



HEALTHIER, LONGER,
BETTER LIVES

MEMBER GUIDE

Welcome to AIA Group Medical Insurance Services

This Member Guide provides you with important information including use of the HealthCard, important terms, exclusions, medical expenses reimbursement and the ways to connect with AIA. As a responsible corporation in the community, we are making increasing efforts to implement environmental friendly policy allowing our members to manage their health service online including our one-stop AIA+ mobile app/ web version and eCard.

AIA Member Services Hotline : (852) 2200 6333 (Hong Kong) or 0800 516 (Macau) or designated service hotline of your policy as provided in the HealthCard (collectively known as "Member Hotline")

General Servicing Hours :

Monday - Friday: 9:00 a.m. - 5:30 p.m.
Closed on Saturdays, Sundays and Public Holidays

Emergency Servicing Hours :

24-hour
Monday - Sunday including Public Holidays

NurseLine Servicing Hours :

Monday - Friday: 9:00 a.m. - 7:00 p.m.
Saturday: 10:00 a.m. - 2:30 p.m.
Closed on Sundays and Public Holidays

Welcome to visit:

aia.com.hk

PTA001201.1124



Important notes for using the HealthCard

1. Use of the HealthCard constitutes acceptance of the terms and conditions of this Member Guide and the policy.
2. The HealthCard is only valid for the period you are covered under the policy.
3. Please check the information on your HealthCard carefully and notify us via our Member Hotline should there be any discrepancies.
4. Your HealthCard will be valid through all the years of your covered period.
5. Present your HealthCard at registration before using the network medical services and settle the appropriate copayment as stated in your HealthCard.
6. The network provider list may change from time to time without prior notice. Always refers to AIA+ mobile app or AIA Employee Benefits Online Service at aia.com.hk or simply calls our Member Hotline for the latest network providers listing.
7. As an insured member you have the right to obtain from network providers an estimated cost for every medical service before taking any tests or receiving any treatments.
8. By using the HealthCard, you also agree to authorise your employer to release up-to-date personal information to AIA for the purpose of providing medical insurance coverage and services relating thereto.
9. You may download and save an updated image of HealthCard upon policy renewal or benefit change for offline use.

Remarks :

"AIA" or "We" herein refers to AIA International Limited (Incorporated in Bermuda with limited liability).

"HealthCard" means eCard(s)/ Physical HealthCard(s) (if applicable)

This Member Guide is for reference only. For specific benefits, provisions and guidelines, please refer to your benefit summary and Policy document.

This Member Guide is exclusively for the insured member of AIA Group Medical Insurance and any unauthorised distribution is prohibited.

General Conditions

Coverage for health services is only applicable to services which are medically necessary, on a reasonable and customary basis subject to the terms, conditions, exclusions and limitations of the policy. It is also subject to the settlement of premium required under the policy and the payment of copayment specified for the service. An insured member may have an option of choosing to receive services from our network or non-network providers subject to the type of plan and benefits entitled.

We only cover the charges or expenses of the insured member on reasonable and customary basis.

"Reasonable & Customary" Charges are, in AIA's judgement, the general and prevailing charges being made by other providers in the locality where the charges are incurred, when providing like or comparable treatment, services or supplies for a similar injury or sickness. Benefits shall not be payable for any amount in excess of Reasonable & Customary Charges.

"Medically Necessary" shall mean a condition in which health services or supplies provided are determined by AIA to be:

- i. necessary to meet the basic health needs of the insured member;
- ii. consistent with the diagnosis of the condition;
- iii. provided in the most cost-effective manner and type of setting appropriate for the delivery of the health service; and of demonstrated medical value; and
- iv. required for reasons other than the convenience of the insured member or his physician.

Use of the HealthCard

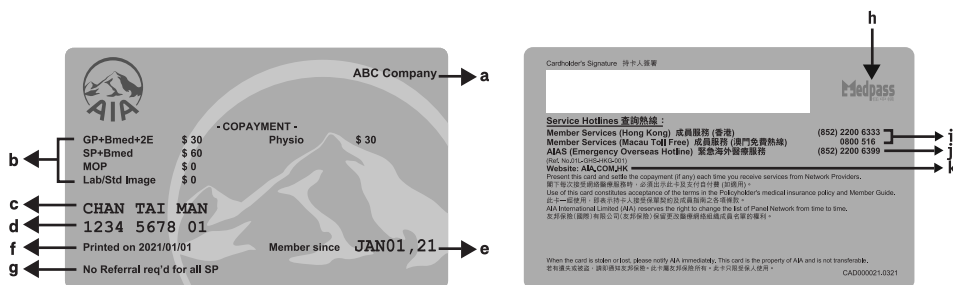
Go to AIA+ mobile app/ web version to view and use your eCard.

Shortfall may arise if you incur any non-eligible expenses outside your coverage. You are required to settle the shortfall **immediately** after receiving notification from AIA in order not to affect your medical benefits entitlement. AIA may deduct the shortfall amount from your subsequent non-network benefit reimbursement.

For lost/damage of physical HealthCard, you may call our Member Hotline for a card replacement with a fee of HK\$50. Alternatively, you may simply log in to AIA+ mobile app/ web version to use eCard in order to avoid the hassle of bringing a physical HealthCard with you.

Your physical HealthCard must be returned to your employer or AIA upon termination of your coverage. Otherwise, you will be held responsible for its improper use.

The HealthCard consists of the following information:



- Name of policyholder
- Copayment amounts payable to the network provider for different types of service (if any)
- Name of insured member
- Member ID
- Coverage effective date
- HealthCard print date
- Special remarks / Direct Access Specialist applicable to your plan (if any)
- Hospital deposit guarantee service available upon admission at designated hospitals in Mainland China (only applicable to insured members who are entitled to such benefit)
- Member Hotline
- 24-Hour Worldwide Assistance Services Hotline (AIAS)
- AIA Website

AIA+ mobile app

AIA+ mobile app – Helps you manage AIA account(s) within one app. You can access your policy information, manage claims, access important information anytime, anywhere.



Submit eClaim with ease, and check your claim status faster and more convenient



View the eCard and account overview anytime, anywhere, so you can check your benefits whenever you want

- You can now simply present your eCard on AIA+ mobile app to complete the registration at our network doctors' clinics, private hospitals, or labs^.



Find a Doctor & Hospital, including general outpatient and specialist from AIA's quality medical network, to cater to your needs



Update Contact Details safely and quickly, without hassle

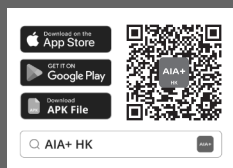


Chat with Andy to get support on your queries related to our products or services without leaving home

^ Only applicable for private hospitals or labs in Hong Kong.



Download our AIA+ mobile app to manage your policy!



AIA+ mobile app allows you to manage your own policy on your mobile device. Please scan the QR code to download now!

(The availability of some functions depends on specific policy.)

AIA Employee Benefits Online Service (Web Version Through Laptop or Tablet)

AIA Employee Benefits Online Service can allow employees to access their policy information and manage claims etc. with ease and convenient.

For New Member Registration, you may refer to AIA Employee Benefits Online Service at gmd.aia.com.hk.

Process: Go to gmd.aia.com.hk

Click [Web User Guide] >> Click [Website User Guide for Member].

AIA Member Hotline

Nurseline (press 7)

[INTERACTIVE VOICE RESPONSE SYSTEM (IVRS)]

AIA Interactive Voice Response System provides you with 24-hour interactive hotline services to access your health medical records such as claims settlement, benefit summary and network provider list.

- Step 1**
- | | |
|-----------|---------|
| Cantonese | Press 1 |
| English | Press 2 |
| Mandarin | Press 3 |
-

- Step 2** Select Service
- | | |
|---|---------|
| <p>Claim Information</p> <p>1 Claim Settlement + <i>Member ID & Password</i></p> <ul style="list-style-type: none"> • Member Records • Dependant Records (if applicable) <p>2 Claim Guideline</p> | Press 1 |
| <p>Request Benefit Summary</p> <p>1 Retrieve by Email + <i>Member ID & Password</i></p> <ul style="list-style-type: none"> • Member Records • Dependant Records (if applicable) | Press 2 |
| <p>Request Forms</p> <p>1 Retrieve by Email + <i>Member ID & Password</i></p> <ul style="list-style-type: none"> • Outpatient Claim Form • Hospital & Surgical Claim Form • Dental Claim Form • Other Form | Press 3 |
| <p>AIA Contact Information</p> <p>1 Company's Address</p> <p>2 Company's Fax Number</p> <p>3 Company's Payee Details</p> <p>4 Company's Website Address</p> | Press 4 |
| <p>Change or Reset PIN</p> <p>1 IVRS Password + <i>Member ID & Password</i></p> <p>2 Reset Web Password Guideline</p> | Press 5 |
| <p>NurseLine Enquiry</p> <p>(to obtain health-related information from registered nurses)</p> | Press 7 |
| <p>Network Provider List</p> <p>1 Retrieve by Email + <i>Member ID & Password</i></p> <ul style="list-style-type: none"> • Member Type • Dependant Type (if applicable) | Press 8 |
| <p>Talk to Member Service Executive</p> | Press 9 |
-

Quick Dial:

Function	Press
Claim Status	2, 1, 1, <10 digit Member ID#>, <Password#>
Download Benefit Summary	2, 2, 1, <10 digit Member ID#>, <Password#>
Download Network Provider List	2, 8, 1, <10 digit Member ID#>, <Password#>
Download Outpatient Claim Form	2, 3, 1, <10 digit Member ID#>, <Password#>

24-Hour Worldwide Assistance Services Hotline (AIAS)

In case of medical emergency while traveling overseas, please contact AIAS at (852) 2200 6399 for immediate assistance.

Medical Benefits and Claim Procedures

1. Use of Benefits and Claim Procedures

a) Medical services provided by Network Providers

(i) Outpatient

You should present your HealthCard to the network providers before using their services, and should settle the applicable copayments upfront after the services. AIA will reimburse network providers directly upon their requests for expenses of covered health services incurred by you. You are advised to keep a copy of the receipt for record even though no claim filing is required. You will be notified of uncovered expenses, if any, and should settle the same with AIA immediately upon receipt of medical expense shortfall notification from AIA.

(ii) Hospitalization (where applicable)

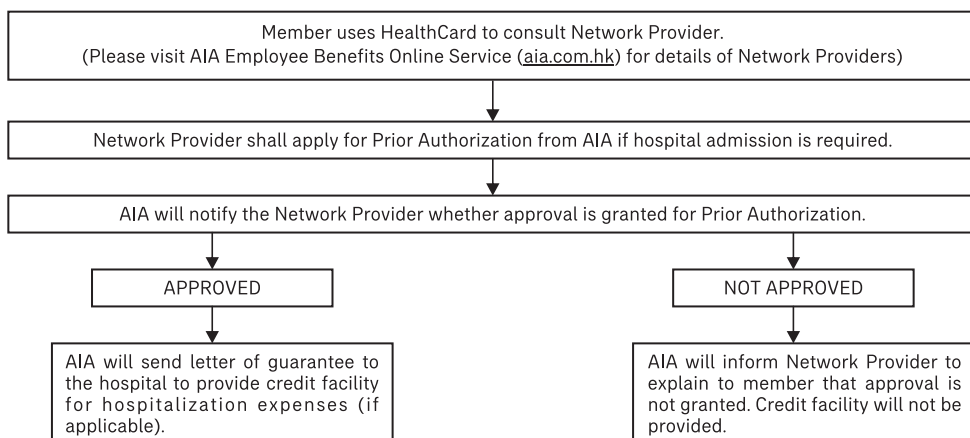
Prior Authorization by AIA is required for hospital admissions, surgical and diagnostic procedures, etc. Network Provider will obtain Prior Authorization for you before providing service. AIA may contact you if further information is required.

Hospital credit facility will be provided up to a limit of HK\$100,000 per hospitalization which will directly be charged to AIA. You will be billed by the hospital for any excess amount before discharge. You may then file a claim with AIA for reimbursement of any eligible expenses in excess of the credit limit. Please refer to the Group Medical Policy and/or its endorsement(s) for any exception of such limit (an approved higher limit).

The granting of Prior Authorization and the provision of credit facility does not guarantee full coverage of your hospitalization charges. It is your responsibility to settle any amounts in excess of the coverage at discharge or upon receiving notification from AIA.

Daily Cash Benefit, if applicable, may be payable in place of the Daily Room & Board Benefit up to the maximum benefit and number of days as stated in the benefit summary when you are hospitalized within the general ward of a hospital under the Hong Kong Hospital Authority (HA).

Hospital Admission Through Network Provider



Remarks: For Non-network service, standard claim reimbursement procedure will apply (no credit facility shall be provided).

b) Medical services by non-network providers

(i) **Outpatient Claim Procedure**

- Submission Method:
 - 1) Submit your claim via AIA+ mobile app and get reimbursed in as little as 3 working days:
 - i. Provide basic claim details
 - ii. Upload receipt and supporting document(s)
 - iii. Review and confirm details entered
 - 2) Complete a separate Group Medical Claim Form for each claimant.
 - i. Remember to write down the 10-digit Member ID on the claim form (refer to page 2)
- Ensure that receipts(s) issued by medical service provider should include:
 - Patient's name
 - Physician's name and address
 - Diagnosis from the Physician
(Please include diagnosis in Sick Leave Certificate or Medical Certificate from any hospital under the Hospital Authority)
 - Description of the medical service
 - Date of medical service
 - Charges for the medical service (with breakdown if applicable)
 - Physician's signature and chop
 - Attach the physician referral letter (only applicable for medical services which require general practitioner referral)
- Send the completed claim form(s) together with the original itemised receipt(s) to AIA within 90 days after the date of receiving service.
- Keep copies of receipt(s) for your record before submitting the claim as original receipt(s) will not be returned to you.

Notes:

Outpatient and dental benefits are normally subject to a maximum number of visits and maximum amount of benefit per policy year and coverage shall be limited to no more than one (1) visit per day.

If you are 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 you are covered.

The following benefits (if applicable) would require a written referral from general practitioner:

Covered Benefit	Validity Duration
Specialist Physician Services	180 days for all treatments from the same specialist physician related to the same disability or each treatment is not separated from the last one by more than 180 days.
Physiotherapist Services / Chiropractic Treatment	180 days for all treatments from the same registered physiotherapist / chiropractor, physiotherapy / chiropractic clinic related to the same disability, or each treatment is not separated from the last one by more than 180 days.
Basic Diagnostic Imaging and Laboratory Test	Referral is valid for one time within 180 days from the date of issue.

ii) **Hospitalisation Claim Procedure**

- Complete 'Part I - Member Information' of the Group Hospitalization & Surgical Claim Form before hospital admission.
- Request the attending Physician to complete 'Part II – Description of Services' at the back of the Claim Form.
- Send the duly completed claim form together with the original itemized hospital bill(s) and receipts to AIA within 90 days after the date of receiving service.

Remarks: Claims reimbursement may be denied or delayed if any claim is submitted with incomplete documentation or information.

c) Hospital Deposit Guarantee in China

If your medical plan includes China Assist benefit, your HealthCard will be imprinted with an “Medpass” logo. If hospitalisation is medically required while you are travelling in China, you can proceed to choose any of the designated hospitals for treatment. By presenting the HealthCard to such hospital, your hospital deposit will be guaranteed such that you can receive medical treatment at no delay.

This service shall be available only if “Medpass” is indicated at your HealthCard.

d) Worldwide Assistance Services

The following services shall be available while travelling overseas:

- Emergency Medical Evacuation & Repatriation Service
(Prior Authorisation by AIA or AIAS Provider shall be required)
 - Emergency Medical Evacuation
 - Repatriation of Remains
 - Worldwide Hospitalisation Deposit Guarantee
 - Compassionate Visit (if the insured person is hospitalised for more than 7 consecutive days)
 - Return of Children (under 18 years of age)
 - Overseas medical monitoring & repatriation after discharge from overseas Hospitalisation
 - Hotel Room Accommodation during convalescence (Maximum 5 days per trip)
- Lost Travel Document and Luggage Assistance
- Legal Referral
- Embassy Referral
- Emergency Ticket Service
- Emergency Cash Transfer
- Essential Medicine Delivery
- Medical Advice

2. Claims Reimbursement (for outpatient and hospitalisation claims)

Eligible claims will be processed within seven (7) working days upon receipt of completed claim form(s) and all required information. Reimbursement will be made through autopay to your designated bank account or by cheque to your correspondence address.

General Exclusions

The Group Medical Insurance is subject to certain exclusions. A full list of exclusions is contained in the Policy Document. The common exclusions are listed below. No benefit shall be paid for such conditions except specifically provided in the Benefit Summary.

1. Pre-existing conditions for which the Insured Person received medical treatment, diagnosis, consultation or prescribed drugs during the ninety (90) days preceding the effective date of his coverage, unless the Insured Person affected by these conditions has been insured under the Policy continuously for twelve (12) months.
2. Investigation and treatment of psychological or mental conditions; alcoholism or drug addiction; rest cure or sanatoria care; intentionally self-inflicted injuries while sane or insane.
3. Injuries arising directly or indirectly from war, declared or undeclared.
4. Special nursing care; general medical check or treatment which is not medically necessary; vaccination.
5. Procurement or use of special braces, appliances, equipment or prosthetic devices, any implants, contact lenses, eye glasses, hearing aids or the fitting of the same and non-medical 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 as a result of an accident.
7. Any investigation, treatment or surgical operation for congenital disorder that gives rise to signs or symptoms, or is diagnosed, before the Insured Person attains seventeen (17) years of age.
8. Birth control, treatment for infertility, genetic testing or treatment resulting from pregnancy, childbirth or abortion.
9. Non-Medically Necessary health services.
10. Experimental, Investigational or Unproven Services except when authorised by AIA.
11. Treatments and supplies for smoking cessation programme and the treatment of nicotine addiction.
12. Services rendered by a Physician with the same legal residence as the Insured Person or who is a member of the Insured Person's family, including spouse, brother, sister, parent or child; or services delivered by an agent of AIA.
13. Acupuncture, acupressure, bonesetting, herbalist treatment, hypnotism, massage therapy, aroma therapy; and other forms of alternative treatments.
14. Clinical home care; custodial care; day care; hospice, private duty nursing; respite care.
15. Other education services such as speech improvement, diabetic classes and nutritional services, etc.

Personal Data

Being a covered person under the Managed Care Health Plan insured by AIA, and by using the benefits under the Plan, you have agreed and authorised the following:-

- I. 1. that AIA and its designees may collect, acquire, store, use, exchange and disclose details of your information and that of your dependants and contact you and your dependants for:
 - (i) The purpose of information verification and / or data comparison.
 - (ii) All daily operations and dealings relevant to your record.
 - (iii) Processing benefits and providing services to you.
 - (iv) Clinical evaluation, guidance and coordination.
 - (v) All research and analytical activities.
 - (vi) Providing services relating to AIA's and its designees' business.
 - (vii) Data matching purpose.
 - (viii) Any other purpose relating to the above.
 2. that AIA and its designees may disclose and transfer your personal data and that of your dependants and / or any or all transactions or dealing between you (including your dependants) and AIA, and / or its designees, to the following (whether in Hong Kong SAR or abroad):-
 - (i) Any third party, clinics, hospitals and any other health care service providers in relation to providing health care services to you and your dependants.
 - (ii) Any of AIA's actual or proposed assignee or transferee of AIA's right with respect to you and your dependants.
 - (iii) Any other person under a duty of confidentiality to AIA.
 - (iv) The Policyholder of the Group Medical Policy under which you are covered.
 3. that AIA or its designees may record conversation between you (including your dependants) and staff member in the ordinary course of the continuation of the business relationship between you and AIA and such recorded conversation may be used and shall be admissible as evidence in any court of law or AIA's other legal proceedings.
- II. You and your dependants are entitled at any time to request access to the information held by AIA about yourself/ yourselves and to update and correct such information. AIA may impose a modest charge to cover the costs of complying with such request.
 - III. Any organisation, institution, or individual that has any record or knowledge of your and your dependant's health and medical history or any treatment or advice and that has been or may hereafter be consulted to disclose to AIA such information. This authorisation shall bind your/your dependant's successors and assignees and remain valid notwithstanding your/your dependant's death or incapacity in so far as legally possible.



健康長久好生活

成員指南

歡迎加入友邦團體醫療保險計劃

本〔成員指南〕提供重要資訊，資訊內容包括：醫療卡的使用守則、重要條款、不受保障項目、索償以及與我們聯絡的方法。作為一間對社會有承擔的企業，我們正積極推動環保政策，成員可透過我們電子平台，包括一站式 AIA+ 手機應用程式/ 網頁版及電子醫療卡，輕鬆管理您的醫療計劃。

友邦保險成員服務熱線：(852) 2200 6333 (香港) 或 0800 516 (澳門) 或 醫療卡上的指定成員服務熱線 (統稱「成員熱線」)

一般服務時間：

星期一至五：上午九時正至下午五時三十分
星期六、星期日及公眾假期休息

緊急服務時間：

星期一至日包括公眾假期：二十四小時

護您熱線服務時間：

星期一至五：上午九時正至下午七時正
星期六：上午十時正至下午二時三十分
星期日及公眾假期休息

歡迎瀏覽：

aia.com.hk

使用醫療卡前注意事項

1. 醫療卡一經使用，即表示持卡人接受本成員指南及保單內列出之各項條款。
2. 醫療卡只會於閣下受保期間有效。
3. 請小心核對醫療卡上之資料，如需要更改，請聯絡我們的成員熱線。
4. 醫療卡將會於閣下現在或以後的保障有效期間生效。
5. 接受網絡醫療服務前，請出示閣下之醫療卡，並繳付醫療卡上列出適當之自付費。
6. 網絡醫療機構的名單會不時改動，閣下可透過AIA+ 手機應用程式、僱員福利網上服務 (aia.com.hk) 或致電成員熱線以獲取最新醫療機構名單。
7. 閣下有權於接受醫療服務前，先向網絡醫療服務機構查詢該項醫療服務之收費。
8. 當使用此保健卡時，受保成員即同意授權僱主向友邦保險提供其最新之個人資料，用作處理受保成員之醫療保障及提供有關服務。
9. 您可於保單續保或福利更改後下載及儲存已更新之醫療卡圖像，以供閣下於離線時使用。

備註：

「友邦保險」或「我們」是指友邦保險(國際)有限公司(於百慕達註冊成立之有限公司)。

醫療卡是指電子醫療卡/實體醫療卡(如適用)

本成員指南僅供參考之用，有關個別福利、條款及準則，請參閱閣下的福利概要及保單文件。

本成員指南只供友邦團體醫療保險計劃之受保成員使用，嚴禁作公眾傳閱及宣傳。

一般條款

保單所保障的醫療服務，只限於醫療所需之服務、符合「合理及慣常」的原則及必須符合保單內列出之條款、不保事項及其他限制。此外，只有在繳付保單內訂明保障所需保費及繳付任何醫療服務所訂明之自付費後，才可獲得醫療服務保障。閣下可根據醫療計劃所提供之保障，而選擇使用友邦保險的網絡或非網絡醫療服務。

我們只會根據「合理及慣常」的原則，為受保成員所需支付的費用及開支作出賠償。

「合理及慣常」的收費是指根據友邦保險的判斷在引致費用的地區內其他醫療機構為類似的受傷或疾病提供類似或相似的治療，服務或用品時一般和通常收取的費用。超過合理及慣常收費的費用將不獲賠償。

「醫療所需」指醫療服務及設備被友邦保險斷定為符合以下情況：

- (i) 乃符合受保成員基本醫療需要的服務；
- (ii) 符合對病情的診斷；
- (iii) 以最具成本效益的方法及最適當的環境、地點設施提供的醫療服務；及
- (iv) 並非因受保成員或其醫生認為方便而採用者。

醫療卡的使用

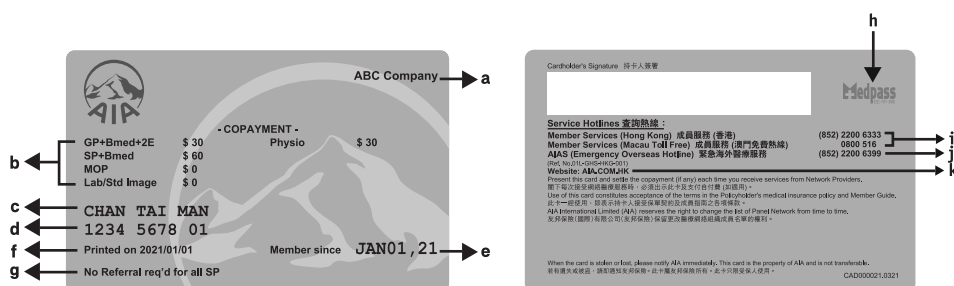
閣下可透過 AIA+ 手機應用程式/ 網頁版檢視和使用電子醫療卡。

任何超出保障範圍的費用均會引致差額欠款。閣下須於收到差額通知書後**立即**繳付欠款以免影響閣下的醫療保障。友邦保險可於閣下日後之非網絡賠償中扣取未繳交之欠款。

若不慎遺失或損毀實體醫療卡，可致電成員熱線要求補發實體醫療卡，費用為港幣 50 元。閣下亦可下載 AIA+ 手機應用程式/ 網頁版使用電子醫療卡，免卻攜帶實體醫療卡的煩惱。

在保障終止時，閣下必須將實體醫療卡歸還僱主或友邦保險。否則閣下須承擔濫用醫療卡的責任。

醫療卡包含下列資料：



- 保單持有人名稱
- 受保人於接受保健服務時需支付的自付費(如適用)
- 受保人姓名
- 成員編號
- 保障生效日期
- 印卡日期
- 特別事項/免轉薦的專科醫生類別(如適用)
- 入住內地指定醫院之住院免按金服務(只適用於有此項福利之受保成員)
- 成員熱線
- 24小時環球支援服務熱線(AIAS)
- 友邦保險網址

AIA+ 手機應用程式

AIA+ 手機應用程式助閣下一站式管理所有友邦賬戶，讓閣下可隨時隨地查閱保單資料、處理理賠事宜及掌握重要資訊。



輕鬆提交電子索償，更快捷更方便查看索償狀況



隨時隨地檢視電子醫療卡和保單內容，讓閣下隨時查閱保單福利概要
- 閣下只需出示AIA+ 手機應用程式中的電子醫療卡，便可在指定網絡診所、私家醫院或化驗室[^]完成登記所需服務。



尋找醫生或醫院，按閣下需要提供普通門診及專科醫生，讓閣下盡享友邦醫療網絡優勢



不用大費周章便可安全快捷更新聯絡資料



跟阿「邦」對話為閣下解答與產品或服務相關問題，讓閣下足不出戶獲得支援

[^] 只適用於香港的私家醫院或化驗室



下載 AIA+ 手機應用程式
以便輕鬆管理您的保單！



AIA+ 手機應用程式讓你可於流動裝置上管理自己的保單，請即掃描二維碼下載使用！

(部分功能只適用於個別保單)

友邦僱員福利網上服務 (網頁版適用於筆記型電腦或平板電腦)

友邦僱員福利網上服務系統讓受保成員可簡單便捷地查閱保單資料，同時處理理賠等事宜。

您可由 gmd.aia.com.hk 進入「友邦僱員福利網上服務」辦理新用戶登記。

程序：登入 gmd.aia.com.hk

按「網上用戶指南」>> 按「網上用戶指南(受保成員)」

友邦保險成員服務熱線 護您熱線 (按 7) (電話查詢服務系統)

友邦保險成員服務熱線之電話查詢系統讓您24小時無間斷查詢您的保健紀錄，如：賠償紀錄、福利概要或網絡醫療機構名單。

步驟 1	廣東話	按 1
	英語	按 2
	普通話	按 3

步驟 2	選擇服務	
	查詢賠償資料	按 1
	1 賠償紀錄 + 成員編號及密碼	
	• 成員	
	• 家屬 (如適用)	
	2 賠償指引簡介	
	索取福利概要	按 2
	1 以電郵索取 + 成員編號及密碼	
	• 成員	
	• 家屬 (如適用)	
	索取表格	按 3
	1 以電郵索取 + 成員編號及密碼	
	• 門診賠償申請表	
	• 住院及手術賠償申請表	
	• 牙科治療賠償申請表	
	• 其他表格	
	查詢公司聯絡資料	按 4
	1 公司地址	
	2 公司圖文傳真號碼	
	3 支票抬頭	
	4 公司網頁	
	更改或重設密碼	按 5
	1 電話語音系統密碼 + 成員編號及密碼	
	2 重設網站密碼指引	
	護您熱線	按 7
	(索取由註冊護士提供有關保健的資訊)	
	醫療機構名單	按 8
	1 以電郵索取 + 成員編號及密碼	
	• 成員	
	• 家屬 (如適用)	
	聯絡成員服務主任	按 9

撥號輔助:

功能	撥號
查詢賠償紀錄	1, 1, 1 <十位成員編號#>, <密碼#>
下載福利概要	1, 2, 1 <十位成員編號#>, <密碼#>
下載醫療機構名單	1, 8, 1 <十位成員編號#>, <密碼#>
下載門診賠償申請表格	1, 3, 1 <十位成員編號#>, <密碼#>

24 小時環球支援服務熱線(AIAS):

如閣下在海外或在旅途上遇上緊急情況需要醫療援助，可致電 (852) 2200 6399 與 AIAS 聯絡。

1. 醫療卡及索償手續

a) 由網絡醫療機構提供之醫療服務

(i) 門診

在使用服務前，閣下應先向網絡醫療機構出示醫療卡，及後應即時支付所需之自付費。

友邦保險會賠償予網絡醫療機構有關閣下受保障的醫療服務費用。即使毋須作出索償申請，閣下應保留單據副本以作記錄。若閣下享用一些不受保障之服務，友邦保險將會發出『醫療費用繳款通知書』通知閣下立即繳交所需之款額。

(ii) 住院 (如適用)

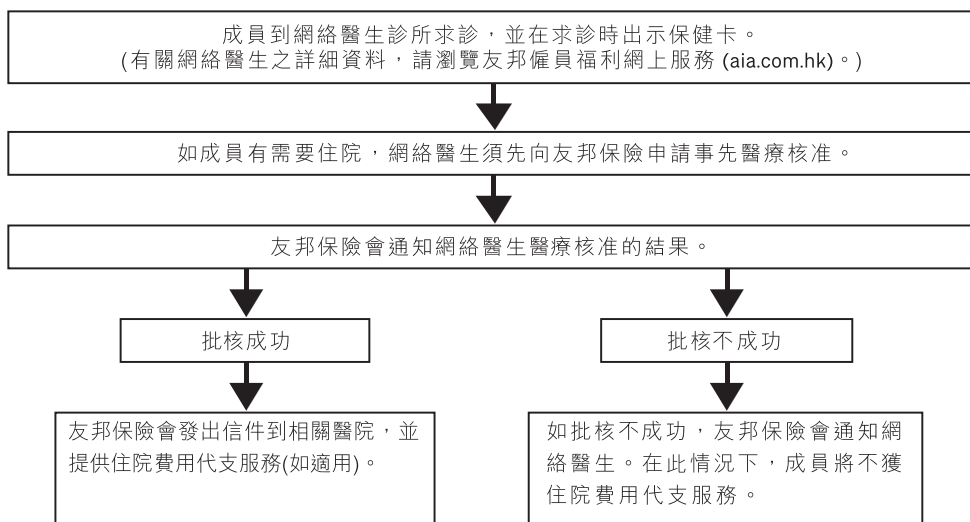
如閣下接受住院治療，需先向友邦保險申請醫療核准。網絡醫生會作出有關之安排，友邦保險有可能聯絡閣下以協助提供資料。

倘閣下入住網絡醫院，在不超過上限的情況下，可享有住院醫療費用代支服務。網絡醫院會直接向友邦保險收取閣下之住院醫療服務費用，惟金額以港幣十萬元為上限。如有超過上述限額的費用，網絡醫院會在閣下出院時向閣下收取。閣下及後可向友邦保險就該限額以外的受理費用申請賠償。如代支服務上限經特別批核而被提高，閣下可參閱團體醫療保單及/或其後的修訂文件以確認實際上限。

醫療核准之批核及住院費用代支，並不保證所有住院費用受到保障，閣下需負責支付任何超出保障範圍之差額。

如閣下入住香港醫院管理局(醫管局)轄下醫院之普通病房，可享有代替膳宿費之每日現金保障，每日最高賠償額及每病症最多賠償日數已列載於閣下之福利概要內。

經由網絡醫生申請入院程序



備註：非網絡醫療服務需辦理索償手續(即不會提供費用代支服務)。

b) 由非網絡醫療機構提供之醫療服務

(i) 門診費用索償

- 提交方法
 - 1) 透過 AIA+ 手機應用程式遞交閣下的索償，可短至 3 個工作天收到賠償：
 - i. 輸入基本索償資料
 - ii. 上傳收據及相關文件
 - iii. 核對及確認所輸入的資料
 - 2) 每名成員須獨立填寫一份團體醫療賠償申請表。
 - i. 請於賠償申請表上填寫十位成員編號(請參照第 2 頁)。
- 醫療機構發出之收據上應列明：
 - 病人姓名
 - 醫療機構名稱及地址
 - 醫生所作出之診斷(如遞交醫院管理局轄下醫院所發出之病假證明書或生證明書，則需註明有關之病名。)
 - 接受醫療服務詳情
 - 接受醫療服務之日期
 - 每項醫療服務之費用
 - 醫療人員之簽署及醫療服務機構蓋章
 - 連同轉介信一併寄回(只適用於需要普通科醫生轉介的醫療服務)
- 於接受醫療服務日期起計90天內，向友邦保險遞交已填妥之賠償申請表及有關收據正本。
- 由於收據正本不會被發還，請在遞交索償前保留收據副本作記錄

注意事項：

門診及牙科福利一般以不超過福利概要內所列明之全年次數限額及全年最高賠償額為限，每位受保成員只限享用每日一次服務之保障。

若閣下之保障有效期少於一個完整的保單年度，閣下於此保障期間之全年次數限額及全年最高賠償額會按此期間與全年度之比例計算。

以下之醫療服務(如適用)需由普通科醫生發出醫生轉介信:-

受保障福利	有效期
專科醫生服務	適用於同一專科醫生就同一宗病症的治療有效期為180日或每次治療分隔需不超過180日。
物理治療/脊骨神經治療	適用於同一物理治療師/脊骨神經治療師，物理治療/脊骨神經治療診所就同一宗病症的治療有效期為180日或每次治療分隔需不超過180日。
基本診斷測試及化驗	每次轉介只適用於一次服務，有效期為發出日期起計180日。

(ii) 住院費用索償

- 閣下需於入院前填寫住院及手術賠償申請表「甲部 - 成員資料」。
- 請主診醫生填妥及簽署申請表背面之「乙部 - 由主診醫生填寫」。
- 於接受醫療服務日期起計90天內，向友邦保險遞交已填妥之申請賠償表格及住院收據正本。

備註：如閣下遞交之索償申請資料不全，可能會延誤申請賠償的進度或導致有關賠償被拒絕。

c) 中國住院免按金服務

如閣下之醫療保障計劃包括中國支援服務，閣下的醫療卡上應印有“Medpass”字樣。如閣下於中國大陸公幹或旅遊途中因醫療所需而要入住醫院，閣下可前往任何一間指定之醫院。閣下只需出示醫療卡，便可即時辦理入院手續入住該院接受護理而無須繳付按金。

此項服務只適用於醫療卡上有“Medpass”字樣之受保成員。

d) 環球支援服務

當在海外旅遊，閣下可享有以下支援服務：

- 醫療運送及遺體運返福利
(需預先通知友邦保險或友邦國際支援服務)
 - 緊急醫療運送
 - 遺體運返
 - 全球住院按金保證
 - 家屬恩恤探訪(如受保人住院超過連續7日)
 - 子女護送(只限十八歲以下子女)
 - 海外住院期間醫療跟進及出院後醫療運返
 - 療養期間酒店住宿費用(每行程最多5日)
- 旅遊證件及行李遺失支援服務
- 法律轉介
- 領事館轉介
- 緊急票務服務
- 緊急現金匯款
- 緊急藥物運送
- 醫療諮詢

2. 理賠 (適用於門診和住院索償)

一般符合保障範圍之索償申請會於收到賠償申請後七個工作天內辦妥，而有關賠償款項會以自動轉賬形式轉賬至閣下指定之賬戶，或以支票形式郵寄至閣下之通訊地址。

一般不受保障事項

團體醫療保單乃受一些不保事項之限制，詳細之不保事項已載於保單內，以下為一般之不保事項以供參考用途。不保事項之有關費用將不獲保障，唯列於福利概要之項目除外。

1. 保障生效後首十二(12)個月內，屬早已存在的任何病情並不受保障。早已存在的任何病情是指在受保人在保障生效前九十(90)日內曾接受治療、診斷或醫生處方藥物的疾病或損傷。
2. 有關心理或精神的治療；濫用藥物及配酒的治療；休養或療養性的服務；有意識的或無意識的自殘所引致的損傷。
3. 因戰事直接或間接造成之損傷。
4. 特別康護服務；一般身體檢驗或化驗；非醫療所須的治理、防疫注射。
5. 購置、使用或配戴特別托架、器具、儀器、義肢、植入物、隱形眼鏡或助聽器；及非醫療服務的開支，如：電視、電話等。
6. 牙齒／口腔檢查、視力測試及有關治療；眼部屈光治療或手術；美容或整容手術，唯在受保期間因意外而必須進行的手術則不在此限。
7. 何於受保人未滿17歲因先天性之疾病及其引致之併發症所需接受之檢查、治療或手術。
8. 節育、不育的治療、基因測試、有關懷孕、分娩或流產的治療。
9. 非醫療所需的服務。
10. 實驗性、試驗性、未經驗證的服務(除非獲得友邦保險另外授權)。
11. 戒煙或戒毒。
12. 提供醫療服務予受保人之註冊醫生與受保人居住於同一法定住所或該註冊醫生是受保人家庭成員包括配偶、兄弟、姊妹、父母、子女；提供醫療服務予受保人之註冊醫生為友邦保險之代理。
13. 針灸、穴位按摩、跌打、中藥治療、催眠治療、按摩治療、香薰治療及其他形式的另類治療法。
14. 家居護理；任何情況下的監管護理；日間護理；善終服務；私人護理；舒緩護理。
15. 健康教育服務，如：語言改進、糖尿病課程、營養服務等。

個人資料

作為由友邦保險承保的醫療計劃受保人，享用該計劃之福利代表閣下同意及授權：

- I. 1. 友邦保險及其委託機構可收集、獲取、貯存、使用、交換及詳細披露閣下及家屬的資料，並為以下目的而聯絡閣下及家屬：
 - (i) 核實資料及 / 或加以對照
 - (ii) 與閣下記錄有關的所有日常運作及處理
 - (iii) 處理閣下福利賠償及提供有關服務
 - (iv) 臨床評估、指引及調整
 - (v) 所有研究及分析工作
 - (vi) 提供與友邦保險及其委託機構業務有關的服務
 - (vii) 直接市場推廣及數據配對
 - (viii) 與上述有關的任何其他事項
 2. 友邦保險及其委託機構可向以下人士或機構(不論其位於香港特區或海外)披露及傳遞閣下及家屬的個人資料及/或閣下(包括家屬)與友邦保險及其委託機構之間的任何或所有交易或事務：
 - (i) 提供閣下及家屬醫療服務的任何第三者、診所、醫院及任何其他醫療服務機構
 - (ii) 友邦保險所擁有有關閣下及家屬之權利的任何實際或建議承讓人
 - (iii) 須向友邦保險承擔保密責任的任何其他人士
 - (iv) 閣下受保的團體醫療保單之保單持有人
 3. 友邦保險或其委託機構可記錄閣下(包括家屬)與其職員就閣下與友邦保險就商務關係而於日常業務運作中所進行的對話，該等對話記錄可用作及被接納為法庭或其他法律訴訟中的呈堂證據。
- II. 閣下及家屬有權隨時要求索閱由友邦保險所持有關於閣下及家屬的資料，並更新及改正該等資料。友邦保險可收取少量費用，以支付遵照該等要求辦事的成本。
 - III. 任何知悉或擁有閣下及家屬之健康狀況及病歷或任何治療或諮詢記錄及曾為或將為閣下及家屬診治之機構、組織或人士，向友邦保險透露有關資料。即使閣下及家屬身故或喪失能力，此授權仍然存有法律效力，而閣下及家屬之繼承人及轉讓人亦受此授權約束。