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Medical protection
MediPartner Health Plan

Considerable medical protection



Product brochure

The hassle-free solution to medical protection

Having quality medical protection is essential to safeguard your well-being. Our **MediPartner Health Plan** (“**MediPartner**” or “this Plan”) offers exceptional healthcare protection at affordable premiums. The cashless arrangement¹ also adds to convenience and efficiency, allowing you to focus on recovery when illness strikes.



Highlights



Full cover¹ and cashless arrangement¹ for hospitalisation and surgical treatment, up to an annual limit of HKD3,800,000 and a lifetime limit of HKD30,000,000



Post-hospitalisation and additional caring benefits give you special care while in need



Guaranteed renewal² until the insured reaches the age of 100



Full cover¹ and cashless arrangement¹ with MedPlus Service Provider

MediPartner will fully cover all the eligible hospitalisation and surgical expenses for confinement in a standard semi-private room at MedPlus Service Provider (“MedPlus”), subject to our pre-authorisation* and an annual limit of HKD3,800,000 and a lifetime limit of HKD30,000,000.

In addition to full cover¹, you will enjoy the convenience of cashless arrangement¹ when seeking treatment with MedPlus if your hospitalisation and surgical expenses have been pre-authorised. This will save you from the hassle of settling medical bills and filing claims.

* For eligible treatment at MedPlus where you have not sought written pre-authorisation, co-insurance of your chosen benefit level will apply which means you will share a percentage of the costs.

MedPlus Service Provider[^]

- more than 400 medical specialists in Hong Kong
- 11 private hospitals in Hong Kong

[^] Subject to change from time to time without prior notice

Flexibility of cover

You are also free to receive treatment at any medical specialists or hospitals in Hong Kong and Asia³ subject to co-insurance of your chosen benefit level. After the annual deductible amount (if any) has been exhausted, we will reimburse you the eligible cost incurred:

	Superior benefit level	Standard benefit level
Reimbursement percentage	95% (i.e. 5% co-insurance)	80% (i.e. 20% co-insurance)

For treatment outside Asia³, we will only cover immediate treatment required due to emergency and it will be subject to co-insurance of the relevant benefit level.

3 deductible options to suit your budget

Under **MediPartner**, there are 3 options of annual deductible amount for selection:

- ✓ Zero
- ✓ HKD15,000
- ✓ HKD30,000

Note: We offer Macau policies denominated in Macau Pataca (MOP).

Annual deductible amount is the amount you agree to bear each policy year before we pay any medical claims. If you are currently covered by other medical plans, you may choose a higher annual deductible amount to enjoy preferential premium. You can also apply for changing your annual deductible amount at any policy anniversary subject to our acceptance.

Reduced deductible for extra peace of mind

To offer you with greater support, if you are hospitalised when you are in the midst of changing jobs (“job changing period”⁴), the annual deductible amount will automatically be reduced by 50% for up to 3 months, if proof of the job change is provided to the Company within 90 days after you have been confined in a hospital.

In addition, you can switch to a lower annual deductible amount without providing a health declaration at the policy anniversary of age 55, 60 or 65⁵, allowing you more flexibility in retirement planning.

One-stop care for you

On top of pre-hospitalisation outpatient benefit, our support is extended to taking care of your needs after hospitalisation. **MediPartner** will offer you post-hospitalisation benefits such as Post-hospitalisation Outpatient and Post-hospitalisation Physiotherapy / Chiropractor.

To give you extra financial support, we will pay you a lump sum cash as Rehabilitation Benefit when you are regaining health after a critical surgery. We also provide other additional caring benefits to keep you worry free while you are recuperating (must be recommended by the attending medical practitioner within 90 days after being discharged from hospital), such as:

- 🏠 Home Nursing
- 🧠 Psychological Counselling
- 🍽️ Dietician Consultation

Lifetime guaranteed renewal²

MediPartner is guaranteed renewable² until the insured reaches the age of 100, giving you extra security throughout your life journey.

Extra services

AXA Assistance Programme**

As our valued customer, you will automatically be entitled to use a free international assistance service. In the event of an emergency during a business trip or holiday, you can simply contact the 24-hour worldwide alarm centres for help.

AXA Wellness Programme**

To help you achieve a balanced and healthy life, we present you a variety of exclusive wellness products and services.

** The provision of services is subject to the terms and conditions of the AXA Assistance Programme and AXA Wellness Programme respectively. All services are provided by designated third party service providers. 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). For further details, please refer to the terms and conditions in their service leaflets.



Illustrative example 1

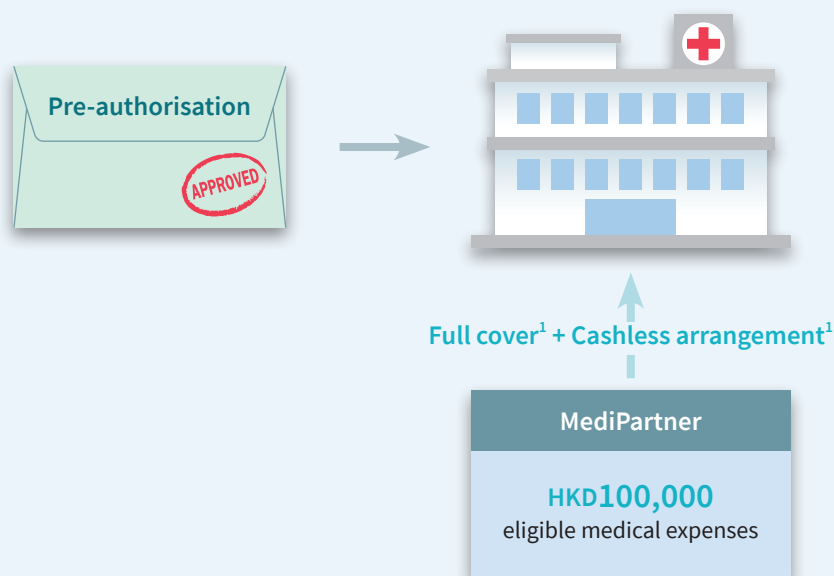
This illustrative example is for reference only.

Mr. Chan has a **MediPartner** policy with “Zero” annual deductible amount. He has chosen the Standard benefit level.

Scenario 1 :

- **MedPlus medical specialist + MedPlus hospital**
- **Zero annual deductible amount**

Two years after taking out the policy, Mr. Chan is referred by a MedPlus medical specialist to undergo a surgery in a MedPlus hospital. Upon pre-authorisation approval, he is admitted to the hospital for the pre-authorised treatment and stays in a standard semi-private room. A medical bill of HKD100,000 is incurred.



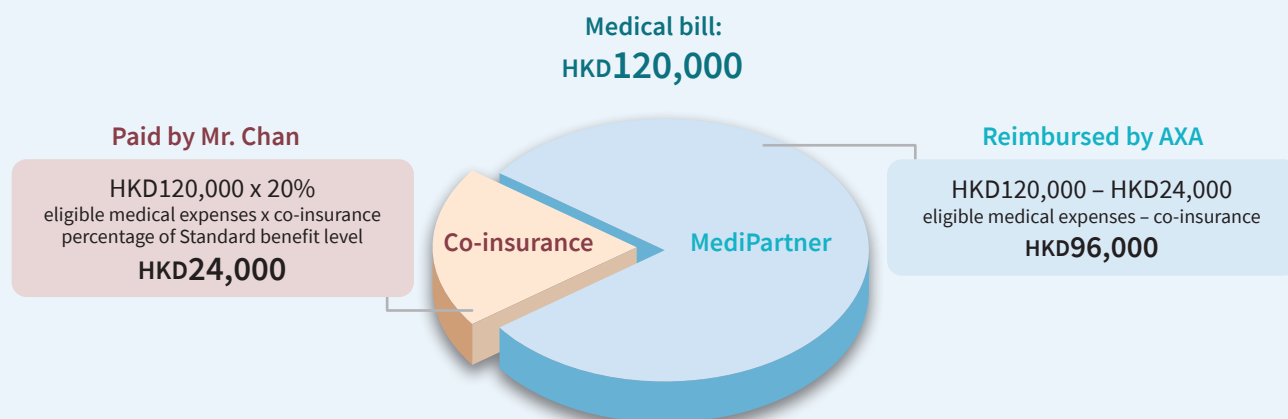
For this hospitalisation and surgery received at MedPlus, AXA will fully and directly settle the cost of HKD100,000 with the hospital for Mr. Chan.

Illustrative example 1 (cont'd)

Scenario 2 :

- Non-MedPlus medical specialist + MedPlus hospital
- Zero annual deductible amount
- Standard benefit level

In the 6th policy year, Mr. Chan consults a non-MedPlus medical specialist and is confined in a standard semi-private room of a MedPlus hospital for a surgery. The hospital bill is HKD120,000.



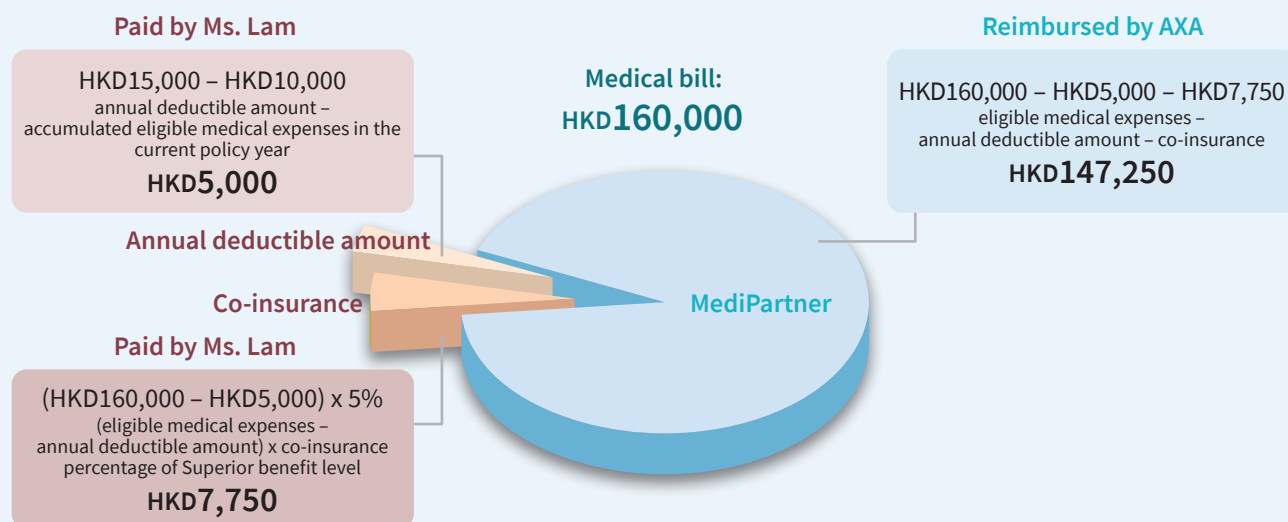
As the consulted medical specialist is non-MedPlus, cashless arrangement¹ is not available and this claim is subject to a 20% co-insurance under the Standard benefit level. Mr. Chan will settle the medical bill first. He will pay out-of-pocket HKD24,000 as co-insurance and claim for the remaining HKD96,000 under **MediPartner**.

Illustrative example 2

This illustrative example is for reference only.

- Hospitalisation in Asia³ (MedPlus only covers medical specialists and hospitals in Hong Kong)
- HKD15,000 annual deductible amount
- Superior benefit level

Ms. Lam has a **MediPartner** policy with “HKD15,000” annual deductible amount. She has selected the Superior benefit level. In the 5th policy year, she is confined in a standard semi-private room of a hospital in Japan for a planned treatment. A medical bill of HKD160,000 is incurred. Prior to this treatment, she has incurred eligible expenses of HKD10,000 for a minor surgery during the same policy year.



Under the Superior benefit level, Ms. Lam’s confinement in Japan will be subject to a 5% co-insurance. As such, she will pay an annual deductible amount of HKD5,000 and co-insurance of HKD7,750, and claim for the remaining HKD147,250 under **MediPartner**.

Benefit schedule

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

	Maximum amount (HKD)	Description			
Lifetime limit	\$30,000,000	The maximum total amount of all benefits (excluding Compassionate Death Benefit) paid and payable under the policy			
Annual limit	\$3,800,000	The maximum total amount of all benefits (excluding Compassionate Death Benefit) paid and payable in each policy year			
Annual deductible amount	Zero, \$15,000 or \$30,000	The amount deducted from the eligible medical expenses before any benefits are payable (excluding Compassionate Death Benefit) in each policy year			
Entitled room level ^a	Standard semi-private room	Confinement is limited to standard semi-private room, if a confinement is in a room of class higher than standard semi-private room, the benefit payable will be adjusted in accordance with the terms and conditions of the policy contract			
		Maximum amount (HKD)		Cashless arrangement ¹ (i.e. credit facility)	
		MedPlus Service Provider ^b	Non-MedPlus Service Provider ^c		
			Superior benefit level		Standard benefit level
1. Confinement Benefits					
1.1 Daily Room & Board	Full cover for eligible medical expenses	95% reimbursement for eligible medical expenses	80% reimbursement for eligible medical expenses	Yes	
1.2 Medical Practitioner’s Visit in Hospital				Yes	
1.3 Miscellaneous Hospital Expenses				Yes	
1.4 Inpatient Specialist’s Fee				Yes	
1.5 Intensive Care				Yes	
1.6 Hospital Companion Bed ■ Cover charges incurred for a maximum of two extra beds for insured’s companion during his / her stay in hospital				Yes	
1.7 Inpatient Private Nursing Fee ■ Cover charges of nursing services during hospital confinement rendered by a qualified nurse, subject to written referral from the attending medical practitioner	Full cover and up to 30 days per policy year	95% reimbursement and up to 30 days per policy year	80% reimbursement and up to 30 days per policy year	Yes	
1.8 Daily Hospital Cash (for confinement in general ward of public hospital in Hong Kong)	Not applicable	\$1,000 per day and up to 90 days per policy year		Not applicable	
1.9 Daily Hospital Cash (for confinement in general ward of private hospital in Hong Kong and Macau)	\$750 per day and up to 90 days per policy year			Not applicable	
2. Surgical Benefits					
2.1 Surgeon’s Fee	Full cover for eligible medical expenses	95% reimbursement for eligible medical expenses	80% reimbursement for eligible medical expenses	Yes	
2.2 Anaesthetist’s Fee				Yes	
2.3 Operating Theatre				Yes	
2.4 Day Case Surgery ^d				Yes	
2.5 Clinical Surgery ^d				Yes	
2.6 Medical Appliances ■ Cover charges for (i) pacemaker; (ii) stents for Percutaneous Transluminal Coronary Angioplasty; and (iii) prosthesis implanted during surgery or replacement of body part	\$150,000 per policy year			No	
3. Pre-hospitalisation and Post-hospitalisation Benefits					
3.1 Pre-hospitalisation Outpatient (maximum 1 visit per day) ■ Cover outpatient consultation for a covered sickness or injury which occurs within 60 days immediately prior to the insured’s hospitalisation for the same covered sickness or injury	\$800 per visit and up to 3 visits per policy year			No	
3.2 Post-hospitalisation Outpatient (maximum 1 visit per day) ■ Cover follow-up outpatient consultation for a covered sickness or injury within 90 days after the insured’s discharge from hospital	\$800 per visit and up to 20 visits per policy year			No	
3.3 Post-hospitalisation Physiotherapy / Chiropractor (maximum 1 visit per day) ■ Cover physiotherapist / chiropractor consultation within 90 days after the insured’s discharge from hospital, subject to written referral from the attending medical practitioner	\$700 per visit and up to 15 visits per policy year			No	

Benefit schedule (cont'd)

	Maximum amount (HKD)			Cashless arrangement ¹ (i.e. credit facility)
	MedPlus Service Provider ^b	Non-MedPlus Service Provider ^c		
		Superior benefit level	Standard benefit level	
3.4 Cancer Treatment ^e ■ Cover charges for chemotherapy, radiotherapy, target therapy and hormonal therapy performed on inpatient or outpatient basis	Full cover of eligible medical expenses	95% reimbursement of eligible medical expenses	80% reimbursement of eligible medical expenses	Yes
3.5 Kidney Dialysis ^f ■ Cover charges of dialysis performed on inpatient or outpatient basis				Yes
4. Additional Caring Benefits				
4.1 Home Nursing ■ Cover charges for nursing services rendered by a qualified nurse at insured's home after the insured has undergone critical major / super major operation ■ This benefit is applicable within 90 days after hospital discharge and subject to written referral from the attending medical practitioner	\$1,500 per day and up to 30 days per policy year			No
4.2 Rehabilitation Benefit ■ A cash benefit is payable if the insured has undergone critical major / super major operation	\$10,000 per disability			Not applicable
4.3 Psychological Counselling (maximum 1 visit per day) ■ Cover counselling or consultation with a psychologist or a psychiatrist after the insured has undergone critical major / super major / major operations or has stayed in a hospital for 7 consecutive days or longer ■ This benefit is applicable within 90 days after hospital discharge and subject to written referral from a medical practitioner	\$1,500 per visit and up to 5 visits per policy year			No
4.4 Dietician Consultation (maximum 1 visit per day) ■ Cover consultation with a dietician after the insured has undergone critical major / super major / major operations or has stayed in a hospital for 7 consecutive days or longer ■ This benefit is applicable within 90 days after hospital discharge and subject to written referral from a medical practitioner	\$600 per visit and up to 5 visits per policy year			No
4.5 Hospice and Palliative Care ■ Cover charges incurred for the insured's stay in, and care and nursing services provided by a registered hospice	\$60,000 per policy			No
5. Accidental Treatment Benefits				
5.1 Emergency Outpatient Treatment for Accident ■ Cover charges incurred for emergency outpatient treatment within 24 hours of the accident	\$10,000 per policy year			No
5.2 Dental Treatment for Accident ■ Cover charges incurred for accidental dental treatment within 14 days following the accidental damage to natural teeth	\$40,000 per policy year			No
6. Compassionate Death Benefit	\$50,000			Not applicable

Note: We offer Macau policies denominated in Macau Pataca (MOP).

a Confinement is limited to standard semi-private room, which means a single-bed with a shared bath / shower room or a room shared by two people for the insured's use during a confinement. The benefit payable for a particular claim will be adjusted to 50% if a room of class is upgraded from standard semi-private room to private room. If a confinement is in a room of class higher than private room, the benefit payable for that particular claim will be adjusted to 25%.

b To enjoy full cover for eligible medical expenses using MedPlus Service Provider: (i) any medically necessary treatment or service must be referred and performed by, and obtained at, a MedPlus Service Provider; and (ii) hospital treatment must be obtained at a hospital which is listed in the latest list of MedPlus Service Provider and referred by a specialist and performed by the specialist provided that the specialist is also listed in the latest list of MedPlus Service Provider; and (iii) pre-authorisation must be obtained from the Company for any medical treatment or service or for hospital confinement; and (iv) for emergency medical treatment outside the normal office hours of the Company, insured shall obtain subsequent authorisation from us on the next working day immediately after receiving such treatment; and (v) AXA Health Card must be presented upon registration for treatment and used for medical bill settlement.

c Unless otherwise stated in the benefit schedule, co-insurance will be applicable for the eligible medical expenses for any of the following conditions: (i) where insured has sought treatment or services in a non-MedPlus Service Provider; or (ii) where insured has not sought written pre-authorisation from the Company even when seeking or receiving treatment or services in a MedPlus Service Provider; or (iii) for any treatment or services received due to emergency outside the area of cover.

d Day case surgery and clinical surgery mean surgical procedures which may be carried out at day-case unit of a hospital or a clinic by a medical practitioner where a stay in hospital is not medically necessary, provided that the surgical procedure is classified as such by the Company.

e This benefit will not be payable if the insured suffered from cancer within 60 days following the policy date or any date of reinstatement of the policy, whichever is later.

f This benefit will not be payable if the insured suffered from chronic and irreversible kidney failure within 60 days following the policy date or any date of reinstatement of the policy, whichever is later.

Frequently asked questions

How can I find the list of MedPlus Service Provider?

MedPlus Service Provider consists of more than 400 medical specialists and 11 private hospitals in Hong Kong. You can log in to "Emma by AXA" mobile app to download the list of MedPlus Service Provider after your policy takes effect.

What do I need to do to enjoy full cover¹ and cashless arrangement¹ under MediPartner?

When you consult a MedPlus medical specialist, the specialist will submit a pre-authorisation form to AXA, specifying your diagnosis, recommended treatment and the estimated medical expenses at selected MedPlus hospital. In the meantime, you will need to provide your personal particulars and endorse a credit card authorisation to pay for any shortfall or expenses if the actual cost of treatment exceeds your coverage in the pre-authorisation form or the medical expenses are not eligible for reimbursement. Once the pre-authorisation is approved, AXA will issue a pre-authorisation letter. To enjoy full cover¹ and cashless arrangement¹, simply present it and your AXA Health Card at the time of hospital admission.

For emergency treatment, you will need to obtain authorisation from us on the next working day immediately after receiving such treatment. Full details of the pre-authorisation procedures will be specified in the service guide which will be provided to you together with the policy contract after your policy takes effect.

May I change my benefit level after the policy takes effect?

Yes, you may apply for change in benefit level at any policy anniversary subject to the acceptance by the Company.

How can I enquire about claims?

Applicable to policies issued in Hong Kong

Before the insured receives a medical service, you may contact us by telephone (852) 2802 2812, fax (852) 2598 7623 or email cs@axa.com.hk 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 us by telephone (853) 8799 2812, fax (853) 2878 0022 or email ma.enquiry@axa.com.mo 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.

What should I do if I need to make a claim?

Simply call your financial consultant or contact us at:

Hong Kong
(852) 2802 2812, fax (852) 2598 7623 or
email cs@axa.com.hk

Macau
(853) 8799 2812, fax (853) 2878 0022 or
email ma.enquiry@axa.com.mo

We will help you process your claim as soon as possible.

MediPartner at a glance

Premium payment term	Up to age 100
Benefit period	Up to age 100
Issue age	Age 0 – 65
Premium [^]	<ul style="list-style-type: none">■ Will be adjusted based on the insured's attained age■ Premiums are not guaranteed
Annual deductible amount options [#]	Zero, HKD15,000 or HKD30,000
Benefit levels	Superior (with 5% co-insurance) or Standard (with 20% co-insurance)
Policy renewability	Guaranteed annual renewal ² until the insured reaches the age of 100

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

[#] We offer Macau policies denominated in Macau Pataca (MOP).



Important information

Disclosure obligation for underwriting

You have to ensure that the following events will not occur: (a) any material fact affecting the risk is incorrectly stated in or omitted from the application form or any statement or declaration made by the policy owner and/or insured, or (b) the policy or any renewal has been obtained through any misstatement, misrepresentation or suppression, or (c) any claim under this policy is fraudulent or exaggerated.

Otherwise, the policy shall be re-underwritten and may be void at the sole and absolute discretion of the Company and any benefits obtained as a result of such events shall become immediately payable to the Company and the Company reserves the right to recover from the insured or policy owner any cost related to the void policy.

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

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 the gender and risk class 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 benefit

The Company may revise the benefit coverage and future premiums from time to time, such that the adequacy of coverage under the plan can be maintained. We will notify you in writing no less than 21 days in advance of the policy anniversary.

Submission of claims

We must receive due proof in the form specified by us within 90 days after the disability was first attended or treated or diagnosed. Original statement of accounts and receipts showing itemised expenses are required. If we do not receive due proof within the time specified, it must be shown to our satisfaction that due proof was submitted to us as soon as was reasonably possible, or we will not pay any benefit.

For compassionate death benefit, we must be notified in writing of the insured's death within 30 days after such death (as the case may be).

Other insurance or sources

If the insured or policy owner is entitled to a reimbursement of all or part of the expenses incurred from any other insurance or sources, the Company will only be liable for such amount in excess of the amount payable under such other insurance or sources. You must tell us on the claim form if you think any of the costs can be claimed from anyone else or under another insurance policy or source. Where necessary, we retain the right to deduct such refund from any impending or future claim settlements payable by us.

Renewal

Provided the plan and benefit level you are on is still available, you have a guaranteed right to renew this policy on the terms and conditions applicable at the time of renewal by paying the premium in advance.

The Company reserves the right to revise the benefits, terms and conditions and premiums under this policy upon policy renewal. Any such revision and adjustment will apply to the policy automatically unless the policy owner supplies the Company with a written notice to cancel the policy within 30 days after the renewal takes effect in which case the policy will be terminated.

Termination

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

- (a) on the death of the insured; or
- (b) when the policy lapses, is cancelled or surrendered; or
- (c) when the shortfall is not settled within 15 days of receipt of a shortfall advice from the Company; or
- (d) when the right of policy termination is exercised pursuant to the cross-border provision of the policy; or
- (e) on the policy anniversary immediately following the insured's 100th birthday.

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 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) our internal claim statistics and/or our global experience; and
- (e) the extent or level of benefit insured.

Key exclusions

We will not pay any benefit (other than the Compassionate Death Benefit) under the policy in respect of any disability (covered injury or covered sickness) resulting directly or indirectly from or in respect of any of the following:

- (1) covered sickness which is contracted and commences within 30 days following the policy date or within 10 days following any date of reinstatement, whichever is later; or
- (2) pregnancy, childbirth or miscarriage, sterilisation, infertility, pre-natal care or post-natal care and any related treatment or treatment of congenital anomalies; or
- (3) narcotics used by the insured unless taken as prescribed by a medical practitioner or misuse or overdose of any drug or alcohol abuse or being under the influence of alcohol; or
- (4) any self-inflicted injury or suicide, whether sane or insane; or
- (5) cosmetic surgery, eye glasses, corrective aids and treatment of refractive errors or any optional surgery; or
- (6) dental care or surgery unless resulting (directly and independently of all other causes) from a covered injury (excluding denture and related expenses); or
- (7) health check-up (whether with or without any positive finding(s), convalescence, custodial or rest care); or
- (8) acquisition and transportation of organ for organ transplantation; or
- (9) agaricus blazei murill, antelope horn powder, antler, cordyceps, cubilose, donkey-hide gelatin, ganoderma, all kinds of ginseng, hippocampus, moschus, pearl powder and placenta hominis; or
- (10) treatment or surgery for tonsils, adenoids or hernia or a disease peculiar to the female generative organs unless the insured has been continuously covered under the policy for a period of 120 days from the policy date or any date of reinstatement, whichever is later; or
- (11) circumcision before attaining the age of 12; or
- (12) treatment for sexually transmitted diseases or sexual problems such as impotence, whatever the cause(s), disease or infection with any human immunodeficiency virus (HIV) and / or any HIV-related illness including Acquired Immune Deficiency Syndrome (AIDS) and / or any mutations, derivations or variations thereof; or
- (13) any attempt or commission of assault or unlawful act by the insured; or
- (14) any act due to war, declared or not, military, naval or air service for any country at war, declared or not; or
- (15) any confinement, treatment, procedure, supplies or other medical services which are not medically necessary; or
- (16) any charges exceeding the reasonable and customary charges; or
- (17) nuclear, biological or chemical contamination (NBC) and terrorism; or
- (18) treatment or tests carried out to the insured's injury or illness are not consistent with customary medical treatment or diagnosis; or
- (19) procurement or use of medical appliances and medical devices of the insured including but not limited to spectacles, contact lenses, hearing aids or wheelchairs (unless medical appliances and medical devices are covered under Benefit 1.3 and 2.6 as stated in the benefit schedule); or
- (20) any confinement primarily for physiotherapy or for the investigation of signs and / or symptoms with diagnostic imaging, laboratory investigation or other diagnostic procedures; or
- (21) experimental and / or unconventional medical technology / procedure / therapy performed on the insured or novel drugs / medicine / stem cell therapy not yet approved by the government, relevant authorities and recognised medical association in the locality; or
- (22) services or treatment in any long term care facility, rehabilitation institution, spa, hydroclinic, sanatorium, nursing home or home for the aged that is not a hospital; or
- (23) all expenses during the days of home leave taken by the insured in any confinement including but not limited to room & board charges and miscellaneous hospital services charges; or
- (24) mental disorder, psychological or psychiatric conditions, behavioural problems or personality disorder of the insured unless such occurrence is covered by psychiatric treatment; or
- (25) any inherited disorder or developmental conditions (only applicable if the disorder gives rise to signs or symptoms or was diagnosed before the insured reaches the age of 16) of the insured; or
- (26) sleep disorders (except for the treatment of sleep apnea which is life threatening as confirmed by a specialist and approved by the Company in advance); or
- (27) treatment of obesity (including morbid obesity), weight control programmes or bariatric surgery (except when bariatric surgery is necessary as confirmed by a specialist after failure of conventional treatments and approved by the Company in advance); or
- (28) pre-existing conditions or recurrence of chronic pre-existing conditions prior to the policy date or any date of reinstatement, whichever is later.

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.

Suicide exclusion

If the insured commits suicide within 1 year from the policy date or any date of reinstatement, whichever is later, whether sane or insane, the Compassionate Death Benefit will be limited to a refund of the premiums paid without interest. The amount of premiums to be refunded will be calculated from the policy date or any date of reinstatement, whichever is later.

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. We will provide full cover and cashless arrangement (i.e. credit facility) upon pre-authorisation when the insured seeks treatment with MedPlus Service Provider subject to the terms and conditions of the policy contract and any applicable benefit schedule. You may require to pay annual deductible amount (if applicable) and / or co-insurance (if applicable) before full cover is available. For the terms and conditions of full cover, annual deductible amount, co-insurance and cashless arrangement, please refer to the benefit schedule and policy contract.
2. **MediPartner** guarantees annual renewability by paying the applicable premium in advance, subject to the availability of the plan and the benefit level you have chosen. We reserve the right to revise the benefits, terms and conditions and premiums under the policy upon policy renewal. Any such revision and adjustment will apply to the policy automatically unless policy owner supplies the Company with a written notice to cancel the policy within 30 days after the renewal takes effect in which case the policy will be terminated.
3. We define "Asia" as follows: Afghanistan, Bangladesh, Bhutan, Brunei, Cambodia, mainland China, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Malaysia, Maldives, Mongolia, Myanmar, Nepal, North Korea, Pakistan, Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan and Vietnam.
4. Job changing period refers to the period from the date of termination of employment of the insured to the date of commencement of the group medical coverage of the succeeding employment of the insured (excluding the latter day), subject to a maximum period of 3 months from the date of termination of such employment for which the insured has worked for the same employer for 1 year consecutively and excludes self-employment.
5. The policy owner may apply for lowering of the annual deductible amount (if applicable) of the policy at age 55, 60 or 65 of the insured within 31 days before or after the relevant policy anniversary without providing further evidence of insurability on the insured. This right can only be exercised once during the lifetime of the insured.

Notes:

- Unless otherwise specified, all ages mentioned in this product brochure refer to the age of the insured on his or her last birthday.
- The Company reserves the right to revise the benefits, terms and conditions and premiums under this Plan on any policy anniversary.
- 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.

MediPartner Health Plan is underwritten by AXA China Region Insurance Company (Hong Kong) Limited ("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 provisions, which will be made available by the Company upon request.



**MediPartner Health Plan
Product brochure**

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