



Global Protect Health Plan
Prestige Plus

Your handbook

Small Corporate
Hong Kong
October 2021

Welcome to your plan

Claims and questions

+44 (0)1892 556 013

24 hours a day

Toll free 800933241 (within Hong Kong)

Emergency Assistance

+44 (0)1892 513 999

24 hours a day

Toll free 800933241 (within Hong Kong)

24 hour medical help and information

+44 (0)1892 772 578

Talk to a medical professional at any time,
day or night

This plan is arranged by AXA Global Healthcare (Hong Kong) Limited, administered by AXA Global Healthcare (UK) Limited and underwritten by AXA General Insurance (Hong Kong) Limited.

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Expert health information

Expert health information
you can trust 24/7

+44 (0)1892 772 578

We're here whenever you need to talk to a medical expert – not just when you need to claim.

Get the latest information on vaccinations or health precautions before travelling. Check on symptoms that are worrying you. Understand the facts on a health condition. Or simply call for support and reassurance.

- ✓ Nurses, midwives, pharmacists and counsellors ready to talk to you. Midwives and pharmacists are available Monday to Friday from 08:00 to 20:00 GMT; Saturday and UK public holidays from 08:00 to 16:00 GMT; and Sunday 08:00 to 12:00 GMT.
- ✓ Completely confidential and completely separate from our claims service.

You can choose to remain anonymous with no record of your call. Or you can ask us to make a note of your call in case you want to call again.

We can't diagnose medical conditions or prescribe medicine, but we can give the latest information about specific illnesses and conditions, treatments and medicine, as well as provide guidance and support.

Manage your plan online

Your AXA member hub is the easy way to manage your plan, make claims and stay in touch.

You will also be able to access your Customer online account via your AXA member hub.

You'll need your plan number and your customer number from your certificate to register. The lead member must register first.

Customer Online will allow you to:

- ✓ Manage your plan and update your details
- ✓ View your plan details
- ✓ Check your treatment is covered
- ✓ Send us a query
- ✓ Make a claim
- ✓ Check your claims and membership statements
- ✓ View your statements
- ✓ Send us documents
- ✓ Request money transfers
- ✓ Available to all family members on your plan aged 18 and over.
- ✓ Find a hospital or medical practitioner
- ✓ Stay up to date with health and security updates around the globe
- ✓ Get the latest expert health facts and information
- ✓ Case management
- ✓ Access support when your health condition is complicated

1 Introduction to your plan

This section explains the basics of **what you are covered for**. It also tells you some of the key things that are not covered too.

Reading this section will help you to understand the rest of the information in the handbook.

The tables in this section only give you an outline of your cover. For full details, please read the rest of your handbook too.

- 1.1 › Currency that applies to your plan
- 1.2 › Countries where you are covered
- 1.3 › Your overall plan limit
- 1.4 › Your cover
- 1.5 › The main things we don't cover
- 1.6 › Your cover for emergency treatment in the USA – for members who have not added USA cover
- 1.7 › Your cover for emergency evacuation and repatriation

Words and phrases in bold type

Some of the words and phrases we use in this handbook have a specific meaning, for example, when we talk about treatment.

We've highlighted these words in bold. You can find their meanings in the definitions.

You and your

When we use **you** and **your**, we mean the lead member and any family members covered by your plan.

We, us and our

When we use **we**, **us** or **our**, we are referring to AXA Global Healthcare (UK) Limited acting on behalf of AXA General Insurance (Hong Kong) Limited which is the insurance company that underwrites this product.

1.1 › Currency that applies to your plan

Your **plan** is available in USD only. We will pay you in the currency that you request when you make a claim.

The currency must be in our list of currencies we can pay in. To see the list please call us on +44 (0)1892 556 013 or toll free on 800933241 (within Hong Kong).

We will use the exchange rate listed in the Financial Times Guide to World Currencies on the day of your **treatment** for **out-patient** and **day-patient treatment**, and the day of your admission for **in-patient treatment**.

Where there are currency or exchange rate controls in place, we may not use the rate listed in the Financial Times. In these circumstances, we may contact you to request evidence of the exchange rate used when you purchased the currency and we will use that exchange rate to reimburse you.

1.2 › Countries where you are covered

Your cover applies for **treatment** you receive in any country excluding the USA.

If you have added the optional USA cover, your cover applies for **treatment** you receive in the USA too. Your membership statement will show if you have USA cover.

Country where you normally live

The **country of residence** is the country where the **lead member** lives or intends to live for most of the policy **year**. It will be shown on your certificate of insurance. You must tell us if there is any change to the **country of residence**.

1.3 › Your overall plan limit

This table shows the maximum amount we will pay for claims, per **year**, for each **member** covered by your **plan**.

Some parts of your cover have their own separate limits, which are all listed in this handbook.

Overall plan limit

Overall **plan** limit per member

\$8,000,000 (USD)

- Does not apply to evacuation and repatriation costs.

» See 1.7 Your cover for emergency evacuation and repatriation

Wherever you see ‘\$’ throughout this handbook we are referring to US Dollars

1.4 › Your cover

In-patient or day-patient cover		
	Limit details	Note
Hospital and day-patient unit fees	✓ Within your overall policy limit	Fees for in-patient or day-patient: • standard accommodation • psychiatric treatment • diagnostic tests • use of the operating theatre • nursing care • drugs • dressings • radiotherapy and chemotherapy • physiotherapy • surgical appliances that the medical practitioner uses during surgery. » See 3.5 Hospitals where you can have your treatment, 3.6 Accommodation we will pay for at the hospital where you are treated.
Medical practitioner fees	✓ Within your overall policy limit	Fees for: surgeons, anaesthetists and physicians. » See 3.4 Who can provide your treatment
Emergency treatment in the USA (does not apply if you have added USA cover)	✓ Up to 10 weeks treatment , with a total limit of \$48,000	This is to cover emergency in-patient or day-patient treatment of a medical condition that arises suddenly whilst you are in the USA. Note: this benefit is only applicable if you do not have the USA upgrade.
Emergency out-patient cover which arises suddenly whilst you are in the USA (not applicable with USA upgrade)	✓ Up to \$3,200	
Cash payment when there has been no charge for your treatment or for your stay in hospital	✓ \$240 per night	We pay this when: • you are admitted for in-patient treatment before midnight • we would have covered your treatment if you had had it privately. If your plan has an excess, we will not take this off this cash payment.

In-patient or day-patient cover continued		
	Limit details	Note
Accommodation for one parent while a child is in hospital	✓ Within your overall plan limit	Covers the cost of one parent staying in hospital with a child under 18. The child must be covered by your plan and be having treatment that is covered by your plan .
Hotel accommodation for one parent while a child is in hospital	✓ Up to \$160 a night up to \$800 a year	Covers towards the costs for one parent to stay near to the hospital where a child under 18 is having treatment . The child must be having treatment covered by the policy at a hospital that is not in their home town. If you have an excess, we will not take this off this cash payment.

Out-patient cover		
	Limit details	Note
Surgery	✓ Within your overall plan limit	» See 3.4 Who can provide your treatment
CT, MRI or PET scans	✓ Within your overall plan limit	CT = Computerised Tomography MRI = Magnetic Resonance Imaging PET = Positron Emission Tomography » See 3.4 Who can provide your treatment, 3.5 Hospitals where you can have your treatment.
Drugs and dressings	✓ Within your overall plan limit	The drugs and dressings must be for treatment of a medical condition that we cover and must be prescribed by a medical practitioner .
Medical practitioner consultation fees	✓ Within your overall plan limit	This includes any out-patient medical practitioner's consultation fees that are related to in-patient or day-patient treatment you receive.
Virtual doctor service	✓ Unlimited video appointments Unlimited doctor call backs	Access to a Virtual Doctor service for unlimited video appointments and telephone consultations. To register and use the service please visit: https://virtualdoctorfromaxa.com Using this service will not impact any out-patient limit on your plan . If your plan has an excess, you do not have to pay the excess if you claim for the Virtual Doctor service.

1 Introduction to your plan continued

1.4 › Your cover continued

Out-patient cover continued		
	Limit details	Note
Mind Health	✓ Up to 6 sessions, per condition each year	Mind Health is available for certain conditions through the Virtual Doctor service and provides telephone consultation sessions with a psychologist. Using the service will not impact any out-patient limits on your plan . If your plan has an excess, you do not have to pay the excess if you use the Mind Health service.
Psychiatric treatment	✓ Paid in full up to 30 visits	» See 4.22 Mental health
Diagnostic tests	✓ Within your overall plan limit	Including diagnostic tests related to in-patient or day-patient treatment .
Physiotherapy treatment	✓ Paid in full up to 35 sessions	
Vaccinations	✓ \$800 per year	When given by a medical practitioner or nurse. Limit applies to the combined cost of administering the vaccine and the cost of the vaccine itself.
Complementary practitioner fees	✓ Paid in full up to 35 sessions	
Fees and prescription costs for Chinese medicine	✓ Paid in full up to 15 sessions at \$160 per session	
Other cover		
	Limit details	Note
External prosthesis	✓ Up to \$8,000 for the lifetime of your membership.	We will pay this benefit towards the cost of providing an external prosthesis . If your plan has an excess, you do not have to pay the excess if you claim for this cash benefit.

Other cover continued		
	Limit details	Note
Ambulance transport	✓ Within your overall plan limit	Type of ambulances covered: • road ambulance • air ambulance if appropriate. Reasons when transport by ambulance is covered: • for emergency transport to or between hospitals; or • when a medical practitioner says that you need to have medical supervision while you are being transported.
Emergency evacuation and repatriation	✓ Included	If your plan has an excess, you do not have to pay the excess if you claim for emergency evacuation. » See 1.7 Your cover for emergency evacuation and repatriation
Cash payment if you have free chemotherapy or radiotherapy	✓ \$240 a day up to \$8,000 a year	If you choose to have free day-patient or out-patient chemotherapy or radiotherapy to treat cancer. We will only pay this if the treatment would have been covered by your plan. If your plan has an excess, you do not have to pay the excess if you claim for this cash payment. This cover only applies when you have not had to pay for your treatment or for your stay in hospital. » See 4.5 Cancer
Nurse to give you chemotherapy or antibiotics by intravenous drip at home	✓ Paid in full for up to 28 days per year	We will pay for treatment: • at home • somewhere else that is appropriate. We will pay for a nurse to give you either of the following by intravenous drip: • chemotherapy to treat cancer • antibiotics. This is so long as: • you would otherwise need to be admitted for in-patient or day-patient treatment • the nurse is working under the supervision of a medical practitioner.

1 Introduction to your plan continued

1.4 › Your cover continued

Other cover continued		
	Limit details	Note
External prostheses during active treatment of cancer . Spinal supports, knee braces, or pneumatic walking boots if they are part of a surgical procedure .	✓ \$5,600 per year	
Wigs or other temporary head coverings during active treatment of cancer	✓ \$640 per year	If your plan has an excess, you do not have to pay the excess.
Kidney dialysis	✓ \$120,000 per year	Kidney dialysis required due to chronic kidney failure. These limits do not apply to dialysis required in the six weeks during preparation for kidney transplant.
Eye test	✓ Paid in full for one eye test per year	» See 4.21 Long sightedness, short sightedness and astigmatism
Prescription glasses and contact lenses	✓ \$320 per year	We will pay this so long as the glasses or lenses are used to correct your vision. » See 4.21 Long sightedness, short sightedness and astigmatism
Routine pregnancy and childbirth Antenatal consultations, postnatal consultations, screening and monitoring.	✓ Up to \$19,200	This cover starts to apply from 10 months after the pregnant member joins the plan unless we have told you otherwise on your membership statement. » For details, see 4.26 Pregnancy and childbirth or call us on +44 (0)1892 556 013 or toll free on 800933241 (within Hong Kong)
Medical conditions that arise during pregnancy and childbirth	✓ Yes – covered up to the limits that apply in the rest of the plan.	» For details, see 4.26 Pregnancy and childbirth or call us on +44 (0)1892 556 013 or toll free on 800933241 (within Hong Kong)
HIV/AIDS	✓ Up to \$64,000	» For details, see 4.1 AIDS/HIV

Other cover continued		
	Limit details	Note
Palliative care	✓ Up to 30 days	» For details, see 4.25 Palliative care
Accidental damage to teeth	✓ \$16,000 per year	The damage must be due to an external impact. Other conditions also apply. » See 4.37 Teeth and dental conditions
Dental treatment	✓ 80% of the cost up to a maximum of \$5,600 per year	If your plan has an excess, you do not have to pay the excess if you claim for dentist fees. » See 4.37 Teeth and dental conditions
Health check	✓ \$640 per health screen for each member named on the plan.	
Disability compensation cover	✓ Up to \$160,000	The limit depends on the disability suffered. » See 4.11 Disability compensation cover If your plan has an excess, you do not have to pay the excess on claims for disability compensation.

1.5 › The main things we don't cover

There are a few things that your plan is not designed to cover. We have listed the most significant things here, but please check the detail in the rest of your handbook.

Your plan does not cover	Notes
✗ Treatment of medical conditions you had, or had symptoms of, before you joined	Your plan is designed to cover necessary treatment of new medical conditions that arise after you join. » See 3.2 How your plan works with pre-existing conditions and symptoms of them
✗ Non-emergency treatment you receive in the USA, unless you have added USA cover	If you have added USA cover, your cover extends to treatment in the USA too. » See 1.2 Countries where you are covered and 1.6 Your cover for emergency treatment in the USA
✗ The costs of arranging treatment	Your plan does not cover your costs for arranging treatment, such as phone calls and travelling expenses.

1 Introduction to your plan continued

1.6 › Your cover for emergency treatment in the USA – for members who have not added USA cover

Your **plan** is designed to cover you for **treatment** outside the USA. It also gives you some emergency cover in the USA.

What cover do I have in the USA?

We will pay for **in-patient** or **day-patient treatment** needed for an emergency **medical condition** that you suffer suddenly while you are in the USA.

We will not pay if you have travelled to the USA to get **treatment**, or if you have travelled against medical advice that is listed by either; the Government of The Hong Kong Special Administrative Region via the outbound Travel Alert of the Security Bureau (SB) official website (www.sb.gov.hk/eng/ota) or the UK Foreign Office.

1.7 › Your cover for emergency evacuation and repatriation

Call us on +44 (0)1892 513 999 or Toll free on 800933241 (within Hong Kong) for emergency evacuation and repatriation.

We will cover the costs of emergency evacuation if:

- you are, or need to be, admitted as an emergency **in-patient**, and
- our appointed doctor and the treating doctor believe your current or nearest medical facilities are not able to provide the **treatment** you need.

We will cover the costs of repatriating you if we have agreed to cover your emergency evacuation.

We will not cover the cost of evacuating or repatriating you if you decide to travel elsewhere for **treatment** and we believe the nearest medical facilities are adequate for your **treatment**. This includes if you decide you want to travel back to the **country of residence** for your **treatment**.

What to do if you need emergency transportation in Africa

If you receive an injury or suffer from an illness and cannot be medically treated in the area where the incident has occurred we can arrange for you to be transported to the nearest and most appropriate medical facility, in Africa, to receive medical **treatment**.

This service is offered:

- to members who are not yet admitted to **hospital** but following a firm diagnosis by a medical professional; and
- when it is clear that it is not medically appropriate to be treated where you are.

How emergency evacuation and repatriation cover works

If you are admitted as an emergency **in-patient** and you or the treating doctor believe that the local medical facilities are not adequate to treat you, ask somebody to call our emergency number.

We will appoint a doctor who will be able to assess the facilities and the evacuation or repatriation service detailed at the beginning of this section will apply.

What costs we will cover

If the doctor we appoint decides that the facilities are not adequate to treat you, we will cover the reasonable costs of either:

- evacuating you to a suitable medical **facility** for **treatment** in the country you are in; or
- evacuating you to a suitable medical **facility** in a different country for **treatment**.

When you are discharged from the medical **facility** you were evacuated to, we will cover the costs of repatriating you to one of the following:

- the place or **country of residence**
- a country that you hold a passport for.

We will cover these costs so long as we have agreed the method of transport to be used, and date and time of your evacuation or repatriation before it takes place.

We will also cover the cost of any necessary **treatment** given to you by our chosen evacuation agency while they are moving you.

Repatriation following death

If you die outside a country you hold a passport for, we will cover the cost of transporting your body back to a port or airport in:

- the **country of residence**, or
- a country you hold a passport for.

The relevant exclusions for emergency evacuation and repatriation also apply to repatriation following death.

Will other members of my family or friends be able to travel with me?

If the member who needs to be evacuated or repatriated is under 18, we will cover the additional reasonable and necessary transport and accommodation costs for someone, aged 18 or over, to accompany them on their journey. If the member who needs to be evacuated or repatriated is over 18, we may agree to cover these costs if we believe it is medically appropriate.

Once our member reaches their evacuation destination, we will not cover the accompanying person's further costs.

What cover do I have if a family member covered by an AXA General Insurance (Hong Kong) Limited plan is evacuated or repatriated?

Your cover depends on whether they are evacuated or repatriated either from the location where you both normally live or whether you are travelling together at the time.

If you are travelling away from home with a **family member** who is covered by an AXA General Insurance (Hong Kong) Limited plan and they are evacuated or repatriated, we will pay for your additional reasonable and necessary transport and accommodation costs that result from the evacuation or repatriation. We will do this if it is medically appropriate for you to travel with the **family member**.

If you are both at the location where you normally live and they have to be evacuated or repatriated from that location, we will pay for your additional reasonable and necessary transport costs that result from the evacuation or repatriation. We will do this if it is medically appropriate for you to travel with the **family member**. We will not cover your accommodation costs.

What will happen to my travel ticket?

Any unused portion of the travel tickets belonging to you or anyone that we evacuate with you will immediately become our property. You must give the tickets to us.

Can I choose to travel to a particular country for treatment?

You can choose to go to a particular country for **treatment**, but we will not cover the cost of travelling to that country. Once you are in that country, the terms of your **plan** apply as normal.

1 Introduction to your plan continued

Exclusions that apply to your cover for emergency evacuation and repatriation

You are not covered for emergency evacuation or repatriation if any of the following apply:

- the **medical condition** does not need immediate emergency **in-patient treatment**
- the **medical condition** does not prevent you from travelling or working
- the **medical condition** is directly or indirectly caused by a deliberately self-inflicted injury, suicide or an attempt at suicide
- the **medical condition** is in any way connected with alcohol abuse, drug abuse or substance abuse
- the **medical condition** is a result of engaging in or training for any sport for which you receive a salary or monetary reimbursement, including grants or sponsorship (unless you only receive travel costs)
- the **medical condition** is a result of 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, paragliding or microlighting, parachuting, potholing, skiing off piste or any other winter sports activity carried out off piste
- the evacuation would involve moving you from a ship, oil-rig platform or similar off-shore location
- we have not approved the evacuation or repatriation first
- we have not been told about the **medical condition** within 30 days of the condition becoming an emergency (unless this was not reasonably possible)

- the **medical condition** is a result of nuclear, biological or chemical contamination, war (whether declared or not), 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
- the emergency occurs when you are on a leisure trip to a destination to which either the UK Foreign and Commonwealth Office or the Government of the Hong Kong Special Administrative Region via the outbound Travel Alert of the Security bureau (SB) official website either advises against all travel, or advises against all travel on holiday or non-essential business.

Limits on our liability under your cover for emergency evacuation and repatriation

We will not be liable for:

- any failure or delay in providing emergency evacuation or repatriation
- injury or death while you are being moved.

These limits do not apply if the failure or delay is caused by our negligence or the negligence of someone we have appointed to act for us.

2 Making a claim

1

Get in touch with us before you see the **medical practitioner**

Call us on:

- +44 (0)1892 556013
Toll free 800933241 (within Hong Kong)
- For **treatment** in the USA, call us on
+1 800 308 2611

Make sure you contact us before you see the **medical practitioner** or have any **treatment**.

We'll be able to explain your cover so you don't end up having to pay for **treatment** you're not covered for.

2

We'll check your cover and let you know what happens next

We may ask you to provide more information, for example from your **medical practitioner**. You, or your **medical practitioner** must provide us with the information we ask for as soon as reasonably possible so that we can assess your claim.

2.1 › How we pay claims

About our network of hospitals

We have arrangements for making direct payments with some **hospitals**.

You can check these in our network of hospitals, which you can find through your member hub.

The **hospitals** in the network of hospitals are continuously reviewed, so you should always check with us before arranging any **treatment**.

Paying claims for in-patient and day-patient treatment at a hospital where we have arrangements for making direct payments

If you have your **treatment** at a **hospital** listed in our network of hospitals, we will pay the **hospital** directly for **treatment** covered by your **plan**.

Always remember to contact us before you have your **treatment** so we can set up any direct payment arrangements with the **hospital** before your visit.

Paying claims for in-patient and day-patient treatment at other hospitals

If you have **treatment** that you are covered for at a **hospital** that is not in our network of hospitals, we may still be able to pay the **hospital** directly.

Always remember to contact us before you have your **treatment** so we can set up any direct payment arrangements with the **hospital** before your visit.

Paying claims for out-patient treatment

If you have **out-patient treatment**, most providers will ask you to pay for your **treatment** and then make your claim to us. However, some providers will allow you to have your **out-patient treatment** on the understanding that they will claim the cost back from us. You can search for an **out-patient** provider at: axaglobalhealthcare.com/customer.

You may be asked to show your AXA membership card and a separate form of photo ID when you have your **treatment**.

The **treatments** that we will cover directly at certain medical providers are:

- Medical practitioner/family doctor consultations
- specialist consultations
- prescription drugs and dressings
- minor **diagnostic tests**, for example x-rays or ultrasounds
- blood tests
- up to the first five sessions of physiotherapy (you will need to ask us to pre-approve further sessions)
- vaccinations.

If it turns out that your **treatment** is not covered, you will be asked to pay for the cost of the **treatment**.

How should I claim if I have already paid for my treatment?

If you want to claim for medical bills you have paid yourself, you must make your claim within six months unless that is not reasonably possible.

Please contact us on the claims number or at axaglobalhealthcare.com/customer and we will explain how to claim.

If you pay for any **treatment** yourself, always get a fully receipted invoice that shows how much you have paid for the **treatment**. You will need this if you want to claim, and for your own records.

If your **treatment** is being provided as part of a package, we will reimburse the cost of the package once all **treatment** has taken place. If your **treatment** provider is able to provide a breakdown of the **treatment** you have received to date, we may be able to reimburse some of the costs before the package of **treatment** is complete.

We may ask you to provide more information to support your claim, for example your card receipt or a copy of your statement. You must provide us with the information we ask for as soon as reasonably possible so that we can assess your claim.

We will pay you for the cost of the **treatment** we cover. If it turns out that your **treatment** or part of it is not covered, we will not reimburse you for the cost of the **treatment** that is not covered.

What happens if I receive a bill?

If you receive a bill, please contact us on the claims number.

We'll explain how to send the bill to us so that we can assess it.

What should I do if I need further treatment?

If you need further **treatment**, please call us first to confirm your cover.

What currency will I be paid in?

We will pay you in the currency that you request when you make a claim. The currency must be in our list of currencies we can pay in. To see the list please call us on +44 (0)1892 556 013 or toll free on 800933241 (within Hong Kong) or check your AXA member hub.

We will use the exchange rate listed in the Financial Times Guide to World Currencies on the day of your **treatment** for **out-patient** and **day-patient treatment**, and the day of your admission for **in-patient treatment**.

Where there are currency or exchange rate controls in place, we may not use the rate listed in the Financial Times. In these circumstances, we may contact you to request evidence of the exchange rate used when you purchased the currency and we will use that exchange rate to reimburse you.

2.2 > The information we may need when you make a claim

When you call us, we will explain if your **treatment** is covered.

Usually, this all happens very quickly.

However, sometimes we need more detailed medical information, including access to your medical records.

What does 'more detailed information' mean?

We may need more detailed information in any of the following ways:

- We may need your **medical practitioner** to send us more details about your **medical condition**. Your **medical practitioner** may charge you for providing this information. This charge is not covered by your **plan**.
- We may also ask you to give us consent to access your medical records.
- In some cases, we may also ask you to complete additional forms. We will need you to complete these forms as soon as possible, but no later than six months after your **treatment** starts (unless there is a good reason why this is not possible).
- Very rarely, we may have to ask a **medical practitioner** to advise us on the medical facts or examine you. In these cases, we will pay for the **medical practitioner** to do this and will take your personal circumstances into account when choosing the **medical practitioner**.

2 Making a claim continued

What happens if I don't want to give the information you've asked for?

If you do not give us information we ask for, or do not consent to our accessing your medical records when we ask, we will not be able to assess your claim and so will not be able to pay it. We may also ask you to pay back any money that we have previously paid to do with this **medical condition**.

2.3 › What if my treatment isn't covered?

If your **plan** does not cover your **treatment**, we will explain this and also tell you if there's any other way we can support you.

2.4 › What happens if I need emergency treatment?

If you need emergency **treatment**, you may not be able to call us before you have the **treatment**. Simply call us or ask someone to call us as soon as you can.

If you can, give your membership card to the **hospital** so that they can contact us whenever they need to.

3 How your plan works

- 3.1 › The types of drugs, treatment and surgery that are covered
- 3.2 › How your plan works with pre-existing conditions and symptoms of them
- 3.3 › How your plan works with conditions that last a long time or come back (chronic conditions)
- 3.4 › Who can provide your treatment
- 3.5 › Hospitals where you can have your treatment
- 3.6 › Accommodation we will pay for at the hospital where you are treated
- 3.7 › General restrictions

How your plan works

For full details of how your plan works please read the rest of your handbook too.

Any questions?

If you're unsure how something works, please send us a message using your Customer Online account.

It's usually quicker and easier than working it out from the handbook alone.

Or you can call us on +44 (0)1892 556 013 or toll free on 800933241 (within Hong Kong) and we'll be very glad to explain.

Making a claim

If you would like to make a claim, please see section 2 Making a claim.

3 How your plan works continued

3.1 › The types of drugs, treatments and surgery that are covered

Your plan covers you for established medical **treatments**.

There is no cover for any treatment or procedure that is experimental or that has not been established as being effective.

The drugs, treatments and surgery we cover

We will pay for the use of drugs that have been established as being effective. This means the drug must be licensed for use by either:

- the Medicines and Healthcare products Regulatory Agency (MHRA) if the **treatment** is to be provided in the **United Kingdom**; or
- the European Medicines Agency (EMA) if the **treatment** is to be provided in Europe, but outside of the **United Kingdom**; or
- the US Food and Drug Administration (FDA) if the **treatment** is to be provided outside Europe.

The drug must be used within the terms of its licence.

For a **surgical procedure** to be covered it must be listed in our Schedule of Procedures and Fees.

We will also pay for **treatment** not listed in our Schedule of Procedures and Fees if, before the **treatment** begins, it is established that the **treatment** is recognised as appropriate by an authoritative medical body. This means procedures and practices must have undergone appropriate clinical trial and assessment, and be sufficiently evidenced in published medical journals.

What is not covered?

We will not pay for treatment that has not been established as being effective or which is experimental.

You are not covered for complications that arise as a result of authorised or unauthorised unproven or experimental treatment.

» To check whether we will agree to cover a treatment, please call us on +44 (0)1892 556 013 or toll free on 800933241 (within Hong Kong) before you start treatment

3.2 › How your plan works with pre-existing conditions and symptoms of them

Your **plan** is designed to cover **treatment** of new **medical conditions** that begin after you join.

You may also be covered for **treatment** of conditions you were aware of or had already had when you joined. We call these conditions pre-existing conditions. Your cover for pre-existing conditions depends on the underwriting terms you joined on.

Your membership statement shows which underwriting terms you joined on. Here are the options:

- Fully underwritten (or full medical underwriting)
- Continuing medical exclusions
- Medical history disregarded

Definition of a pre-existing condition

A pre-existing condition is any disease, illness or injury that:

- you have received medication, advice or **treatment** for in the five years before the start of your cover, or
- you have experienced symptoms of in the five years before the start of your cover, whether or not the condition was diagnosed.

Underwriting terms

We have explained how each set of underwriting terms work and what cover you have for pre-existing conditions in the following panels.

If you are unsure about your cover for **treatment** of pre-existing conditions, it is always best to contact us.

Definition of fully underwritten or full medical underwriting

‘Fully underwritten’ means we asked you for details of your medical history, including any pre-existing conditions, before you joined. We then worked out your cover based on the information we received.

We list any special terms or exclusions on your membership statement – please check this carefully. For example, you may not have cover for something specific if you have had that condition in the past. Your statement will also show whether we can remove the exclusion after a period of time.

Definition of medical history disregarded

If you joined us on ‘medical history disregarded’ terms, we accepted any pre-existing conditions you might have had when you joined. We normally only do this if we are continuing cover from a different health insurer or from a company membership, or for a newborn baby who was added to your membership.

Definition of continuing medical exclusions

If you joined us on ‘continuing medical exclusions’ terms, we are carrying on your exclusions for **medical conditions** from your previous health insurer. This normally means we only asked you a few brief medical questions.

We listed any special terms or exclusions on your membership statement – please check this carefully. For example, you may not have cover for something specific if you have had that condition in the past. Your membership statement will also show whether we will remove the exclusion after a period of time.

If we carried on a moratorium from your previous healthcare insurance, the rules of your moratorium may be slightly different, and we may start the moratorium from when it originally began on your previous insurance. Your membership statement will show when your moratorium started.

What if you didn’t tell us about a condition, symptom or treatment you knew about when we asked?

Whichever form of underwriting you joined on, we may have asked you some medical questions before agreeing your cover. We worked out your terms or your premium based on your answers. If you did not answer fully or accurately, even if this was by accident, we will not cover **treatment** for the condition.

This means we will not cover **treatment** for any conditions that you should have told us about when we asked, but that you either did not tell us about at all, or that you did not tell us the full extent of. This includes:

- any pre-existing or previous condition, whether you had **treatment** for them or not
- any previous **medical condition** that recurs
- any previous **medical condition** that you should reasonably have known about, even if you did not speak to a doctor.

Whenever you claim, we may ask your **medical practitioner** for more information to confirm whether you had any symptoms before you joined.

If we need to look at your medical history, we will need some time to do this before we can confirm whether we can cover your claim.

3.3 › How your plan works with conditions that last a long time or come back (chronic conditions)

Your **plan** covers both of these groups of conditions:

- unexpected illnesses and conditions that respond quickly to **treatment** (**acute conditions**)
- illnesses that recur, continue or require longer term **treatment** (**chronic conditions**).

Your cover for **in-patient treatment of chronic conditions** is limited to 120 days per admission.

What are acute conditions and chronic conditions?

Acute condition

An **acute condition** is a disease, illness or injury that is likely to respond quickly to **treatment** that aims to return you to the state of health you were in immediately before suffering the disease, illness or injury, or that leads to your full recovery.

Chronic condition

A **chronic condition** is a disease, illness or injury that has one or more of the following characteristics:

- It needs ongoing or long-term monitoring through consultations, examinations, check-ups or tests.
- It needs ongoing or long-term control or relief of symptoms.
- It requires your **rehabilitation**, or for you to be specially trained to cope with it.
- It continues indefinitely.
- It has no known cure.
- It comes back or is likely to come back.

3.4 › Who can provide your treatment

Your **plan** covers you for **treatment** that is provided by:

- **medical practitioners**
- **complementary practitioners**
- **physiotherapists**

We will pay for their normal charges for the **treatment**. We will not pay charges for **treatment** that are higher than a **medical practitioner**, **complementary practitioner** or **physiotherapist** would normally charge in the country where you are having **treatment**.

We may check what would normally be charged with a government health department or independent third party.

We will pay for one surgeon and one anaesthetist for each operation unless we have agreed a different arrangement with you before your operation.

3.5 › Hospitals where you can have your treatment

The **hospital** where you have your **treatment** must be licensed as a medical or surgical **hospital** by the authorities in the country where the **hospital** is located.

Facilities that are not covered?

Treatment at the following types of facilities is not covered even if they are registered as a **hospital**:

- health hydro
- spa
- nature cure clinic
- and other similar facilities

3.6 › Accommodation we will pay for at the hospital where you are treated

Your cover depends on whether you have the **semi-private room** option on your **plan**. Your membership statement will show if you have this option. If you don't then you will be eligible to stay in a **private room**.

Private room

If your **treatment** is covered by your **plan**, we will pay reasonable charges for a standard, single room with a bath or shower. We will also pay for your standard menu choices.

Optional semi-private room

If your membership statement states that you have the **semi-private room** option we will pay the following:

- Within Hong Kong: cover is provided for a **semi-private room** and corresponding **treatment** rates and charges when receiving **treatment** as **in-patient** or a **day patient**. Single, Deluxe or Executive rooms and suites are not covered.
- Outside of Hong Kong we will reimburse the cost of a single room with a bath or shower.

What is not covered at the hospital?

We will not pay for:

- upgrades to your room
- food or drink choices that are not on the standard menu
- costs that would not normally be charged to a person staying in a **private room** or **semi-private room**, including any uplift in fees charged for staying in a **private room** if you are staying in a **semi-private room**
- visitors' accommodation or meals
- special nursing unless we have agreed that it is necessary first.

3.7 › General restrictions

Written reports

We will not pay for the cost of any written reports.

Administration charges

We will not pay for any administration charges.

Treatment and referrals by family members

We will not pay for drugs or **treatment** if the person who refers you or treats you is a member of your family.

In-patient stays

We will not pay for more than 120 days per admission for **in-patient treatment**.

4 Your cover for specific conditions, treatment, tests and costs

- 4.1 › AIDS/HIV
- 4.2 › Alcohol abuse, drug abuse, substance abuse
- 4.3 › Artificial life maintenance
- 4.4 › Breast reduction
- 4.5 › Cancer
- 4.6 › Chiropody and foot care
- 4.7 › Consequences of previous treatment
- 4.8 › Contraception
- 4.9 › Cosmetic surgery
- 4.10 › Criminal activity
- 4.11 › Disability compensation cover
- 4.12 › Drugs and dressings for out-patient treatment
- 4.13 › External prostheses and appliances
- 4.14 › Fat removal
- 4.15 › Gender re-assignment or gender confirmation
- 4.16 › Health check
- 4.17 › Hormone Replacement Therapy (HRT)
- 4.18 › Infertility and assisted reproduction
- 4.19 › Kidney dialysis
- 4.20 › Learning and developmental disorders
- 4.21 › Long sightedness, short sightedness and astigmatism
- 4.22 › Mental health
- 4.23 › Nuclear, biological or chemical contamination and war risks
- 4.24 › Organ or tissue donation
- 4.25 › Palliative care
- 4.26 › Pregnancy and childbirth
- 4.27 › Preventative treatment, genetic tests and screening tests
- 4.28 › Reconstructive surgery
- 4.29 › Rehabilitation
- 4.30 › Self-inflicted injury and suicide
- 4.31 › Sexual dysfunction
- 4.32 › Sexually transmitted diseases/infections
- 4.33 › Social, domestic and other costs unrelated to treatment
- 4.34 › Sports- and activity-related treatment
- 4.35 › Sterilisation
- 4.36 › Supplements
- 4.37 › Teeth and dental conditions
- 4.38 › Treatment that is not medically necessary
- 4.39 › Varicose veins
- 4.40 › Weight loss treatment

There are particular rules for how we cover some conditions, **treatments**, tests and costs. This section explains what these are.

You should read this section alongside the other sections of this handbook as the other rules of cover will also apply, for example our rules about **pre-existing conditions**, **chronic conditions** and who we pay.

If you're at all unsure about the cover you have with your plan – even if you don't need to claim for it at the moment – please give us a call on +44 (0)1892 556 013 or toll free on 800933241 (within Hong Kong).

We'll always be glad to explain your cover, and it's often quicker and easier than working it out from the handbook alone.

4.1 › AIDS/HIV

We cover **treatment** of any **medical condition** that arises from HIV infection.

We will also pay for Antiretroviral Treatment (ART).

4.2 › Alcohol abuse, drug abuse, substance abuse

We do not cover **treatment** you need as a result of, or in any way connected to, alcohol abuse, drug abuse or substance abuse.

4.3 › Artificial life maintenance

We do not cover artificial life maintenance for more than 60 continuous days if you are in a persistent vegetative state and only being kept alive by medical intervention such as mechanical ventilation.

4.4 › Breast reduction

We do not cover either male or female breast reduction.

Support when your health condition is complicated

If your **medical condition** or diagnosis is complicated and you're unsure about what's happening, we can help.

Our medical experts have lots of experience of complex medical cases. They'll listen to what's happening and suggest how they could help. They may recommend getting a second opinion from a specialist, or they may offer to manage your case on your behalf so you feel like you're back in control.

This service is run for us by specialist independent consultants with particular expertise in complex cases.

4.5 › Cancer

This section explains how we cover **cancer treatment**. The cover described elsewhere in your handbook also applies to **treatment** of **cancer**.

About your cover for cancer treatment

We will cover investigations into **cancer** and **treatment** to kill **cancer** cells.

We will cover **active treatment of cancer** for any new **cancer** that starts after you join. We will also cover that **cancer** if it comes back and you are still a member.

If you have exclusions to do with **cancer** because of your past medical history, we will not cover your **treatment** if this **cancer** comes back.

» For more details of how we cover **treatment** of pre-existing medical conditions, see [section 3.2](#)

Cash payment when there has been no charge for your treatment or your stay in hospital

If you receive radiotherapy or chemotherapy **treatment** for free and your **plan** would have covered that **treatment**, we will make the following cash payment to you:

- \$240 a day up to \$8,000 per year

4 Your cover for specific conditions, treatment, tests and costs continued

Your cancer cover

Place of treatment	
Active treatment of cancer at a hospital	 Yes If the treatment takes place in the UK , this includes treatment at a hospital , day-patient unit or scanning centre that is in our UK Directory of Hospitals .
Chemotherapy by intravenous drip at home	 Yes, when agreed by our clinical team
Treatment at a hospice	 No
Diagnostic	
Specialist fees for the specialist treating your cancer	 Yes If the consultations are before your diagnosis they are covered as part of your overall out-patient limit. Consultations after your diagnosis are covered as part of your overall day-patient and in-patient limit.
Diagnostic tests relating to cancer	 Yes If the tests are before your diagnosis they are covered as part of your overall out-patient limit. Tests after your diagnosis are covered as part of your overall day-patient and in-patient limit.
Surgery as shown below under 'Surgery'	 Yes
CT, MRI and PET scans	 Yes
Genetic testing proven to help choose the appropriate chemotherapy	 Yes » See section 3.1 for more about effective treatment
Genetic testing to work out whether you have a genetic risk of developing cancer	 No

Surgery	
Surgery for the treatment or diagnosis of cancer, so long as that treatment has been shown to be effective	✔ Yes » See section 3.1 for more about effective treatment
New or experimental surgical procedures	Please contact us before having any new or experimental surgical procedures so that we can discuss the proposed procedure with you. We will write to tell you what we agree to pay for before your treatment starts. We will only pay up to the equivalent non-experimental surgical procedure as listed in the schedule of procedures and fees. To get a copy of the schedule, call us on +44 (0)1892 556 013 or toll free on 800933241 (within Hong Kong).
Complications that arise from new or experimental surgical procedures	✘ No – even if we agreed to cover the procedure itself
Preventative	
Preventative treatment, such as: Screening when you do not have symptoms of cancer. For example, if you had a screen to see if you have a genetic risk of breast cancer, we would not cover the screening or any treatment to reduce the chances of developing breast cancer in future (such as a preventative mastectomy).	✘ No
Vaccines to prevent cancer developing or coming back – such as vaccinations to prevent cervical cancer	✔ Yes – vaccines are covered as part of your out-patient vaccination cover.

4 Your cover for specific conditions, treatment, tests and costs continued

Your cancer cover continued

Drug therapy	
Drug treatment to kill cancer cells – including: - biological therapies, such as Herceptin or Avastin - chemotherapy	✔ Yes There is no time limit on how long we cover these drugs. We will cover them if: - they have been licensed by the Medicines and Healthcare products Regulatory Agency (MHRA) if the treatment is to be provided in the United Kingdom; or the European Medicines Agency (EMA) if the treatment is to be provided in Europe, but outside of the United Kingdom; or the US Food and Drug Administration (FDA) if the treatment is to be provided outside Europe. - they are used according to their licence, and - they have been shown to be effective. The drugs we cover will change from time to time to reflect any changes in drug licences. Please call us to find out the latest treatments that we cover.
Chemotherapy and/or biological drug treatment to prevent a recurrence of cancer or to maintain remission	✔ Yes
Experimental drugs	If you take part in a randomised clinical trial that the appropriate ethics committee has approved, we will pay for your stay in hospital and specialist's fees while you are receiving the experimental drug. You need to call us before treatment so we can agree costs and cover in writing. There may be information we need you to provide before we can agree costs. For example we will need you to provide us with a copy of your trial acceptance forms.
Other drugs. We cover: - Bone strengthening drugs such as bisphosphonates or Denosumab - Hormone therapy that is given by injection (for example goserelin, also known as Zoladex)	✔ Yes. They are covered as long as you have them at the same time as you are having chemotherapy or biological therapy to kill cancer cells covered by your plan.

Drug therapy	
Drugs for treating conditions secondary to cancer , such as erythropoietin (EPO)	✓ Yes, while you are having chemotherapy that is covered by your plan .
Out-patient drugs or other drugs that a medical practitioner could prescribe	✓ Yes – covered as part of your overall out-patient drugs and dressings cover.
Radiotherapy	
Radiotherapy including when it is used to relieve pain	✓ Yes
Proton beam therapy (PBT)	✓ Yes We will pay PBT for: • central nervous system (brain and spinal cord) cancer or malignant solid cancers in members aged 21 and under • chordomas or chondrosarcomas (types of spine cancer) in the base of the skull or cervical spine (neck bones) which have not spread (metastasised) • cancer of the iris, ciliary body or choroid parts of the eye (uveal melanoma) which has not spread (metastasised)
Accelerated charged particle therapies	✗ No – however, there is limited cover for Proton Beam Therapy in the circumstances shown above.
Palliative	
Care to relieve pain or symptoms rather than cure the cancer	We will provide cover and support throughout your cancer treatment even if it becomes incurable. We cover radiotherapy, chemotherapy and surgery (such as draining fluid or inserting a stent) to relieve pain.
End of life care	
End of life care	We will cover treatment to relieve symptoms during the end stages of life.
Monitoring	
Follow ups – cover for follow up consultations and reviews for cancer	✓ Yes, so long as you are still a member and have a plan that covers this. This is paid from your cover for out-patient treatment.

4 Your cover for specific conditions, treatment, tests and costs continued

Your cancer cover continued

Limits	
Time limits on cancer treatment Your plan covers you while you are having treatment to kill cancer cells and for monitoring.	There is a limit of 120 days per in-patient admission on this plan .
Money limits on cancer treatment	✗ No specific limits – the same rules apply to your cancer treatment as for any other treatment .
Other cover	
Stem cell or bone marrow treatment This includes paying reasonable medical costs to a live donor to donate bone marrow or stem cells. It does not include any related administration costs. For example, we will not cover transport costs or the cost of finding a donor.	✓ Yes » See section 4.24 Organ or tissue donation for more about this

4.6 › Chiropody and foot care

We will not cover any general chiropody or foot care, even if a surgical podiatrist provides it. This includes things like gait analysis and orthotics.

4.7 › Consequences of previous treatment

If you had **treatment** previously that would not be covered by your **plan**, we do not cover further **treatment** or increased **treatment** costs that are:

- a result of the **treatment** you had previously; or
- connected with the **treatment** you had previously.

4.8 › Contraception

We do not cover contraception or any consequence of using contraception.

4.9 › Cosmetic surgery

We do not cover:

- Cosmetic **treatment** or cosmetic **surgery**.
- **Treatment** that is connected to previous cosmetic **treatment** or cosmetic **surgery**; whether it is needed for medical or psychological reasons.

» See also 4.28 Reconstructive surgery and 4.14 Fat removal

4.10 › Criminal activity

We do not cover **treatment** you need as a result of your active involvement in criminal activity.

4.11 › Disability compensation cover

We will pay you a lump sum if you suffer an accident that leads to any of the disabilities shown in the table.

The disability must be total and incurable by medicine or surgical **treatment**.

The accident must be caused by external violent and visible means.

The table shows the limits for specific disabilities. The maximum limit we will pay following a single accident is: \$160,000

Total, incurable loss of sight in one eye	Limit: \$40,000
Total, incurable loss of speech	
Total, incurable loss of hearing	
Loss of limb, which means	
• Total, incurable loss of the use of a hand, arm, foot or leg; or • Loss of a hand by separation at or above the wrist; or • Loss of a foot by separation at or above the ankle	
Total, incurable loss of sight in both eyes	Limit: \$80,000
Total, incurable loss of sight in one eye and one loss of limb	
Total, incurable loss of speech and hearing	
Two losses of limb	

4.12 › Drugs and dressings for out-patient treatment

We cover drugs and dressings for **out-patient treatment** when the drugs and dressings:

- are prescribed by a **medical practitioner**, and
- are for medical **treatment** covered by your **plan**.

4.13 › External prostheses and appliances

We cover:

- the cost of wigs or other temporary head coverings and external prostheses needed during **active treatment of cancer**,
- the cost of spinal supports, knee braces and pneumatic walking boots if they are a part of a surgical procedure or integral to the **treatment** of a condition you are covered for,
- up to the limits shown in the benefits table towards the cost of an **external prosthesis** needed following an accident or **surgery** for a **medical condition**.

We will do this so long as:

- you had continuous cover under a private medical insurance policy before the accident or **surgery** happened that has led to the need for the prosthesis; and
- all claims are made within 12 months of the amputation or removal of the body part.

We will only pay this benefit once, regardless of how long you are covered by a product administered by AXA Global Healthcare (UK) Limited.

If you want to claim this benefit you should call us on +44 (0) 1892 556 013 and we will explain what to do next. Please remember to ask the provider of your **external prosthesis** for a fully itemised receipt as we cannot pay claims without a receipt.

What is not covered?

We do not cover the costs of providing or fitting external prostheses or appliances needed for any other reason. Prostheses and appliances include items such as crutches and joint supports.

4 Your cover for specific conditions, treatment, tests and costs continued

4.14 › Fat removal

We do not cover the removal of fat or surplus tissue, such as abdominoplasty (tummy tuck), whether the removal is needed for medical or psychological reasons.

» See also 4.9 › Cosmetic surgery

4.15 › Gender re-assignment or gender confirmation

We do not cover gender re-assignment or gender confirmation **treatment**.

What is not covered?

We will not cover any of the following when they are connected to gender reassignment or gender confirmation in any way:

- gender reassignment operations or other surgical **treatment**
- psychotherapy or similar services
- any other **treatment**.

4.16 › Health check

We will pay a contribution towards the cost of one health check per year.

Examples of the things your health check could include are:

- body mass index
- resting blood pressure
- urinalysis
- cholesterol test
- instruction in self examination
- advice about diet and lifestyle

To claim for your health check, simply send us a receipt showing your name to confirm that you have had the health check.

4.17 › Hormone replacement therapy (HRT)

We cover hormone replacement therapy (HRT) that is required following a medical intervention.

We will pay for the **medical practitioner's** consultations and the cost of HRT implants, patches or tablets for a maximum of 18 months following the intervention.

Patches and tablets are subject to your **out-patient** drugs and dressings limit.

» See also 1.4 Your cover

4.18 › Infertility and assisted reproduction

We do not cover investigations or **treatment** of infertility and assisted reproduction, including:

- **treatment** to prevent future miscarriage
- **treatment** to increase fertility
- investigations into miscarriage
- assisted reproduction
- anything that happens, or any **treatment** you need, as a result of these **treatments** or investigations.

4.19 › Kidney dialysis

We cover kidney dialysis in the following situations:

- regular or long-term kidney dialysis if you have chronic kidney failure.
- for up to six weeks if you are being prepared for kidney transplant.

» See also Kidney dialysis in section 1.4 Your cover

» See also 4.24 Organ or tissue donation

4.20 › Learning and developmental disorders

We do not cover any **treatment**, investigations, assessment or grading to do with:

- learning disorders
- educational problems
- behavioural problems
- physical development
- psychological development
- speech delay.

Some examples of the conditions we do not cover are the following (please call if you would like to know if a condition is covered):

- dyslexia
- dyspraxia
- autistic spectrum disorder
- attention deficit hyperactivity disorder (ADHD)
- speech and language problems, including speech therapy needed because of another **medical condition**.

4.21 › Long sightedness, short sightedness and astigmatism

We do not cover any **treatment** to correct long sightedness, short sightedness or astigmatism.

However, we do cover **treatment** of astigmatism if the astigmatism is due to surgical replacement of the lens of the eye.

Eye tests

We will pay towards the cost of one eye test per year.

What you need to claim for your eye test

We cannot pay any claims without a receipt.

To claim for your eye test, please ask your optician for full receipts. Then call us and we will explain how to send in your receipts.

Prescribed glasses and contact lenses

We will pay towards the cost of eye tests, prescribed glasses and prescribed contact lenses needed to correct vision.

What is not covered?

We will not pay towards the cost of:

- contact lens check ups
- contact lens solutions
- new frames
- non-prescribed glasses
- repairs to glasses
- replacements that you need because of accidental damage
- non-prescribed items that you buy as part of an eye care contract scheme.

4.22 › Mental health

We will cover **treatment** for psychiatric illness as an **in-patient, day-patient or out-patient**.

We will cover you for up to 100 days in your lifetime for **treatment** as an **in-patient** at a **hospital** providing evidence based **treatment** of psychiatric illness with 24 hour medical supervision.

All the other conditions of your **plan** still apply to this cover.

What happens if I need to go into hospital for a psychiatric condition?

If you need to go into **hospital** for **in-patient** or **day-patient treatment** of a psychiatric condition, you or a **family member** must contact us to check your cover before you go in. If your **treatment** is covered, we will contact the **hospital** to ask them for a medical report. We will also arrange for the **hospital** to send the bills for your **treatment** directly to us.

If the **hospital** is in the **UK**, they will contact us to check your cover before you go in.

4 Your cover for specific conditions, treatment, tests and costs continued

What if my condition goes on for a long time?

If you need to stay in **hospital** for longer than initially agreed, we will ask your **medical practitioner** why you need further **treatment**, and let you know if we agree to cover the extended stay.

What is not covered?

We do not cover any **treatment** connected in any way to:

- an injury you inflicted on yourself deliberately
- a suicide attempt
- alcohol abuse
- drug or substance abuse.

We do not cover any **treatment** at a health hydro, spa, nature cure clinic or other similar facility, even if it is registered as a **hospital**.

4.23 › Nuclear, biological or chemical contamination and war risks

We do not cover **treatment** you need as a result of nuclear, biological or chemical contamination.

We do not cover **treatment** you need as a result of your active involvement in war (declared or not), an act of a foreign enemy, invasion, civil war, riot, rebellion, insurrection, revolution, overthrow of a legally constituted government, explosions of war weapons, or any similar event.

We do not cover **treatment** you need because you have put yourself in needless peril, such as going to a place of unrest as an onlooker.

We do cover **treatment** due to a **terrorist act** so long as the act does not cause nuclear, biological or chemical contamination.

4.24 › Organ or tissue donation

If you plan to donate an organ or tissue as a live donor, or receive an organ or tissue from a live donor, please call us so that we can tell you what support we offer.

What is not covered?

We do not pay for:

- the cost of collecting donor organs or tissue
- any related administration costs – for example, the cost of searching for a donor
- any costs towards organ or tissue donation that is not done in line with appropriate regulatory guidelines.

4.25 › Palliative care

Palliative care is treatment to relieve symptoms of a medical condition that has been diagnosed as terminal. We cover palliative care as long as we have approved the costs before it starts.

Please always contact us before the start of any palliative care you want to claim for.

4.26 › Pregnancy and childbirth

We cover your pregnancy and childbirth.

There are different limits on your cover depending on whether your pregnancy and childbirth is routine or non-routine. By routine childbirth we mean childbirth that does not involve **treatment** of a **medical condition**.

Routine pregnancy and childbirth

For routine pregnancy and childbirth, we cover the following services you may need:

- antenatal consultations, monitoring and screening
- childbirth, including caesarean sections which are not for the **treatment** of, or due to, a **medical condition**
- postnatal consultations for up to six weeks following the birth.

We will only pay up to the usual amount charged by a **medical practitioner** for the **treatment** we cover.

The limit on the total amount we will pay is:

✓ \$19,200 per year

There is no cover available for the first 10 months after each member takes out or joins this **plan** unless we have told you otherwise on your membership statement.

Non-routine pregnancy and childbirth

We also cover **treatment** you need for **medical conditions** related to your pregnancy and childbirth. The **treatment** is covered up to the limits that apply in the rest of this **plan**.

Examples of non-routine **medical conditions** related to pregnancy and childbirth that we cover are:

- ectopic pregnancy (pregnancy where the embryo or foetus grows outside the womb)
- hydatidiform mole (abnormal cell growth in the womb)
- retained placenta (afterbirth retained in the womb)
- eclampsia (a coma or seizure during pregnancy and following pre eclampsia)
- post partum haemorrhage (heavy bleeding in the hours and days immediately after childbirth)
- miscarriage requiring immediate surgical **treatment**.

What is not covered?

- We do not cover the cost of parenting classes or other classes relating to pregnancy and childbirth
- costs for **treatment** that has not yet taken place, even if it is being provided as part of a **treatment** package.



Please always call us to check what you are covered for before starting any private **treatment** for pregnancy or childbirth that you intend to claim for.

Adding a baby to your plan



If you have a baby, we can often add them to your **plan** from birth. However, if you have a **multiple birth** and either parent has had fertility **treatment** or the pregnancy followed assisted reproduction, we will need to medically underwrite the babies. Please call us for more details.

If you want to add a baby to your **plan**, you must tell us within three months of the baby's birth. If you add the baby when they are older than three months, we may need to underwrite their cover separately.

» See 5.1 Adding a family member or baby

4.27 › Preventative treatment, genetic tests and screening tests

Health insurance is designed to cover problems that you're experiencing at the moment, so it generally doesn't cover preventative **treatment**, genetic tests or screening tests.

What is not covered for preventative treatment, genetic tests or screening tests?

We do not pay for:

- preventative **treatment**, such as preventative mastectomy
- routine preventative examinations and check-ups
- genetic screening tests to check whether:
 - you have a **medical condition** when you have no symptoms
 - you have a genetic risk of developing a **medical condition** in the future
 - there is a genetic risk of you passing on a **medical condition**
- genetic tests to identify a **medical condition** where the result of the test isn't proven to change the course of **treatment**. This might be because the course of **treatment** for your symptoms will be the same regardless of what **medical condition** has caused them.
- any other preventative **treatment** or screening tests to see whether you have a **medical condition** if you do not have any symptoms.



If you're unsure whether your **treatment** is preventative or not, please call us before going ahead with the **treatment**.

What is covered for genetic tests?

We will pay for genetic testing when it is proven to help choose the best course of drug **treatment** for your **medical condition**. This means that it must be recommended in the drug licence for a specific targeted therapy, such as HER2 testing for the use of Herceptin for breast **cancer**.

Please call us before you have any genetic tests to confirm that we will cover them. Your **specialist** may want to do a variety of tests and they might not all be covered. The cost to you could be significant if the tests aren't covered under your **plan**.

Health checks

We will pay a contribution to the cost of one health check per year.

» See also 4.16 Health check

4.28 › Reconstructive surgery

We cover reconstructive **surgery** in certain circumstances as detailed below.

What is covered?

We will cover your first reconstructive **surgery** following an accident or **surgery** for a **medical condition** that was covered by your **plan**. We will do this so long as:

- you have been continuously covered by private medical insurance since before the accident or **surgery** happened
- we agree the cost of the **treatment** in writing beforehand.



Please call us before agreeing to reconstructive **surgery** so we can tell you if you are covered.

What is not covered?

We do not cover **treatment** that is connected to previous reconstructive **surgery**.

» See also 4.9 Cosmetic surgery

4.29 › Rehabilitation

We do cover **in-patient** rehabilitation for a short period, but there are some limits to our cover.

What is covered for rehabilitation?

We will cover **in-patient** rehabilitation for up to 28 days, so long as:

- it follows an acute brain injury, such as a stroke; and
- it is part of **treatment** that is covered by your membership; and
- it takes place in a **hospital** or unit that specialises in rehabilitation; and
- a **medical practitioner** who specialises in rehabilitation is overseeing your **treatment**; and
- we have agreed the costs before you start rehabilitation; and
- the **treatment** could not be carried out on an **out-patient** basis.

If you have severe central nervous system damage following external trauma or accident, we will extend this cover to up to 180 days of **in-patient** rehabilitation.



If you need rehabilitation, please call us so we can tell you if you are covered.

What is not covered for rehabilitation?

We do not cover **treatment** as an **in-patient** that you could have as an **out-patient**. This includes rehabilitation.

4.30 › Self-inflicted injury and suicide

We do not cover **treatment** you need as a direct or indirect result of a deliberately self-inflicted injury or a suicide attempt.

4.31 › Sexual dysfunction

We do not cover **treatment** for sexual dysfunction or anything related to sexual dysfunction.

4.32 › Sexually transmitted diseases/infections

We do not cover treatment of sexually transmitted diseases/infections.

4.33 › Social, domestic and other costs unrelated to treatment

We do not cover the costs that you pay for social or domestic reasons, such as but not limited to travel or home help costs. This includes if your **in-patient** stay is extended for a reason not related to your **treatment** and you could have that **treatment** as an **out-patient**.

We do not cover the costs of home visits unless a home visit is necessary because of the sudden onset of an **acute condition** that means you're not able to have your **treatment** or consultation in a medical clinic or consulting room.

4.34 › Sports and activity-related treatment

We do not cover **treatment** of injuries that are as a result of training for or taking part in any sport for which you:

- are paid
- receive a grant or sponsorship (we do not count travel costs in this), or
- are competing for prize money.

We do not cover **treatment** of injuries that are sustained when taking part in the following sports and activities:

- base jumping
- cliff diving
- flying in an unlicensed aircraft
- free climbing
- scuba diving to a depth of more than 10 metres, or to a depth of more than 30 metres if you hold an appropriate diving qualification or you are being instructed by an appropriately qualified diving instructor, for example an instructor recognised by PADI (Professional Association of Diving Instructors)
- any activity at a height of over 5,000 metres above sea level
- canyoning
- skiing off piste, or any other winter sports activity carried out off piste without an instructor with the appropriate qualifications.

4.35 › Sterilisation

We do not cover:

- sterilisation, or any consequence of being sterilised
- reversal of sterilisation, or any consequence of a reversal of sterilisation.

4.36 › Supplements

We do not cover any supplements or substances that are available naturally, such as vitamins, minerals and organic substances.

4.37 › Teeth and dental conditions

What dental treatment is covered?

We will cover:

- dental **treatment** such as fillings
- check-ups
- scale and polish

We do not cover:

- cosmetic treatment
- **treatment** that's needed because you have not had at least one check-up in every year, for example **treatment** for gingivitis and periodontitis
- costs for **treatment** that has not yet taken place, even if it is being provided as part of a **treatment** package.

What dental treatment is covered following accidental damage?

We will cover dental **treatment** needed following accidental damage caused by external impact to the mouth and jaw when:

- you have been continuously covered under a private medical insurance plan since before the accidental damage happened; and
- we agree the cost of the dental **treatment** before it takes place.

We will pay for:

- the reasonable cost of replacing a crown, bridge-facing, veneer or denture with a replacement of equivalent quality to the original device
- implants needed for clinical reasons (not cosmetic) – we will pay up to the cost of equivalent dental work to supply and fit a bridge
- replacement dentures as long as you were wearing them when you suffered the injury.

We will only pay for **treatment** if you noticed the damage within seven days of the accidental damage taking place and the **treatment** takes place within 18 months.

We do not cover:

- **treatment** needed following damage caused by any of the following:
 - normal wear
 - eating or drinking something, even if it contains a foreign body
 - boxing or playing rugby (except tag rugby) without wearing suitable mouth protection
 - brushing your teeth or any other oral hygiene procedure.

4.38 › Treatment that is not medically necessary

Like most health insurers, we only cover **treatment** that is medically necessary. We do not cover **treatment** that is not medically necessary, or that can be considered a personal choice.

4.39 › Varicose veins

We do cover **treatment** of varicose veins, but only in certain circumstances.

What is covered?

We will cover one **surgical procedure** per leg to treat varicose veins, for the lifetime of your membership with us. This may be foam injection (sclerotherapy), ablation or other **surgery**.

We will cover one follow up consultation with your **medical practitioner** and one simple injection

sclerotherapy per leg to treat residual or remaining veins when it is carried out in the 6 months after you've had the main **surgical procedure**.

What's not covered?

We do not cover more than one **surgical procedure** per leg, regardless of how long you stay a member with us.

There is no cover for the **treatment** of recurrent varicose veins under your **policy**.

There is no cover for the **treatment** of thread veins or superficial veins.

4.40 › Weight loss treatment

We do not cover any fees for any kind of bariatric (weight loss) **surgery**, regardless of why the **surgery** is needed. This includes fitting a gastric band, creating a gastric sleeve, or other similar **treatment**.

5 Managing your plan

5.1 › Adding a family member or baby

5.2 › Paying your excess

5.3 › What to do if you do not want
your plan

5.4 › Continuing your cover

5.5 › Keeping us informed

5.6 › Making a complaint

5.1 › Adding a family member or baby



To add a **family member** or a new baby to your cover, call us on +44 (0)1892 556 013 or toll free on 800933241 (within Hong Kong) and we will talk you through how it works.

Who you can add

You can apply to add the following **family members** to your **plan**:

- Your partner in marriage, in a civil partnership, or when living together permanently in a similar relationship.
(There may be certain circumstances where we cannot add a partner.)
- Any of your children or your partner's children.
- A new baby.

Adding a new baby

If you would like to add a new baby to your cover, you can do this from their date of birth so long as you call us within three months of their birth. We will not normally need details of their medical history.

There may be some limits to our cover if any of the following apply:

- either parent has had any kind of fertility treatment and the babies are a **multiple birth**; or
- the babies are a **multiple birth** and were born after assisted reproduction; or
- you have adopted the baby.

We have explained these limits in the following paragraphs.

Employer rules

Your employer may apply their own rules to when you can add a family member or baby. Please check with your HR department.

Babies born after fertility treatment, or following assisted reproduction, or who you have adopted

You can add a baby born after fertility **treatment**, or following assisted reproduction (such as IVF), or who you've adopted, to your **plan**. As with most health insurance, our cover for **treatment** has a few limits in these situations.

If you have adopted a baby, or if you have a **multiple birth** after fertility **treatment**, or following assisted reproduction, or if you have adopted a baby:

- we may ask for more details of the baby's medical history
- we will not cover **treatment** in a Special Care Baby Unit or paediatric intensive care immediately after the birth
- we may add other conditions to the baby's cover. For example, we may limit their cover for pre-existing conditions.

We count fertility **treatment** as either parent taking any prescription or non-prescription drug or other **treatment** to increase fertility.

5 Managing your plan continued

5.2 › Paying your excess

Your membership statement will tell you if you have an excess and how much it is. This section tells you how to pay it.

If your plan has an excess

If your **plan** has an excess, you can see the amount on your membership statement.

Here is how excesses work:

- We will take your excess off the amount covered by your **plan** for the first claim for each person in each **year**. For example, if the claim was covered for \$800, and the excess was \$100, we would pay \$700.
- If your claim is for a **treatment** that has a limit we will apply the limit before we take the excess off.
- We count the **treatment** costs for each **year** according to the date the **treatment** took place.
- Even if **treatment** costs less than your excess, please tell us about it so we can make sure we take this into account if you claim again that **year**.
- The excess applies per person. So if two people covered by your **plan** make a claim, we will take the excess off both their claims.
- It may take several claims before the full amount of the excess is paid.
- Once the full amount of an excess has been paid in a **year**, we will not take it off any further claims in that **year**.
- It does not matter whether you claim several times for the same **medical condition**, or for several **medical conditions**.
- The excess applies for each **year**. This means that if you incur costs during this **year**, we will take the excess off what we pay for your claim. If you then incur more costs in the next **year**, even if it's for the same condition, we will take the excess off that claim.
- If your claim goes over your renewal, we will take the excess off the amount we pay for your claim before renewal, then we will take the excess off the amount we pay for your claim after renewal.

- If you have any questions about how your excess works, please call us on +44 (0)1892 556 013 or toll free on 800933241 (within Hong Kong)

Claims that you do not have to pay an excess for

If you claim for any of the following, you will not need to pay an excess:

- cash payment when there has been no charge for your **treatment** or your stay in **hospital**
- **external prosthesis**
- evacuation or repatriation service
- cash payment if you have free chemotherapy or radiotherapy
- any claim for dental **treatment** (unless the claim relates to accidental damage, in which case you will have to pay an excess)
- any claim for wigs or other temporary head coverings.

5.3 › What to do if you do not want your plan

If you do not want your **plan**, you should talk to your employer.

You cannot cancel your **plan** with us as it is part of your employer's healthcare scheme.

5.4 › Continuing your cover

If your cover is ending because you are leaving your employer, we may be able to offer you comparable cover.

If you would like to find out what options are available to you for future cover please call us on +44 (0)1892 556 013 or toll free on 800933241 (within Hong Kong) and we can help you create a personal healthcare plan to suit you.

5.5 › Keeping us informed

If any of your personal details change, it's important that you let us know as soon as possible. If you're unsure whether the change is important, it's best to tell us and we can explain if it affects your **plan**.

Change of country of residence

You must tell us if there's a change of **country of residence**.

We are not able to provide insurance in some countries, so it's your responsibility to check that your cover is still valid if you move.

Changes to any details you give us when you join

If you send us any form, and anything changes between the time you send the form and the time we confirm that we have made the change shown in the form, you must tell us.

This includes if there's a change in the **country of residence**.

5.6 › Making a complaint

Our aim is to make sure you're always happy with your **plan**. If things do go wrong, it's important to us that we put things right as quickly as possible.

Making a complaint

If you want to make a complaint, you can call us or write to us using the contact details below.

To help us resolve your complaint, please give us the following details:

- your name and **plan** number
- a contact phone number
- the details of your complaint
- any relevant information that we may not have already seen.

Please call us toll free on 800933241 (within Hong Kong) or on +44 (0)1892 556 013

Or write to us in Hong Kong:

AXA Global Healthcare
10th Floor,
Vertical Square,
28 Heung Yip Road,
Wong Chuk Hang,
Hong Kong.

Or write to us in the UK:

AXA Global Healthcare
Phillips House
Crescent Road
Tunbridge Wells
Kent
TN11 2PL
United Kingdom

Answering your complaint

We'll respond to your complaint as quickly as we can.

If we can't get back to you straight away, we'll contact you within five working days to explain the next steps.

We always aim to resolve things within eight weeks from when you first told us about your concerns. If it looks like it will take us longer than this, we will let you know the reasons for the delay and regularly keep you up to date with our progress.

What regulatory protection do I have?

AXA Global Healthcare (Hong Kong) Limited is an Insurance Agent registered with the Insurance Agents Registration Board, and acts on behalf of AXA General Insurance Hong Kong Limited, an authorised insurer in Hong Kong and regulated by the Insurance Authority of Hong Kong.

Your legal rights

None of the information in section 5.6 affects your legal rights.

6 Legal information

- 6.1 › Rights and responsibilities
- 6.2 › Cross-border Provision
- 6.3 › Your personal information
- 6.4 › What to do if somebody else is responsible for part of the cost of your claim
- 6.5 › What to do if your claim relates to an injury or medical condition that was caused by another person

6.1 › Rights and responsibilities

This section sets out the rights and responsibilities we have to each other.

Your plan

The cover is provided under an agreement with your **company** who selects the level of benefits included.

Your **plan** is for one **year**.

We will provide you with the cover set out in your **plan**.

We will pay for covered costs incurred during a period for which the premium has been paid.

We will confirm the date that the **plan** starts and ends, who is covered, and any special terms that apply.

If the **lead member** stops working for the employer that is paying for your **plan**, your cover will end.

Renewal

Before the end of each **plan year**, we will contact your employer to tell them the terms the **plan** will continue on if the **plan** is still available. We will renew the **plan** on the new terms unless your employer asks us to make changes or tells us they wish to cancel.

What happens if your employer ends their company healthcare scheme with us

If your employer ends their **company healthcare scheme** with us, your cover will end.

You may be able to take out your own **plan** with us. We can explain your options to you at the time.

» See also 5.4 Continuing your cover

Providing us with information

Whenever we ask you to give us information, you will make sure that all the information you give us is sufficiently true, accurate and complete for us to be able to work out the risk we are considering. If we later discover that it is not, we can cancel the plan or apply different terms of cover in line with the terms we would have applied if the information had been presented to us fairly.

Our right to refuse to add a family member

We can refuse to add a **family member** to the **plan**. We will tell the **lead member** if we do this.

Subrogated rights

We, or any person or company that we nominate, have subrogated rights of recovery of the **lead member** or any **family members** in the event of a claim. This means that we will assume the rights of the **lead member** or any **family members** to recover any amount they are entitled to that we have already covered under this **plan**.

For example, we may recover amounts from someone who caused injury or illness, or from another insurer or a state healthcare provider.

The **lead member** must provide us with all documents, including medical records, and any reasonable assistance we may need to exercise these subrogated rights.

The **lead member** must not do anything to prejudice these subrogated rights.

We reserve the right to deduct from any claims payment otherwise due to you an amount that will be recovered from a third party or state healthcare provider.

What happens if you break the terms of your plan

If you break any terms of your **plan** that we reasonably consider to be fundamental, we may do one or more of the following:

- refuse to pay any claims;
- recover from you any loss caused by the break;
- refuse to renew your **plan**;
- impose different terms to the cover;
- end your **plan** and all cover immediately.

If you (or anyone acting on your behalf) claim knowing that the claim is false or fraudulent, we can refuse to pay that claim and may declare your **plan** void, as if it never existed. If we have already paid the claim we can recover what we have paid from you.

If we pay a claim and the claim is later found to be wholly or partly false or fraudulent, we will recover what we have paid from you.

Our right to make changes to your plan

We can change all or any part of your **plan** from any renewal date. We will give you reasonable notice of changes to your **plan**.

International economic sanctions

We will not do business with any individual or organisation that appears on an economic sanctions list or is subject to similar restrictions from any other law or regulation. This includes sanction lists, laws and regulations of the European Union, United Kingdom, United States of America or under a United Nations resolution. If you or a dependant are directly or indirectly subject to economic sanctions, including sanctions against your country of residence, we reserve the right to immediately end cover and/or stop paying claims on the plan, even if you have permission from a relevant authority to continue cover or premium payments under a plan. In this case, we can cancel the plan or remove a dependant immediately without notice, but will then tell you if we do this. If you know that you or a dependant are on a sanctions list or subject to similar restrictions you must let us know within 7 days of finding this out

Law applying to your plan

You and we irrevocably agree and submit to the exclusive jurisdiction of the courts of Hong Kong Special Administrative Region of the People's Republic of China.

Language for your plan

We will use English for all information and communications about your **plan**.

Legal rights

Any person or entity who is not a party to this plan shall have no rights under the Contracts (Rights of Third Parties) ordinance (Cap 623 of the Laws of Hong Kong) to enforce any terms of this plan

6.2 › Cross-border provision

The AXA Group has a longstanding plan of cooperating with tax and governmental authorities to combat money laundering, tax evasion or other illegal activities. In cases where you or the lead member is not a tax resident of the jurisdiction in which the plan is issued, we may disclose to the home country tax and/ or other governmental authorities yours and any insured family members identity and certain information concerning the plan, and you and the family members hereby, jointly and severally, consent and agree that we may, at our discretion, make such disclosure.

The AXA Group shall, to the fullest extent permitted by applicable laws and regulations, have the right to terminate this plan immediately and notify relevant governmental authorities in the event of violation of applicable laws in relation to money laundering, tax evasion or other illegal activities

6.3 › Your personal information

Please make sure that all members are aware of the information in this section.

AXA General Insurance Hong Kong Limited (referred to hereinafter as the “Company”) recognises its responsibilities in relation to the collection, holding, processing, use and / or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) (“PDPO”). Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use.

Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request.

Purpose: From time to time it is necessary for the Company to collect your personal data which may be used, stored, processed, transferred, disclosed or shared by us for purposes (“Purposes”), including:

1. offering, providing and marketing to you the products / services of the Company, other companies of the AXA Group (“our affiliates”) or our business partners (see “Use and provision of personal data in direct marketing” below), and administering, maintaining, managing and operating such products / services;
2. processing and evaluating any applications or requests made by you for products / services offered by the Company and our affiliates;
3. providing subsequent services to you, including but not limited to administering the policies issued;
4. any purposes in connection with any claims made by or against or otherwise involving you in respect of any products / services provided by the Company and / or our affiliates, including investigation of claims;
5. evaluating your financial needs;
6. designing products / services for customers;
7. conducting market research for statistical or other purposes;
8. matching any data held which relates to you from time to time for any of the purposes listed herein;
9. making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
10. conducting identity and/or credit checks and/or debt collection;
11. complying with the laws of any applicable jurisdiction;

6 Legal information continued

12. carrying out other services in connection with the operation of the Company's business; and
13. other purposes directly relating to any of the above.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to:

1. any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company or financial institution in Hong Kong or elsewhere and in this regard you consent to the transfer of your data outside of Hong Kong;
2. any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
3. any agent, contractor or third party who provides administrative, technology or other services (including direct marketing services) to the Company and / or our affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same;
4. credit reference agencies or, in the event of default, debt collection agencies;
5. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business; and
6. any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere.

For our policy on using your personal data for marketing purposes, please see the section below "Use and provision of personal data in direct marketing".

Transfer of your personal data will only be made for one or more of the Purposes specified above.

Use and provision of personal data in direct marketing: The Company intends to:

1. use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing;
2. conduct direct marketing (including but not limited to providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company, our affiliates, our co-branding partners and our business partners may offer:
 - a) insurance, banking, provident fund or scheme, financial services, securities and related products and services;
 - b) products and services on health, wellness and medical, food and beverage, sporting activities and membership, entertainment, spa and similar relaxation activities, travel and transportation, household, apparel, education, social networking, media and high-end consumer products;
3. the above products and services may be provided by the Company and/or:
 - a) any of our affiliates;
 - b) third party financial institutions;
 - c) the business partners or co-branding partners of the Company and/or affiliates providing the products and services set out in (2) above;
 - d) third party reward, loyalty or privileges programme providers supporting the Company or any of the above listed entities

4. in addition to marketing the above products and services, the Company also intends to provide the data described in (1) above to all or any of the persons described in (3) above for use by them in marketing those products and services, and the Company requires your written consent (which includes an indication of no objection) for that purpose;

Before using your personal data for the purposes and providing to the transferees set out above, the Company must obtain your written consent, and only after having obtained such written consent, may use and provide your personal data for any promotional or marketing purpose.

You may in future withdraw your consent to the use and provision of your personal data for direct marketing.

If you wish to withdraw your consent, please inform us in writing to the address in the section on “Access and correction of personal data”.

The Company shall, without charge to you, ensure that you are not included in future direct marketing activities.

Access and correction of personal data: Under the PDPO you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to:

Data Privacy Officer
AXA General Insurance Hong Kong Limited
11/F, AXA Southside,
38 Wong Chuk Hang Road,
Wong Chuk Hang,
Hong Kong

A reasonable fee may be charged to offset the Company’s administrative and actual costs incurred in complying with your data access requests.

Your data and medical practitioners’ fitness to practise

We are obliged to notify the General Medical Council or other relevant regulatory body if we have reason to believe a medical practitioner’s fitness to practise may be impaired. This may mean that we need to disclose information about a **treatment** episode and your **plan**.

Contacting you about other products and services

We and other members of the **AXA Group** may use the information you have provided to tell you about other products and services, such as special offers and healthcare information. These contacts may be by letter, phone, email or mobile message.

You can tell us that you don’t wish to receive this information at any time.

6.4 › What to do if somebody else is responsible for part of the cost of your claim

You must tell us if you are able to recover any part of your claim from any other party. Other parties would include:

- an insurer that you have another insurance plan with
- a state healthcare system
- a third party that has a legal responsibility or liability to pay.

We will pay our proper share of the claim.

Paying only our proper share helps us to keep the cost of premiums down.

If another party is responsible for part of your claim, it may mean they will pay for costs you would otherwise have to pay yourself, such as your excess on this **plan** or private treatment not covered by this **plan**.

6.5 › What to do if your claim relates to an injury or medical condition that was caused by another person

If your claim relates to an injury or **medical condition** that was caused by another person, they may be liable to pay some of the costs of your claim. This means you must tell us as quickly as possible if you believe a third party caused the injury or **medical condition**, or if you believe they were at fault. If we need further information, we may contact you or the third party.

We will pay our proper share of the claim and recover what we pay from the third party. We do this so we can keep the cost of premiums down. It also means that you can be repaid for any costs you paid yourself, such as your excess or if you paid for private **treatment** that wasn't covered by your **plan**. You must include all amounts (including interest) paid by us in respect of the injuries in your claim against the third party. You (or your solicitors) must keep us informed:

- on the progress of your claim and any action against the third party or any pre-action matters
- on the progress of and outcome of any action or settlement discussions, including providing us with access to the details of any settlement reached.

Repaying us if the third party pays you

If we have paid you for your claim and you are subsequently paid by the third party, you must repay us within 21 days of being paid by the third party. The amount you must repay depends on what you are paid:

- if the third party settles in full, you must repay our payment to you in full; or
- if the third party pays you a percentage of your claim for damages, you must repay us the same percentage of our payment to you; or
- if your claim is paid as part of a global settlement and our payment to you is not individually identified, you must repay us the same proportion that the global settlement is of your total claim for damages against the third party.
- If you are paid interest by the third party, you must include that when working out what to pay us.
- If you do not repay us, we will be entitled to recover what you owe us from you and your **plan** may be cancelled in accordance with the section: 'What happens if you break the terms of your **plan**' on page 48.

The rights and remedies in this section are in addition to and not instead of rights or remedies provided by law.

7 Definitions

Certain terms in this handbook have specific meanings. The terms and their meanings are listed in this list of definitions.

Where we've used these terms, we've highlighted them in bold to help you know that they have a specific meaning.

7 Definitions continued

active treatment of cancer – **treatment** intended to shrink, stabilise, or slow the spread of the **cancer**, and not given solely to relieve the symptoms.

acute condition – a disease, illness or injury that is likely to respond quickly to **treatment** which aims to return you to the state of health you were in immediately before suffering the disease, illness or injury, or which leads to your full recovery.

AXA Group – AXA Global Healthcare (UK) Limited, AXA Global Healthcare (Hong Kong) Limited, AXA General Insurance Hong Kong Limited and each of their affiliates, subsidiaries, holding companies and subsidiaries of such holding companies. **Subsidiaries and holding companies** – means a “holding company” and “subsidiary” as defined in section 2 of the Companies Ordinance (Cap 32).

cancer – a malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.

Chinese medicine – treatment with a practitioner who is qualified and registered in the country where the **treatment** will be given to practice in one of the following:

- Chinese herbal medicine
- bone setting
- cupping
- Tui-Na.

chronic condition – a disease, illness or injury that has one or more of the following characteristics:

- it needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests
- it needs ongoing or long-term control or relief of symptoms
- it requires your rehabilitation or for you to be specially trained to cope with it
- it continues indefinitely
- it has no known cure
- it comes back or is likely to come back.

Company – the company that pays for the group membership that your plan is part of.

company healthcare scheme – our healthcare scheme with your employer.

complementary practitioner

Definition for treatment given outside the UK:

a practitioner who is qualified and registered to practice in the country where the **treatment** will be given as one of the following:

- homeopath
- acupuncturist
- osteopath
- chiropractor
- practitioner of Chinese herbal medicine.

Definition for treatment given in the UK:

a medical practitioner who meets all of the following conditions:

- is fully registered under the Medical Acts
- specialises in at least one of the following: homeopathy, acupuncture, osteopathy or chiropractic
- is registered under the relevant Act
- is recognised by us as a complementary practitioner for **out-patient treatment**.

» The full criteria we use when recognising medical practitioners are available on request

country of residence – the country where the **lead member** lives or intends to live for most of the **year**.

day-patient – a patient who is admitted to a **hospital** or day-patient unit because they need a period of medically supervised recovery, but does not occupy a bed overnight.

day-patient unit – a medical unit where **day-patient treatment** is carried out.

diagnostic tests – investigations, such as x-rays or blood tests, to find or to help to find the cause of your symptoms.

external prosthesis – an artificial, removable replacement for a part of the body.

facility – a **hospital** or a centre with which we have an agreement to provide a specific range of medical services and which is listed in the **UK Directory of Hospitals**. In some circumstances **treatment** may be carried out at an establishment that provides **treatment** under an arrangement with a facility listed in the **UK Directory of Hospitals**.

family member – 1) the **lead member's** current spouse or civil partner or any person living permanently in a similar relationship with the **lead member**; and 2) any of their or the **lead member's** children up to the renewal date after the child's 25th birthday.

hospital

Definition outside the UK: a hospital that is licensed as a medical or surgical hospital in the country where it is based

Definition within the UK: a hospital that is in our UK Directory of Hospitals

in-patient – a patient who is admitted to **hospital** and who occupies a bed overnight or longer, for medical reasons.

lead member – the first person named on your membership documents.

medical condition – any disease, illness or injury, including psychiatric illness.

medical practitioner

Definition for treatment outside the UK:

a person who has primary degrees in the practice of medicine and surgery from a medical school that is listed in the World Health Organisation's World Directory of Medical Schools.

Definition for treatment within the UK:

a person who meets all of the following conditions:

- has specialist training in an area of medicine, such as training as a consultant surgeon, consultant anaesthetist, consultant physician or consultant psychiatrist
- is fully registered under the Medical Acts
- is recognised by us as a specialist.

In the **UK**, the definition of a specialist who we recognise for **out-patient treatment** only is widened to include those who meet all of the following conditions:

- specialise in psychosexual medicine, musculoskeletal or sports medicine, podiatric **surgery**.
- is fully registered under the Medical Acts
- is recognised by us as a specialist.

» **The full criteria we use when recognising specialists are available on request**

multiple birth – the birth of more than one baby from a single pregnancy

out-patient – a patient who attends a **hospital**, consulting room, or out-patient clinic and is not admitted as a **day-patient** or **in-patient**.

plan – the insurance contract between the **company** and us. The full terms of your plan are set out in the latest versions of:

- any application form we ask you to fill in
- any statement of fact we send you
- this handbook
- your membership statement and our letter of acceptance.

Private room – Single room with a bath or shower

physiotherapist –

Definition for treatment outside the UK:

a person who is licensed to practice as a physiotherapist where the **treatment** is to take place.

Definition for treatment within the UK:

a person who meets all of the following conditions:

- is fully registered under the Medical Acts
- specialises in physiotherapy
- is recognised by us as a physiotherapist for **out-patient treatment**.

» **The full criteria we use when recognising specialists are available on request**

7 Definitions continued

scanning centre – a centre in the UK where **out-patient** CT (computerised tomography), MRI (magnetic resonance imaging) and PET (positron emission tomography) is carried out.

» The centres we recognise are listed in our UK Directory of Hospitals at axaglobalhealthcare.com/ukhospitals.

Semi-private room – Dual occupancy accommodation in a hospital with corresponding **treatment** rates and charges.

surgery/surgical procedure – an operation or other invasive surgical intervention listed in the schedule of procedures and fees.

terrorist act – any act of violence by an individual terrorist or a terrorist group to coerce or intimidate the civilian population to achieve a political, military, social or religious goal.

treatment – surgical or medical services (including **diagnostic tests**) that are needed to diagnose, relieve or cure a disease, illness or injury.

UK Directory of Hospitals – the list of **hospitals**, **day-patient units** and **scanning centres** that are available for you to use under the terms of your **plan**.

The list changes from time to time, so you should always check with us before arranging **treatment**. Some **treatments** are only available in certain facilities.

» The Directory of Hospitals is on our website at axaglobalhealthcare.com/ukhospitals

United Kingdom (UK) – Great Britain and Northern Ireland, including the Channel Islands and the Isle of Man.

year – the 12 months from your **plan** start date or last renewal date unless we have agreed something different with your employer.



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