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CORProtect Employee Benefits
Insurance Package Plan

Success is always
a matter of choice



Product brochure

In today's competitive environment, taking good care of your employees is crucial to your business success. **CORProtect Employee Benefits Insurance Package Plan ("CORProtect")** adequately shelters employees in times of need and helps you attracting high caliber candidates as well as retaining existing talents.

CORProtect provides flexible benefit options to small and medium-sized enterprises with a minimum of 3 employees, taking care of insurance needs for employees and their dependants. **CORProtect** is composed of two parts, **CORProtect Employee Benefits Insurance Package Plan (Medical) ("CORProtect (Medical)")** offers a wide range of hospitalisation and optional medical cover, while **CORProtect Employee Benefits Insurance Package Plan (Life) ("CORProtect (Life)")** is an additional coverage which boosts your protection with optional covers, such as, life and simplified critical illness benefits. Both plans can be covered up to the age of 70.



Plan features



Flexible benefit options

Catering to your budget plan and employees' needs, you may customise your group medical plan by choosing different plan levels of hospital benefits and enhance the scope of protection for your employees by selecting various optional covers.

We give you further flexibility to choose any plan level for designated optional covers regardless of the plan level you have selected for core cover, unless otherwise specified. For selected plans under the optional clinical benefits, no limit on the number of visits per year¹ allows the insured to visit any doctor or clinic by his or her own choice, subject to the overall maximum.

	CORProtect (Medical)*	CORProtect (Life)*
Core cover	Hospital benefits	-
Optional cover(s)	- Supplementary major medical benefits - Clinical benefits - Childbirth benefits - Dental benefits	- Life benefit with terminal illness benefit, simplified critical illness benefit, dismemberment benefits, and accidental death and dismemberment benefits[^] - Living insurance benefit (optional add-on benefit under the above benefits)

* **CORProtect (Medical)** covers both employees and their dependants; whereas **CORProtect (Life)** is only applicable to employees.

[^] Please refer to the benefit schedule for more details of this optional cover.



Full cover² for eligible hospital expenses

When insured faces medical needs, we may provide full cover² for their eligible hospital expenses of up to HKD1.2 million per disability per year incurred within network^{3,4}, provided that the applicable requirements are complied with.



Lifelong medical insurance protection

Insured may have the option to top up the medical insurance coverage with AXA's designated individual medical insurance plan⁶ and to continue with such coverage upon change of employment or retirement before age 65.



Annually refreshed maximum benefit limits per disability

Maximum benefit limits in respect of hospital benefits are refreshed per disability per year, providing a better protection for those with chronic conditions who require lengthy treatments.



Stable premium adjustment

You can better manage your budget for renewal as the premium adjustment is calculated on a portfolio basis. Please refer to the "Premium adjustment" section under Important information for more information.



Hassle-free experience with digital customer platform

Insured can easily submit medical claims⁵, access and manage the policy through Emma by AXA anytime, anywhere.



Additional worldwide support services⁷

Provided AXA Emergency Assistance as additional worldwide support services⁷, insured can access to 24-hour worldwide designated hotline for emergency services. Also including China Health Link Network⁷ gives Insured further peace of mind while in Mainland China.

CORProtect at a glance

	CORProtect (Medical)	CORProtect (Life)
Eligibility	Policyholder must be a Hong Kong registered company with a minimum of 3 employees	
Issue age	- Employee: Age 69 or below - Dependant: - 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)	- Employee: Age 69 or below - Dependant: Not applicable
Protection up to age	- Employee: Up to age 70[#] - Dependant: - Spouse: Up to age 70[#] - Unmarried child (ren): Up to age 19[#] (or up to age 23[#] if still a full-time student)	- Employee: Up to age 70[#] - Dependant: Not applicable
Medical underwriting	3 to 5 employees: Required 6 employees or above: - Medical related benefits⁺: Not required - Life benefit with terminal illness benefit, simplified critical illness benefit, dismemberment benefits, and accidental death and dismemberment benefits: Not required, except for plan LA3 - Living insurance benefit: Required	
Class set up	You may set a maximum of 5 classes depending on the number of employees as shown below: 3 to 5 employees – 1 class available 6 to 8 employees – 2 classes available 9 to 11 employees – 3 classes available 12 to 50 employees – 4 classes available 51 employees or above – 5 classes available	
Premium^Δ	Yearly renewable and non-guaranteed premiums	
Policy currency	HKD	
Payment mode	Annual	
Geographical coverage	Non-network: Worldwide Network: Hong Kong only	

Subject to the termination clause as stated in the policy provisions. The protection in respect of employees and their spouse can be extended up to age 80, subject to satisfactory result of individual underwriting and loading.

+ Medical related benefits refer to hospital benefits, supplementary major medical benefits (optional), clinical benefits (optional), childbirth benefits (optional) and dental benefits (optional) under **CORProtect (Medical)**.

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

Benefit schedule CORProtect (Medical)

Core cover

Hospital benefits

Plan		H1	H2		H3		H4	
Geographic cover		Non-network: Worldwide Network: Hong Kong only						
Benefit level		Ward	Ward		Semi-private		Private	
Overall maximum (HKD) For items 1-15		N/A	\$300,000 per disability per year		\$600,000 per disability per year		\$1,200,000 per disability per year	
Reimbursement percentage		100%						
Medical service providers		Free choice ⁽¹⁾	Network ^{(2) (3)}	Non-network	Network ^{(2) (3)}	Non-network	Network ^{(2) (3)}	Non-network
Maximum benefit (HKD)								
1. Room and board ⁽⁴⁾ Maximum 180 days per disability per year		\$800 per day	Full cover ^{(5) (6)}	\$800 per day	Full cover ^{(5) (6)}	\$1,800 per day	Full cover ^{(5) (6)}	\$3,500 per day
2. Doctor's visit ⁽⁴⁾ Maximum 180 days per disability per year		\$800 per day		\$800 per day		\$1,800 per day		\$3,500 per day
3. Hospital expenses ⁽⁴⁾ Per disability per year		\$16,000		\$16,000		\$20,000		\$35,000
4. Surgeon's fee Per disability per year	■ Complex ⁽⁷⁾	\$50,000		\$50,000		\$80,000		\$150,000
	■ Major	\$25,000		\$25,000		\$40,000		\$75,000
	■ Intermediate	\$12,500		\$12,500		\$20,000		\$37,500
	■ Minor	\$5,000		\$5,000		\$8,000		\$15,000
5. Anaesthetist's fee Per disability per year	■ Complex ⁽⁷⁾	\$17,500		\$17,500		\$28,000		\$52,500
	■ Major	\$8,750		\$8,750		\$14,000		\$26,250
	■ Intermediate	\$4,375		\$4,375		\$7,000		\$13,125
	■ Minor	\$1,750		\$1,750		\$2,800		\$5,250
6. Operating theatre Per disability per year	■ Complex ⁽⁷⁾	\$17,500		\$17,500		\$28,000		\$52,500
	■ Major	\$8,750		\$8,750		\$14,000		\$26,250
	■ Intermediate	\$4,375		\$4,375		\$7,000		\$13,125
	■ Minor	\$1,750		\$1,750		\$2,800		\$5,250
7. Specialist consultation Per disability per year		\$4,300		\$4,300		\$7,000		\$10,000
8. Additional benefit for accident Per disability per year		\$750		\$750		\$1,200		\$2,000

Plan	H1	H2		H3		H4	
9. Intensive care ⁽⁴⁾ Maximum 25 days per disability per year	\$3,500 per day	Full cover ^{(5) (6)}	\$3,500 per day	Full cover ^{(5) (6)}	\$5,000 per day	Full cover ^{(5) (6)}	\$7,000 per day
10. Private nursing in hospital ⁽⁴⁾ Maximum 45 days per disability per year	\$800 per day		\$800 per day		\$1,200 per day		\$2,000 per day
11. Pre-hospitalisation doctor's visits ⁽³⁾ 12. Post-hospitalisation doctor's visits ⁽³⁾ Per disability per year, including 1 (the latest) pre-admission doctor's visit and medicine before day case surgery or hospitalisation and 3 follow-up doctor's visits, medicine, dressing and off stitches within 90 days after day case surgery or discharge from hospital	\$3,000		\$3,000		\$4,500		\$6,000
13. Government hospital cash ⁽⁸⁾ Maximum 180 days per disability per year	\$500 per day	N/A	\$500 per day	N/A	\$1,000 per day	N/A	\$1,950 per day
14. Hospital income for co-ordination ⁽⁹⁾ Maximum 180 days per disability per year	\$950 per day		\$950 per day		\$1,850 per day		\$2,850 per day
15. Hospitalisation overseas due to accidental cause	Included ⁽¹⁰⁾		Included ⁽¹⁰⁾		Included ⁽¹⁰⁾		Included ⁽¹⁰⁾
16. AXA Emergency Assistance ⁽¹¹⁾	Included						

Optional covers

Supplementary major medical benefits

Plan ⁽¹²⁾	S1	S2	S3
Benefit level	Ward	Semi-private	Private
Reimbursement percentage	80%		
Maximum benefit (HKD)			
Payable if the eligible medical expenses ⁽¹³⁾ exceed the maximum benefit and/or overall maximum of the corresponding hospital benefit items, subject to the maximum benefit per disability per year in relation to optional supplementary major medical benefits The amount payable shall be calculated as follow: Amount of reasonable and customary charges (incurred and actually paid for the eligible medical services - The benefits payable under the corresponding benefit item(s) as specified in the benefit schedule) x Reimbursement percentage for supplementary major medical as stated in the benefit schedule	Per disability per year		
	\$100,000	\$150,000	\$300,000

If the insured is confined in a room higher than his or her entitled benefit level as specified in the benefit schedule, the reimbursement percentage applied in the above formula will then be replaced by the applicable adjustment factor as set out below:

Entitled benefit level	Actual room type	Adjustment factor
Ward	Semi-private	50%
Ward	Private	25%
Semi-private	Private	50%
Ward, semi-private or private	Any room type above private	0%

Clinical benefits

Plan ⁽¹⁴⁾	C1		C2		C3	C4	C5	
Geographic cover	Non-network: Worldwide Network: Hong Kong only							
Reimbursement percentage	100%	80%	100%	80%	80% (unless otherwise specified)	80% (unless otherwise specified)	100%	80%
Overall maximum (HKD) For items 1-7	30 visits per year		30 visits per year		\$6,000 per year	\$8,000 per year	30 visits per year	
Medical service provider	Network ^{(2) (3)}	Non-network	Network ^{(2) (3)}	Non-network	Free choice ⁽¹⁾	Free choice ⁽¹⁾	Network ^{(2) (3)}	Non-network
Maximum benefit (HKD)								
1. Consultation at doctor's office Per visit, including consultation fee and medically necessary western medicine	Full cover (include consultation fee and up to 3 days of medically necessary western medicine) ^{(5) (6)}	\$250	Full cover (include consultation fee and up to 3 days of medically necessary western medicine) ^{(5) (6)}	\$380	80% reimbursement of eligible medical expenses subject to the overall maximum	80% reimbursement of eligible medical expenses subject to the overall maximum	Full cover (include consultation fee and up to 3 days of medically necessary western medicine) ^{(5) (6)}	\$550
2. Specialist consultation Per visit, including consultation fee and medically necessary western medicine	Full cover (include consultation fee and up to 5 days of medically necessary western medicine) ^{(5) (6)}	\$440	Full cover (include consultation fee and up to 5 days of medically necessary western medicine) ^{(5) (6)}	\$650			Full cover (include consultation fee and up to 5 days of medically necessary western medicine) ^{(5) (6)}	\$800
3. Physiotherapist Per visit, including consultation fee and cost of medicine (Subject to a written referral from a doctor)	Full cover ^{(5) (6)}	\$440	Full cover ^{(5) (6)}	\$650			Full cover ^{(5) (6)}	\$800

Plan ⁽¹⁴⁾	C1		C2		C3	C4	C5	
4. Chiropractor Per visit, including consultation fee and cost of medicine (Subject to a written referral from a doctor)	N/A	\$440	N/A	\$650	80% reimbursement of eligible medical expenses subject to the overall maximum	80% reimbursement of eligible medical expenses subject to the overall maximum	N/A	\$800
5. Chinese herbalist Per visit, including consultation fee and medically necessary Chinese medicine ^{(5) (6)}	Full cover (including consultation fee and up to 2 days of medically necessary Chinese medicine) ^{(5) (6)}	\$220	Full cover (including consultation fee and up to 2 days of medically necessary Chinese medicine) ^{(5) (6)}	\$260			Full cover (including consultation fee and up to 2 days of medically necessary Chinese medicine) ^{(5) (6)}	\$350
6. Bonesetter Per visit, including consultation fee and cost of medicine	Full cover ^{(5) (6)}	\$220	Full cover ^{(5) (6)}	\$260			Full cover ^{(5) (6)}	\$350
7. Acupuncture Per visit, including consultation fee and cost of medicine		\$220		\$260				\$350
8. X-ray and lab test Per year, including X-ray examinations, ultrasound electrocardiogram, and laboratory tests (Subject to a written referral from a doctor)		\$1,000		\$1,250	\$1,500	\$2,000		\$1,500
9. Prescribed medicine Per year, prescribed on a written basis by the attending doctor and purchased from a pharmacy or dispensary (Not being one within the attending doctor's clinic or under pharmacy services in hospital)	N/A		N/A		100% reimbursement subject to \$1,000	100% reimbursement subject to \$2,500	N/A	100% reimbursement subject to \$1,000

Childbirth benefits

Plan ⁽¹⁴⁾ (15)	CB1	CB2	CB3
Medical service provider	Free choice ⁽¹⁾		
Geographic cover	Worldwide		
Reimbursement percentage	100%		
Maximum benefit (HKD)			
Normal delivery Per pregnancy	\$15,000	\$20,000	\$40,000
Caesarean section Per pregnancy	\$22,500	\$30,000	\$60,000
Miscarriage Per pregnancy	\$7,500	\$10,000	\$20,000

Dental benefits

Plan ⁽¹⁴⁾ (16)	D1	D2	D3	D4
Medical service provider	Free choice ⁽¹⁾			
Geographic cover	Worldwide			
Maximum benefit (HKD)				
Oral examination/cleansing Maximum 2 visits per year	\$1,000 per year	\$2,000 per year	\$4,000 per year	\$8,000 per year
Extraction				
Fillings				
Intra-oral x-rays prior to dental treatment				
Abscess and relief of pain				
Palliation of acute dental pain				
Periodontal (gum) treatment				
Pins for cusp restoration				
Dentures, crowns and bridges Only in case of accident				
Root canal fillings				
Apicoectomy				
Impaction				

Remarks

- (1) Full cover and AXA credit facility are excluded for such plan.
- (2) Network means a network of healthcare facility, hospital, doctor, physiotherapist or Chinese medicine practitioner which/who has entered into and is covered by a valid written agreement with the Company to provide specified medical services to the insured.
 - a. Network doctor, physiotherapist and Chinese medicine practitioner shall mean a doctor, physiotherapist or Chinese medicine practitioner who is listed in the directory of the network. The list of network doctor, physiotherapist and Chinese medicine practitioner is subject to change from time to time at AXA's sole discretion without prior notice. For the current directory of the network doctor, physiotherapist and Chinese medicine practitioner, please check Emma by AXA or call AXA's customer service hotline at (852) 2519 1166.
 - b. Network hospital shall mean a hospital listed in the directory of the network. The network hospitals are as follows:
Canossa Hospital
Gleneagles Hong Kong Hospital
HK Baptist Hospital
Matilda International Hospital
St. Paul's Hospital
St. Teresa's Hospital
Union Hospital
The list of network hospital is subject to change from time to time at AXA's sole discretion without prior notice. For the current directory of the network hospital, please check Emma by AXA or call AXA's customer service hotline at (852) 2519 1166.
 - c. Network healthcare facility shall mean a healthcare facility listed in the directory of the network. The list of network healthcare facility is subject to change from time to time at AXA's sole discretion without prior notice. For the current directory of the network healthcare facility, please check Emma by AXA or call AXA's customer service hotline at (852) 2519 1166.
- (3) AXA credit facility up to the pre-authorised limit shall be available provided that the insured shall comply with all of the applicable requirements in paragraph a under remark (5), with the exception that for:
 - a. Pre-hospitalisation doctor's visits and post-hospitalisation doctor's visits under hospital benefits; and
 - b. any treatment by a specialist under hospital benefits and clinical benefits whereby the relevant specialty is not available in Network,

AXA credit facility will not be available.

For medical services arising out of the context of an accident and emergency, if the insured wants to be entitled to AXA credit facility, the Company shall subsequently receive the pre-authorisation application form for such medical service on the next working day immediately after the day on which the medical service takes place. AXA credit facility will only be available if the same pre-authorisation application is submitted at least two working days before discharge and written approval is obtained from the Company before being discharged from

the hospital. For the avoidance of doubt, notwithstanding satisfying the applicable requirements as mentioned in this remark (3) above, AXA credit facility shall not be applicable when it is indicated in the benefit schedule as being excluded by this policy.

- (4) If multiple disabilities are treated during one period of hospital confinement, such multiple disabilities shall be deemed as one disability and the aggregate benefits payable shall be capped at the maximum benefit(s) as specified in the benefit schedule.
- (5) Subject to the terms and conditions of the policy, benefits shall only be payable in full provided that the insured shall comply with all of the following applicable requirements:
 - a. For hospital benefits and clinical benefits:
 - i. Hospital confinement, treatment, consultation, surgical procedure, supplies or other medical services under hospital benefits must be performed by a network doctor, and carried out at a network hospital where the insured is confined according to the benefit level or below as specified in the benefit schedule; and/or
 - ii. Day case surgery payable under hospital benefits must be performed by a network doctor, and carried out at a network hospital or network healthcare facility. For the avoidance of doubt, the Company shall not be liable to pay full cover if the day case surgery is carried out in the out-patient department of a network hospital; and/or
 - iii. Treatment, consultation, or medical services (including cost of medicine) under clinical benefits must be performed by a network doctor, a network physiotherapist or a network Chinese medicine practitioner, and carried out at network healthcare facility (except for treatment by a specialist for which the relevant specialty is not available in the network directory where pre-authorisation has been obtained in accordance with remark (6); and/or
 - iv. X-ray and laboratory tests under hospital benefits and clinical benefits and magnetic resonance imaging (MRI), computerised tomography (CT Scan), positron emission tomography (PET) under hospital benefits must be referred in written by a network doctor and carried out at a network hospital or a network healthcare facility. For the avoidance of doubt, the Company shall not be liable to pay full cover if the tests aforementioned are carried out in the out-patient department of a network hospital; and
 - b. the applicable pre-authorisation and subsequent authorisation requirements as specified in remark (6) must be complied with; and
 - c. the medical expenses must be settled by the AXA health card or AXA letter of guarantee which must be presented to the network hospital or network healthcare facility (as the case may be) upon registration.

If any of the applicable requirements under remark (5) is not fulfilled, the insured will not be entitled to full cover and all eligible medical expenses will be paid up to the itemised benefit limit for Non-Network medical service provider as specified in the benefit schedule, if any. For the avoidance of doubt, notwithstanding satisfying the applicable requirements as mentioned in remark (5) above, full cover shall not be applicable when it is indicated in the benefit schedule as being excluded by this policy.

- (6) Further to remark (5), the Company shall not be liable to pay full cover as specified in the benefit schedule unless written authorisation of the Company is obtained before any of the following medical services is rendered:
- Hospital confinement, treatment, consultation, surgical procedure, supplies or other medical services under hospital benefits;
 - day case surgery exceeding HKD4,000 under hospital benefits; and/or
 - magnetic resonance imaging (MRI), computerised tomography (CT Scan) and positron emission tomography (PET) under hospital benefits; and/or
 - any treatment by a specialist if the relevant specialty is not available in the network under hospital benefits and clinical benefits.
- For medical services arising out of the context of an accident or emergency, in order to apply for full cover, the Company shall subsequently receive the pre-authorisation application form for such medical service on the next working day immediately after the day on which the medical service takes place.
- (7) "Complex" under the above table may be referred to as "SUPER" in claims settlement statement or any other documents issued by the Company.
- (8) This benefit shall not be payable if:
- the insured is confined in a room type other than the ward; or
 - such hospitalisation incurred expenses which are paid or payable under the other terms of the hospital benefits.
- For this purpose, no other hospital benefits incurred during the hospital confinement for which government hospital cash is claimed shall be payable.
- (9) This benefit shall be applicable only if an insured is covered by an insurance policy issued by another insurance company other than group members of the Company, which is the first payer of the health insurance benefits that are equivalent or comparable to the hospital benefits of this plan, for charges incurred when the insured is confirmed in hospital as a resident patient regardless of whether the insured is insured in an individual or group policy and is subject to the terms and conditions stated in policy contract.
- (10) Up to 200% of the maximum benefit as specified in the benefit schedule in relation to the applicable hospital benefits, subject further to the overall maximum as specified in the benefit schedule.
- (11) The provision of services is subject to the AXA Emergency Assistance terms and conditions. Service is provided by a third-party service provider. The Company and the third party service provider reserve the right to amend the terms and conditions thereof from time to time without prior notice. The Company 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.
- (12) Plan selected under the supplementary major medical benefits shall correspond with the benefit level chosen for the hospital benefits.
- (13) The Company will pay supplementary major medical benefits if an insured shall, on any day of hospital confinement for which benefits for room and board under hospital benefits are payable, incur reasonable and customary charges on account of injury or sickness for:
- accommodation in ward, semi-private and private (excluding suite/V.I.P./deluxe room) in a legally constituted hospital;
 - therapeutic services;
 - services of a doctor (the requirement above that benefits for room and board be payable is not applicable for doctor's charges incurred as a result of injury for such services rendered as an outpatient or during the conduct of outpatient surgery);
 - physiotherapy or treatment by a chiropractor on the written recommendation of a doctor;
 - braces, supports, crutches, artificial limbs and eyes which are not replacements of artificial limbs or eyes, hearing aids and other similar appliances, but not including eye glasses;
 - rental or purchase, at the Company's option, of wheelchair, hospital-type-bed, artificial respiration apparatus and oxygen equipment;
 - X-ray examinations and treatments, anaesthetics and laboratory tests (the requirement above that benefits for room and board be payable is not applicable to such charges incurred as a result of injury for such services rendered as an outpatient or during the conduct of outpatient surgery);
 - drugs purchased from a licensed pharmacy on the attending doctor's written prescription;
 - special nursing care rendered by a registered professional private duty nurse, not related to the insured by blood, marriage or adoption, but not to exceed the services of more than one registered professional private duty nurse at any one time;
 - transportation by ambulance to and from a hospital; and
 - any medical expenses incurred from day case surgery.
- (14) Any plan can be selected regardless of the plan level chosen for the hospital benefits.
- (15) Childbirth benefits are only applicable to companies with 5 or more eligible employees. The Company will reimburse the reasonable and customary charges actually incurred by a female insured employee or the insured dependant wife of the insured employee for the maternity and obstetrical services stated in the relevant policy terms and conditions.
- (16) Any plan can be selected regardless of the plan level chosen for the clinical benefits.

CORProtect (Life)

Optional cover

Life benefit with terminal illness benefit, simplified critical illness benefit, dismemberment benefits, and accidental death and dismemberment benefits

Plan ⁽¹⁷⁾	LA1	LA2	LA3
Maximum benefit (HKD)			
Life benefit ^{(18) (19) (20)}	\$300,000	\$500,000	\$1,000,000
Terminal illness benefit ^{(20) (21)}	\$300,000		
Simplified critical illness benefit ^{(20) (21)}	\$300,000		
Dismemberment benefits ^{(20) (22)}	100% of life benefit ⁽¹⁸⁾		
Accidental death and dismemberment benefits ^{(23) (24)}	\$300,000	\$500,000	\$1,000,000

Living insurance benefit

Plan ⁽²⁵⁾	LIV1	LIV2	LIV3
Maximum benefit (HKD)			
Living insurance benefit (coverage of 56 major illnesses) ^{(20) (26)}	\$50,000	\$100,000	\$150,000

(17) You must take out coverage for hospital benefits if you wish to add-on the optional cover on life benefit, terminal illness benefit, simplified critical illness benefit, dismemberment benefits and accidental death and dismemberment benefits. Any plan level of these optional cover can be selected regardless of the plan level chosen for hospital benefits.

(18) The life benefit payable shall be the least of the amount by reference to (i) the applicable maximum benefit as specified in the table above; (ii) any maximum amount specified in writing by the Company; and (iii) the guaranteed issue limit ("GIL", if applicable) in relation to the life benefit. For company size of 6 or more employees, the GIL for the life benefit is HKD500,000; for company size of 5 or less employees, the GIL for the life benefit is HKD0.

(19) In the event that the life benefit in respect of an insured employee becomes payable, and that the terminal illness benefit, simplified critical illness benefit, dismemberment benefits and/or living insurance benefits (if applicable) has been paid in respect of the same insured employee, the amount of the life benefit payable shall be reduced by the amount of any such terminal illness benefit, simplified critical illness benefit, dismemberment benefits and/or living insurance benefits (if applicable) previously paid by the Company.

(20) In no event shall the aggregate benefits payable in respect of an insured employee under the life benefit, terminal illness benefit, simplified critical illness benefit, dismemberment benefits and living insurance benefit (if applicable) exceed

100% of the amount payable under the life benefit. Upon payment of 100% of the life benefit in respect of the insured employee, the insured employee shall cease to be covered under the life benefit, terminal illness benefit, simplified critical illness benefit, dismemberment benefits and living insurance benefit (if applicable).

(21) Either terminal illness benefit or simplified critical illness benefit can be claimed for once only. Once either one of terminal illness benefit or simplified critical illness benefit has been claimed, both benefits will cease to be in effect.

(22) In the event that the dismemberment benefits in respect of an insured employee become payable, and that the terminal illness benefit, simplified critical illness benefit and/or living insurance benefit (if applicable) has been paid in respect of the same insured employee, the amount of dismemberment benefits payable shall be reduced by the amount of any such terminal illness benefit, simplified critical illness benefit and/or living insurance benefit (if applicable) previously paid by the Company.

(23) The accidental death and dismemberment benefits payable shall be calculated by multiplying the applicable percentage as set out in the policy provisions with the least of (i) the applicable maximum benefit as specified in the table above; (ii) any maximum amount specified in writing by the Company; and (iii) the GIL (if applicable) in relation to the accidental death and dismemberment benefits. For company size of 6 or more employees, the GIL for the accidental death and

dismemberment benefits is HKD500,000; for company size of 5 or less employees, the GIL for the accidental death and dismemberment benefits is HKD0.

(24) If the insured employee shall sustain more than one of the losses as a result of the same accident, then only the loss with the highest percentage as set out in the policy provisions shall be payable.

(25) You must take out coverage for hospital benefits, life benefit, terminal illness benefit, simplified critical illness benefit,

dismemberment benefits, and accidental death and dismemberment benefits if you wish to add-on the optional cover on living insurance benefit. Any plan level of the living insurance benefit can be selected regardless of the plan level chosen for any other benefits.

(26) The living insurance benefit can be claimed once only. If the insured employee suffers from more than one of the major illnesses, the total amount of the living insurance benefit payable shall be confined to the maximum benefit as specified in the table above in relation to the living insurance benefit.

Notes:

■ This benefit schedule is subject to and shall be read together with the terms and conditions of the policy provisions.

Simple steps to enjoy cashless arrangement⁸

To enjoy cashless arrangement⁸, insured needs to fulfil the following criteria:

- The medical service must be performed by a network doctor, a network physiotherapist, a network Chinese medicine practitioner and carried out at a network hospital (excluding its out-patient department) or network healthcare facility^{3,4}.
- The applicable pre-authorisation and subsequent authorisation⁹ requirements as stated in policy provisions must be complied with.
- Always present the AXA health card^{10,11} to the network hospital or network healthcare facility^{3,4} upon registration and during settlement of eligible medical expenses.

Make an appointment

1

- Search your preferred network doctor^{3,4} from the network directory by visiting Emma by AXA or call AXA Customer Care Hotline at (852) 2519 1166 and make an appointment with the network doctor^{3,4} directly

Medical consultation

2

- Present AXA health card upon registration at the network hospital or network healthcare facility^{3,4}

Pre-authorisation⁹

3

- AXA shall receive the pre-authorisation application form and you will be notified the pre-authorisation result⁹ prior to treatment or hospital admission

Receive medical treatment

4

- Present AXA health card upon admission, use it to settle the eligible medical expenses and enjoy cashless arrangement⁸ up to the pre-authorised limit

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.

Grace period

You should pay premiums for the whole of your premium payment term. Any premiums remaining outstanding at the end of the grace period (i.e. 31 days after premium due date) may lead to termination of your policy. You may lose the insurance protection offered by the policy.

Termination

Termination of an insured person's insurance

An insured person shall cease to be an insured person at the earliest of the times indicated below:

- (a) at the end of the period for which the insured person shall have made to the policyholder any contribution required hereunder towards any premium for his or her insurance if the insured person fails to make any such contribution when due; or
- (b) on the date the insured person retires voluntarily or as a result of dismissal ceases to actively perform full-time duties in his or her usual occupation; or
- (c) on the day on which the insured person's relationship with the policyholder (as specified in the application) shall cease, as

evidenced to the Company by the policyholder, whether by notification or by cessation of premium payment on account of such insured person's insurance hereunder; or

- (d) on the anniversary date (as specified in the application or any endorsement) on or following the insured person's 70th birthday or such later birthday as may be agreed by the Company in writing; or
- (e) on the date of discontinuance of the policy; or
- (f) on the date of discontinuance of cover under the policy with respect to the class of persons of which he is a member; or
- (g) on the date when the insured person enters military, naval or air service or becomes actively involved in an act of war; or
- (h) on the date when the insured person becomes actively involved in an act of terrorism or criminal activities.

The above point (g) and (h) are only applicable to CORProtect (Life).

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 the Company before the expiry date.

Termination of insurance for insured dependants

The insurance in respect of each insured dependant shall terminate at the earlier of the times indicated below:

- (a) on the day the insured person ceases to be an insured person under the policy; or
- (b) on the day the insured dependant ceases to be a dependant of the insured person; or
- (c) on the anniversary date (as specified in the application or any endorsement) on or following the spouse of an insured person's 70th birthday or such later birthday as may be agreed by the Company in writing.

You may apply for policy surrender in accordance with the application procedures and administrative rules of the Company in force from time to time. We will process the relevant application after our receipt of your valid written application (in the form specified by us). Please contact our customer service representatives for further details.

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 the Company before the expiry date.

Premium adjustment

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 rates may be adjusted based on factors including but not limited to the attained age of the insured, medical trend and AXA's claims experience.

Renewal

On each anniversary date after the effective date, the policy is renewable subject to the consent of the Company for an additional annual period by the payment of the premium, in accordance with the provisions of the policy, at the Company's premium rates in effect at the time of such renewal, provided the number of insured person is:

- (a) if insured persons are required to contribute towards the premiums under the policy, not less than three; or
- (b) if the policyholder is liable for 100% of the premiums, not less than the greater of three and the total number of those eligible.

Levy on insurance premium

Levy collected by the Insurance Authority through the Company will be imposed on the policy at the applicable rate. Policyholders must pay the levy in order to avoid any legal consequences.

Rights of third parties

The policy is excluded from the application of the Contracts (Rights of Third Parties) Ordinance (Cap 623 of the Laws of Hong Kong) ("TP Ordinance"). Any person or entity which is not a party to the policy shall have no rights under the TP Ordinance to enforce any terms of the policy.

Reasonable and customary charges and medically necessary

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

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

- a) the gazette issued by the Hong Kong government which sets out the fees for the private patient services in public hospitals in Hong Kong;
- b) 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;
- c) industrial medical fee survey;
- d) AXA's internal claim statistics and/or global experience; and
- e) the extent or level of benefit insured.

Notice and Proof of Claim

Written notice of injury or sickness must be given to the Company within 90 days of the date of the commencement of the first loss for which benefits arising out of each such injury or sickness may be claimed, or as soon as is reasonably possible.

Proof of injury or sickness on which claim may be based must be furnished to the Company within 90 days after the injury or sickness was first treated. If proof was not given within the time specified, it must be shown that proof was given as soon as was reasonably possible, or the Company will not pay a benefit.

Key exclusions

Below is a summary of the key general exclusions which apply to core cover of **CORProtect (Medical)** only.

1. General check-up, convalescence, custodial or rest care, preventive treatments, inoculation or medication, unless otherwise specified in the benefit schedule or policy provisions
2. Any elective treatment or surgical procedure such as but not limited to cosmetic surgery, sterilisation or beautification
3. Congenital anomalies
4. Infertility
5. Conditions seeking medical care that is not directly attributed to a disease, such as growth delay or failure to thrive without a medical cause
6. Dental treatment or surgery unless necessitated by injury caused by an accident, provided such treatment or surgery is given by a legally licensed dentist or dental surgeon and incurred within ninety (90) days from the date of an accident
7. Pregnancy, childbirth, miscarriage or abortion
8. Any physiotherapy treatment or treatment by a chiropractor unless recommended by a doctor and treated in a registered clinic or hospital
9. Correction of eye vision or fitting of eye glasses
10. Participation in illegal acts (except traffic and pedestrian offences) such as but not limited to robbery, drug abuse or assault
11. Declared or undeclared war or any act thereof
12. Any injury or sickness for which compensation is payable under any government law or any other health insurance policy except to the extent that such charges are not reimbursed by such laws or other policies
13. Rental or purchase of prosthetic appliances such as but not limited to hearing aids, artificial limbs, glasses or corset

There may be additional and/or different exclusions that apply to other optional covers. For the full list of exclusions for **CORProtect (Medical)** and **CORProtect (Life)**, please refer to the policy provisions.

Notes

1. Eligible for clinical benefits plan C3 and C4 only. For details, please refer to the benefit schedule and policy provisions.
2. In respect of hospital benefits, full cover is only applicable to plan H2-H4, and shall only be payable provided that the insured shall comply with all of the following applicable requirements:
 - a. Hospital confinement, treatment, consultation, surgical procedure, supplies or other medical services must be performed by a network doctor, and carried out at a network hospital where the insured is confined according to the benefit level (i.e. entitled room type) or below as specified in the benefit schedule; and/or
 - b. day case surgery must be performed by a network doctor, and carried out at a network hospital (excluding its out-patient department) or network healthcare facility; and/or
 - c. X-ray and laboratory tests, magnetic resonance imaging (MRI), computerised tomography (CT Scan), positron emission tomography (PET) must be referred in written by a network doctor and carried out at a network hospital (excluding its out-patient department) or a network healthcare facility; and
 - d. the applicable pre-authorisation and subsequent authorisation requirements as specified in the policy provisions must be complied with; and
 - e. the medical expenses must be settled by the AXA health card or AXA letter of guarantee which must be presented to the network hospital or network healthcare facility (as the case may be) upon registration.

If any of the applicable requirements stated above is not fulfilled, the insured will not be entitled to full cover and all eligible medical expenses will be paid up to the itemised benefit limit as specified in the benefit schedule, if any. For further details on full cover and the applicable requirements, please refer to the policy provisions.
3. 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 at (852) 2519 1166 for the latest list.
4. Network service providers (including network healthcare facility, network hospital, network doctor, network physiotherapist or network Chinese medicine practitioner) 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 service providers, and shall not be responsible for any act or failure to act on the part of network service providers.
5. Applicable to claims for clinical benefits and there is no limitation on the online claim submission amount.
6. Subject to availability, eligibility, and the terms and conditions of AXA's designated individual medical insurance plan at the time of application.
7. The provision of services is subject to the AXA Emergency Assistance terms and conditions, including China Health Link Network. Service is provided by a third-party service provider. AXA and the third party service provider(s) reserve the right to amend the terms and conditions 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. Cashless arrangement shall mean "AXA Credit Facility" in the policy provisions, please refer to the policy provisions for its definition. Cashless arrangement up to the pre-authorised limit shall be available provided that the insured shall comply with all of the applicable requirements as stated in note 2 above, with the exception that for:
 - a. Pre-hospitalisation doctor's visits and post-hospitalisation doctor's visits under hospital benefits; and
 - b. any treatment by a specialist under hospital benefits and optional clinical benefits whereby the relevant specialty is not available in network,

cashless arrangement will not be available. For further details on cashless arrangement, please refer to the policy provisions.
9. The giving of pre-authorisation or subsequent authorisation from the Company shall not be deemed as admission of AXA's liability to pay and/or reimburse the policyholder and/or the insured under the policy or a waiver of any breach of the terms and conditions of the policy, if any.
10. In the event that the insured person leaves the policyholder's employment, or if this policy is terminated/lapsed for any reason, the policyholder agrees to obtain and return to the Company any card issued to the insured.
11. The policyholder accepts full responsibility for controlling the use of the AXA health card. In the event of loss or theft of AXA health card, the policyholder will notify the Company within 48 hours. The policyholder will be liable for any unauthorised use of the AXA health card if the policyholder fails to give such notice.

Notes:

- Unless otherwise specified, all ages mentioned in this product brochure refer to the age of the insured on his or her last birthday.
- Subject to the policy provisions, the Company reserves the right to revise the terms and benefits and future premium upon policy anniversary without prior notice.

CORProtect (Medical) and CORProtect (Life) are underwritten by AXA China Region Insurance Company Limited (“AXA”, the “Company”, or “we”).

How do I make a claim or enquire about claims?

Simply contact our 24-hours customer service representatives at (852) 2519 1166 or email us by employee.benefits@axa.com.hk for claim submission detail or claims related enquiries. We will provide a response within 2 working days.

The plans are subject to the terms, conditions and exclusions of the relevant policy provisions. 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 54 markets and serving 105 million customers worldwide. Our purpose is to act for human progress by protecting what matters.

As one of the most diversified insurers offering integrated solutions across Life, Health and General Insurance, our goal is to be the insurance and holistic wellness partner to the individuals, businesses and community we serve.

At the core of our service commitment is continuous product innovation and customer experience enrichment, which is achieved through actively listening to our customers and leveraging technology and digital transformation.

We embrace our responsibility to be a force for good to create shared value for our community. We are proud to be the first insurer in Hong Kong and Macau to address the important need of mental health through different products and services. For example, the Mind Charger function on our holistic wellness platform “AXA BetterMe”, which is available via our mobile app Emma by AXA, is open to not just our customers, but the community at large. We will continue to foster social progress through our product offerings and community investment to support the sustainable development of Hong Kong and Macau.



**CORProtect Employee Benefits Insurance Package Plan
Product brochure**

February 2025

Find out more about
CORProtect Employee Benefits Insurance Package Plan



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