benefit Effective From 01/01/2025 To 12/31/2025