

traditional life

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**global elite II
health plan**

AXA 安盛

redefining / standards



Global medical protection and services for you

Illness or injury often strikes out of the blue – but you can protect yourself by choosing a quality health insurance. **Global Elite II Health Plan**, presented by AXA, comes in 3 benefit levels and each benefit level offers options of geographical areas of cover and deductible, bringing you medical coverage and services that best suit your unique life style.



Highlights



Reimbursement of eligible medical costs up to a yearly maximum of HKD22,500,000 (*Prestige* benefit level), HKD18,000,000 (*Comprehensive* benefit level) or HKD12,000,000 (*Standard* benefit level)¹



Coverage for Pre-existing Conditions² and Congenital Conditions by *Prestige* or *Comprehensive* benefit level



Guaranteed acceptance³ and renewal^{4, 5}



24-hour Global Elite Customer Service and Second Medical Opinion Service

Distinctive features

Worldwide coverage⁶

Having the comfort and security of solid healthcare coverage is crucial, regardless of wherever you are – and you are always in safe hands with the **Global Elite II Health Plan** (“**Global Elite II**”). The 3 geographical areas of cover we invite you to choose from are:

- Asia
- Worldwide excluding USA
- Worldwide

Whichever you select, you will be covered for eligible medical treatments received not only in your Principal Country of Residence but also in any other country within your chosen area of cover. We will reimburse your eligible medical costs according to the **Global Elite II** policy's terms and conditions.

Guaranteed acceptance³ and renewal^{4, 5}

Global Elite II guarantees acceptance of anyone from age 14 days old to 80 (subject to availability of **Global Elite II** at the time of application), with no requirement for a medical questionnaire or screening. Moreover, **Global Elite II** guarantees plan renewal with coverage up to age 100 of the insured, making it the ideal protection for any stage of your life.

3 deductible options to suit your budget

You can enjoy a discount off your annual premium amount^{*}, depending on which deductible option you select. The table below lists out deductible options with your agreed share of a medical bill, and the corresponding discount that you can enjoy:

Deductible options (annual)	Level of discount off annual premium amount [*]
Zero	0%
HKD12,000/USD1,500	40%
HKD40,000/USD5,000	50%

^{*}This refers to the annual premium amount for policy without any deductible.

Extensive benefits¹

In-patient coverage

Most, if not all, eligible medical expenses incurred during hospitalisation – including those relating to surgery and accommodation – will be covered up to the yearly maximum amount in accordance with your policy's terms and conditions.

We understand the care you need during hospitalisation, therefore, we will also cover:

- the extra bed cost for your companion's overnight stay in hospital
- the expense for private nurse

Out-patient coverage

Global Elite II provides you with pre-hospitalisation and post-hospitalisation out-patient consultation benefit.

If you are covered by *Prestige* or *Comprehensive* benefit level, **Global Elite II**'s coverage will also include consultation with general practitioner and specialist no matter it is related to hospitalisation or not, as well as other treatments and procedures such as:

-  magnetic resonance imaging
-  x-rays
-  traditional Chinese medicine
-  physiotherapy

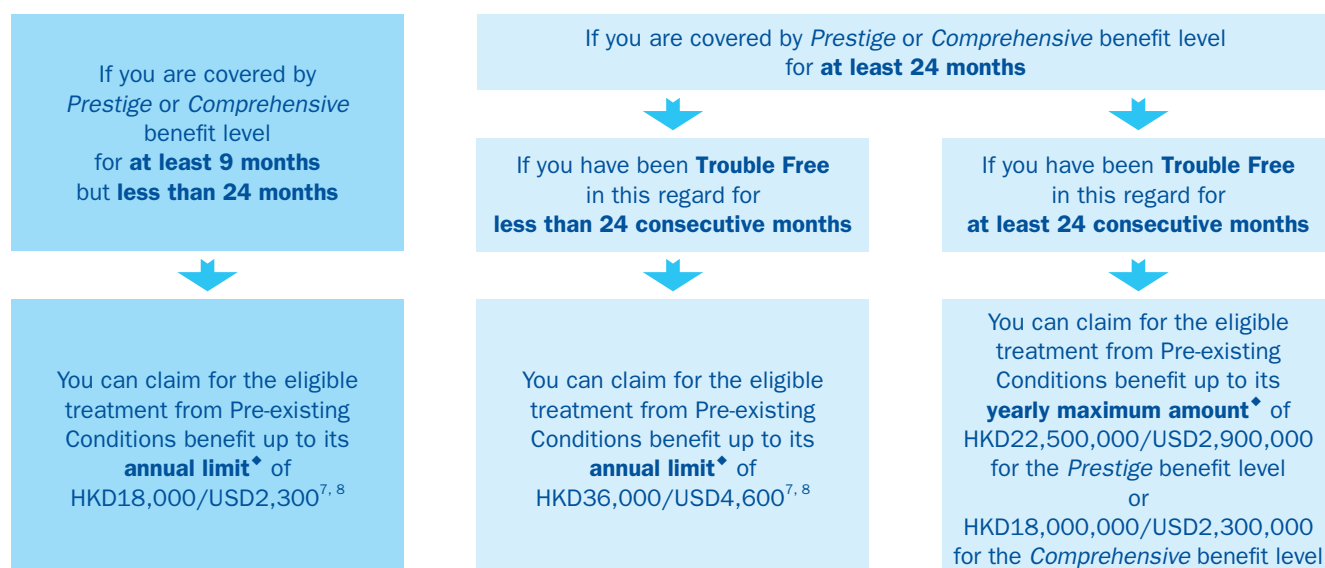
Coverage for Pre-existing Conditions² and Congenital Conditions

Unlike most health insurance plans, **Global Elite II**'s *Prestige* and *Comprehensive* benefit levels cover both Pre-existing Conditions and Congenital Conditions.

If you require treatment for a Pre-existing Condition after 9 months following the Policy Date, you will be covered up to the annual limit^{7, 8, 9} applicable to the Pre-existing Conditions benefit. If you have been covered for at least 24 months and have enjoyed a Trouble Free¹⁰ period of at least 24 consecutive months immediately before the need for such treatment arises, you can claim up to the yearly maximum amount of the policy's benefit level applicable to your plan.

If you require treatment for a Congenital Condition after 9 months following the Policy Date, you will be covered up to the annual limit^{7, 8} applicable to the Congenital Conditions benefit.

This is how a treatment for a Pre-existing Condition is covered by Global Elite II:



* All Reasonable and Customary charges incurred for the eligible treatment will be reimbursed up to the annual limit/yearly maximum amount, whichever applicable.

Illustrative example 1

■ *Comprehensive* benefit level ■ Claim DURING and AFTER the first 24 months, WITHOUT Trouble Free period

This illustrative example is for reference only.

Mr. Chan activates a **Global Elite II** policy on 1st January 2014 and is covered by the *Comprehensive* benefit level.

He had a back operation on 1st August 2009 and requires the 1st follow-up treatment for the back operation on 1st March 2014. But this treatment cannot be claimed under the Pre-existing Conditions benefit as this is incurred within 9 months of taking out the policy.

On 1st November 2014, he requires the 2nd follow-up treatment for the same back operation. As this takes place after the 9-month period following the Policy Date, Mr. Chan is covered for this 2nd follow-up back treatment up

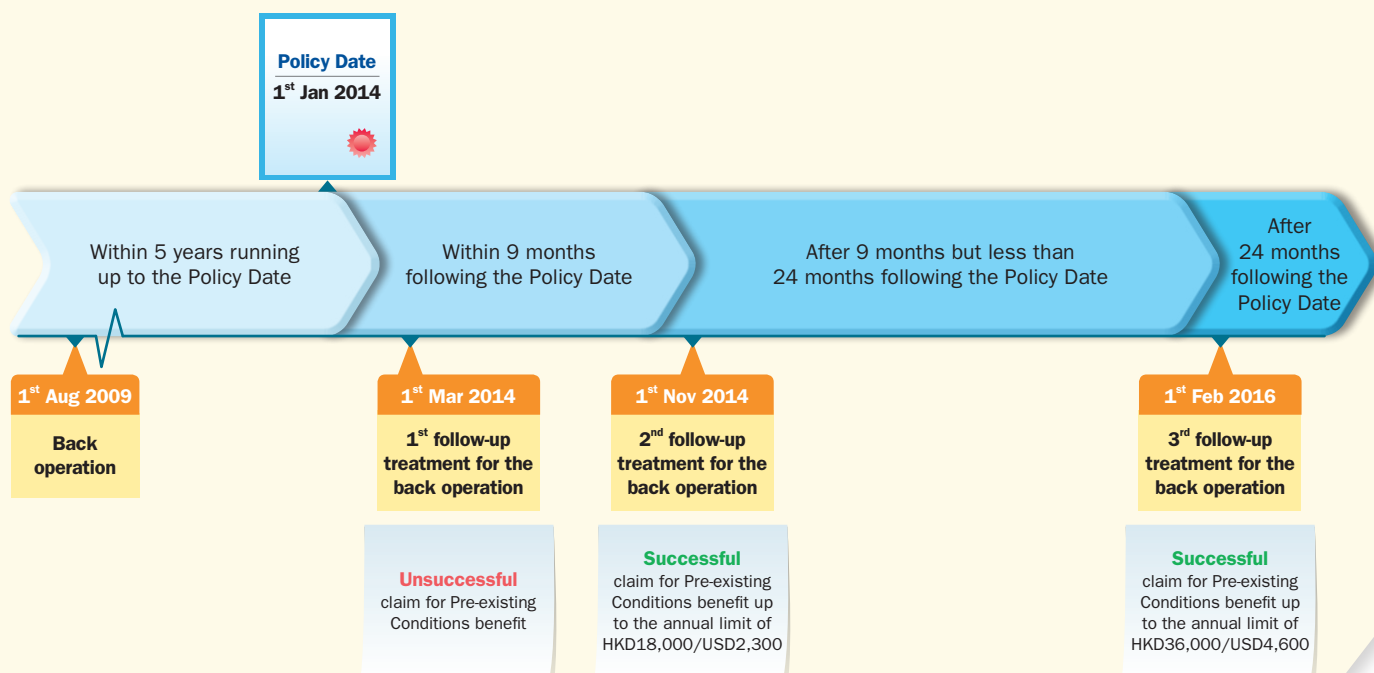
to HKD18,000/USD2,300, representing the annual limit applicable to the Pre-existing Conditions benefit for the first 2 Policy Years.

After the 2nd follow-up treatment for the back operation, Mr. Chan receives the 3rd follow-up treatment for the same back operation on 1st February 2016. He has not enjoyed a Trouble Free period of 24 consecutive months, but as this 3rd follow-up treatment takes place after the 24 months following the Policy Date, this 3rd follow-up treatment is covered for up to HKD36,000/USD4,600, representing the annual limit applicable to the Pre-existing Conditions benefit for the years subsequent to the first 2 Policy Years.

Illustrative example 1 (cont'd)

■ **Comprehensive benefit level**

■ **Claim DURING and AFTER the first 24 months, WITHOUT Trouble Free period**



Illustrative example 2

■ **Prestige benefit level**

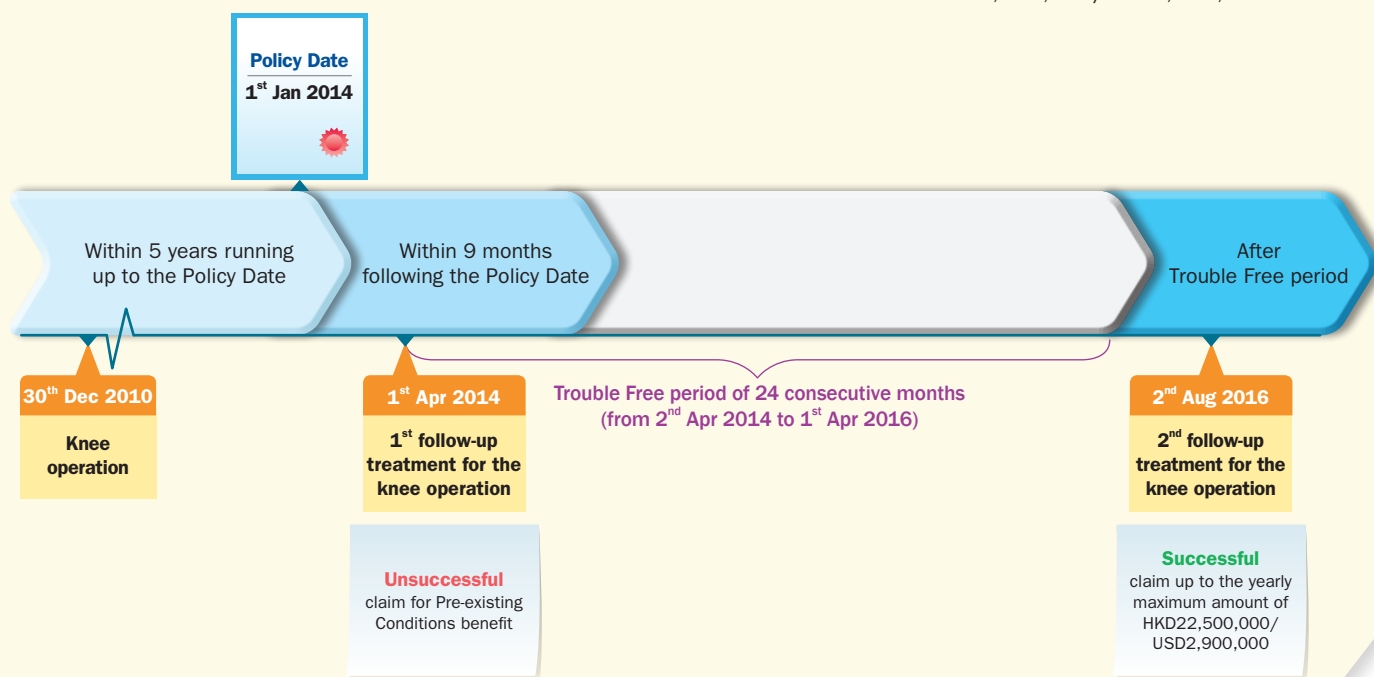
■ **Claim AFTER the first 24 months, WITH Trouble Free period**

This illustrative example is for reference only.

Mrs. Wong activates a **Global Elite II** policy on 1st January 2014 and is covered by the *Prestige* benefit level.

She had a knee operation on 30th December 2010 and requires the 1st follow-up treatment for the knee operation on 1st April 2014. But this treatment cannot be claimed under the Pre-existing Conditions benefit as the incurred claim occurs within 9 months of taking out the policy.

On 2nd August 2016 (i.e. 28 months following 2nd April 2014), Mrs. Wong requires the 2nd follow-up treatment for the same knee operation. As she has been insured for at least 24 consecutive months and enjoyed a Trouble Free period for 24 consecutive months immediately before this 2nd follow-up treatment, she is able to claim for the 2nd follow-up treatment up to the yearly maximum amount allowed by her *Prestige* benefit level – i.e. HKD22,500,000/USD2,900,000.



Extra benefits

Global Elite II offers benefits including, but not limited to:

- home nurse
- psychiatric treatment
- HIV/AIDS treatment
- hospice and palliative care

In addition, if you are covered under the *Prestige* or *Comprehensive* benefit level, **Global Elite II** will offer you extra protection including:

- health screen
- oral and maxillofacial surgery
- pre- and post-natal complications
- new born accommodation
- vaccinations

Insureds under the *Prestige* benefit level will also be entitled to the following exclusive benefits:

- routine dental care
- routine optical care
- pregnancy and delivery benefit¹¹

Outstanding services

Direct billing for hospitalisation¹

Global Elite II will settle your eligible in-patient expenses directly with hospitals listed in our Global Directory of Hospitals, which is available at www.axa.com.hk. The directory covers hospitals in more than 130 countries/territories all over the world, such as Hong Kong, mainland China, Japan, Singapore and the UK. This is particularly useful when you are abroad and require emergency In-patient Treatment, because finding appropriate and effective medical care can add to the stress of such a situation.

If you have opted for the “Zero” deductible option, we will settle all your eligible expenses directly with the hospital. For other deductible options, direct billing service will be effective as soon as you have settled your agreed share of relevant medical bills.



Death benefit

The designated beneficiary will receive a Compassionate Death Benefit¹² in the unfortunate event of death of the insured.



Elite services you can always rely on¹³

- 24-hour Global Elite Customer Service**
Even if you are travelling or residing in different time zones, our experienced team is ready 24 hours a day to provide information on your benefits or claims.
- 24-hour International Emergency Medical Assistance**
Wherever you are, our hotline is at your service 24 hours a day, 365 days a year if evacuation and overseas repatriation are required.
- 24-hour Concierge Service**
Our concierge team is pleased to help you arrange luxury car and limousine rentals, as well as reservations of hotels, dining, air-tickets, concerts, and more. You can also get information on local city events and attractions by consulting our concierge team.
- 24-hour Health at Hand**
We also care for your overall wellness. Health at Hand is a valuable phone service[△] that provides you with the latest available medical information on specific illnesses, treatments and medications, as well as a prompt professional opinion on any issue that could be affecting your health. The service is offered by professionals that include registered nurses, midwives, pharmacists and counsellors.
- Second Medical Opinion Service**
A team of top-notch medical experts will offer you professional second medical opinion to facilitate informed decision making on treatment preferences.

[△] Cost of international direct dialling is to be borne by the caller.

Key benefits and services[#]

	Benefit levels		
	<i>Prestige</i>	<i>Comprehensive</i>	<i>Standard</i>
Key benefits			
In-patient cover	✓	✓	✓
Out-patient cover (including but not limited to general practitioner and specialist consultation)	✓	✓	✓ (Pre-Hospitalisation & Post-Hospitalisation benefit only)
Pre-existing Conditions and Congenital Conditions benefits ^{2, 7, 8, 9}	✓	✓	–
Preventive healthcare – vaccination	✓	✓	–
Preventive healthcare – annual health screen	✓	✓	–
Wellness healthcare – optical and dental benefit	✓	–	–
Pregnancy and delivery benefit	✓	–	–
Key services			
Direct billing for hospitalisation	✓	✓	✓
24-hour Global Elite Customer Service	✓	✓	✓
24-hour International Emergency Medical Assistance	✓	✓	✓
24-hour Concierge Service	✓	✓	✓
24-hour Health at Hand	✓	✓	✓
Second Medical Opinion Service	✓	✓	✓

[#] This list is not exhaustive.

Global Elite II at a glance

Benefit period	Up to age 100 ⁴
Issue age	14 days old – 80 years old
Policy currency	HKD/USD
Premium structure	Adjust based on attained age ⁵
Payment mode	Annual
Benefit levels	<i>Prestige, Comprehensive or Standard</i> ¹
Area of cover options	“Asia”, “Worldwide excluding USA”, or “Worldwide” ⁶
Deductible options (annual)	“Zero”, “HKD12,000/USD1,500”, or “HKD40,000/USD5,000”
Policy application	Guaranteed acceptance ³
Policy renewability	Guaranteed annual renewal with coverage up to age 100 of the insured ^{4, 5}

Terms, conditions and exclusions apply. Policy application and policy renewability are also subject to availability of **Global Elite II** at the time of application or renewal. For details, please contact your financial consultant or refer to the policy provisions.

Benefits schedule

The benefit values indicated below are per person each Policy Year unless otherwise specified and are reduced each time you claim only by the net amount (less any deductible, excess or co-insurance) we have actually paid.

	Benefit levels								
	Prestige			Comprehensive			Standard		
Benefits									
Area of cover*	Asia	Worldwide excluding USA	Worldwide	Asia	Worldwide excluding USA	Worldwide	Asia	Worldwide excluding USA	Worldwide
Yearly Maximum up to	HKD22,500,000/USD2,900,000			HKD18,000,000/USD2,300,000			HKD12,000,000/USD1,500,000		
Annual Deductible Options	Zero/HKD12,000 (USD1,500)/HKD40,000 (USD5,000)			Zero/HKD12,000 (USD1,500)/HKD40,000 (USD5,000)			Zero/HKD12,000 (USD1,500)/HKD40,000 (USD5,000)		
Outside Area of Cover	Emergency treatment only	Emergency treatment only	All areas covered	Emergency treatment only	Emergency treatment only	All areas covered	Emergency treatment only	Emergency treatment only	All areas covered
In-patient and Daycare Treatment									
Hospital Charges	Paid in full			Paid in full			Paid in full		
Daily Accommodation Charges	Standard Single room			Standard Single room			Standard Single room		
Hospital Companion Bed	Paid in full			Paid in full			Paid in full		
Private Nurse up to	HKD2,500/USD310 per day and up to 30 days per Policy Year			HKD2,500/USD310 per day and up to 30 days per Policy Year			HKD2,500/USD310 per day and up to 30 days per Policy Year		
In-patient Rehabilitation	Paid in full up to 28 days per Policy Year			Paid in full up to 28 days per Policy Year			Paid in full up to 28 days per Policy Year		
Cash Benefit**	HKD1,800/USD230 per night			HKD1,200/USD150 per night			HKD800/USD100 per night		
In-patient Direct Billing	Paid in full			Paid in full			Paid in full		
Applicable In-patient Direct Billing Network	Global Directory of Hospitals			Global Directory of Hospitals			Global Directory of Hospitals		
Out-patient Treatment									
General Practitioner and Specialist Consultation Charges (including diagnostics, prescribed drugs, dressings etc.)	Paid in full			Paid in full			Pre-Hospitalisation (30 days) & Post-Hospitalisation (60 days) Benefit (1 Pre-Hospitalisation consultation and all Post-Hospitalisation consultations related with the hospitalisation within 30 days before admission and 60 days right after discharge from hospital)		
Computerised Tomography, Magnetic Resonance Imaging, Positron Emission Tomography, X-rays and Gait Scans	Paid in full			Paid in full			–		
Radiotherapy, Chemotherapy	Paid in full			Paid in full			Paid in full		
Kidney Dialysis	Paid in full			Paid in full			Paid in full		
Surgical Procedures Received as an Outpatient	Paid in full			Paid in full			Paid in full		
Courses of Chiropractic Treatment, Acupuncture, Homeopathy and Osteopathy up to	HKD9,000/USD1,150			HKD9,000/USD1,150			–		
Traditional Chinese Medicine up to	HKD470/USD60 per visit and up to 20 visits per Policy Year			HKD470/USD60 per visit and up to 20 visits per Policy Year			–		
Courses of Physiotherapy	Paid in full			Paid in full			–		

- * We define "Asia", "Worldwide excluding USA" and "Worldwide" as follows:
- "Asia": Afghanistan, Bangladesh, Bhutan, Brunei, Cambodia, China, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Malaysia, Maldives, Mongolia, Myanmar, Nepal, North Korea, Pakistan, Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan, Vietnam
 - "Worldwide excluding USA": worldwide excluding the USA
 - "Worldwide": worldwide
- ** Cash benefit is only payable when no other benefit is claimed for under the same policy per In-patient Treatment. No other benefit will be payable in respect of the period for which the cash benefit has been claimed.

Note: Please refer to the policy terms and conditions applying to these benefits.

All the limits are subject to the annual limit/yearly maximum amount (whichever applicable), including those benefits which indicate "Paid in full". All limits payable are for an eligible Medical Condition and they are subject to 100% Reasonable and Customary (R&C) charges.

Benefits schedule (cont'd)

	Benefit levels		
	Prestige	Comprehensive	Standard
Other benefits			
Health Screen up to (Annual Deductible and Pre-existing Condition limitation does not apply to this benefit)	HKD8,000/USD1,000 Available only after 12 months of continuous cover	HKD2,400/USD300 Available only after 12 months of continuous cover	–
Pre-existing Conditions up to*** Congenital Conditions up to***	Policy Years 1 & 2: HKD18,000/USD2,300 Available only after 9 months of continuous cover Subsequent Years: HKD36,000/USD4,600	Policy Years 1 & 2: HKD18,000/USD2,300 Available only after 9 months of continuous cover Subsequent Years: HKD36,000/USD4,600	–
Maintenance of Non Pre-existing Chronic Conditions	Paid in full	Paid in full	Paid in full
Oral and Maxillofacial Surgery	Paid in full	Paid in full	–
Home Nurse	Paid in full (Subject to Pre-authorisation)	Paid in full (Subject to Pre-authorisation)	Paid in full (Subject to Pre-authorisation)
Ambulance Transport	Paid in full	Paid in full	Paid in full
International Emergency Medical Assistance (Annual Deductible does not apply to this benefit)	Paid in full	Paid in full	Paid in full
Psychiatric Treatment up to	HKD60,000/USD7,600	HKD36,000/USD4,600	HKD30,000/USD3,800
Accidental Damage to Teeth	Paid in full	Paid in full	Paid in full
Pre- and Post-natal Complications	Paid in full Available only after 12 months of continuous cover	Paid in full Available only after 12 months of continuous cover	–
New Born Accommodation	Paid in full	Paid in full	–
Pregnancy and Delivery up to	HKD110,000/USD13,800 Available only after 12 months of continuous cover	–	–
Vaccination up to (Pre-existing Condition limitation does not apply to this benefit)	HKD5,600/USD700	HKD2,400/USD300	–
Routine Dental Care up to (Annual Deductible and Pre-existing Condition limitation does not apply to this benefit)	80% of eligible expenses incurred up to HKD9,500/USD1,200	–	–
Routine Optical Care up to (Annual Deductible and Pre-existing Condition limitation does not apply to this benefit)	HKD2,200/USD280	–	–
Hospice and Palliative Care up to	HKD300,000/USD38,000 in an Insured's Lifetime Available only after 12 months of continuous cover	HKD240,000/USD30,000 in an Insured's Lifetime Available only after 12 months of continuous cover	HKD80,000/USD10,000 in an Insured's Lifetime Available only after 12 months of continuous cover
HIV/AIDS Treatment Benefit up to	HKD800,000/USD100,000 Available only after 5 years of continuous cover	HKD800,000/USD100,000 Available only after 5 years of continuous cover	HKD800,000/USD100,000 Available only after 5 years of continuous cover
Compassionate Death Benefit ¹²	HKD80,000/USD10,000	HKD80,000/USD10,000	HKD80,000/USD10,000

*** Both Pre-existing Conditions and Congenital Conditions share the same aggregate annual limit, thus any claims paid under one of these two benefits reduce the remaining benefit available for both.

Note: Please refer to the policy terms and conditions applying to these benefits.

All the limits are subject to the annual limit/yearly maximum amount (whichever applicable), including those benefits which indicate "Paid in full". All limits payable are for an eligible Medical Condition and they are subject to 100% Reasonable and Customary (R&C) charges.



Frequently Asked Questions

When does my policy become effective?



Global Elite II practises guaranteed acceptance (subject to availability of **Global Elite II**, eligibility, and the terms and conditions at the time of application), and your policy becomes effective from the Policy Date. Simply call your financial consultant to check policy status.

Where can I get medical treatment that is covered by **Global Elite II** ?



Global Elite II will reimburse the eligible costs of medical treatments you received from any registered medical practitioner (including general practitioners, specialists or health professionals) operating anywhere within your chosen area of cover.

Can I get In-patient Treatment or Daycare Treatment without pre-authorisation?



You are recommended to pre-authorise your In-patient Treatment or Daycare Treatment, so we can ensure you are fully aware of your coverage prior to receiving treatment. This is to protect you from unexpected costs which may not be eligible for reimbursement by us.

However, if you are unable to pre-authorise, you need to pay for your treatment costs incurred first, and then submit your claims to us for reimbursement of eligible charges.

How can I make sure I am fully covered when I need hospitalisation?



We recommend that you contact 24-hour Global Elite Customer Service for pre-authorisation before seeking any non-emergency In-patient or Daycare Treatment.

Do I need to get pre-authorisation prior to seeing my doctor (i.e. Out-patient Treatment)?



Out-patient Treatment does not require pre-authorisation. Once you have received treatment, please send us the completed Global Elite Health Plan – Medical Claim Form (Out-Patient), duly signed and accompanied with original copies of the official statement of accounts and receipts showing the itemised charges are required and all requested information as indicated on the claim form. We will then arrange reimbursement for the cost of all eligible treatments.



What if I migrate to other countries?



Global Elite II provides flexible worldwide coverage to meet your needs. If the Insured moves to another country, even within the same area of cover, you need to inform us in writing, provide solid address proof and obtain our approval. Otherwise, there may be adverse impact on the cover. Approved new premium will take effect on next Policy Anniversary. We reserve our right not to provide cover if that exposes us to breach of applicable laws or regulation. In any event, if the Insured moves to the USA, the policy will be terminated and will not be renewed at next Policy Anniversary.

How do I make a claim?



Simply call your financial consultant, contact 24-hour Global Elite Customer Service or email ACR@aa-international.com.hk. We will help you process your claim as quickly as possible.

What if I need emergency medical help?



Wherever you are, just call our International Emergency Medical Assistance hotline to get immediate emergency assistance.

Glossary

Compassionate Death Benefit: A compassionate death benefit which will be paid out in accordance with the policy terms and conditions.

Congenital Condition: A genetic physical or biochemical defect, malformation or anomaly, present at birth and whether or not manifest, diagnosed or known about at birth.

Daycare Treatment: Treatment at a hospital or daycare unit where the insured requires a procedure, eligible for benefit, medically necessitating admission to a hospital bed but not requiring an overnight stay.

In-patient Treatment: Treatment in a hospital where the insured has to stay in a hospital bed for one or more nights.

Out-patient Treatment: Treatment given by a medical practitioner or Chinese medical practitioner at an out-patient clinic, a medical practitioner's or Chinese medical practitioner's consulting room or in a hospital where the insured is not admitted to a bed for In-patient Treatment or Daycare Treatment.

Policy Anniversary: The same day and month each Policy Year as the Policy Date.

Policy Date: The Policy Date is shown in the Policy Specifications. It is the month, day and year that the policy takes effect.

Policy Year: The period starting on the Policy Date and ending on the day immediately before the first Policy Anniversary and thereafter each subsequent period starting on and including a Policy Anniversary and ending on but excluding the subsequent Policy Anniversary.

Pre-existing Condition: Any medical condition which during the 5 years preceding the Policy Date:

- (i) has been diagnosed; or
- (ii) for which the insured has received medication, advice or treatment; or
- (iii) which the insured reasonably has known about based on the Company's appointed medical doctor's opinion; or
- (iv) for which the insured has experienced symptoms even if the insured has not consulted a medical practitioner.

Principal Country of Residence: The country where the insured lives or intends to live for most of the Policy Year being 185 days or more and which will be shown as the place of residence in our records. Hong Kong, Macau and Taiwan are respectively considered as country for the purposes of this policy.

Reasonable and Customary (R&C): The charges for treatment, procedure, supplies or other medical services which are medically necessary but do not exceed the general level of charges at the location for such treatment, procedure, supplies or other medical services. Where applicable, we in our reasonable opinion, will determine whether any charge for treatment is Reasonable and Customary when we consider the charges inappropriate.

Trouble Free: When the insured:

- (i) has not had any medical opinion (which includes but not limited to follow up consultation and regular check up) from a medical practitioner including general practitioners, specialists or a health professional; and
 - (ii) has not taken any medication (including over the counter drugs) or followed a special diet; and
 - (iii) has not had any medical treatment;
- for the medical condition or any associated medical condition.

Remarks:

1. The benefit details of *Prestige*, *Comprehensive* and *Standard* benefit levels are listed in the Benefits schedule on page 6 of this leaflet. This is not a contract of insurance. Further details of the terms, conditions, exclusions and limitations are provided in the **Global Elite II** policy provisions.
2. A "Pre-existing Condition" refers to any medical condition, which during the 5 years preceding the Policy Date (i) has been diagnosed; or (ii) for which the insured has received medication, advice or treatment; or (iii) which the insured reasonably has known about based on the Company's appointed medical doctor's opinion; or (iv) for which the insured has experienced symptoms even if the insured has not consulted a medical practitioner.
3. Applicant must be aged between 14 days old and 80 years old (inclusive) at the time of application. For a newborn to be insured, he/she must have been fully discharged from the hospital at the time of enrollment. When the insured applies for the policy, the Company will not ask any questions about the insured's medical history. However, when a claim is made, we will assess whether the medical condition of the insured is a pre-existing condition.
4. Subject to all the terms and conditions of the **Global Elite II** policy, you have a guaranteed right to renew the policy by advance payment of the appropriate annual premium on each Policy Anniversary. Renewal of the policy is on an annual basis, with coverage up to age 100 of the insured. We reserve our right not to provide cover if that exposes us to breach of applicable laws or regulation. In any event, if the Insured moves to the USA, the policy will be terminated and will not be renewed at next Policy Anniversary.
5. Premium rates will be adjusted based on the attained age of the insured at the time of renewal. Premium rates are not guaranteed. The Company reserves the right to review and adjust rates and terms of the policy from time to time.
6. The Company defines "Asia", "Worldwide excluding USA" and "Worldwide" as follows:
 - "Asia": Afghanistan, Bangladesh, Bhutan, Brunei, Cambodia, China, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Malaysia, Maldives, Mongolia, Myanmar, Nepal, North Korea, Pakistan, Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan, Vietnam
 - "Worldwide excluding USA": worldwide excluding the USA
 - "Worldwide": worldwide
7. In order to be eligible for the Pre-existing Conditions benefit and/or the Congenital Conditions benefit, the insured must be covered by either the *Prestige* or *Comprehensive* benefit level for at least 9 consecutive months from the Policy Date, subject to other requirements as mentioned in the relevant policy contract.
8. Both the Pre-existing Conditions benefit and the Congenital Conditions benefit share the same aggregate annual limit, thus any claims paid under one of these 2 benefits will reduce the remaining benefit available for both.
9. The Pre-existing Conditions benefit will cover eligible treatment(s) under the following circumstances: (i) those that took place during the 24 months following the Policy Date, but after 9 months following the Policy Date; and (ii) those that took place after the 24 months following the Policy Date, but when the insured has not enjoyed a "Trouble Free period" of 24 consecutive months.
10. In order to be eligible to claim up to the yearly maximum amount in respect of treatment for a Pre-existing Condition, the insured must have fulfilled the requirement of "Trouble Free period" of at least 24 consecutive months immediately before the need of such treatment arises. Being "Trouble Free" means when, regarding a medical condition or any associated medical condition, the insured has not (i) received any medical opinion (which includes but not limited to follow up consultation and regular check up) from a medical practitioner including general practitioners, specialists or health professionals; and (ii) taken any medication (including over the counter drugs) or followed a special diet; and (iii) had any medical treatment, for the medical condition or any associated medical condition.
11. In order to be eligible for the pregnancy and delivery benefit, the insured must have attained the age of 18. This benefit is only available for charges incurred after the insured has been covered for at least 12 consecutive months under the *Prestige* benefit level.
12. In case of the death of the insured (excluding accidental death) within one year from the Policy Date, the paid premium or Compassionate Death Benefit as stated in the Benefits Schedule of the Benefit Level of the policy, whichever amount is lower, shall be payable. If the insured commits suicide within one year from the Policy Date, no Compassionate Death Benefit under the plan shall be payable.
13. Provision of the services is subject to the policy terms and conditions. AXA reserves the right to amend such terms and conditions thereof from time to time without prior notice.

Note: Unless otherwise specified, all ages mentioned in this leaflet refer to the age of the insured on his or her last birthday.

Global Elite II Health Plan is underwritten by AXA China Region Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability) ("AXA", the "Company", or "we").

The plan is subject to the terms, conditions and exclusions of the **Global Elite II** policy contract. AXA reserves the final right to approve any application. This leaflet contains general information only and does not constitute any contract between any other parties and AXA. It is not a policy or contract of insurance. For detailed terms, conditions and exclusions of the plan, please refer to the **Global Elite II** policy contract.

ABOUT AXA HONG KONG

AXA Hong Kong, a member of the AXA Group, prides itself to service over 1 million customers in Hong Kong and Macau. Besides being one of the largest health protection providers, it is also the number 1 Property & Casualty insurance provider¹ and a market leader in motor insurance.

AXA Hong Kong is committed to help its customers to achieve stability and prosperity through providing a comprehensive range of financial protection, health protection, wealth management and retirement solutions.

¹Based on 2012 Office of the Commissioner of Insurance market share statistics

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