

Care & Health Corporate Protection for your staff on the move



Advantages

tailored for employees

SPECIFIC SERVICES

- Unlimited benefits
- Cover for maternity, dental and vision care
- No deductibles, various cost-sharing possibilities
- Freedom to choose healthcare providers
- Highly flexible services to meet the needs of company protection plans

ESSENTIAL SERVICES

- Cashless hospital services
- Cashless outpatient service in accredited healthcare networks

SIMPLIFIED UNDERWRITING

- Cover for pre-existing, chronic and congenital conditions
- Cover for newborns from the first day
- Waiver options for waiting periods and health declarations

HEALTHCARE QUALITY ASSURANCE

- 'Quality Assurance' is the result of extensive experience in the field of international healthcare provision
- Medical agreement procedure for top-notch monitoring

INDIVIDUAL COVER

- Your employees have access to GMC International's range of individual products

Customised benefits

for each employee in each company

The Primary Benefits provides full protection, covering inpatient and outpatient care, assistance and repatriation.

You can customise the basic protection with 3 other modules to choose from.

Module 1 : cover for expenses for your own room in hospital.

Module 2 : cover for maternity related expenses.

Module 3 : dental care reimbursements.

You can opt for the following combinations :

Basic Module and/or Module 1 and/or Module 2 and/or Module 3

Each Module has stand-alone levels of cover.

If you elect Module 3, you can extend your benefits with 2 'extension modules'.

Extension 1 : cover for expenses for prostheses and orthodontic devices

Extension 2 : reimbursements for vision care expenses

The cover level (100%, 90%, etc.) of Extension 1 cannot be greater than the level chosen for Module 3.

You can only take out Extension 2 if you have taken out Extension 1.

The cover level (100%, 90%, etc.) of Extension 2 cannot be greater than the level chosen for Extension 1.

NOTE:

- The combination of benefits applies to a single employee category.
- A company with 5 to 10 employees can take out the same policy in 2 different zones.
- A company with over 10 employees can take out a policy in all 3 zones.

Customised benefits

PRIMARY BENEFITS

Benefits	Reimbursement	Limits (US\$)	
		Zone 1/2	Zone 3
Inpatient ⁽¹⁾ • Room and board (double-bedded room) • Surgery, anesthesiologist, intensive care • Operating theatre, recovery room and equipment • General nursing as provided by the hospital • Diagnostic and laboratory tests • Internal investigation including X-rays, magnetic resonance imaging (MRI) and ultrasound scans • Prescribed medicines, healthcare equipment • Post-hospitalization treatment (following surgery) prescribed by the attending Physician for maximum of 30 days after discharge	100%	As Charged	As Charged
• Parent accommodation for admission of a child under 12 years of age	100%	\$40 per day, limited to 30 days per year	
• Psychiatric Care	100%	Max. 30 days per policy period	
AMBULANCE TO/FROM HOSPITAL	100%	\$300 per year	
Outpatient ▪ General physician’s fees and specialist’s fees ▪ Home visits ▪ Prescribed medicine ▪ Diagnostic and laboratory tests ▪ Internal investigation including X-rays, magnetic resonance imaging (MRI) and ultrasound scans ▪ Minor surgery practiced at physician’s clinic ▪ Prescribed home nursing⁽¹⁾ ▪ Prescribed physiotherapy ⁽¹⁾ and healthcare assistant fees ▪ Vaccinations and inoculations mandatory for the countries of residence or travel destinations	100% (*)	As Charged	
EMERGENCY MEDICAL ASSISTANCE AND TRANSPORTATION BENEFIT			
Emergency medical evacuation	Unlimited		
Emergency medical repatriation	Unlimited		
Airfare to the assignment country after recovery	Unlimited		
Round-trip airfare for spouse or next of kin in the event of hospitalisation lasting more than 7 consecutive days	Unlimited		
Repatriation of Mortal Remains, casket and related expenses	Unlimited, except that cost of casket shall not exceed \$1,700		
Airfare in the event of death of a member of the immediate family	Unlimited		
Transmission of urgent messages to the family	Unlimited		
Legal assistance : ▪ Legal fees ▪ Bail (by way of advance only)	Up to \$1,700 Up to \$13,600		

OPTIONAL MODULES:

MODULE 1: SINGLE ROOM

Benefits	Reimbursement	Limits (US\$)	
		Zone 1/2	Zone 3
Standard Single Room	100%	As Charged	

MODULE 2: MATERNITY

Benefits	Reimbursement	Limits (US\$)	
		Zone 1/2	Zone 3
Maternity and Delivery Expenses ⁽¹⁾ - Pre- and post-natal consultations - Delivery	100% (*)	\$12,000	\$6,000
Fertilization Expenses ⁽¹⁾ In-vitro fertilization and artificial insemination		\$750 per Fertilization limited to 3 per lifetime	

MODULE 3: ROUTINE DENTAL

Benefits	Reimbursement	Limits (US\$)	
		Zone 1/2	Zone 3
Routine Dental Treatment Consultations and visits for routine and conservative care, surgery, cleaning, fillings, extractions, etc.	100% (*)	\$1,500 per year	

EXTENSION 1: MAJOR DENTAL & PROSTHESES

Benefits	Reimbursement	Limits (US\$)	
		Zone 1/2	Zone 3
Dental Prostheses ⁽¹⁾ Crowns, pinned teeth, inlays, onlays, fixed or removable dentures-implants (except temporary implants)	100% (*)	\$700 per tooth \$3,500 per year	\$450 per tooth \$2,250 per year
Orthodontics ⁽¹⁾ Before child's 16th birthday		\$1,800 per year limited to 2 years	\$1,350 per year limited to 2 years
Medical Prostheses ⁽¹⁾ Orthoses, hearing aids, orthopedic and non-orthopedic prostheses, healthcare equipment and devices		\$4,200 per person per year	

EXTENSION 2: VISION CARE

Benefits	Reimbursement	Limits (US\$)	
		Zone 1/2	Zone 3
Glasses and Lenses Lenses, frames, contact lenses Laser eye surgery ⁽¹⁾	100% (*)	\$500 per year \$300 per eye, lifetime	

Zone 1 : Worldwide

Zone 2 : Worldwide excluding USA

Zone 3 : Worldwide excluding the following countries: Brazil, Hong Kong, Italy, Japan, Lebanon, Russia, South Africa, Switzerland, United Arab Emirates, United Kingdom, United States of America

(*) : Possibility of choosing 90%, 80% or 70% cover

⁽¹⁾ : Treatment subject to prior agreement

NAVIGATOR

Insurance Brokers Ltd.

Unit 8E, Golden Sun Centre, 223 Wing Lok St, Sheung Wan, Hong Kong
Tel : +852 2530 2530 | Fax : +852 2530 2535
Email : crew@navigator-insurance.com | www.navigator-insurance.com



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Equity Plaza, Singapore 049705



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20/F, AXA Centre, 151 Gloucester Road, Wanchai, Hong Kong