Global Health Adapt.

Summary of *benefits*

For companies based in Hong Kong and surrounding countries.

When it comes to healthcare, one size doesn't fit all. Global Health Adapt gives you the flexibility to build the right healthcare plan for your business.

All prices supplied are in US dollars.

1 Choose your area of cover

This determines which countries your employees will be covered for treatment. You can choose to provide different employees with the area of cover that's right for them.

- Worldwide
- Worldwide excluding USA

2 Decide whether to add an excess

Adding an excess will lower your premiums. Your employees will need to pay this once per person, per policy year if they need treatment.

- No excess
- $160
- $400
- $800
- $1,600
- $3,200

3 Choose your modules

No matter what modules you select, your employees will have the Core Module included, you just need to select the limit you'd like. From there, you can choose which modules work for you.

Core Module – see page 2 - 3 included as standard

Build your cover from a choice of these optional modules

Semi-Private Room – see page 4	Outpatient – see page 4
Drugs and Dressings* – see page 5	Health Check* – see page 5
Pregnancy and Childbirth* – see page 6	Assisted Fertility* – see page 7
Upgraded Dental Care* – see page 7	Optical* – see page 8

*These modules can only be selected if the Outpatient Module has been chosen

Core Module

INCLUDED AS STANDARD

Your choice of limit

This is the maximum amount we'll pay for treatment covered under this module.
All limits apply per person, per year unless otherwise stated.

$3,200,000
$8,000,000

What's covered?

Inpatient and day patient cover	Limits
Treatment charges for surgeons, anaesthetists, physicians and consultants. Plus tests, physiotherapy and accommodation in hospital	Paid in full, up to Core Module limit
Cash benefit if you have free inpatient treatment and free hospital accommodation	$160 a night up to Core Module limit
Parent accommodation in a hospital *When the child is under 18 and receiving treatment covered by the plan*	Paid in full, up to Core Module limit
Parent accommodation in a hotel *When the child is under 18 and receiving treatment covered by the plan*	Up to $160 a night up to $800 a year
Inpatient psychiatric treatment	100 days over membership lifetime
Rehabilitation	28 days, up to 180 days in cases of severe central nervous system damage
CT, MRI and PET scans	Paid in full, up to Core Module limit

Outpatient	Limits
Outpatient surgical procedures	Paid in full, up to Core Module limit
CT, MRI and PET scans	Paid in full, up to Core Module limit

Emergency treatment	Limits
Ambulance cover for emergency transport to or between hospitals	Paid in full, up to Core Module limit
Evacuation and repatriation service	Paid in full, in line with the terms of the benefit
Accidental damage to teeth	$16,000 a year
Out of area cover for emergency inpatient or day patient treatment	10 weeks up to $48,000

Cancer cover	Limits
Radiotherapy and chemotherapy *Received as an outpatient, day patient or inpatient*	Paid in full, up to Core Module limit
Drug treatment to prevent the recurrence of cancer *Excludes pre-existing conditions*	Paid in full, up to Core Module limit
Experimental drug treatments as part of an ethically approved drug trial	Paid in full, up to Core Module limit
Cash payment for free outpatient or day patient chemotherapy or radiotherapy	$80 a day up to $8,000 a year
External prosthesis during active treatment of cancer	$3,200 a year
Wigs or other temporary head coverings during active treatment of cancer	$640 a year

Other	Limits
External prosthesis	Up to $8,000 regardless of how long you remain a member of a plan arranged by the AXA Global Healthcare Group
Nurse to provide chemotherapy or antibiotics by intravenous drip at home	Paid in full for up to 28 days a year
Maternity cash benefit	$240 per baby
Kidney dialysis *Required due to chronic kidney failure*	$80,000 a year
Non-routine dental treatment	50% of the costs up to a maximum of $800 a year
Palliative care	Paid in full up to a maximum of 30 days a year within the Core Module limit

Semi-Private Room Module

OPTIONAL

This module will reduce your premium.

If you select this module and your employees need hospital treatment, they'll need to stay in a semi-private room.

Outpatient Module

OPTIONAL

Your choice of limit

This is the maximum amount we'll pay for treatment covered under this module.
You can choose to include a co-pay within your selected limit or opt for the costs to be paid in full.
All limits apply per person, per year unless otherwise stated.

80% paid up to:	Paid in full up to:
$5,600*	$5,600*
$12,000*	$12,000*
$16,000**	$16,000**
Paid in full**	Paid in full**

*Only available to groups selecting the $3,200,000 Core Module limit
**Only available to groups selecting the $8,000,000 Core Module limit

What's covered?

Outpatient cover	Limits
Medical practitioner consultation fees	Up to Outpatient Module limit
Psychiatric treatment	
Diagnostic tests	
Physiotherapy	
Vaccinations	
Complementary practitioner fees	
Routine monitoring of medical conditions	
Chinese herbal medicine	
Emergency outpatient treatment in the USA *Applies if you have selected worldwide excluding USA cover. Limits are determined by the Outpatient Module limit selected.*	
$5,600 Outpatient Module limit	No cover
$12,000 Outpatient Module limit	Up to $3,200 a year
$16,000 Outpatient Module limit	Up to $8,000 a year
Paid in full	Up to $16,000 a year

Drugs and Dressings Module

OPTIONAL – OUTPATIENT MODULE MUST BE SELECTED

Your choice of limit

This is the maximum amount we'll pay for treatment covered under this module.
All limits apply per person, per year unless otherwise stated.

$800
$1,200
$1,600
$2,000
Paid in full *Only available to groups selecting the $16,000 or paid in full Outpatient Module limits*

What's covered?

Drugs and dressings cover	Limits
Drugs and dressings prescribed by a medical practitioner	Paid in full, up to Drugs and Dressings Module limit

Health Check Module

OPTIONAL – OUTPATIENT MODULE MUST BE SELECTED

Your choice of limit

This is the maximum amount we'll pay for treatment covered under this module.
All limits apply per person, per year unless otherwise stated.

$800
$1,200
$1,600 *Only available to groups selecting the $8,000,000 Core Module limit*

What's covered?

Health check cover	Limits
Health check *Examples of what may be included in a health check include resting blood pressure, cholesterol tests and certain cancer screening tests.*	Paid in full, up to Health Check Module limit

Pregnancy and Childbirth Module

OPTIONAL – OUTPATIENT MODULE MUST BE SELECTED

Your choice of limit

This is the maximum amount we'll pay for treatment covered under this module.
All limits apply per person, per year unless otherwise stated.

$8,000
$16,000
$24,000
Paid in full

The Pregnancy and Childbirth Module limits you can select depends on the Core and Outpatient Module limits you've chosen.

Covering fewer than 10 employees

Core Module limits	Outpatient Module	Available Pregnancy and Childbirth Module limits
$3,200,000	✓	$8,000
$8,000,000	✓	$8,000 **or** $16,000

Covering more than 10 employees

Core Module limits	Outpatient Module	Available Pregnancy and Childbirth Module limits
$3,200,000	✓ $5,600	$8,000
	✓ $12,000	$16,000
$8,000,000	✓	$8,000 **or** $16,000 **or** $24,000 **or** Paid in full

What's covered?

Pregnancy cover	Limits
Antenatal consultations	Paid in full, up to Pregnancy and Childbirth Module limit
Postnatal consultations	
Screening and monitoring	
Routine childbirth	

Assisted Fertility

OPTIONAL – ONLY AVAILABLE TO GROUPS COVERING A MINIMUM OF 10 EMPLOYEES

$8,000,000 Core Module limit and a minimum of $24,000 Pregnancy and Childbirth Module limit must be selected

Limit

This is the maximum amount we'll pay for treatment covered under this module

$24,000	This limit applies regardless of how long your employees remain a member of a plan arranged by AXA Global Healthcare Group.

What's covered?

Assisted fertility	Limits
Assisted fertility treatment *This module would include treatment to prevent future miscarriage and routine cycles of proven fertility treatment*	Paid in full, up to Assisted Fertility Module limit

Upgraded Dental Care Module

OPTIONAL – OUTPATIENT MODULE MUST BE SELECTED

If this module is selected then it replaces the dental treatment included in the Core Module.
All limits apply per person, per year unless otherwise stated.

Your choice of limit

This is the maximum amount we'll pay for treatment covered under this module.
You can choose to include a co-pay within your selected limit or opt for the costs to be paid in full.

80% paid up to:	Paid in full up to:
$1,600	$1,600
$3,200	$3,200
$5,600*	$5,600*

**Only available to groups who have selected the $8,000,000 Core Module limit*

What's covered?

Dental cover	Limits
Non-routine dental treatment for example, replacing crowns	Up to the Upgraded Dental Care Module limit
Routine dental treatment for example, checkups, scale and polish	

Optical Module

OPTIONAL – OUTPATIENT MODULE MUST BE SELECTED

Limit

This is the maximum amount we'll pay for treatment covered under this module.
You can choose to include a co-pay within your selected limit or opt for the costs to be paid in full.
All limits apply per person, per year unless otherwise stated.

80% up to $480	Paid in full up to $480

What's covered?

Optical cover	Limits
Prescription glasses and contact lenses	Up to the Optical Module limit
Eye test	Paid in full for one eye test a year

Important information

This policy 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 policy will prevail.

Exclusions

What's not included in the health plans

- ✕ Treatment of medical conditions you had, or had symptoms of, before you joined unless you have Medical History Disregarded underwriting.
- ✕ Outpatient cover limited unless the Outpatient Module has been selected.
- ✕ Routine pregnancy and childbirth unless the Pregnancy and Childbirth Module has been selected.
- ✕ Preventative treatment.
- ✕ Any treatment costs incurred as 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 receive travel costs only).
- ✕ Claims if your employee travels outside their area of cover to get treatment or against medical advice.
- ✕ USA cover excluded unless this has been selected with your cover.
- ✕ The costs of arranging treatment (such as travel to and from hospital or admin fees such as telephone calls).

Full details of what members are and are not covered for are provided in the membership handbook or are available on request.

Speak to us or your intermediary for more details or if you have any questions

You can email us at internationalsales.health@axa.com

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We may record and/or monitor calls for quality assurance, training and as a record of our conversation.

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