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Excellent Health Partner
Employee Benefits
Insurance Package Plan
(Macau Version)

Your partner for employee medical solutions



Product brochure

As one of the important components of an Employee Benefits package, medical insurance is needed to help companies to retain staff as well as to attract new talents. Nowadays employees seek medical insurance benefits for healthcare solutions. **Axcellent Health Partner Employee Benefits Insurance Package Plan** (“**Axcellent Health Partner**”) provides a flexible and optional cover to all small and medium business. You can easily combine different cover packages for your staff and their families. It provides financial protection to the employees against a wide range of healthcare expenses resulting from illness or injury¹.

Competitive Premiums for All-Rounded Medical Benefits²

You can provide your employees with comprehensive medical insurance cover with competitive premiums.

Flexible Benefits

With a choice of 6 benefit levels and a full range of optional cover, there is bound to be a solution that meets your needs and budget.

- **Basic Cover** – Hospitalization Benefits⁴
- **Optional Cover** – Additional Hospitalization Benefits⁴ (including Outpatient Kidney Dialysis and Outpatient Cancer Treatment), Supplementary Major Medical⁵, Outpatient Benefits A⁴, Outpatient Benefits B⁴, Dental Benefits⁴
- **Additional Free Services** – AXA Emergency Assistance service⁶, China Health Link Network⁶ and easy access to healthcare network⁸

Digital Solutions in Pace with Insured Person’s Life

Insured person can access to our Emma by AXA⁹ app to manage his / her daily medical needs anytime anywhere.

Easy Enrolment Process³

You can apply for this insurance cover with a minimum of 3 employees. If you have 6 employees or more upon insurance application and subsequent renewals, you do not have to submit any individual declaration of health for employee application for insurance when the employee joins your company.

Axcellent at a glance

Eligibility	Policyholder must be a Macau registered company with a minimum of 3 employees
Issue age	<ul style="list-style-type: none"> ■ Employee: Age 69 or below ■ Dependent: <ul style="list-style-type: none"> - Spouse: Age 69 or below - Unmarried child(ren): 14 days old to age 18 (or up to age 22 if still a full-time student)
Protection up to age	<ul style="list-style-type: none"> ■ Employee: Up to age 70[#] ■ Dependent: <ul style="list-style-type: none"> - Spouse: Up to age 70[#] - Unmarried child(ren): Up to age 19[#] (or up to age 22[#] if still a full-time student)
Medical underwriting	<ul style="list-style-type: none"> ■ 3 to 5 employees: Required ■ 6 employees or above: Not required ■ Age 65 to 69: Required
Premium ^Δ	Yearly renewable and non-guaranteed premium rate
Policy currency	MOP
Payment mode	Annual

[#] Subject to the termination clause as stated in the policy provisions.

^Δ Please refer to Premium adjustment under the section Important information for details.

Basic Cover

Hospitalization Benefits⁴

- Room and Board
- Doctor's Visit
- Hospital Expenses
- Surgeon's Fees
- Anaesthetist's Fees
- Operating Theatre
- Specialist Consultation
- Hospital Cash
- Post-Hospitalization Treatment
- Intensive Care
- Organ Transplant

Optional Cover

(1) Additional Hospitalization Benefits⁴

- (i) Outpatient Kidney Dialysis
- (ii) Outpatient Cancer Treatment

(2) Supplementary Major Medical⁵

Pays benefits in excess of benefits payable under eligible Hospitalization Benefits

(3) Outpatient Benefits A⁴

- (i) Consultation at Doctor's Office
- (ii) Specialist Consultation
- (iii) X-Ray & Laboratory Test

(4) Outpatient Benefits B⁴

Benefits from Outpatient Benefits A and the following benefits:

- (i) Chinese Herbalist / Bonesetter / Acupuncturist
- (ii) Physiotherapist / Chiropractor

(5) Dental Benefits⁴

- (i) Accidental Denture Treatment
- (ii) Extraction & Filling
- (iii) Dental X-Ray
- (iv) Oral Examination / Cleansing



Additional Free Services

(1) AXA Emergency Assistance⁶

Insured person can access to 24-hour worldwide alarm centers for emergency assistance services when travelling outside his / her principal country of residence, such as emergency evacuation to the nearest facility capable of providing adequate care if he / she suffers a serious accident or illness requiring immediate treatment and adequate medical facilities are not available, and repatriation if it is determined that treatment should continue at a medical facility in his / her principal country / region of residence.

(2) China Health Link Network⁶

By presenting the AXA health card, insured person can be admitted to hospitals without worrying about the hospital admittance deposit at over 110 designated hospitals under China Health Link Network⁷.

(3) Easy Access to Healthcare Network⁸

Our network of more than 400 panel doctors in Macau allows insured person to:

- Access to a vast pool of professionals: general practitioners, specialists, physiotherapists and Chinese herbalists
- Enjoy cashless arrangement: for eligible medical treatments from our network. For the avoidance of doubt, a co-payment may be required subject to the reimbursement percentages and / or maximum benefits of the relevant benefits as stated in the benefit schedule.

Emma by AXA⁹

Emma by AXA is the all-in-one insurance & health services platform for AXA customers to easily access and manage policy servicing and a range of digital lifestyle and health services. The following are key functions from Emma by AXA:

Check benefit coverage and submit claims

- Check employee benefit coverage details and manage claims

Enjoy exclusive wellness support services

- Access to physical and mental wellness support services
- Enroll for webinars and latest promotion activities

Ask Emma

- Engage with chatbot on services enquiries anytime and anywhere

Summary of benefits

Basic Cover		Maximum Limit Per Disability				
Benefit levels	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
(A) Hospitalization Benefits						
100% Reimbursement						
Room and Board (Maximum limit per day, up to maximum 90 days)	MOP2,200	MOP1,800	MOP1,200	MOP800	MOP600	MOP450
Doctor's Visit (Maximum limit per day, up to maximum 90 days)	MOP2,200	MOP1,800	MOP1,200	MOP800	MOP600	MOP450
Hospital Expenses	MOP33,000	MOP27,000	MOP18,000	MOP12,000	MOP10,000	MOP8,000
Surgeon's Fees						
■ Super Major	MOP99,000	MOP87,000	MOP63,000	MOP45,000	MOP36,000	MOP27,000
■ Major	MOP66,000	MOP58,000	MOP42,000	MOP30,000	MOP24,000	MOP18,000
■ Intermediate	MOP33,000	MOP29,000	MOP21,000	MOP15,000	MOP12,000	MOP9,000
■ Minor	MOP13,200	MOP11,600	MOP8,400	MOP6,000	MOP4,800	MOP3,600
Anaesthetist's Fees	Up to maximum 30% of Surgeon's Fees					
Operating Theatre	Up to maximum 30% of Surgeon's Fees					
Specialist Consultation*	MOP6,000	MOP5,000	MOP4,000	MOP3,000	MOP2,000	MOP1,500
Hospital Cash** (Maximum limit per day, up to maximum 90 days)	MOP1,000	MOP800	MOP600	MOP400	MOP300	MOP225
Post-Hospitalization Treatment	MOP3,000	MOP2,500	MOP2,000	MOP1,500	MOP1,000	MOP800
Intensive Care (Maximum limit per day, up to maximum 14 days)	MOP3,500	MOP3,200	MOP2,400	MOP1,600	MOP1,200	MOP900
Organ Transplant*** (Maximum limit per year)	MOP100,000			MOP50,000		

Remark: The above benefits are only applicable to expenses that are medically necessary and reasonable and customary charges. The above benefits are payable according to the terms and conditions of the policy.

* Recommended or referred by the attending physician.

** Applicable only when an insured person is confined at a ward accommodation in any public hospitals under the administration of the Serviços de Saúde do Governo da Região Administrativa Especial de Macau. No other Hospitalization Benefits incurred during the hospital confinement for which Hospital Cash is claimed shall be payable.

*** Includes and limited to the entire costs incurred for Room and Board, Intensive Care, Hospital Expenses, Surgeon's Fees, Anaesthetist's Fees, Operating Theatre, Doctor's Visit and Specialist Consultation incurred to perform operations for heart, kidney, liver or bone marrow transplantation during hospital confinement. Costs of acquisition and transportation of the organ are not included.

Optional Cover	Maximum Limit					
Benefit levels	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
(B) Additional Hospitalization Benefits						
100% Reimbursement (Maximum limit per year)						
Outpatient Kidney Dialysis			MOP30,000			
Outpatient Cancer Treatment			MOP75,000			

Benefit levels	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
(C) Supplementary Major Medical						
80% Reimbursement (Maximum limit per disability)						
Supplementary Major Medical ^{@##}		MOP200,000			MOP100,000	
Deductible			MOP1,000			

Benefit levels	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
(D) Outpatient Benefits A ^{△ +}						
Options: 80% or 100% Reimbursement (Maximum limit per visit)						
Consultation at Doctor's Office (Maximum 1 visit per day and 30 visits per year)	MOP350	MOP300	MOP250	MOP200	MOP150	MOP100
Specialist Consultation ^{###} (Maximum 1 visit per day and 10 visits per year)	MOP700	MOP600	MOP500	MOP400	MOP300	MOP200
X-Ray and Laboratory Test ^{###} (Maximum limit per year)	MOP5,000	MOP4,000	MOP3,000	MOP2,000	MOP1,500	MOP1,000

Benefit levels	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
(E) Outpatient Benefits B ^{△ +} Outpatient Benefits A and the following benefits						
Options: 80% or 100% Reimbursement (Maximum limit per visit)						
Chinese Herbalist / Bonesetter / Acupuncturist (Maximum 1 visit per day and 8 visits per year)	MOP350	MOP300	MOP250	MOP200	MOP150	MOP100
Physiotherapist / Chiropractor ^{###} (Maximum 1 visit per day and 10 visits per year)	MOP700	MOP600	MOP500	MOP400	MOP300	MOP200

Optional Cover (cont.)	Maximum Limit					
	Benefit levels	Level 1	Level 2	Level 3	Level 4	Level 5
(F) Dental Benefits⁺						
80% Reimbursement (Maximum limit per year)						
Overall maximum limit for the following aggregated benefits		MOP3,200			MOP2,200	
Accidental Denture Treatment		MOP1,000			MOP800	
Extraction & Filling		MOP1,200			MOP800	
Dental X-Ray		MOP800			MOP500	
Oral Examination / Cleansing (Maximum limit per visit, maximum 2 visits per year)		MOP400			MOP300	

Remark: The above benefits are only applicable to expenses that are medically necessary and reasonable and customary charges. The above benefits are payable according to the terms and conditions of the policy.

- @ The Insured person shall stay in an accommodation or room not exceeding the maximum benefits per day in relation to Room and Board as designated to the insured person by the policyholder throughout the period of hospital confinement. In the event of a breach of this condition, AXA shall reduce the benefit payable by applying the adjustment factor, which equals to the percentage of the maximum benefits per day in relation to Room and Board as specified in the schedule over the actual room rate per day during the hospital confinement.
- △ An insured person has access to a network of panel doctors offered by AXA. Credit facility can be provided by presenting AXA health card at panel doctor's visit subject to indemnification. In case where the insured person uses the credit facility from AXA health card at panel doctor's visit, co-payment to panel doctor may be required subject to reimbursement percentage and / or maximum limit(s) of relevant benefits.
- ## Not applicable for Organ Transplant, Outpatient Kidney Dialysis and Outpatient Cancer Treatment.
- ### Recommended or referred by the attending physician.
- + When the insured person is covered for less than a full policy year, any maximum benefits per year and / or any maximum number of visits per year for which reimbursements shall be made in such period shall be pro-rata on monthly basis to the limit for the full policy year.

Important Information

Disclosure obligation for underwriting

If any relevant facts pertaining to any person to whom insurance cover under the policy relates shall be found to have been incorrectly reported to the policyholder or to AXA, and if such misstatement affects the existence or the amount of insurance cover, the true facts shall be used in determining;

- whether insurance cover is in force under the terms and conditions of the policy
- the effective date of such person's insurance cover, the amount of premium and whether there shall be any premium adjustment for such person.

Where a misstatement of age or other relevant facts has caused an insured person to be insured under the policy when he / she is otherwise ineligible for insurance cover, or where such statement has caused an insured person to remain insured when he / she would otherwise be disqualified for further insurance cover in accordance with the terms and conditions of the policy:

- his / her insurance cover shall be void and there shall be a return of premiums paid in respect of the insured person
- where there is fraud on the part of the policyholder or the insured person, no premiums paid are to be returned.

If a claim has been paid in respect of the insured person who was in fact ineligible for insurance cover or disqualified for further insurance cover:

- the full amount of that claim shall immediately be repaid to AXA by the policyholder and / or the insured person who shall be jointly and severally liable for such repayment.
- AXA reserves all its rights to contest in the case of fraud, non-payment of premium and false declaration.

Key exclusions

- Pre-existing conditions until insured person has been continuously insured under **Axcellent Health Partner** for at least 12 consecutive months
- Outpatient treatment unless the Outpatient Benefits A or Outpatient Benefits B is taken
- Pregnancy including childbirth, abortion, miscarriage and all complications
- Birth control, treatment for infertility
- Routine health checks, hospitalization primarily for investigation
- Congenital condition
- Non-hospital nursing care or ambulatory care, rest cures or sanatoria care
- Sexually transmitted diseases, AIDS or HIV-related conditions
- Suicide or self-inflicted injury
- Dental care or its related treatment except as defined under Dental Benefits when such Dental Benefits are indicated in the schedule as being covered by the policy
- Cosmetic or plastic surgery, treatment of obesity or sleep apnoea
- Professional sports and hazardous activities
- Nuclear or chemical contamination, war, strike, riot or civil revolution
- Violation or attempt of violation of law or resistance of lawful arrest
- Use of non-licensed drugs, experimental medical treatment
- Developmental delay, learning disabilities in children
- Mental disorders
- Drug addiction or alcoholism
- Appliances, equipment and implants
- Benefits payable under any laws, regulations or insurance policies in respect of the same injury / disease

Note: For details and full list of exclusions and dental exclusions, please refer to the policy contract.

Eligibility and requirements

- Applicable for companies with 3 to 50 employees.
- Full-time employees of your company with issue age 64 years old or below are eligible to enroll **Axcellent Health Partner**. If an insured employee attains the age of 65 or an employee who is between 65 to 69 years old requests to enroll **Axcellent Health Partner**, health underwriting is required.

- Insured employees' spouse with issue age 18 to 64 years old are eligible to enroll **Axcellent Health Partner**. If an insured spouse attains the age of 65 or an insured employee's spouse who is between 65 to 69 years old requests to enroll **Axcellent Health Partner**, health underwriting is required.
- Insured employee's unmarried child(ren) with issue age 14 days old to 18 years old (or up till 23 years old if still in full-time education) are eligible to enroll **Axcellent Health Partner**.
- Individual declaration of health from members is required for companies with less than 6 employees (excluding spouse and children) upon insurance application and subsequent renewals.
- Employees must be actively at work at your company upon effective date of employees and their eligible spouse and child(ren)'s policy coverage.
- Premium must be paid by employer only.
- Minimum premium is MOP3,000 per annum.
- All permanent full-time employees of your company who belongs to any member class covered under the policy must be insured.
- You may set a maximum of 2 member classes for a company with 4 to 9 employees; or a maximum of 3 member classes for a company with 10 to 50 employees.
- Employees in the same category must enroll in the same member class, and their eligible spouse and child(ren)'s must also be enrolled in the same member class as the respective employees.
- For each member class, you can set different benefit levels for each benefit cover: for example, for directors belonging to a member class (say member class 1), you can choose benefit level 1 for Hospitalization Benefits and benefit level 2 for Outpatient Benefits A.
- Benefit level(s) of Outpatient Benefits A or Outpatient Benefits B and / or Dental Benefits (if chosen) must be one benefit level above or equal to or lower than the benefit level of Hospitalization Benefits for each member class (with benefit level 6 being the lowest).
- Benefit level(s) of Additional Hospitalization Benefits and / or Supplementary Major Medical must be at the same benefit level as Hospitalization Benefits for each member class.

Renewal

At each policy anniversary, the policy may be renewed on an annual basis by paying the required premium in advance at the time of renewal. AXA reserves the right not to renew the policy by giving 30 days notice in writing to the policyholder prior to any policy anniversary. AXA also reserves the right not to renew the policy at policy anniversary if the total number of insured employees of the policyholder is less than 3 at policy anniversary.

Grace Period

A grace period of 31 days following the premium due date shall be allowed to the policyholder for the payment of any premium after the first premium. If any premium is not paid before the expiration of the grace period, the policy shall automatically terminate at the expiration of the grace period, except that if the policyholder shall have given AXA written notice in advance of any earlier date of termination, the policy shall terminate at such earlier date. The policyholder shall be liable to AXA for the premium for the time the policy was in force during the grace period.

Termination

Notice of termination of an insured person must be given to AXA before or within 31 days from the effective date of termination of his / her insurance cover.

The insurance cover hereunder of any insured person shall automatically cease on the earlier of the following dates:

- (a) the date the policy is terminated;
- (b) when any premium in respect of the insured person's insurance cover remains unpaid at the expiry of the grace period;
- (c) the date on which the insured person enters full time military, naval or air service;
- (d) the end of the policy year during which the insured person (who is not a child) attains the age of 65, or up to the age of 70 upon approval by AXA subject to health underwriting. In the case of an insured person who is a child, the end of the policy year during which the child attains the age of 19 years, or the age of 23 years if he / she is a full-time student;
- (e) the date communicated to the policyholder by AXA by virtue of war, act of war, where such date shall be at the discretion of AXA;
- (f) in the case of an insured employee, the date on which the insured employee's employment with the policyholder is terminated whether or not AXA has received notice of termination of employment;
- (g) the date when an insured employee ceases to be actively at work, except if an insured employee (1) is temporarily disable or is absent due to injury, illness or disease; or (2) is temporarily laid-off, given leave of absence or vacation without pay or temporarily on part-time employment, under which the policyholder may elect to consider such insured employee as remaining in active employment with the policyholder (but not for a period longer than 6 months following the situations mentioned in (1) and/or (2)), and his / her insurance cover shall be deemed to continue provided that the premium payments are continued;
- (h) in the case of an insured dependent, the date on which the insurance cover under the policy of the depending insured employee ceases.

No premium or proportion of the premium will be refunded to the policyholder or insured person(s) (if applicable) if termination is initiated by the policyholder and accepted by AXA before the expiry date.

Reasonable and customary charges and medically necessary

AXA will only reimburse the reasonable and customary charges actually incurred for eligible hospital confinement, treatment, procedure, supplies or other medical services that are covered under the policy which are medically necessary. If the charges are higher than the reasonable and customary charges, AXA will only pay the amount which is reasonably and customarily charged.

AXA will base the calculation of reasonable and customary charges on a combination of the following (if applicable):

- (a) statistical information provided by local health authoritative body and information collected from medical specialists and surgeons practicing in the country or area where the treatment is received;
- (b) industrial medical fee survey;
- (c) AXA's internal claim statistics and/or global experience; and
- (d) the extent or level of benefit insured.

Premium adjustment

At the beginning of each policy year, AXA shall revise and / or adjust the premium rates for each member class as specified in the table of premium rates. The aggregate premium payable by the policyholder shall then be equal to the sum of all individual premiums of the insured persons which are determined in accordance with the premium rates applicable to their respective member classes as specified in the table of premium rates.

Revision of terms and conditions

AXA reserves the right to revise the benefits, premiums, terms and conditions, and to make changes to the policy upon renewal and any such revision and adjustment will apply to the policy automatically.

Notification and proof of claims

Written notice of injury, illness or disease on which a claim may be based and which is covered by the policy, and written proof of claim covering the occurrence, character and extent of claim, including original receipts and itemized bills together with a fully completed claim form must be given to AXA at the insured person's expenses within 90 days, starting from the first date of treatment of the injury, illness or disease for which the claim is made.

Auto-payment for claims can only be arranged through Banco Nacional Ultramarino, S.A., Bank of China, Industrial and Commercial Bank of China, OCBC Wing Hang Bank and Hongkong and Shanghai Banking Corporation Limited.

Rights of third parties

Any person or entity which is not a party to the policy shall have no rights to enforce any terms of the policy.

Remarks

1. Subject to age limitation and eligibility. Please refer to the “Eligibility and Requirements” section of this product brochure and terms and conditions of the policy for details.
2. Premium rates are not guaranteed and terms and conditions of the policy upon renewal may also be changed. AXA reserves the right to (a) review and adjust the premium rates; and (b) revise the benefits and the terms and conditions of the policy on each policy anniversary of the policy. The premium may be adjusted based on factors including but not limited to the attained age of the insured person, medical trend and AXA's claims experience.
3. Full-time employees of your company with issue age 69 years old or below; 18 to 69 years old inclusive for employee's spouse; and 14 days old to 18 years old inclusive for employees' unmarried child(ren) (or up till 23 years old if still in full-time education).
4. Subject to maximum limits listed in the summary of benefits of this product brochure and the terms and conditions of the policy.
5. Subject to maximum limits, deductible, adjustment factors and reimbursement percentage (if applicable) listed in the summary of benefits of this product brochure and in the policy contract. Deductible (if applicable) shall be the amount which shall be deducted from the eligible incurred expenses and is generally applied separately to each covered insured person, subject to exceptions.
6. The provision of services is subject to the AXA Emergency Assistance Terms and Conditions. This programme is provided by a third-party service provider. AXA and the third-party service provider reserve the right to amend the terms and conditions thereof from time to time without prior notice. AXA shall not be responsible for any services so provided or any act or failure to act on the part of the third-party service provider.
7. China Health Link Network is provided by a third-party service provider and designated hospitals under the China Health Link Network is subject to change from time to time without prior notice. AXA shall not be responsible for any services so provided or any act or failure to act on the part of the third-party service provider.
8. Only applicable if the coverage of policy includes Outpatient Benefits A or Outpatient Benefits B. An insured person may access to a network of panel doctors offered by AXA and receive credit facility during the network panel doctors visit by presenting the AXA health card. The directory of the network is subject to change from time to time at AXA's sole discretion without prior notice. Please login to Emma by AXA or other channels made available by AXA or call AXA Customer Care Hotline on (853) 2871 5560 for the latest list. Network panel doctors are independent third parties and are not agents of AXA. AXA shall not have any obligation or liability whatsoever in relation to the medical services provided by network panel doctors and shall not be responsible for any act or failure to act on the part of network panel doctors.
You accept full responsibility for controlling the use of the AXA health card and agrees to reimburse AXA of any shortfall arising from the use of AXA health card.
9. AXA reserves the right to revise the service coverage of Emma by AXA from time to time without prior notice. Please refer to Emma by AXA for any updates.

Start putting the Axcellent Health Partner Employee Benefits Insurance Package Plan to work for your company today!

To find out more, please contact your AXA insurance financial planners today.

How can I enquire about claims?

Before the insured receives a medical service, you may contact us by telephone (853) 2871 5560, fax (853) 2871 5613 or email eb.macau@axa.com.hk and request an estimate of the amount that may be claimed under your policy contract or to enquire about the eligibility of claims and reimbursement limits. We will provide a response within 2 working days upon receiving the request with the estimation furnished by the hospital and/or attending registered medical practitioner. Our estimate is for reference only, your actual amount claimable shall be subject to our claim assessment and the final expenses charged by medical specialists or hospitals shall prevail.

How do I make a claim?

Simply contact your financial consultant, download the claim form from www.axa.com.mo/en/downloads or contact us by telephone (853) 2871 5560 for claim submission detail. After submission, we will help you process your claim as soon as possible.

Axcellent Health Partner Employee Benefits Insurance Package Plan is underwritten by AXA China Region Insurance Company (Hong Kong) Limited (“AXA” or “we”).

The plan is subject to the terms, conditions and exclusions of the policy. AXA reserves the final right to approve any application. This product brochure contains general information only and does not constitute any contract between any parties and AXA. It is not a policy. For detailed terms, conditions and exclusions of the plan, please refer to the relevant policy provisions, which will be made available by the Company upon request.

ABOUT AXA HONG KONG AND MACAU

AXA Hong Kong and Macau is a member of the AXA Group, a leading global insurer with presence in 50 markets and serving 95 million customers worldwide. Our purpose is to act for human progress by protecting what matters.

As one of the most diversified insurers in Hong Kong, we offer integrated solutions across Life, Health and General Insurance. We are the largest General Insurance provider and a major Health and Employee Benefits provider. Our aim is to not only be the insurer to provide comprehensive protection to our customers, but also a holistic partner to the individuals, businesses and community we serve. At the core of our service commitment is continuous product & service innovation and customer experience enrichment, which is achieved through actively listening to our customers' needs and leveraging and investing in technology and digital transformation.

We embrace our responsibility to be a driving force against climate change and a force for good to create shared value for our community. We are proud to be the first to address the importance of mental health through different products and services and thought leading iconic research. Our overall Sustainability Strategy, with emphasis on climate strategy and biodiversity commitment, is developed based on TCFD recommendations. We are committed to integrating environmental, social and governance factors across our business and strive to contribute to a sustainable future through 3 distinct roles - as an investor, an insurer and an exemplary company.



**Axcellent Health Partner Employee Benefits Insurance Package Plan
Product brochure**

Find out more about Axcellent Health Partner Employee Benefits Insurance Package Plan



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www.axa.com.mo

We value your feedback which will help us serve you better. You may reach us at:

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