



安盛

Medical protection
Global Elite II Health Plan

Superior medical protection and services



Product brochure

Superior medical protection and services for you



Illness or injury often strikes out of the blue – but you can protect yourself by choosing a quality health insurance. **Global Elite II Health Plan** (“**Global Elite II**”), a **stand-alone product** presented by AXA, comes in 3 benefit levels and each benefit level offers options of geographical areas of cover and deductible, bringing you medical coverage and services that best suit your unique lifestyle.



Highlights



Reimbursement of eligible medical costs up to a yearly maximum of HKD30,000,000 / USD3,750,000 (Prestige benefit level), HKD25,000,000 / USD3,125,000 (Comprehensive benefit level) or HKD20,000,000 / USD2,500,000 (Standard benefit level)¹



Coverage for Pre-existing Conditions and Manifested Congenital Conditions by Prestige or Comprehensive benefit level



Coverage for Non-Manifested Congenital Conditions by all benefit levels



No health declaration² and guaranteed renewal³



Direct billing for hospitalisation



24-hour Global Elite Customer Service and Second Medical Opinion Service

Distinctive features

Choice of geographical areas of coverage⁴

Having the comfort and security of solid healthcare coverage is crucial, regardless of wherever you are – and you are always in safe hands with **Global Elite II**.

The 3 geographical areas of cover we invite you to choose from are:

-  Asia
-  Worldwide excluding USA
-  Worldwide

Whichever you select, you will be covered for eligible medical treatments received not only in your Principal Country of Residence but also in any other country or region within your chosen area of cover.

No health declaration² and guaranteed renewal³

Global Elite II generally accepts anyone from age 14 days old to 80 years old, with no requirement for a medical questionnaire or screening. Moreover, **Global Elite II** guarantees plan renewal until the insured reaches the age of 100, making it the ideal protection for any stage of your life.

4 deductible options to suit your budget

You can enjoy a discount off your annual premium amount*, depending on which deductible option you select. The table below lists out deductible options with your agreed share of a medical bill, and the corresponding discount that you can enjoy:

Deductible options (per policy year)	Level of discount off annual premium amount*
Zero	0%
HKD12,000 / USD1,500	40%
HKD40,000 / USD5,000	50%
HKD100,000 / USD12,500	65%

* This refers to the annual premium amount for policy without any deductible.

Note: We offer Macau policies denominated in Macau Pataca (MOP) or other available currency(ies).

To allow you more flexibility in retirement planning, if you upgrade your deductible option by switching to a lower annual deductible amount (if applicable) at the policy anniversary following the age of 50, 55, 60 or 65 of the insured, and such request is accepted by us in writing, the medical conditions that exist at the time of switch will be covered according to the level of annual deductible option after the switch⁵.

Extensive benefits¹

In-patient coverage

Most, if not all, eligible medical expenses incurred during hospitalisation – including those relating to surgery and accommodation – will be covered in accordance with the benefit level of your policy.

We understand the care you need during hospitalisation, therefore, we will also cover:

- the extra bed cost for your companion's overnight stay in hospital
- the expense for private nurse

Out-patient coverage

Global Elite II provides you with a wide range of out-patient benefits in accordance with the benefit level of your policy including consultation with general practitioner and specialist, as well as other treatments and procedures such as:

- magnetic resonance imaging
- x-rays
- Traditional Chinese Medicine
- physiotherapy
- Cancer Treatment
- out-patient surgery

Coverage for Pre-existing Conditions and congenital conditions (available for Prestige and Comprehensive benefit levels only)

Unlike most health insurance plans, **Global Elite II's** Prestige and Comprehensive benefit levels cover both Pre-existing Conditions and congenital conditions.

If you require treatment for a Pre-existing Condition after 270 days following the policy date, you will be covered up to the annual limit^{6,7,8} applicable to the Pre-existing Conditions benefit. If you have been covered for at least 2 consecutive years and have been Trouble Free for at least 2 consecutive years immediately before the need for such treatment arises, you can claim for the treatment under the respective benefits in accordance with the benefit level of your policy⁹.

If you require treatment for a congenital condition after 270 days following the policy date, you will be covered up to the annual limit applicable to the Manifested Congenital Conditions benefit^{6,7} and the Non-Manifested Congenital Conditions benefit.

Nevertheless, if you are covered under Standard benefit level, the Non-Manifested Congenital Conditions benefit is also available.

This is how a treatment for a Pre-existing Condition is covered by Global Elite II:



* All Reasonable and Customary Charges incurred for the eligible treatment will be reimbursed up to the annual limit subject to the yearly maximum amount.

Illustrative example 1

- Comprehensive benefit level
- Claim DURING and AFTER the first 2 years, WITHOUT Trouble Free period

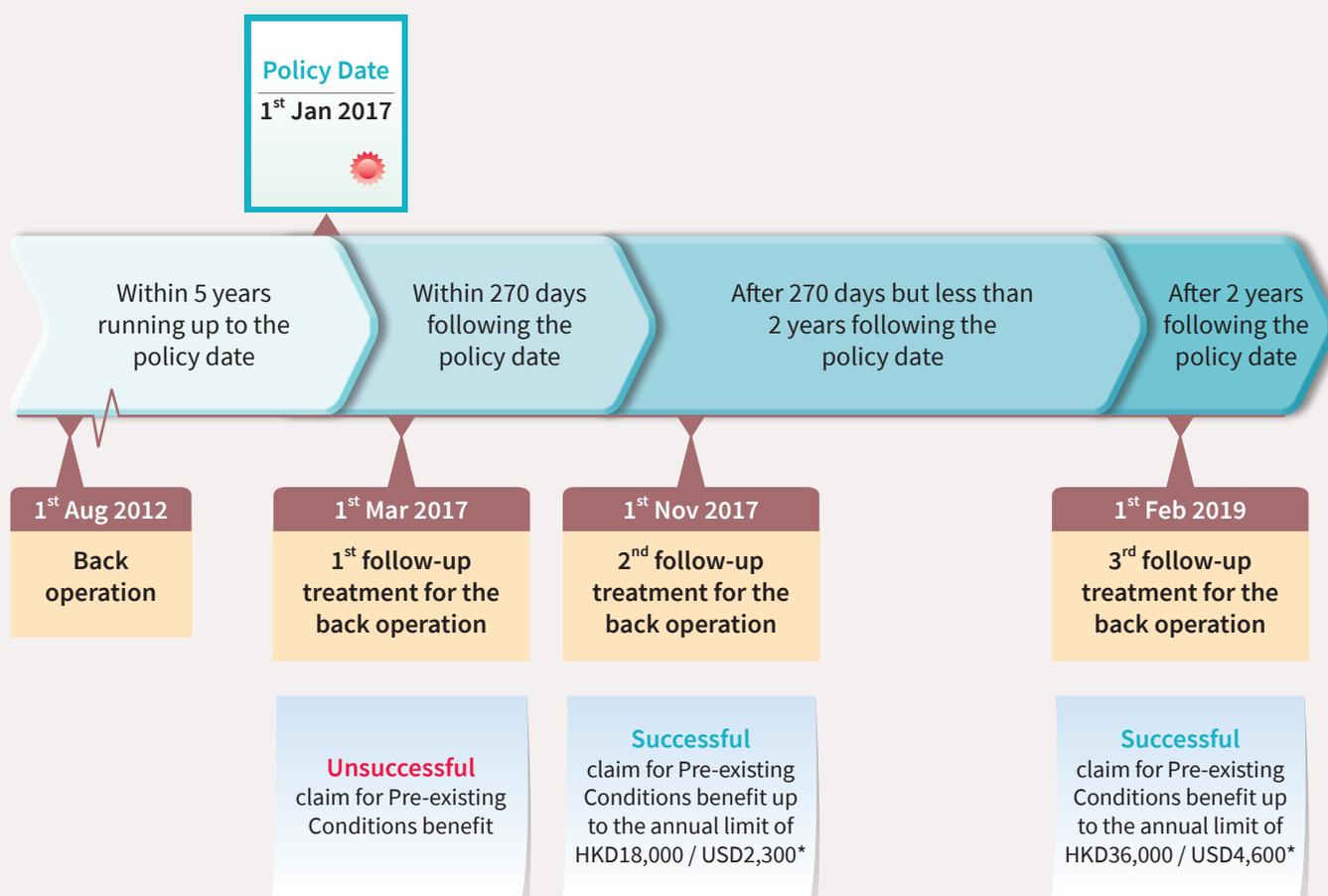
This illustrative example is for reference only.

Mark activates a **Global Elite II** policy on 1st January 2017 and is covered by the Comprehensive benefit level.

He had a back operation on 1st August 2012 and requires the 1st follow-up treatment for the back operation on 1st March 2017. But this treatment cannot be claimed under the Pre-existing Conditions benefit as this is incurred within 270 days after taking out the policy.

On 1st November 2017, he requires the 2nd follow-up treatment for the same back operation. As this takes place after the 270-day period following the policy date, Mark is covered for this 2nd follow-up back treatment up to HKD18,000 / USD2,300, representing the annual limit applicable to the Pre-existing Conditions benefit for the first 2 policy years.

After the 2nd follow-up treatment for the back operation, Mark receives the 3rd follow-up treatment for the same back operation on 1st February 2019. He has not been Trouble Free for 2 consecutive years, but as this 3rd follow-up treatment takes place after the 2 years following the policy date, this 3rd follow-up treatment is covered for up to HKD36,000 / USD4,600, representing the annual limit applicable to the Pre-existing Conditions benefit for the years subsequent to the first 2 policy years.



* Subject to the yearly maximum amount.

Illustrative example 2

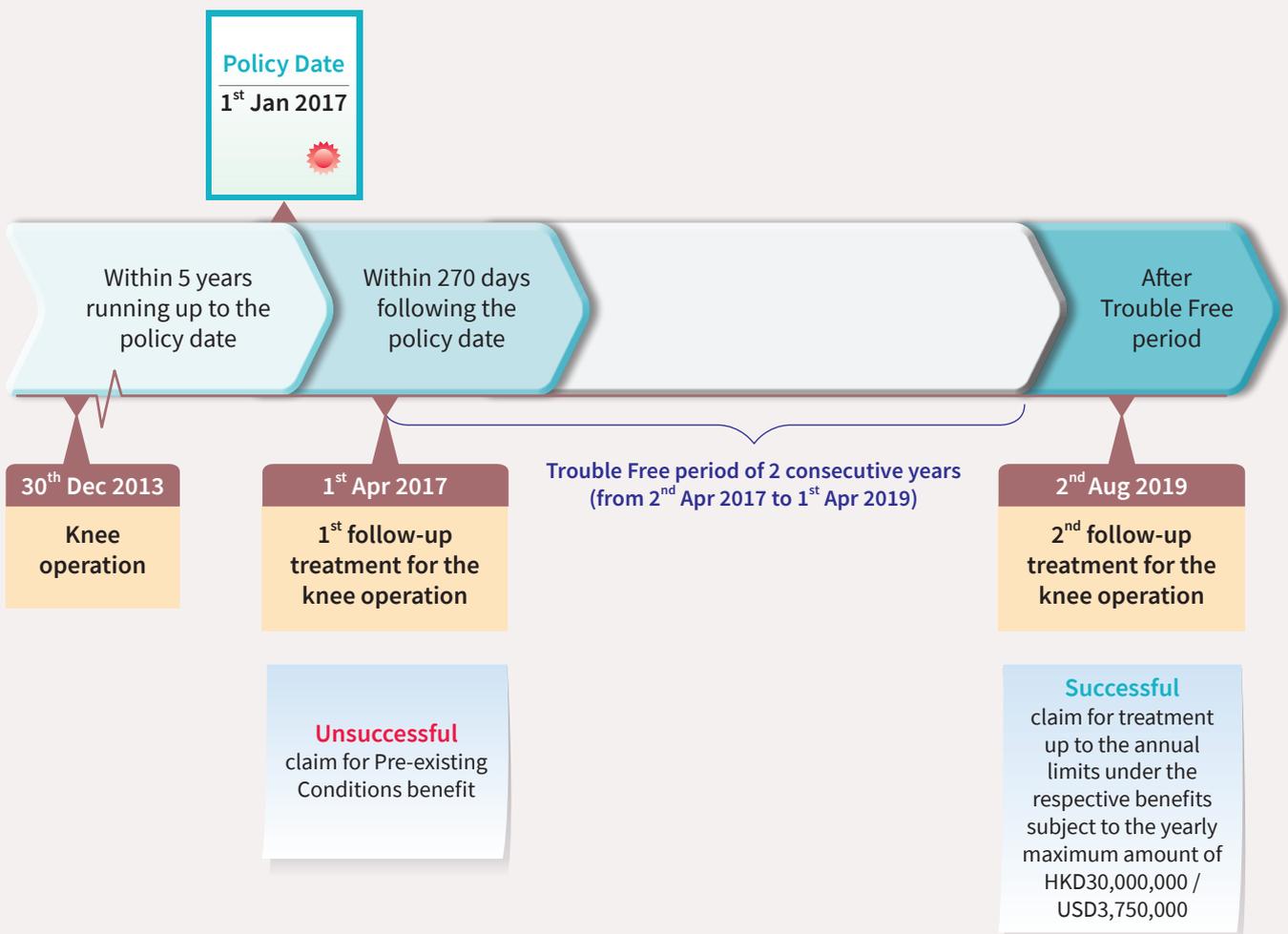
■ Prestige benefit level ■ Claim AFTER the first 2 years, WITH Trouble Free period

This illustrative example is for reference only.

Jane activates a **Global Elite II** policy on 1st January 2017 and is covered by the Prestige benefit level.

She had a knee operation on 30th December 2013 and requires the 1st follow-up treatment for the knee operation on 1st April 2017. But this treatment cannot be claimed under the Pre-existing Conditions benefit as the incurred claim occurs within 270 days after taking out the policy.

On 2nd August 2019 (i.e. 28 months following 2nd April 2017), Jane requires the 2nd follow-up treatment for the same knee operation. As she has been insured for at least 2 consecutive years and has been Trouble Free for 2 consecutive years immediately before this 2nd follow-up treatment, she is able to claim for the 2nd follow-up treatment subject to the yearly maximum amount allowed by her Prestige benefit level – i.e. HKD30,000,000 / USD3,750,000.



Extra benefits

Global Elite II offers benefits including, but not limited to:

- 🏠 Home Nurse
- 🏠 Psychiatric Treatment
- 🏠 HIV / AIDS Treatment Benefit¹⁶
- 🏠 Hospice and Palliative Care

In addition, if you are covered under the Prestige or Comprehensive benefit level, **Global Elite II** will offer you extra protection including:

- 🏠 Health Screen
- 🏠 Oral and Maxillofacial Surgery
- 🏠 Pre- and Post-natal Complications
- 🏠 New Born Accommodation
- 🏠 Vaccinations

Prestige benefit level will also cover the following exclusive benefits:

- 🏠 Routine Dental Care
- 🏠 Routine Optical Care
- 🏠 Pregnancy and Delivery¹⁰

Death benefit

The designated beneficiary will receive a Compassionate Death Benefit¹¹ in the unfortunate event of death of the insured.

Outstanding services¹²

Direct billing for hospitalisation

Global Elite II may settle your eligible in-patient expenses directly with hospitals listed in our Global Directory of Hospitals. The directory covers hospitals in more than 130 countries / territories all over the world, such as Hong Kong, mainland China, Japan, Singapore and the UK. This is particularly useful when you are abroad and require emergency In-patient Treatment, because finding appropriate and effective medical care can add to the stress of such a situation.

If you have opted for the “Zero” deductible option, we will settle all your eligible expenses directly with the hospital. For other deductible options, direct billing service will be effective as soon as you have settled your agreed share of relevant medical bills.

Elite services you can always rely on^{12, 17}

- 🏠 **24-hour Global Elite Customer Service**
Even if you are travelling or residing in different time zones, our experienced team is ready 24 hours a day to provide information on your benefits or claims.
- 🏠 **24-hour International Emergency Medical Assistance**
Wherever you are, our hotline is at your service 24 hours a day, 365 days a year if evacuation and overseas repatriation are required.
- 🏠 **24-hour Concierge Service**
Our concierge team is pleased to help you arrange luxury car and limousine rentals, as well as reservations of hotels, dining, air-tickets, concerts, and more. You can also get information on local city events and attractions by consulting our concierge team.
- 🏠 **24-hour Health at Hand**
We also care for your overall wellness. Health at Hand is a valuable phone service[△] that provides you with the latest available medical information on specific illnesses, treatments and medications, as well as a prompt professional opinion on any issue that could be affecting your health. The service is offered by professionals that include registered nurses, midwives, pharmacists and counsellors.
- 🏠 **Second Medical Opinion Service**
A team of professional medical experts will offer you professional second medical opinion to facilitate informed decision making on treatment preferences.

[△] Cost of international direct dialling is to be borne by the caller.



Key benefits and services[#]

	Benefit levels		
	Prestige	Comprehensive	Standard
Key benefits			
In-patient cover	✓	✓	✓
Out-patient cover (including but not limited to general practitioner and specialist consultation)	✓	✓	✓ Pre and Post Hospitalisation Benefit on specified terms
Pre-existing Conditions and Manifested Congenital Conditions benefits ^{6,7,8,13}	✓	✓	-
Non-Manifested Congenital Conditions benefit ¹³	✓	✓	✓
Preventive healthcare – Vaccinations	✓	✓	-
Preventive healthcare – annual Health Screen ¹³	✓	✓	-
Wellness healthcare – optical and dental benefits	✓	-	-
Pregnancy and Delivery benefit ^{10,13}	✓	-	-
Key services			
Direct billing for hospitalisation	✓	✓	✓
24-hour Global Elite Customer Service	✓	✓	✓
24-hour International Emergency Medical Assistance	✓	✓	✓
24-hour Concierge Service	✓	✓	✓
24-hour Health at Hand	✓	✓	✓
Second Medical Opinion Service	✓	✓	✓

[#] This list is not exhaustive.

Benefit schedule

A highlight of the key benefits of **Global Elite II** is set out below. Please refer to the policy contract for the full list of the benefits and relevant terms, conditions and exclusions.

The maximum benefit values indicated below are per person each policy year unless otherwise specified and are reduced each time you claim only by the net amount (less any deductible, excess or co-insurance) we have actually paid.

Benefits	Benefit levels								
	Prestige			Comprehensive			Standard		
Area of Cover ⁴	Asia	Worldwide excluding USA	Worldwide	Asia	Worldwide excluding USA	Worldwide	Asia	Worldwide excluding USA	Worldwide
Yearly Maximum	Up to HKD30,000,000 / USD3,750,000			Up to HKD25,000,000 / USD3,125,000			Up to HKD20,000,000 / USD2,500,000		
Annual Deductible Options	Zero / HKD12,000 (USD1,500) / HKD40,000 (USD5,000) / HKD100,000 (USD12,500)			Zero / HKD12,000 (USD1,500) / HKD40,000 (USD5,000) / HKD100,000 (USD12,500)			Zero / HKD12,000 (USD1,500) / HKD40,000 (USD5,000) / HKD100,000 (USD12,500)		
Outside Area of Cover	Emergency treatment only	Emergency treatment only	All areas covered	Emergency treatment only	Emergency treatment only	All areas covered	Emergency treatment only	Emergency treatment only	All areas covered
In-patient and Daycare Treatment Benefits									
Hospital Charges	Paid in full			Paid in full			Paid in full		
Daily Accommodation Charges	Standard single room			Standard single room			Standard single room		
Hospital Companion Bed	Paid in full			Paid in full			Paid in full		
Private Nurse	Up to HKD2,500 / USD310 per day and up to 90 days or paid in full subject to pre-authorisation and arrangement made by us			Up to HKD2,500 / USD310 per day and up to 60 days or paid in full subject to pre-authorisation and arrangement made by us			Up to HKD2,500 / USD310 per day and up to 30 days or paid in full subject to pre-authorisation and arrangement made by us		
In-patient Rehabilitation ¹⁸	Paid in full up to 28 days			Paid in full up to 28 days			Paid in full up to 28 days		
Cash Benefit ¹⁴	HKD2,200 / USD280 per night			HKD1,500 / USD190 per night			HKD1,000 / USD125 per night		
In-patient Direct Billing	Paid in full			Paid in full			Paid in full		
Applicable In-patient Direct Billing Network	Global Directory of Hospitals			Global Directory of Hospitals			Global Directory of Hospitals		
Out-patient Treatment Benefits									
General Practitioner and Specialist Consultation Charges (including diagnostics, prescribed drugs, dressings etc.)	Paid in full			Paid in full			Not applicable but Pre and Post Hospitalisation Benefit is provided (pre-hospitalisation consultations and post-hospitalisation consultations and treatments related to the hospitalisation within 90 days before In-patient Treatment or Daycare Treatment and within 90 days after discharge from hospital or the date of Daycare Treatment) ¹⁵		
Computerised Tomography, Magnetic Resonance Imaging, Positron Emission Tomography, X-rays and Gait Scans	Paid in full			Paid in full			Paid in full if the treatment occurs within 90 days before In-patient Treatment or Daycare Treatment and within 90 days after discharge from hospital or the date of Daycare Treatment		
Cancer Treatment Received as an Out-patient	Paid in full			Paid in full			Paid in full		
Kidney Dialysis Treatment Received as an Out-patient	Paid in full			Paid in full			Paid in full		
Surgical Procedures Received as an Out-patient	Paid in full			Paid in full			Paid in full		
Courses of Chiropractic Treatment, Acupuncture, Homeopathy, Osteopathy and Physiotherapy	For Chiropractic Treatment, Acupuncture, Homeopathy, Osteopathy: Up to HKD9,000 / USD1,150 For Physiotherapy: Paid in full			For Chiropractic Treatment, Acupuncture, Homeopathy, Osteopathy: Up to HKD9,000 / USD1,150 For Physiotherapy: Paid in full			Not applicable		
Traditional Chinese Medicine	Up to HKD800 / USD100 per visit and up to 20 visits			Up to HKD700 / USD90 per visit and up to 20 visits			Up to HKD600 / USD75 per visit and up to 20 visits if the consultation or treatment occurs within 90 days after discharge from hospital or the date of Daycare Treatment ¹⁵		
Courses of Speech Therapy and Occupational Therapy	Paid in full if treatment occurs within 90 days immediately following discharge from hospital as an in-patient			Paid in full if treatment occurs within 90 days immediately following discharge from hospital as an in-patient			Paid in full if treatment occurs within 90 days immediately following discharge from hospital as an in-patient		

Benefit schedule (cont'd)

	Benefit levels		
	Prestige	Comprehensive	Standard
Other Benefits			
Health Screen (Annual deductible and Pre-existing Condition limitation do not apply to this benefit)	Up to HKD8,000 / USD1,000 Available only after 12 months of continuous cover ¹³	Up to HKD2,400 / USD300 Available only after 12 months of continuous cover ¹³	Not applicable
Pre-existing Conditions ^{6,7}	Policy years 1 & 2: Up to HKD18,000 / USD2,300 Available only after 270 days of continuous cover ¹³	Policy years 1 & 2: Up to HKD18,000 / USD2,300 Available only after 270 days of continuous cover ¹³	Not applicable
Manifested Congenital Conditions ^{6,7}	Subsequent years: Up to HKD36,000 / USD4,600	Subsequent years: Up to HKD36,000 / USD4,600	
Non-Manifested Congenital Conditions	Policy years 1 & 2: Up to HKD18,000 / USD2,300 Available only after 270 days of continuous cover ¹³ Subsequent years: Up to HKD100,000 / USD12,500	Policy years 1 & 2: Up to HKD18,000 / USD2,300 Available only after 270 days of continuous cover ¹³ Subsequent years: Up to HKD100,000 / USD12,500	Policy years 1 & 2: Up to HKD18,000 / USD2,300 Available only after 270 days of continuous cover ¹³ Subsequent years: Up to HKD100,000 / USD12,500
Maintenance of Non Pre-existing Chronic Conditions	Paid in full	Paid in full	Paid in full
Oral and Maxillofacial Surgery	Paid in full	Paid in full	Not applicable
Home Nurse	Paid in full (Subject to pre-authorisation)	Paid in full (Subject to pre-authorisation)	Paid in full (Subject to pre-authorisation)
Ambulance Transport	Paid in full	Paid in full	Paid in full
International Emergency Medical Assistance (Annual deductible does not apply to this benefit)	Paid in full	Paid in full	Paid in full
Psychiatric Treatment ¹⁹	Up to HKD60,000 / USD7,600	Up to HKD50,000 / USD6,300	Up to HKD40,000 / USD5,000
Accidental Damage to Teeth ²⁰	Paid in full	Paid in full	Paid in full
Pre- and Post-natal Complications	Paid in full Available only after 12 months of continuous cover ¹³	Paid in full Available only after 12 months of continuous cover ¹³	Not applicable
New Born Accommodation	Paid in full	Paid in full	Not applicable
Pregnancy and Delivery ¹⁰	Up to HKD110,000 / USD13,800 Available only after 12 months of continuous cover ¹³	Not applicable	Not applicable
Vaccinations (Pre-existing Condition limitation does not apply to this benefit)	Up to HKD5,600 / USD700	Up to HKD2,400 / USD300	Not applicable
Routine Dental Care (Annual deductible and Pre-existing Condition limitation do not apply to this benefit)	80% of eligible expenses incurred up to HKD9,500 / USD1,200	Not applicable	Not applicable
Routine Optical Care (Annual deductible and Pre-existing Condition limitation do not apply to this benefit)	Up to HKD2,200 / USD280	Not applicable	Not applicable
Hospice and Palliative Care	Up to HKD300,000 / USD38,000 in an insured's lifetime Available only after 12 months of continuous cover ¹³	Up to HKD240,000 / USD30,000 in an insured's lifetime Available only after 12 months of continuous cover ¹³	Up to HKD80,000 / USD10,000 in an insured's lifetime Available only after 12 months of continuous cover ¹³
HIV / AIDS Treatment Benefit ¹⁶	Up to HKD1,000,000 / USD125,000 Available only after 5 years of continuous cover ¹³	Up to HKD1,000,000 / USD125,000 Available only after 5 years of continuous cover ¹³	Up to HKD1,000,000 / USD125,000 Available only after 5 years of continuous cover ¹³
Emergency Out-patient Treatment for Accident	Please refer to General Practitioner and Specialist Consultation Charges	Please refer to General Practitioner and Specialist Consultation Charges	Paid in full if treatment occurs within 24 hours after the accident
Compassionate Death Benefit			
Compassionate Death Benefit ¹¹	HKD80,000 / USD10,000	HKD80,000 / USD10,000	HKD80,000 / USD10,000
Second Medical Opinion Services			
Second Medical Opinion Services	Applicable	Applicable	Applicable

Notes: ■ We offer Macau policies denominated in Macau Pataca (MOP) or other available currency(ies).

- Please refer to the policy terms and conditions applying to these benefits. All benefits shall be subject to the provisions of the policy.
- All the limits are subject to the yearly maximum limit, including those benefits which indicate "Paid in full". All limits payable are for an eligible medical condition and they are subject to 100% Reasonable and Customary Charges.
- Please refer to the provisions of the policy in relation to the limitation on the number of consultations per day.
- The Company reserves the right to change all or any part of the policy including the benefit schedule and / or any of the terms and conditions, but only for the reasons shown in the policy on any policy anniversary, unless required by law to make a change during the policy year and we will be obliged to do so before the next policy anniversary.

Frequently Asked Questions

When does my policy become effective?

No health declaration is required for policy acceptance of **Global Elite II** (subject to eligibility and the terms and conditions at the time of application), and your policy becomes effective from the policy date. Simply call your financial consultant to check policy status.

Where can I get medical treatment that is covered by Global Elite II?

Global Elite II will reimburse the eligible costs of medical treatments you received from any registered medical practitioner (including general practitioners or specialists) or health professionals operating anywhere within your chosen area of cover.

Can I get In-patient Treatment or Daycare Treatment without pre-authorisation?

You are recommended to obtain pre-authorisation for your In-patient Treatment or Daycare Treatment, so we can ensure you are fully aware of your coverage prior to receiving treatment. This is to protect you from unexpected costs which may not be eligible for reimbursement by us.

However, if you are unable to obtain pre-authorisation, you need to pay for your treatment costs incurred first, and then submit your claims to us for reimbursement of eligible charges.

How can I make sure I am covered when I need hospitalisation?

We recommend that you contact 24-hour Global Elite Customer Service at (852) 2863 5708 or email acr.hk@asia-assistance.com for pre-authorisation before seeking any non-emergency In-patient or Daycare Treatment.

Do I need to get pre-authorisation prior to seeing my doctor (i.e. Out-patient Treatment)?

Out-patient Treatment does not require pre-authorisation. Once you have received treatment, please send us the completed claim form, duly signed and accompanied with original copies of the official statement of accounts and receipts showing the itemised charges are required and all requested information as indicated on the claim form within 90 days. We will then arrange reimbursement for the cost of all eligible treatments.

What if I migrate to other countries?

Global Elite II provides flexible worldwide coverage to meet your needs. If the insured changes his / her Principal Country of Residence, even within the same area of cover, you need to inform us in writing, provide documentary address proof and obtain our approval. Otherwise, there may be adverse impact on the cover. Approved new premium will take effect on next policy anniversary. If the insured changes the Principal Country of Residence to outside the area of cover, the policy may not be renewed at the next policy anniversary. We reserve our right to terminate the policy if that will expose us to the risk of breach of any applicable laws or regulations or economic sanctions. In any event, **if the insured changes his / her Principal Country of Residence to the USA and the area of cover is "Worldwide", the maximum amount of charges incurred in USA paid or payable under the policy for any medical condition will be capped at 60% of the relevant eligible charges.**

How can I enquire about claims?

Applicable to policies issued in Hong Kong

Before the insured receives a medical service, you may contact 24-hour Global Elite Customer Service at (852) 2863 5708 or email acr.hk@asia-assistance.com to enquire about the eligibility of claims and reimbursement limits from us. We will provide a response within 2 working days.

Applicable to policies issued in Macau

Before the insured receives a medical service, you may contact 24-hour Global Elite Customer Service at (852) 2863 5708 or email acr.hk@asia-assistance.com and request for an estimate of the amount that may be claimed under your policy contract or to enquire about the eligibility of claims and reimbursement limits from us. We will provide a response within 2 working days. Our estimate is for reference only, and the actual amount claimable by you shall be subject to our claim assessment and the final expenses charged by medical specialists or hospitals.

How do I make a claim?

We need the designated form with due proof from you within 90 days of the treatment being given. No worry, simply call your financial consultant, contact 24-hour Global Elite Customer Service at (852) 2863 5708 or email acr.hk@asia-assistance.com. We will help you process your claim as quickly as possible.

What if I need emergency medical help?

Wherever you are, just call our International Emergency Medical Assistance hotline to get immediate emergency assistance¹².



Global Elite II at a glance

Premium payment term	Up to age 100
Benefit period	Up to age 100 ³
Issue age	14 days old – age 80
Premium [^]	<ul style="list-style-type: none"> ■ Will be adjusted based on the insured's attained age ■ Premiums are not guaranteed
Payment mode	Annual
Benefit levels	Prestige, Comprehensive or Standard ¹
Area of cover options	"Asia", "Worldwide excluding USA", or "Worldwide" ⁴
Deductible options (annual) [#]	"Zero", "HKD12,000 / USD1,500", "HKD40,000 / USD5,000", or "HKD100,000 / USD12,500"
Policy application	No health declaration ²
Policy renewability	Guaranteed annual renewal until the insured reaches the age of 100 ³

[^] Please refer to **Premium adjustment** under the section Important information and the policy contract for details.

[#] We offer Macau policies denominated in Macau Pataca (MOP) or other available currency(ies).

Glossary

Cancer Treatment: Medically necessary treatment intended to shrink, stabilise or slow the spread of cancer, or related to the diagnosis of cancer, received as an in-patient, daycare patient or out-patient including but not limited to palliative treatment, radiotherapy, chemotherapy or target therapy, but does not include treatment that is provided solely to relieve symptoms.

Daycare Treatment: Treatment at a hospital or daycare unit where the insured requires a procedure, eligible for benefit, medically necessitating admission to a hospital bed but not requiring an overnight stay.

In-patient Treatment: Treatment in a hospital where the insured has to stay in a hospital bed for one or more nights.

Manifested Congenital Condition: A genetic physical or biochemical defect, malformation or anomaly, present at birth and was known, manifested or diagnosed before the policy date.

Non-Manifested Congenital Condition: A genetic physical or biochemical defect, malformation or anomaly, present at birth but was unknown and not manifested nor diagnosed before the policy date.

Out-patient Treatment: Treatment given by a medical practitioner or Chinese medical practitioner at an out-patient clinic, a medical practitioner's or Chinese medical practitioner's consulting room or in a hospital where the insured is not admitted to a bed for In-patient Treatment or Daycare Treatment.

Pre-existing Condition: Any medical condition which during the 5 years preceding the policy date:

- (i) has been diagnosed; or
- (ii) for which the insured has received medication, advice or treatment; or
- (iii) which the insured reasonably has known about based on the Company's appointed medical doctor's opinion; or
- (iv) for which the insured has experienced symptoms even if the insured has not consulted a medical practitioner.

Principal Country of Residence: The country where the insured lives or intends to live for most of the policy year being 185 days or more and which will be shown as the place of residence in our records. Hong Kong, Macau and Taiwan are respectively considered as country for the purposes of the policy.

Reasonable and Customary Charge(s): The charges for treatment, procedure, supplies or other medical services which are medically necessary but do not exceed the general level of charges at the location for such treatment, procedure, supplies or other medical services. Where applicable, we in our reasonable opinion, will determine whether any charge for treatment is a Reasonable and Customary Charge when we consider the charges inappropriate.

Trouble Free: When the insured:

- (i) has not had any medical opinion (which includes but not limited to follow-up consultation and regular check-up) from a medical practitioner including general practitioners, specialists or other health professionals; and
 - (ii) has not taken any medication (including over the counter drugs) or followed a special diet; and
 - (iii) has not had any medical treatment;
- for the medical condition or any associated medical condition.

Important information

Disclosure obligation for underwriting

All information, statements and descriptions provided by you and/or the insured to us shall be guaranteed as truthful by you/the insured and shall form an inseparable part of the policy. If there shall be any non-disclosure or fraud on the part of the insured, we shall have the right to terminate the policy, refuse to make any payment or apply different terms of cover and/or premium increase at any time we, in our absolute discretion, consider appropriate.

Subject to our rights in the case of fraud, the policy shall be re-underwritten, if any personal particulars of the insured have been misstated or a change of personal particulars is not notified to us, the benefits payable under the policy will be calculated on the basis of the correct personal particulars and the premiums paid. If with the correct personal particulars, the insured was not insurable according to our requirements, the policy (including any attached endorsement and supplements) will be void from the policy date and we reserve the right in our sole and absolute discretion not to refund any premium paid. If a claim has been paid in respect of the insured who was not insurable according to our requirements, you are required to repay to us on demand the amount of that claim.

During re-underwriting process, we consider a number of factors including but not limited to financial risk, personal risk and moral hazard risk during re-underwriting process.

Cooling-off period

If you are not completely satisfied with the policy, you have the right to cancel the policy and obtain a refund of any premium(s) paid provided that there is no claim payment made under the policy prior to your request for cancellation.

For policy issued in Hong Kong: To exercise this right, please return the policy (if applicable) and send your signed written notice of cancellation directly to our Customer Service at Suite 2001, 20/F, Tower Two, Times Square, 1 Matheson Street, Causeway Bay, Hong Kong within **21 calendar days** immediately following either the day of delivery of the policy or the notice of policy issuance (notifying you of the cooling-off period) to you or your nominated representative (whichever is earlier). The policy will then be cancelled and a refund of any premium(s) paid and any levy paid will be returned to you.

For policy issued in Macau: To exercise this right, please return the policy (if applicable) and send your signed written notice of cancellation directly to our Customer Service at Avenida do Infante D. Henrique No.43-53A, 20 Andar, The Macau Square, Macau within **21 calendar days** immediately following the day of delivery of the policy to you or your nominated representative. The policy will then be cancelled and a refund of any premium(s) paid will be returned to you in policy currency.

Cancellation

After the cooling-off period, the policy owner can request cancellation by giving 30 days prior written notice to the Company, provided that there has been no benefit payment during the relevant policy year. No premium or proportion of the premium will be refunded to the policy owner if cancellation is initiated by the policy owner and accepted by the Company before the expiry date.

Policy currency

If your policy is denominated in a currency other than your local currency, you may face an exchange rate risk. Upon currency conversion, the amounts you receive and the premiums you pay may vary as a result of changes in exchange rate.

Premium adjustment

The initial premium is based on the age of the insured at the time of policy issuance and other factors including but not limited to Principal Country of Residence of the insured and the benefit level of your policy. Premium rates are not guaranteed and may be adjusted by the Company at any of the policy anniversaries if necessary. We consider factors including but not limited to (i) the Company's claims and policy persistency experience and (ii) expected claim outgo from all policies under this plan in future years, reflecting the impact of medical trend, medical cost inflation and product feature revisions.

Non-payment of premium

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.

Automatic revision of benefits

We have the right to change the terms and conditions of the policy at policy anniversary and will notify you of the change in writing no less than 21 days in advance of the policy anniversary. In the event that we are required by law to make a change during the policy year, for example if a new tax is introduced, we will be obliged to do so before the next policy anniversary.

Termination

The policy will automatically terminate upon the earliest occurrence of any of the following:

- (a) when the insured dies or immediately following the insured's 100th birthday; or
- (b) when any premium remains unpaid at the end of the grace period; or
- (c) when the policy is cancelled by the policy owner by giving a written notice; or
- (d) if there shall be any misrepresentation, non-disclosure or fraud on the part of the insured and / or policy owner; or
- (e) there is a breach of any applicable regulation and / or law and / or economic sanctions; or
- (f) when the right of policy termination is exercised pursuant to the cross-border provision of the policy.

Once terminated, the policy shall cease to have effect. Where the policy is terminated during the policy year, no part of the premium will be refunded, irrespective whether a claim has or has not been made in that policy year.

Claim Procedures

All claims (including but not limited to pre-authorisation, reimbursements and bill settlement) under the policy shall be handled according to such terms and conditions as detailed in the service guide as we may specify from time to time in our absolute discretion.

If you/insured makes a claim which is in any way dishonest, we reserve the right to not pay any benefits, or if we have already paid benefits before we discover the dishonesty, we reserve the right to recover those benefits from you and/or terminate the policy.

The payment of any claim does not discharge you/insured's obligations on the fulfillment of the terms and conditions under the policy. We are not obliged to pay the ongoing costs of continuing, or similar, treatment, even where we have previously paid for this type of or similar treatment, if it is subsequently noted that this claim is not an eligible treatment.

Overall Limits

The benefits covered under the policy are subject to the following:-

- Yearly maximum as shown in the benefit schedule for your relevant benefit level.
- Area of cover: If the "Outside Area of Cover" of the benefit schedule applicable to the policy shows "Emergency treatment only", then emergency Treatment or Treatment of a Medical Condition which arises suddenly whilst the insured is outside the area of cover of the policy will also be covered.
- Reasonable and Customary Charges: If the charges are higher than the Reasonable and Customary Charges, we will only pay the amount which is, in our experience, customarily charged and you will have to pay the rest.
- Deductibles: Deductible applies to all benefits unless otherwise stated in the benefit schedule. Applicable deductible will apply to reduce the amount of payable Cash Benefit, if any.

Please refer to the policy contract for details.

Reasonable and customary charges and medically necessary treatments

We will only reimburse the reasonable and customary charges actually incurred for eligible treatments that are covered under the policy which are medically necessary. If the charges are higher than the reasonable and customary charges, we will only pay the amount which is reasonably and customarily charge.

We will base the calculation of reasonable and customary charges on a combination of our global experience, 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.

Key exclusions and limitations

The following tests, investigations, treatments, items, conditions, activities and their related or consequential expenses are excluded from the policy and the Company shall not be liable for:

- (1) Any Pre-existing Conditions including associated medical conditions unless covered under "Treatment of Pre-existing Conditions" provision of the policy.
- (2) Pregnancy or childbirth (delivery), unless this is specifically included in benefit schedule of the policy. For the avoidance of doubt, under the "Pre- and Post-natal Complications" benefit of Prestige and Comprehensive benefit levels, we will pay for treatment of complications which is due to and occurs during the pregnancy except if the pregnancy was a result of any form of assisted conception or through non-medically necessary caesarean section. We will send you a list of medical conditions we pay for upon your request.
- (3) Treatment begun, or for which the need had arisen, during the first 90 days after birth for any child conceived by artificial means or any form of assisted conception including artificial insemination.
- (4) Termination of pregnancy or any consequences of it, except where eligible under the "Pre- and Post-natal Complications" benefit (applicable to Prestige and Comprehensive benefit levels only).
- (5) Investigations into and treatment of infertility, contraception, assisted reproduction, sterilisation (or its reversal) or any consequence of any of them or of any treatment for them.
- (6) Treatment of impotence or any consequence of it.
- (7) Treatment of sexually transmitted diseases.
- (8) Sex change including treatment which arises from or is directly or indirectly made necessary by a sex change.
- (9) Treatment of any medical condition which arises in any way from Human Immunodeficiency Virus (HIV) infection and Acquired Immune Deficiency Syndrome (AIDS) unless specified in the section "HIV / AIDS Treatment Benefit" of the policy contract.
- (10) Treatment of obesity, the removal of fat or surplus tissue from any part of the body whether or not it is needed for medical or psychological reasons.
- (11) The costs of collecting donor organs for transplant surgery or any administration costs involved even if such transplants are allowed by the terms of the policy.
- (12) Treatment which arises from or is directly or indirectly caused by a deliberately self-inflicted injury or an attempt at suicide.
- (13) Treatment which arises from or is in any way connected with alcohol abuse or drug or substance abuse.
- (14) Treatment to correct long or short-sightedness or astigmatism.
- (15) Treatment directed towards developmental delay whether physical or psychological or learning difficulties.
- (16) Preventive (i.e.: prophylactic) treatment.
- (17) Vaccinations and routine or preventative medical examinations, including routine follow-up consultations, unless allowed for by the benefit schedule of the policy and accepted by us in writing.
- (18) The costs of providing or fitting any external prosthesis or orthosis, appliance or durable medical equipment unless otherwise agreed by the Company.
- (19) Standard toiletries such as, but not limited to shampoos, soaps, tooth-pastes, contraceptives, proprietary headache and cold cures, and vitamins which may be bought over the counter, without prescription, at a local pharmacy nor do we pay for telephone calls.
- (20) Orthodontics, periodontics, endodontics, preventative dentistry and general dental care including fillings, no matter who gives the treatment unless provided for by the policy and agreed, in writing, by us.

- (21) Claims in respect of treatment received outside the area of cover except as allowed for by your “Outside Area of Cover” benefit or if the insured travelled against medical advice even inside the area of cover.
- (22) Treatment of injuries sustained from playing professional sport or from base jumping, cliff diving, flying in an unlicensed aircraft or as a learner, martial arts, free climbing, mountaineering with or without ropes, scuba diving to a depth of more than 10 metres, trekking to a height of over 2,500 metres, bungee jumping, canyoning, hang gliding, hot air balloon, paragliding or microlighting, parachuting, potholing, skiing off piste or any other winter sports activity carried out off piste.
- (23) Any treatment specifically excluded by the terms shown on an endorsement or any documents forming part of the policy.
- (24) Any charges which are incurred for social or domestic reasons or for reasons which are not directly connected with treatment.
- (25) Any charges from health spas, nature cure clinics (or practitioners) or any similar place, even if it is registered as a hospital.
- (26) Any claim or part of a claim in respect of which you have to pay an excess (or deductible or co-insurance). In this case we will only pay the balance of the claim after we have deducted the excess (or deductible or co-insurance) amount.
- (27) Any charges made by medical practitioner, hospital, laboratory or any such medical services which are not Reasonable and Customary Charges.
- (28) Any charges for treatment related to and / or the correction of Manifested Congenital Conditions or Non-Manifested Congenital Conditions and / or deformities whether or not manifest and / or diagnosed or known about at birth unless specifically indicated in the benefit schedule of the benefit level of the policy.
- (29) Any charges for items not listed in the benefit schedule applicable to the policy.
- (30) Charges incurred during a period for which the premium has not been paid.
- (31) Genetic tests, including any counseling made necessary following genetic tests, even when those tests are undertaken to establish whether or not the insured may be genetically disposed to the development of a medical condition in future.
- (32) Treatment required as result of engaging in criminal activities.
- (33) Treatment for all types of sleep disorders including for insomnia, snoring.
- (34) Cryopreservation; implantation or re-implantation of living cells or living tissue, whether autologous or provided by a donor.
- (35) Any loss, damage, liability or claims arising from or in connection with acts or omission of any third-party service providers, including without limitation those providing Second Medical Opinion Services and International Emergency Medical Assistance and all other services available to you or the insured under the policy.

Special terms apply in the following cases.

- (1) The following tests, investigations, treatments, items, conditions, activities and their related or consequential expenses are excluded from the policy and the Company shall not be liable for:
 - (a) Cosmetic (aesthetic) surgery or treatment.
 - (b) Any treatment which relates to or is needed because of previous cosmetic treatment. However we will pay for initial treatment plan for reconstructive surgery if:
 - i. it is carried out to restore function after an accident or following surgery for a medical condition, provided that the insured has been continuously covered under the policy since before the accident or surgery happened; and
 - ii. it is done at a medically appropriate stage after the accident or surgery; and
 - iii. we agree the cost of the treatment in writing before it is done.
 - (c) Any dental procedure unless provided for by the policy. However, under Prestige and Comprehensive benefit levels, we will pay for some surgical procedures which need to be carried out by an oral and maxillofacial surgeon. We will send you a list of these recognised procedures upon request.
 - (d) Hormone replacement therapy, except when it is medically indicated (rather than for the relief of physiological symptoms), when we will pay for the consultations and for the cost of the implants or patches (but not tablets). We will only pay benefits for a maximum of 18 months from the date of the first consultation.
 - (e) Treatment which, in our opinion, has not been established as being effective or is experimental or is in trial stage unless such treatment is recognised as appropriate by a local public authority and we have agreed, before such treatment begins, in writing with the treating medical practitioner, what the fees will be.
- (2) We will not pay for any treatment if they are rendered as a result of nuclear contamination, biological contamination or chemical contamination, or as a result of the insured’s participation in war (whether declared or not), terrorist act, act of foreign enemy, invasion, civil war, riot, rebellion, insurrection, revolution, overthrow of a legally constituted government, explosions of war weapons or any event similar to one of those listed. This includes any treatment needed as a result of the insured exposing himself / herself to needless peril, such as going to a place of unrest as an active onlooker or a spectator.

For details and the latest list of exclusions, please refer to the policy contract.

Levy on insurance premium (Only applicable to policies in Hong Kong)

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

Rights of third parties

Applicable to policies issued in Hong Kong

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.

Applicable to policies issued in Macau

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. The benefit details of Prestige, Comprehensive and Standard benefit levels are listed in the benefit schedule of this product brochure. This is not a contract of insurance. Further details of the terms, conditions, exclusions and limitations are provided in the **Global Elite II** policy contract.
2. When the insured applies for the policy, the Company will not ask any questions about the insured's medical history. However, when a claim is made, we will assess whether the medical condition of the insured is a Pre-existing Condition. Applicant must be aged between 14 days old and 80 years old (inclusive) at the time of application. For a newborn to be insured, he / she must have been fully discharged from the hospital at the time of enrollment. Applicant whose Principal Country of Residence is USA will not be eligible for application. We reserve the right not to accept applications that will expose us to the risk of breach of any applicable laws or regulations or international economic sanctions. Policy application is also subject to the terms and conditions and availability of **Global Elite II** at the time of application.
3. Subject to all the terms and conditions of the **Global Elite II** policy and the availability of **Global Elite II** at the time of renewal, you have a guaranteed right to renew the policy by advance payment of the appropriate annual premium on each policy anniversary. If the insured changes the Principal Country of Residence to outside the area of cover, the policy may not be renewed at the next policy anniversary. We reserve our right to terminate the policy if the change will expose us to the risk of breach of any applicable laws or regulations or economic sanctions.
4. The Company defines "Asia", "Worldwide excluding USA" and "Worldwide" as follows:
 - "Asia": Afghanistan, Australia, Bangladesh, Bhutan, Brunei, Cambodia, mainland China, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, North Korea, Pakistan, Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan, Vietnam
 - "Worldwide excluding USA": worldwide excluding the USA
 - "Worldwide": worldwide
5. The insured must have been covered under the policy for 2 consecutive years and the annual premium must be duly paid. Request for such arrangement can only be made once per lifetime of the insured.
6. In order to be eligible for the Pre-existing Conditions benefit and / or the Manifested Congenital Conditions benefit, the insured must be covered by either the Prestige or Comprehensive benefit level for at least 270 consecutive days from the policy date, subject to other requirements as mentioned in the relevant policy contract.
7. Both the Pre-existing Conditions benefit and the Manifested Congenital Conditions benefit share the same aggregate annual limit, thus any claims paid under one of these 2 benefits will reduce the remaining benefit available for both.
8. The Pre-existing Conditions benefit will cover eligible treatment(s) under the following circumstances:
 - (a) those that took place during the first 2 policy years following the policy date, but after 270 days following the policy date; and
 - (b) those that took place after the 2 years following the policy date, but when the insured has not been Trouble Free for 2 consecutive years.
9. In order to be eligible to claim for treatments up to the annual limits under the respective benefits subject to the yearly maximum amount, the insured must have fulfilled the requirement of Trouble Free for at least 2 consecutive years immediately before the need of such treatment arises.
10. In order to be eligible for the Pregnancy and Delivery benefit, the insured must have attained over the age of 18. This benefit is only available for charges incurred after the insured has been covered for at least 12 consecutive months under the Prestige benefit level and has effected annual renewal of the same benefit level for the coming policy year.
11. In case of the death of the insured (excluding accidental death) within 1 year from the policy date, the paid premium or Compassionate Death Benefit as stated in the benefit schedule of the benefit level of the policy, whichever amount is lower, shall be payable. If the insured commits suicide within 1 year from the policy date, whether sane or insane, no Compassionate Death Benefit under the plan shall be payable.
12. Provision of the services is subject to the policy terms and conditions. AXA reserves the right to amend such terms and conditions thereof from time to time without prior notice.
13. Please refer to the provisions of the policy for details of the waiting period requirements for each of the benefits.
14. Cash Benefit will be payable if the insured:
 - (a) receives an eligible In-patient Treatment within the area of cover, provided no other cost is or will be borne by us for that eligible treatment; or
 - (b) is a resident of Hong Kong and is confined in a general ward of a public hospital in Hong Kong, where he / she incurred public charges for the In-patient Treatment; or
 - (c) is a resident of Macau and is confined in a general ward of a public hospital in Macau, where he / she incurred public charges for the In-patient Treatment.
15. The insured is entitled to only one post-hospitalisation consultation or follow-up per day under either Post-Hospitalisation Benefit or Traditional Chinese Medicine benefit.
16. This benefit is only for In-patient Treatment of HIV/AIDS associated and underlying conditions. It becomes available if the signs or symptoms occur for the first time after the insured has been insured under the policy for 5 consecutive years.
17. Service is provided by third-party service provider(s). The Company and the third party service provider(s) reserve the right to amend the terms and conditions 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(s).
18. We will extend in-patient rehabilitation to a maximum of 180 days per policy year for eligible in-patient rehabilitation necessitated by severe central nervous system damage caused by an external trauma.
19. For insured on standard benefit level, this benefit is available where the insured receives psychiatric treatment as In-patient Treatment or daycare treatment.
20. This benefit covers the initial treatment only; it does not cover any follow-up treatment.

- Notes:
- Unless otherwise specified, all ages mentioned in this product brochure refer to the age of the insured on his or her last birthday.
 - Please contact your financial consultant for availability of other currency(ies).
 - According to the rules of the Voluntary Health Insurance Scheme ("VHIS"), a one-off migration facilitation will be offered to existing policy owners of individual indemnity hospital insurance within 10 years since the full implementation of VHIS on 01 April 2019. Invitation will be issued to the relevant policy owners when we initiate the migration offer.

Global Elite II Health Plan is underwritten by AXA China Region Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability) ("AXA", the "Company", or "we").

The plan is subject to the terms, conditions and exclusions of the relevant policy contract. 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 contract, 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 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 importance of mental health through different products and services such as offering free mindfulness practice resources through Mind Charger which is fully accessible to our customers and the public via our holistic wellness platform AXA BetterMe.

AXA also takes part in a wide range of ESG initiatives and programmes both globally and locally. AXA Group established AXA Climate School and Net-Zero Insurance Alliance in 2021 and set out various global green targets such as reaching €26 billion in green investments by 2023 and achieving carbon neutrality by 2025. In Hong Kong, AXA pledges to reduce paper usage via digitisation and is the first insurer to join the 'Green Monday ESG Coalition'. As of Feb 2022, AXA Hong Kong's green investments have exceeded HKD4 billion. We strive to contribute to a sustainable future as an investor, insurer and an exemplary company.



**Global Elite II Health Plan
Product brochure**

November 2022

Hong Kong

Tel : (852) 2802 2812

Fax : (852) 2598 7623

www.axa.com.hk



Macau

Tel : (853) 8799 2812

Fax : (853) 2878 0022

www.axa.com.mo



If you do not wish to receive promotional or direct marketing materials from AXA, please inform Data Privacy Officer, AXA China Region Insurance Company (Bermuda) Limited, Suite 2001, 20/F, Tower Two, Times Square, 1 Matheson Street, Causeway Bay, Hong Kong / Avenida do Infante D. Henrique No.43-53A, 20 Andar, The Macau Square, Macau. AXA shall, without charge to you, ensure that you are not included in future direct marketing activities.

(Only for use in Hong Kong Special Administrative Region and Macau Special Administrative Region)