



Global Protect Health Plan
Prestige

Your handbook

Small Corporate
Hong Kong
October 2024

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.

Contents

Section	Page
1 Introduction to your plan	6
This section explains the basics of your cover	
2 Making a claim	18
Everything you need to know about making a claim	
3 How your plan works	22
Including how we cover treatment, how we pay for it and rules for pre-existing conditions	
4 Your cover for specific conditions, treatment, tests and costs	29
The rules that relate to specific conditions, treatment, tests and costs	
5 Managing your plan	47
Including how to add and make changes to your cover, how your excess works, and how to complain	
6 Legal information	51
Details of the rights and responsibilities we have to each other	
7 Definitions	58
A list of terms in this handbook that have specific meanings	

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.
Nurses and counsellors are available
24/7. 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 › Optional covers
- 1.6 › The main things we don't cover
- 1.7 › Understanding what usual and customary charges are
- 1.8 › Your cover for emergency treatment in the USA – for members who have not added USA cover
- 1.9 › 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 (Hong Kong) 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 ICE foreign exchange rates 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 ICE foreign exchange rates. 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

\$3,200,000 (USD)

- Does not apply to evacuation and repatriation costs.

» [See 1.9 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	<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 policy 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 10 weeks treatment , with a total limit of \$32,000	<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.</p>
Accommodation for one parent while a child is in hospital	✓ Within your overall policy 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	✓ \$1,200 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:

- \$9,200 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 4.24 Mental health
Diagnostic tests	✓ Within combined limit	Including diagnostic tests related to in-patient or day-patient treatment .
Physiotherapy treatment	✓ Within combined limit	

1.4 › Your cover continued

Out-patient cover continued		
	Limit details	Note
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 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 1.9 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 28 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.
<p>External prostheses during active treatment of cancer.</p> <p>Spinal supports, knee braces, or pneumatic walking boots if they are part of a surgical procedure.</p>	✓ \$4,000 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	✓ \$80,000 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 4.23 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 4.23 Long sightedness, short sightedness and astigmatism
Pregnancy and childbirth	✓ Up to \$16,000	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. » See 4.27 Pregnancy and childbirth or call +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 this plan	» See 4.27 Pregnancy and childbirth or call us on +44 (0)1892 556 013 or toll free on 800933241 (within Hong Kong)
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	✓ 50% of the cost up to a maximum of \$800 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
Palliative care	✓ Paid in full up to a maximum of 30 days per year within the limits that apply to your policy . For cancer diagnosis only.	

Other cover continued

	Limit details	Note
Health check	✓ \$480 towards the cost of one health check per year	» See 4.18 Health check
Disability compensation cover	✓ Up to \$80,000	The limit depends on the disability suffered. » See 4.12 Disability compensation cover If your plan has an excess, you do not have to pay the excess on claims for disability compensation.

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 Introduction to your plan continued

1.5 > Optional covers

Your membership statement will show if you have these covers.

	Limit details	Note
Optional upgraded dental care (If you add this cover, it replaces the standard Dental treatment cover.)	✔ 80% of the costs up to \$2,400 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

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
✗ 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 or toll free on 800933241 (within Hong Kong)
✗ 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.

1 Introduction to your plan continued

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.

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.w

2.1 › Virtual Care from AXA

Register for the Virtual Care from AXA service

Your **plan** gives you access to a Virtual Doctor service, Mind Health and a Second Medical Opinion service.

To register 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. For example, if your customer number is INTL1234567, your access code is 1234567.

Your condition and treatment

If any of the Virtual Care services say you need **treatment**, you must call us to check that your **treatment** is covered.

Mind Health sessions with a psychologist will last up to 50 minutes. You can have six sessions per condition each **year**. If you need more than six sessions you must call us to check that they are covered.

You can use the Virtual Care services for any **medical condition** or concern, whether or not they would be covered under the other benefits of your **plan**.

If you are unsure about a diagnosis or **treatment** pathway we can put you in touch with our Second Medical Opinion service. A case manager will review your case and refer it to a panel of experts for a second opinion. Please call us if you would like to use the service and we'll explain what will happen next.

About the Virtual Care from AXA terms

When you use one of the Virtual Care services you are agreeing to the terms and conditions of the provider of the service. We do not have any responsibility for these services.

2.2 › How we pay claims

Claims for each **year** are paid and benefit limits will be applied based on the date the **treatment** took place.

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

There are some **hospitals** who we won't pay for **treatment**. This is because they don't meet our billing criteria, or because we do not recognise them. You should check if we will pay the facility or **hospital** before you have your **treatment**.

The current list of unrecognised providers is available through your online portal at axaglobalhealthcare.com/customer or you can call us to check if we will pay a particular provider. We won't reimburse you for **treatment** you pay for yourself with one of these providers.

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

2 Making a claim continued

Always remember to contact us before you have your **treatment** so that we can get in touch with the **hospital** you've chosen and try to arrange to pay them directly for your **treatment**.

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 ICE foreign exchange rates 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 ICE foreign exchange rates. 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.

2.3 › 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**.

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**.

2.4 › 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.

2.5 › 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 › Differences when you have your treatment in certain countries
- 3.8 › General restrictions

How your membership works

For full details of how your membership works in every case, 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.

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

Your plan covers you for established medical **treatments**. We call these **conventional treatments**.

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

What do you mean by conventional treatment?

We define **conventional treatment** as **treatment** that is established as best medical practice in the country where the **treatment** is taking place. It must also be clinically appropriate in terms of necessity, type, frequency, extent, duration and the **facility** where the **treatment** is provided.

In addition, to meet our definition, it must have high quality clinical trial evidence proving it is effective and safe for the **treatment** of your **medical condition** (full criteria available on request).

Conventional treatment does not cost more than an equivalent **treatment** that delivers a similar therapeutic or diagnostic outcome. It must not be provided or used primarily for the convenience or financial or other advantage of you or your **medical practitioner** or other health professional.

Are there any additional requirements for drug treatments?

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.

Are there any additional requirements for surgical treatments?

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

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).

For a **surgical procedure** please call us on +44 (0)1892 556 013 24 hours a day or toll free 800933241 (within Hong Kong) to see if it would be covered.

What happens if my medical practitioner says I need surgery that is not conventional treatment?

Our general position is that there is no cover for **treatments** or **surgery** that are not **conventional treatment**. We call this unproven treatment.

In some cases we will consider covering **surgery** not listed in our Schedule of Procedures and Fees. We must agree to the **treatment** before you have it, including what costs (if any) we will pay.

The **treatment** must be established and 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 is not **conventional treatment** or which is experimental.

3 How your plan works continued

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)+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.

3 How your plan works continued

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 usual and customary charges for the **treatment**.

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

Your **policy** covers you for **inpatient** and **daypatient treatment** that is provided by **medical practitioners**.

There are some medical providers who we won't pay for **treatment**. These may be providers who don't meet our billing criteria, or we do not recognise. You should check if we will pay the medical provider before you have your **treatment**. The current list of unrecognised providers is available through your online portal at axaglobalhealthcare.com/customer or you can call us to check if we will pay a particular provider. We won't reimburse you for **treatment** you pay for yourself with one of these providers.

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.

» [See section 3.7 for details of differences to this when you have your treatment in certain countries.](#)

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

There are some other medical providers who we won't pay for **treatment**. These may be providers who don't meet our billing criteria, or we do not recognise. You should check if we will pay the facility or **hospital** before you have your **treatment**. The current list of unrecognised providers is available through your online portal at axaglobalhealthcare.com/customer or you can call us to check if we will pay a particular provider. We won't reimburse you for **treatment** you pay for yourself with one of these providers.

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 > Differences when you have your treatment in certain countries

Your cover may vary in the USA and the **UK** to other countries. If you need treatment in the USA, please contact our team of personal advisors on +1 800 308 2611.

For treatment in the **UK**, the differences affect where you can have **treatment** and limits on the charges we will pay.

Where you can have treatment in the UK

If you have **treatment** in the **UK**, you must use a **hospital**, **day-patient unit** or **scanning centre** listed in our **UK Directory of Hospitals**. The **hospitals**, **day-patient units** and **scanning centres** listed in our **UK Directory of Hospitals** have each signed an agreement with us that sets out the standards of clinical care and range of services they will provide, and the fees they will charge for services they provide to our members.

You can find our **UK Directory of Hospitals** via your AXA member hub or by calling us on +44 (0)1892 556 013 or toll free on 800933241 (within Hong Kong).

Note that there are restrictions on where you can have oral or cataract **surgery**.

Where you can have oral or cataract surgery in the UK

If you need oral or cataract **surgery** in the **UK**, we will pay for **treatment** at a **UK facility** that has an agreement with us to provide oral or cataract **surgery**.

What happens if I have treatment in the UK at a centre that is not listed in the UK Directory of Hospitals?

If you have **in-patient** or **day-patient treatment** in the **UK** at a centre that is not listed in our **UK Directory of Hospitals**, we will only pay you a cash payment. You will have to pay all charges related to your **treatment**.

3 How your plan works continued

Treatment	Cash payment
In-patient treatment at a centre not in our UK Directory of Hospitals	✓ \$160 per night
Day-patient treatment at a centre not in our UK Directory of Hospitals	✓ \$160 per day
A CT, MRI or PET scan at a centre not listed as a scanning centre in our UK Directory of Hospitals. CT = Computerised Tomography MRI = Magnetic Resonance Imaging PET = Positron Emission Tomography	✓ \$160 per visit

What happens if it's medically necessary that I have treatment in the UK at a centre that is not listed in the UK Directory of Hospitals?

If it's medically necessary that you have **in-patient** or **day-patient treatment** in the UK at a centre that is not listed in our **UK Directory of Hospitals**, please tell us before you have the **treatment**. We will review your case and may be able to pay your **hospital** charges, but you must have our written agreement to this before you have the **treatment**.

Agreements with medical practitioners, physiotherapists and complementary practitioners on what we will pay in the UK

In the **UK**, we have a schedule of procedures and fees that sets out the limits that we will pay **medical practitioners, physiotherapists and complementary practitioners**. If you do not call us prior to **treatment** we will pay up to the usual amount charged by **medical practitioners, physiotherapists or complementary practitioners** for that **treatment**.

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).

Checking which anaesthetist will be involved in your treatment

If an anaesthetist will be involved in your **treatment**, we recommend that you ask your **medical practitioner** for their name and call to tell us. We will check whether that anaesthetist tends to charge within our schedule of procedures and fees or more. Even if you don't know the anaesthetist's name, you should still call us as we will be able check which anaesthetist your **medical practitioner** regularly works with and look at what they tend to charge.

Always call before you have your treatment, wherever you are in the world.

3.8 > 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

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 › Advanced therapies
- 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 treatment, surgery or products
- 4.10 › Criminal activity
- 4.11 › Dementia
- 4.12 › Disability compensation cover
- 4.13 › Drugs and dressings for out-patient treatment
- 4.14 › External prostheses and appliances
- 4.15 › Fat removal
- 4.16 › Gender re-assignment or gender confirmation
- 4.17 › Genetic tests
- 4.18 › Health check
- 4.19 › Hormone Replacement Therapy (HRT)
- 4.20 › Infertility and assisted reproduction
- 4.21 › Kidney dialysis
- 4.22 › Learning and developmental disorders
- 4.23 › Long sightedness, short sightedness and astigmatism
- 4.24 › Mental health
- 4.25 › Nuclear, biological or chemical contamination and war risks
- 4.26 › Organ or tissue donation
- 4.27 › Pregnancy and childbirth
- 4.28 › Preventative treatment and screening tests
- 4.29 › Reconstructive surgery
- 4.30 › Rehabilitation
- 4.31 › Self-inflicted injury and suicide
- 4.32 › Sexual dysfunction
- 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 › Therapeutic vaccines
- 4.39 › Treatment that is not medically necessary
- 4.40 › Varicose Veins
- 4.41 › Weight loss treatment

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

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

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

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

Your cancer cover continued

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 4.28 Preventative treatment and screening tests</p>
Genetic testing to work out whether you have a genetic risk of developing cancer	<p>✗ No</p>
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 800933241 (within Hong Kong).</p>
Complications that arise from new or experimental surgical procedures	<p>✗ No – even if we agreed to cover the procedure itself</p>

Reconstructive surgery following breast cancer

The first reconstructive **surgery** following **surgery** for breast **cancer**. We will cover:

- one planned **surgery** to reconstruct the diseased breast
- nipple tattooing, up to 2 sessions
- one planned **surgery** to reconstruct the nipple.

✓ Yes

We will do this so long as:

- 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

After the completion of your first reconstructive **surgery**, we will also cover:

- 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**.

✓ Yes

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**.

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.

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.

✓ Yes

No further reconstructive **surgery** will be covered on either the diseased breast or the unaffected breast.

We do not cover **treatment** that is connected to previous reconstructive **surgery** or any cosmetic operation to a reconstructed breast.

» [See also 4.9 Cosmetic treatment, surgery or products](#)

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	
<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>

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 4.38 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

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

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	We will cover treatment to relieve symptoms during the end stages of life.
Monitoring	
Follow ups – cover for follow up consultations, tests 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 .
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 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. We do not cover any related administration costs. For example, we will not cover transport costs or the cost of finding a donor.	✓ Yes » See section 4.26 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 treatment, surgery or products

We do not cover:

- Cosmetic **treatment** or cosmetic **surgery**; or
- **Treatment** that is connected to previous cosmetic **treatment** or cosmetic **surgery**; or
- **Treatment** that is connected with the use of cosmetic (beauty) products or is needed as a result of using a cosmetic (beauty) product

Whether it is needed for medical or psychological reasons.

» [See also 4.29 Reconstructive surgery](#) and [4.15 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 > Dementia

We do not cover any **treatment** needed for mild cognitive impairment or mild dementia, such as drug **treatment** for Alzheimer's disease aimed at slowing the progression of the disease.

4.12 > 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: \$80,000

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 <ul style="list-style-type: none"> • 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	

4.13 › 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** and are charged in line with an expected local retail price list.

4.14 › External prostheses and appliances

We cover the cost of wigs or other temporary head coverings and external prostheses needed during **active treatment of cancer**. We also cover the cost of spinal supports, knee braces and pneumatic walking boots. They need to be part of a **surgical procedure** or integral to the **treatment** of a condition you are covered for. Your **plan** covers you 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**.

You need to have had continuous cover under a private medical insurance policy before the accident or **surgery** happened.

You need to make your claim within 12 months of the amputation or removal of the body part.

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, joint supports and orthotics.

4.15 › 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 treatment, surgery or products](#)

4.16 › Gender re-assignment or gender confirmation

What is not covered?

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

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**.

4.17 › Genetic tests

What is covered for genetic tests?

We will pay for genetic testing when it is proven to help choose the best eligible **treatment** for your **medical condition**. This means the **treatment** will be **conventional treatment** and proven to be safe and effective for your **medical condition**.

We do not cover genetic tests:

- to check whether you have a **medical condition** when you have no symptoms; or
- if you have a genetic risk of developing a **medical condition** in the future; or
- to find out if there is a genetic risk of you passing on a **medical condition**; or

- where the result of the test wouldn't change the course of **treatment** that would be covered by your **plan**. This might be because the course of **treatment** for your symptoms will be the same regardless of the result of the test or what **medical condition** has caused them; or
- that themselves are not **conventional treatment** or where they are used to direct **treatment** that is not established as being effective or is unproven.

Please call us before you have any genetic tests to confirm that we will cover them. Your **medical practitioner** 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**.

» [See section 4.28 Preventative treatment and screening tests](#)

4.18 › 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.

4.19 › 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](#)

4.20 › 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.

4.21 › 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 for details of the limits on this cover](#)

» [See also 4.26 Organ or tissue donation](#)

4.22 › 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.

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

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**.

4.23 › 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.

4.24 › 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 for **treatment** as an **in-patient** at a **hospital** providing evidence based **treatment** of psychiatric illness with 24 hour medical supervision.

We will only pay for a maximum of 100 days regardless of how long you remain a member of a plan arranged by the **AXA Global Healthcare Group**.

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.

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**.

4.25 › 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.

4.26 › 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.

4.27 › 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:

✓ \$16,000 per year

There is no cover available for the first 10 months after each member joins the 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 the 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)

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

- 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**, the pregnancy followed assisted reproduction or you have held your **plan** for less than 10 months 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](#)

4.28 › Preventative treatment 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 or screening tests?

We do not pay for:

- preventative **treatment**, such as preventative mastectomy; or
- preventative screening tests; or
- tests to check whether;
 - you have a medical condition when you have no symptoms; or
 - you have a risk of developing a **medical condition** in the future; or
 - there is a risk of you passing on a **medical condition**;
- tests where the result of the test wouldn't change the course of **treatment** that would be covered by your **plan**. This might be because the course of **treatment** for your symptoms will be the same regardless of what **medical condition** has caused them; or
- preventative **treatment** or screening tests that are not **conventional treatment** or where they are used to direct **treatment** that is not established as being effective or is unproven; or
- any other preventative **treatment** 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.

» [See section 4.17 Genetic tests](#)

4.29 › 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 had continuous cover with us before the accident or **surgery** happened; and
- 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** or any cosmetic operation.

- » [See also 4.5 Cancer for details of the cover for breast reconstruction and cosmetic surgery](#)
- » [See also 4.9 Cosmetic treatment, surgery or products](#)

4.30 › 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 per event, 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.

4.31 › 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.

4.32 › Sexual dysfunction

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

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 costs where you are required to quarantine but have no medical need for **treatment** or care as an **in-patient**. This includes state mandated quarantine, even if it takes place in a **hospital**.

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

We will cover the costs of home visits that are 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 or be assessed via telephone or virtual consultation.

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

What is covered?

We will cover the cost of vitamins to be administered by injection or infusion in case of a confirmed vitamin deficiency that requires medical management.

What is not covered?

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

4.37 › Teeth and dental conditions

What dental treatment is covered?

Your cover depends on whether you have the dental upgrade. Your membership statement will show if you have the dental upgrade.

What is covered without the dental upgrade	
Dental treatment , such as fillings	✔ Yes
Check-ups	✗ No
Scale and polish	✗ No

What is covered with the dental upgrade	
Dental treatment , such as fillings	✔ Yes
Check-ups	✔ Yes
Scale and polish	✔ Yes

» [See also dental treatment in section 1.4](#)
[Your cover for details of the limits on your dental cover](#)

We do not cover:

- cosmetic **treatment**
- **treatment** that's needed because you have not had at least one dental 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 > Therapeutic vaccines

Therapeutic vaccines are a developing area of medical research. Unlike regular vaccines which prevent illnesses, therapeutic vaccines may be used as part of **treatment** of an existing **medical condition**, including **cancer**. We do not cover these vaccines, even when they are part of your **treatment**.

4.39 > 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.

4.40 > 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. 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 on a policy arranged by the **AXA Global Healthcare Group**.

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.

4.41 › Weight loss treatment

What is not covered?

We do not cover any fees for any kind of bariatric (weight loss) surgery or weight loss **treatment**, regardless of why the **surgery** or **treatment** 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
- you add a baby within 10 months of your **plan** start date.

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, or who you add within 10 months of your policy start date

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:

- 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.

If you add a baby within 10 months of your **plan** start date:

- we will ask for details of the baby's medical history
- we may add other conditions to the baby's cover. For example, we may limit their cover for pre-existing conditions.

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 and services that you do not have to pay an excess for

If you claim for or use 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** benefit
- 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
- Virtual Care from AXA
- Parent hotel accommodation
- Disability compensation.

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 Managing your plan continued

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 (UK) Limited
International House,
Forest Road,
Tunbridge Wells,
TN2 5FE
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.

AXA Global Healthcare (UK) Limited

AXA Global Healthcare (UK) Limited is appointed by AXA Global Healthcare (HK) Limited to provide certain support services to policyholders and beneficiaries (including without limitation policy administration and claims processing related services). Such services to be provided by AXA Global Healthcare (UK) Limited are subject to the applicable laws and regulations of the relevant jurisdictions. AXA Global Healthcare (UK) Limited does not, and does not intend to, undertake any activities, which it is restricted from doing under the applicable laws and regulations of Hong Kong.

Specifically, AXA Global Healthcare (UK) Limited does not and does not intend to perform any of the following activities:

- (a) negotiating or arranging a contract of insurance;
- (b) inviting or inducing (or attempting to invite or induce) a person to enter into a contract of insurance;
- (c) inviting or inducing (or attempting to invite or induce) a person to make a material decision; or
- (d) giving any advice or opinion in the making of settlement of an insurance claim or complaint.

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.

Your **treatment** is provided through a separate agreement between you and your **treatment** provider. The date(s) you receive your **treatment** is part of that agreement.

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.

What happens if we make a payment to you in error

If we transfer money to you in error or accidentally overpay you, you must return it to us immediately. If you become aware of an accidental payment or overpayment, you must let us know straight away so that we can arrange for the money to be returned to us.

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.

We will immediately end cover and stop paying claims on the **plan** if you or a **family member** are directly or indirectly subject to economic sanctions, including sanctions against your country of residence.

We will do this even if you have permission from a relevant authority to continue cover or subscription payments under a **plan**. In this case, we can cancel the **plan** or remove a **family member** immediately without notice, but will then tell you if we do this.

If you know that you or a **family member** 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**.

Translations

This **plan** is written in English and may be translated into another language. In the event of a discrepancy or other uncertainty, the English version of this **plan** will prevail.

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;
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 an/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;

6 Legal information continued

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

You must tell us as quickly as possible if you believe someone else or something (ie a third party) contributed to or caused the need for your **treatment**, such as a road traffic accident, an injury or potential clinical negligence.

This does not change the benefits you can claim under the **plan** (your “Claim”) and also means you can potentially be repaid for any costs you paid yourself, such as your excess or if you paid for private treatment that wasn’t covered by the **plan**. Where appropriate, we will pay our proper share of the Claim and recover what we pay from the third party. We may use external legal, or other, advisers to help us do this.

Where you bring a claim against a third party (a “Third Party Claim”), you or your representatives must:

- include all amounts paid by us for the **treatment** relating to your Third Party Claim (our “Outlay”) against the third party;
- include interest on our Outlay at 8% p.a;
- keep us fully informed on the progress of your Third Party Claim and any action against the third party or any pre-action matters;
- agree any proposed reduction to our Outlay and interest with us prior to settlement. If no such agreement has been sought we retain the right to recover 100% of our Outlay and interest directly from you;
- repay any recovery of our Outlay and interest from the third party directly to us within 21 days of settlement;
- provide us with details of any settlement in full.

In the event you recover our Outlay and interest and do not repay us this recovered amount in full we will be entitled to recover from you what you owe us and the **plan** may be cancelled in accordance with ‘What happens if you break the terms of the **plan**’.

Even if you decide not to make a claim against a third party for the recovery of damages we retain the right (at our own expense) to make a claim in your name against the third party for our Outlay and interest. You must co-operate with all reasonable requests in this respect.

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.

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 Global Healthcare Group – AXA Global Healthcare (UK) Limited and its subsidiaries globally, including AXA Global Healthcare (EU) Limited and AXA Global Healthcare (Hong Kong) Limited.

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: 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

Conventional treatment – We define conventional treatment as **treatment** that is established as best medical practice in the country where the **treatment** is taking place. It must also be clinically appropriate in terms of necessity, type, frequency, extent, duration and the facility where the **treatment** is provided. In addition, to meet our definition, it must have high quality clinical trial evidence proving it is effective and safe for the **treatment** of your **medical condition** (full criteria available on request).

Conventional treatment does not cost more than an equivalent **treatment** that delivers similar therapeutic or diagnostic outcome. It must not be provided or used primarily for the convenience or financial or other advantage of you or your **medical practitioner** or health professional.

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.

In the **UK**, the definition of a medical practitioner includes a general practitioner (GP) on the General Medical Council (GMC) GP register.

» **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**

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.

» **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).**

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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This plan is arranged by **AXA Global Healthcare (Hong Kong) Limited**, administered by **AXA Global Healthcare (UK) Limited** (subject to the applicable laws and regulations of Hong Kong) and underwritten by **AXA General Insurance (Hong Kong) Limited**. **AXA Global Healthcare (Hong Kong) Limited** is registered in Hong Kong (No. 2293457). Registered Office: 10th Floor, Vertical Square, 28 Heung Yip Road, Wong Chuk Hang, Hong Kong.
AXA Global Healthcare (UK) Limited is registered in England (No. 03039521). Registered office: 20 Gracechurch Street, London, EC3V 0BG, United Kingdom.