

FAQ's 2025 Insurance – Hong Kong 2025

1. What are the Default Benefits under Group Medical Insurance?
Ans: Plan 2 is the Group Medical Insurance Standard Plan, for benefit detail please refer to Plan 2 member leaflet
2. What are the Voluntary options available under the Group Medical Insurance Plan?
Ans: There are 2 voluntary top-up options Plan 3V and Plan 4V for Group Medical Insurance Plan, Plan 3V is a top-up plan on all lines of benefit and Plan 4V is a top-up plan on Maternity benefits
3. What is Outpatient Benefits and what are the coverages under Outpatient Plan?
Ans: Outpatient insurance covers you in the event that you don't need to be admitted to a hospital. For example, a visit to a general practitioner will fall under outpatient benefits. The coverages include General Practitioner Services, Specialist Consultations, Basic Diagnostic Testing, Physiotherapy & Chiropractic Treatment and Chinese Herbalist's / Bonesetter's / Acupuncturist's Treatment, Routine Physical Examination
4. What are the *Exclusions* under Group medical Insurance Plan?
Ans: Please refer to member briefing deck slide 19-23
5. What are In-patient Benefits and what are the coverages under In-patient Plan?
Ans: Inpatient insurance covers you in the event that you are admitted for a short-term or long-term stay at a hospital due to an illness, accident, or intensive care. Benefits will include Hospitalization and Supplementary Major Medical (SMM)
6. Does Outpatient Benefits cover routine diagnostics tests?
Ans: Testing with symptoms and diagnosis will be covered under Outpatient Basic Diagnostic Testing. Routine health checkup without symptoms and diagnosis will be covered under Routine Physical Examination
7. How can we claim Outpatient/In-patient – via re-imburement or cashless process?
Ans: Please refer to member briefing deck slide 41-51
8. What are the timelines to claim Outpatient/In-patient?
Ans: Claims submission period is 90 days from treatment date / Discharge date from Hospital
9. Does Outpatient Benefits cover vaccination?
Ans: Preventive Vaccination is covered once per year under General Practitioner Services and up to the per visit per day limit
10. What is the Enrollment process for New Joiner?
A: Eligible employees and dependents will be given a 30 days of enrollment window (dates to be determined) or within 30 days after any of the following life events:
 - start of employment with for newly joined employees;
 - marriage;
 - Birth of a child.

Notes:

- When the employee enroll to the top-up plan, all of his/her eligible dependents must be enrolled under this plan too at the same time.
- When the employee terminates his/her policy, all of his/her enrolled dependents will also be terminated.
- Termination mid-term during the policy year is not allowed unless due to divorce, death, not being able to meet dependent criteria or termination of employment. Termination will apply to the entire family.

- The member is not allowed to re-enroll again in the future after s/he is terminated from the group medical plan, unless there is a change in the criteria of life events defined above.

11. What is Outpatient Co-Payment (90% reimbursement) for Plan 2 and 4V?

Ans: Outpatient non-network benefits will apply 90% reimbursement up to the benefit limit. There will be no impact on in-network and can continue to use the medical card for network treatment without co-payment.

For example, if the non-network treatment receipt amount x 90% is above the benefit limit (i.e. SP \$1100), the reimbursement will be up to the benefit limit \$1100. IF the receipt amount x 90% is below the benefit limit, the reimbursement will be 90% of the receipt amount (i.e. receipt amount is \$1000, the reimbursement will \$1000 x 90%=\$900)

12. How top-up plan can help and remove co-payment (90% reimbursement) ?

Ans: Top-up plan 4V will be same as standard plan with 90% reimbursement since this plan is focused on maternity benefit top-up, Plan 3V will remain as 100% reimbursement including outpatient

13. Mamograms, biopsy and ultrasound etc are covered?

Ans: For Diagnostic purpose testing, they will be covered under Outpatient Basic Diagnostic Testing benefit. For routine checking without symptoms and diagnosis, they will only be covered under routine physical examination benefit.

14. Are Group Voluntary Top-Up Plan 3V / 4V and AIA StepUp 2 Plan are not tax-deductible?

Ans: All top-up plans are no tax-deductible

15. Can you point us to a guide on how to sign in on the app or website?

Ans: Please refer to member briefing deck slide 54-92

16. what's the additional premium for the various top-up medical plans?

<u>Annual Premium (HKD)</u>	<u>Voluntary Top-up Plan 3V:</u>	<u>Voluntary Top-up Plan 4V:</u>
Employee	7,500.00	0.00
Spouse	7,500.00	0.00
Each Child	8,130.00	0.00
Maternity (applicable to female Employee or Spouse)	429.00	2,928.00

17. Does the plan cover insurance in all markets? Does it include US or any countries excluded?

Ans: The plan is worldwide covered. Please make sure all receipts and reports are in English or Chinese for insurer processing.

18. What happens in case of a second claim is via AIA, does Outpatient co-payment of 90% reimbursement still applicable under non-network claims?

Yes: Co-payment of 90% reimbursement will apply to second claim