

1.4 › Your cover

In-patient or day-patient cover		
	Limit details	Note
Hospital and day-patient unit fees	✓ Within your overall plan limit	<p>Fees for in-patient or day-patient:</p> <ul style="list-style-type: none"> • 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. <p>» See 3.5 Hospitals where you can have your treatment, 3.6 Accommodation we will pay for at the hospital where you are treated, and 3.7 Differences when you have treatment in certain countries.</p>
Medical practitioner fees	✓ Within your overall plan limit	<p>Fees for: surgeons, anaesthetists and physicians.</p> <p>» See 3.4 Who can provide your treatment</p>
Emergency treatment in the USA (does not apply if you have added USA cover)	✓ Up to six weeks treatment , with a total limit of \$24,000	<p>This is to cover emergency in-patient or day-patient treatment of a medical condition that arises suddenly whilst you are in the USA.</p> <p>Note: this benefit is only applicable if you do not have the USA upgrade.</p>
Cash payment when there has been no charge for your treatment or for your stay in hospital	✓ \$160 per night	<p>We pay this when:</p> <ul style="list-style-type: none"> • you are admitted for in-patient treatment before midnight • we would have covered your treatment if you had had it privately. <p>If your plan has an excess, we will not take this off this cash payment. This benefit is not available if the cost of treatment was funded by another party, such as another insurer.</p>
Accommodation for one parent while a child is in hospital	✓ Within your overall plan limit	<p>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.</p>

In-patient or day-patient cover continued

	Limit details	Note
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 policy limit	» See 3.4 Who can provide your treatment
CT, MRI or PET scans	✓ Within your overall policy 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, and 3.7 Differences when you have your treatment in certain countries.
Drugs and dressings	✓ \$800 per year	The drugs and dressings must be for treatment of a medical condition that we cover and must be prescribed by a medical practitioner .

The following out-patient items have a combined limit of:

- \$5,600 per year

Some of the items have their own individual limits too. These are shown below.

	Limit details	Note
Medical practitioner consultation fees	✓ Within combined limit	This includes any out-patient medical practitioner's consultation fees that are related to in-patient or day-patient treatment you receive.
Psychiatric treatment	✓ Within combined limit	» See 4.23 Mental health
Diagnostic tests	✓ Within combined limit	Including diagnostic tests related to in-patient or day-patient treatment .

1.4 › Your cover continued

Out-patient cover continued		
Physiotherapy treatment	✓ Within combined limit	
Vaccinations	✓ \$480 per year combined limit applies	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 including fees and prescription costs for Chinese medicine	✓ \$1,750 per year combined limit applies	
Routine monitoring of medical conditions	✓ Within combined limit	This includes any blood tests or other routine tests carried out to monitor a medical condition , including chronic conditions
Other cover		
	Limit details	Note
External prosthesis	✓ Up to \$8,000 regardless of how long you remain a member of a plan arranged by the AXA Global Healthcare Group.	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.
Ambulance transport	✓ Within your overall plan limit	Type of ambulances covered: <ul style="list-style-type: none"> • road ambulance • air ambulance if appropriate. Reasons when transport by ambulance is covered: <ul style="list-style-type: none"> • for emergency transport to or between hospitals; or • when a medical practitioner says 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 1.9 Your cover for emergency evacuation and repatriation

Other cover continued

	Limit details	Note
Cash payment if you have free chemotherapy or radiotherapy	✓ \$80 a day up to \$8,000 a year	<p>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.</p> <p>If your plan has an excess, you do not have to pay the excess if you claim for this cash payment.</p> <p>This cover only applies when you have not had to pay for your treatment or for your stay in hospital.</p> <p>» See 4.5 Cancer</p>
Nurse to give you chemotherapy or antibiotics by intravenous drip at home	✓ Paid in full for up to 14 days per year	<p>We will pay for treatment:</p> <ul style="list-style-type: none"> • at home • somewhere else that your medical practitioner or nurse agree is appropriate. <p>We will pay for a nurse to give you either of the following by intravenous drip:</p> <ul style="list-style-type: none"> • chemotherapy to treat cancer • antibiotics. <p>This is so long as:</p> <ul style="list-style-type: none"> • 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.
External prostheses during active treatment of cancer . Spinal supports, knee braces, or pneumatic walking boots if they are part of a surgical procedure .	✓ \$3,200 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.

1.4 › Your cover continued

Other cover continued		
	Limit details	Note
Kidney dialysis	✓ \$40,000 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 4.22 Long sightedness, short sightedness and astigmatism
Prescription glasses and contact lenses	✓ \$160 per year	We will pay this so long as the glasses or lenses are used to correct your vision. » See 4.22 Long sightedness, short sightedness and astigmatism
Pregnancy and childbirth	✓ Treatment for medical conditions that arise during pregnancy and childbirth is covered up to the limits that apply in the rest of this plan.	Unless you have the optional pregnancy cover, your plan does not cover routine childbirth, antenatal consultations, postnatal consultations, screening and monitoring. » See 4.26 Pregnancy and childbirth or call +44 (0)1892 556 013 or toll free on 800933241 (within Hong Kong)
Health check	✓ \$480 towards the cost of one health check per year	» See section 4.17 Health check
Accidental damage to teeth	✓ \$16,000 per year	The damage must be due to an external impact. Other conditions also apply. » See 4.36 Teeth and dental conditions
Dental treatment	✓ 50% of the cost up to a maximum of \$510 per year	If your plan has an excess, you do not have to pay the excess if you claim for dentist fees. » See 4.36 Teeth and dental conditions

Virtual Care from AXA

To register for Virtual Care from AXA and for full terms and conditions, please visit

axaglobalhealthcare.com/en/members/your-services

To register you will need to enter the numbers only from your customer number as your access code.

Using these services will not impact any **out-patient** limit on your **plan**.

If your **plan** has an excess, you do not have to pay the excess for the use of these services.

	Limit details	Note
Virtual Doctor service	<ul style="list-style-type: none"> ✓ Unlimited video appointments ✓ Unlimited doctor call backs 	Access to a Virtual Doctor service for unlimited video appointments and telephone consultations.
Mind Health	✓ Up to 6 sessions, per condition, each year	Mind Health is available for certain conditions and provides telephone or video consultation sessions with a psychologist.
Second Medical Opinion	✓ Included	

1.5 › Optional covers

Your membership statement will show if you have these covers.

	Limit details	Note
Optional pregnancy and childbirth cover		
Antenatal consultations, postnatal consultations, screening and monitoring. Routine childbirth.	✓ \$8,000 per year	This cover starts to apply from 10 months after the pregnant member takes out or joins the plan unless we have told you otherwise on your membership statement.
Optional upgraded dental care (If you add this cover, it replaces the standard Dental treatment cover.)	✓ 80% of the costs up to \$1,600 per year	<p>If your plan has an excess, you do not have to pay the excess if you claim for dentist fees.</p> <p>» See 4.36 Teeth and dental conditions</p>

1 Introduction to your plan continued

	Limit details	Note
Optional semi-private room	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 .	» See 3.6 Accommodation we will pay for at the hospital where you are treated

Optional extended out-patient cover

If this cover is added it replaces the benefits shown in the main benefits table

Out-patient cover	Limit details	Notes
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.
Psychiatric treatment	✓ Within your overall plan limit for up to 30 sessions per year	
Diagnostic tests	✓ Within your overall plan limit	Including diagnostic tests related to in patient or day patient treatment .
Physiotherapy treatment	✓ Within your overall plan limit for up to 35 sessions per year	
Vaccinations	✓ \$480 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 including fees and prescription costs for Chinese medicine	✓ \$1,750 per year	
Routine monitoring of medical conditions	✓ Within combined limit	This includes any blood tests or other routine tests carried out to monitor a medical condition , including chronic conditions

1.6 › 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.

What are the key things my plan does not cover?

Your plan does not cover	Notes
✗ Antenatal and postnatal consultations, monitoring or screening – unless you have optional pregnancy and childbirth cover	Although we do not cover these routine aspects of pregnancy, we do cover treatment for medical conditions that arise during pregnancy up to the limits that apply in the rest of this plan . » See 4.26 Pregnancy and childbirth or call us on +44 (0)1892 556 013 or toll free on 800933241 (within Hong Kong)
✗ Routine childbirth – unless you have optional pregnancy and childbirth cover	Although we do not cover routine childbirth, we do cover treatment for medical conditions that arise during childbirth up to the limits that apply in the rest of this plan . » See 4.26 Pregnancy and childbirth or call us on +44 (0)1892 556 013 or toll free on 800933241 (within Hong Kong)
✗ 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
✗ Treatment that you receive in the UK from providers that are not listed in our UK Directory of Hospitals	If you have treatment in the UK and choose to use a different hospital , we may pay you a small cash payment. We use a UK Directory of Hospitals as it helps us to keep premiums affordable. » See our Directory of Hospitals via your AXA member hub.
✗ 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 1.8 Your cover for emergency treatment in the USA
✗ Charges that are above the usual and customary charges for the treatment or service provided	» See 1.7 Understanding what usual and customary charges are
✗ The costs of arranging treatment	Your plan does not cover your costs for arranging treatment , such as phone calls and travelling expenses.

1.7 › Understanding what usual and customary charges are

We will only pay for charges for **treatment** or services that would usually and customarily be charged for that **treatment** or service in the country where you are receiving it. This means charges made by a **hospital, medical facility, medical practitioner, complementary practitioner, physiotherapist** or other medical professional.

We will use guidelines to decide if charges are within the usual and customary range. We will use guidelines published by a government health department or official medical body in the country where you are having **treatment** or using a service. We may also use anonymised claims data or data from our local partners as a benchmark when we pay or assess claims.

1.8 › 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.

1.9 › 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 need medical **treatment** and cannot be treated in the area where you are, we can arrange for you to be transported. You will be taken to the nearest and most appropriate medical **facility**, in Africa, to receive medical **treatment**.

This service will be offered to members who have been advised by a medical professional that they need to be admitted to **hospital**. It will only be offered 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 to accompany them. The accompanying person must be 18 or over. 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 is evacuated or repatriated?

You only have cover if the **family member** is covered by a product arranged by the **AXA Global Healthcare Group** and underwritten by AXA General Insurance (Hong Kong) Limited. There is no cover for you if they are covered under any other policy.

If you are travelling away from home with a family member 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 only 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 only 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.

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.

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

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.

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

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 Second Medical Opinion service has 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.

4.1 › Advanced therapies

4.1 › Advanced therapies

There are a complex set of advanced therapies, including gene therapies and CAR-T **treatment** for **cancer**. They are known by different names across the world, for example Advanced therapy medicinal products (ATMPs), Cellular and gene therapy products (CGTPs) or Regenerative medicine advanced therapy (RMAT).

We only cover a small number of ATMPs/CGTPs/RMATs under the **plan**. You must call us before you start your **treatment** to make sure its covered.

For more information and for the current list of the ATMPs/CGTPs/RMATs we cover please visit axaglobalhealthcare.com/advanced-therapies or call us.

We don't cover any ATMPs/CGTPs/RMATs that aren't on the list at the time you need the **treatment**, including any associated hospital or **specialist** costs. The list is subject to change so

you should always check and call us before you start any **treatment**.

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:

- you suffering from the symptoms of or illness due to alcohol, drug or substance dependence and/or withdrawal;
- you abusing alcohol, drugs or substances;
- your consumption of alcohol, drugs or solvents impairing your physical ability or judgement. This includes you putting yourself at needless risk except in an attempt to save human life.

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.

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:

- \$80 a day up to \$8,000 per year

Your cancer cover

Place of treatment	
Active treatment of cancer at a hospital	<div>✔ Yes</div> <div>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.</div>
Chemotherapy by intravenous drip at home	<div>✔ Yes, when agreed by our clinical team</div>
Treatment at a hospice	<div>✘ No</div>
Diagnostic	
Specialist fees for the specialist treating your cancer	<div>✔ Yes</div> <div>If the consultations are before your diagnosis they are covered as part of your overall out-patient limit.</div> <div>Consultations after your diagnosis are covered as part of your overall day-patient and in-patient limit.</div> <div>Consultations after completion of your active treatment of cancer are considered as monitoring and are covered as part of your overall out-patient limit.</div>

Diagnostic continued	
Diagnostic tests relating to cancer	<p>✓ Yes</p> <p>If the tests are before your diagnosis they are covered as part of your overall out-patient limit.</p> <p>Tests after your diagnosis are covered as part of your overall day-patient and in-patient limit.</p> <p>Tests after completion of your active treatment of cancer are considered as monitoring and are covered as part of your overall out-patient limit.</p>
Surgery as shown below under 'Surgery'	✓ Yes
CT, MRI and PET scans	✓ Yes
Genetic testing proven to help choose the best treatment that will be covered by your plan	<p>✓ Yes</p> <p>» See section 3.1 for more about effective treatment and 4.27 Preventative treatment and screening tests</p>
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	<p>✓ Yes</p> <p>» See section 3.1 for more about effective treatment</p>
New or experimental surgical procedures	<p>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.</p> <p>We will only pay up to the equivalent non-experimental surgical procedure as listed in the schedule of procedures and fees.</p> <p>To get a copy of the schedule, go to axaglobalhealthcare.com/en/members/how-bills-are-paid or call us on +44 (0)1892 556 013 or toll free on 800933241 (within Hong Kong).</p>
Complications that arise from new or experimental surgical procedures	✗ No – even if we agreed to cover the procedure itself

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

Your cancer cover

Reconstructive surgery following breast cancer	
<p>The first reconstructive surgery following surgery for breast cancer. We will cover:</p> <ul style="list-style-type: none"> • one planned surgery to reconstruct the diseased breast • nipple tattooing, up to 2 sessions • one planned surgery to reconstruct the nipple. 	<p>✓ Yes</p> <p>We will do this so long as:</p> <ul style="list-style-type: none"> • you had continuous cover under a private medical insurance plan since before the surgery happened; and • we agree the method and cost of the treatment in writing beforehand
<p>After the completion of your first reconstructive surgery, we will also cover:</p> <ul style="list-style-type: none"> • one further planned surgery to the other breast, when it has not been operated on, to improve symmetry. • Two planned fat transfer surgeries. The fat must be taken from another part of your body and cannot be donated by anyone else. • One surgery to remove and exchange implants damaged by radiotherapy treatment for breast cancer. 	<p>✓ Yes</p> <p>Symmetry and fat transfer operations must take place within three years of your first reconstructive surgery. The removal and exchange of radiotherapy damaged implants must take place within five years of you completing your radiotherapy treatment.</p> <p>We will only pay for each of these operations once (or two fat transfer surgeries), regardless of how long you remain a member of a plan arranged by the AXA Global Healthcare Group.</p>
<p>If you choose not to have reconstructive surgery following treatment of breast cancer, we will cover the cost of one planned surgery to the unaffected breast to improve symmetry.</p>	<p>✓ Yes</p> <p>No further reconstructive surgery will be covered on either the diseased breast or the unaffected breast.</p>
<p>We do not cover treatment that is connected to previous reconstructive surgery or any cosmetic operation to a reconstructed breast.</p>	<p>» See also 4.9 Cosmetic treatment, surgery or products</p>
Preventative	
<p>Preventative treatment, such as:</p> <p>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).</p>	<p>✗ No</p>
<p>Vaccines to prevent cancer developing or coming back – such as vaccinations to prevent cervical cancer</p>	<p>✓ Yes – vaccines are covered as part of your out-patient vaccination cover.</p>

Drug therapy	
<p>Drug treatment to kill cancer cells – including:</p> <ul style="list-style-type: none"> • biological therapies, such as Herceptin or Avastin • chemotherapy 	<p>✓ Yes</p> <p>There is no time limit on how long we cover these drugs.</p> <p>We will cover them if:</p> <ul style="list-style-type: none"> • 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. <p>The drugs we cover will change from time to time to reflect any changes in drug licences.</p> <p>Please call us to find out the latest treatments that we cover.</p>
Chemotherapy and/or biological drug treatment to prevent a recurrence of cancer or to maintain remission	<p>✓ Yes</p>
Experimental drugs	<p>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.</p> <p>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.</p>
<p>Other drugs.</p> <p>We cover:</p> <ul style="list-style-type: none"> • Bone strengthening drugs such as bisphosphonates or Denosumab • Hormone therapy that is given by injection (for example goserelin, also known as Zoladex) 	<p>✓ 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.</p>
Drugs for treating conditions secondary to cancer , such as erythropoietin (EPO)	<p>✓ Yes, while you are having chemotherapy that is covered by your plan.</p>

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

Your cancer cover continued

Drug therapy continued	
Out-patient drugs or other drugs that a medical practitioner could prescribe	<p>✓ Yes – covered as part of your overall out-patient drugs and dressings cover.</p>
Advanced therapy medicinal products (ATMPs), Cellular and gene therapy products (CGTPs) and Regenerative medicine advanced therapy (RMATs)	<p>✓ Yes</p> <p>We cover a small number of approved ATMPs/ CGTPs/RMATs. For the current list of ATMPs/ CGTPs/RMATs that we cover, please see axaglobalhealthcare.com/advanced-therapies or call us.</p> <p>» See section 4.1 for more information on advanced therapies</p>
Therapeutic cancer vaccines	<p>✗ No</p> <p>There is no cover for therapeutic cancer vaccines.</p> <p>» See section 4.37 for more information on Therapeutic vaccines</p>
Radiotherapy	
Radiotherapy including when it is used to relieve pain	<p>✓ Yes</p>
Proton beam therapy (PBT)	<p>✓ Yes</p> <p>We will pay PBT for:</p> <ul style="list-style-type: none"> • malignant solid cancers in members aged 21 and under • central nervous system (brain and spinal cord) cancer • chordomas or chondrosarcomas (types of spine cancer) in the base of the skull or cervical spine (neck bones) which have not spread (metastasised) • high naso-ethmoid, frontal and sphenoid tumours with base of skull involvement • adenoid cystic carcinoma with perineural invasion • esthesioneuroblastoma • cancer of the iris, ciliary body or choroid parts of the eye (uveal melanoma) which has not spread (metastasised) • conjunctival melanoma • choroidal haemangioma

Radiotherapy continued	
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	✗ No
Monitoring	
Follow ups – cover for follow up consultations, tests and reviews for cancer	<p>✓ Yes, so long as you are still a member and have a plan that covers this.</p> <p>This is paid from your cover for out-patient treatment.</p>
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	
<p>Stem cell or bone marrow treatment</p> <p>If you plan to donate tissue as a live donor or receive tissue from a live donor, please call us so we can tell you what support we offer.</p> <p>We do not cover any related administration costs. For example, we will not cover transport costs or the cost of finding a donor.</p>	<p>✓ Yes</p> <p>» See section 4.25 Organ or tissue donation for more about this</p>



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AXA Global Healthcare (UK) Limited is registered in England (No. 03039521). Registered office: 20 Gracechurch Street, London, EC3V 0BG, United Kingdom.