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Healthcare

GlobalReach Medical Insurance Plan

Ultimate global protection within reach

Product brochure

Wherever life takes you, the best health protection is within reach. Knowing GlobalReach has you covered, you can embark on your journey with the utmost confidence.

Featuring multiple benefit levels, **GlobalReach Medical Insurance Plan** ("**GlobalReach**") not only provides extraordinary protection but also offers enhanced benefits to assist in your recovery. With flexible geographical and deductible options, **GlobalReach** is designed for your unique lifestyle. Best of all, no health declaration is required.

Highlights:

Unparalleled flexibility that puts you in charge

with a choice of 3 geographical areas of cover[1], 4 benefit levels[2], and 4 deductible options

No health declaration[3] and guaranteed renewal[4]

offering full peace of mind and a seamless application process

Extraordinary coverage with no lifetime benefit limit

covering both in-patient and out-patient care, and extending beyond

Support you during challenging times with **specialised extended care for Cancer and Stroke, plus deductible waivers**

Unique coverage of pre-existing conditions[5,6] and congenital conditions[6,7]

Global support you can rely on[8,9]

with access to 24-hour customer service and second medical opinion service

Unparalleled flexibility that puts you in charge

Living a rich, fulfilling life that often takes you across the world, it is reassuring to know that you are ready to deal with health risks, whenever, and wherever.

Letting you choose among 3 geographical areas of cover[1] – Asia, Worldwide excluding USA or Worldwide – **GlobalReach** ensures that you will be covered for eligible medical expenses not only in your home country, but also in any other countries or regions within the covered geographical area you have picked.

More affordable healthcare with annual deductible options

You can benefit from a lower premium by selecting the deductible that suits your budget. The higher the deductible – the amount you pay before your plan kicks in – the lower your annual premium will be.

Areas of cover[1]

Asia	Worldwide excluding USA	Worldwide

+

Benefit level[2]

	Prestige	Comprehensive	Standard	Essential
Annual benefit limit	Up to HKD60,000,000 / USD7,500,000	Up to HKD50,000,000 / USD6,250,000	Up to HKD40,000,000 / USD5,000,000	Up to HKD30,000,000 / USD3,750,000
Entitled ward class	Standard private room	Standard private room	Standard private room	Semi-private room for confinement in Hong Kong, Macau and mainland China Standard private room for confinement outside Hong Kong, Macau and mainland China

+

Annual deductible options (per policy year)

HKD0 / USD0	HKD25,000 / USD3,125	HKD50,000 / USD6,250	HKD100,000 / USD12,500

Will I need to pay the annual deductible twice if my treatment spans across 2 policy years?

To support you through the recovery process, if the hospital charges benefit is payable in the preceding policy year and such hospitalisation continues into the next policy year, you will only need to pay your annual deductible once – until discharge or up to 30 days immediately after the policy anniversary of the current policy year for the eligible items under In-patient and Daycare Treatment Benefit, whichever comes first[10]. In addition, the annual deductible will be waived for up to 90 days immediately after the policy anniversary of the current policy year for the eligible items under Out-patient Treatment Benefits after such hospitalisation[10].

No health declaration[3] and guaranteed renewal[4]

We believe access to quality healthcare should be simple and straightforward. That's why we have designed our plans to make enrollment easy, without the hassle of medical questionnaires or screening[3].

GlobalReach is open to everyone from 14 days old to 80 years old. You can join our plan and receive the coverage you need. But the benefits don't stop there – we also offer guaranteed renewal[4] until you reach age 100[11], ensuring that your protection stays strong throughout every stage of your life.

Extraordinary cover, going above and beyond

Cover hospitalisation and surgical expenses without lifetime benefit limit

When health challenges arise, **GlobalReach** is designed to provide extensive coverage for your hospitalisation and surgical expenses, without any lifetime benefit limit. This ensures you can focus on your recovery, without worrying about the financial burden.

Some major items in your coverage:

- Hospital charges
- Daily accommodation charges
- In-patient rehabilitation[12]
- Private nurse[13,14]
- Hospital companion bed[15]
- Medical implants[16]

Going beyond traditional out-patient coverage

In addition to covering a wide range of out-patient benefits according to your policy's benefit level, including pre-hospitalisation and post-hospitalisation out-patient consultation, **GlobalReach** has gone beyond traditional standards to offer coverage for a series of cutting-edge treatments and alternative procedures, such as:

- Prescribed diagnostic imaging tests, e.g.magnetic resonance imaging, X-rays[14]
- Traditional Chinese medicine
- Physiotherapy[14]
- Out-patient surgical procedures

Exclusive coverage for Prestige and Comprehensive benefit levels

GlobalReach's **Prestige** and **Comprehensive** benefit levels provide extra coverage to meet your unique needs, such as:

- General practitioner and specialist consultation[17]
- Health screening and child development assessment[18]
- Oral and maxillofacial surgery[19]
- Pre- and post-natal complications[20,21]
- Newborn accommodation[22]
- Vaccinations

Additionally, those who has opted for the **Prestige** benefit level will also be reimbursed for:

- Routine dental care
- Routine optical care
- Pregnancy and delivery[21]

Support you during challenging times with specialised extended care for Cancer and Stroke, plus deductible waivers

Extended care for life's unexpected challenges

When life takes an unanticipated turn, we are here to provide the personalised support and resources needed throughout your recovery journey. **GlobalReach** offers support for a variety of medical conditions, such as:

For Stroke

- Coverage for courses of physiotherapy due to stroke[14] within 90 days from discharge to aid recovery
- Collaborative care from a diverse team of healthcare providers, including chiropractors, acupuncturists, homeopaths, osteopaths, physiotherapists[14,23], speech therapists and occupational therapists[14]

For Cancer

- Coverage for radiotherapy, chemotherapy, target therapy, immunotherapy, hormonal therapy and diagnostic tests[14] as an out-patient
- Reimbursement of the actual cost for phase III experimental drugs, when appropriate[24]

Easing the burden when you need it most with Waiver of Deductible for Major Incidents

We know how overwhelming fighting against major illnesses can be, both emotionally and financially. That's why **GlobalReach** takes the pressure off you by waiving your deductible for a wide range of designated major incidents including major illnesses, Terminal Medical Condition and even Intensive Care[25], namely:

- Cancer
- Coronary Artery Bypass Surgery
- Heart Valve Surgery
- Surgery to Aorta
- Chronic and Irreversible Kidney Failure
- End Stage Lung Disease
- Fulminant Hepatitis
- Parkinson's Disease
- Intensive Care
- Cardiomyopathy
- Heart Attack
- Primary Pulmonary Arterial Hypertension
- Stroke
- Chronic Liver Disease
- Major Organ or Bone Marrow Transplantation
- Severe Rheumatoid Arthritis
- Terminal Medical Condition

Unique coverage for pre-existing conditions[5,6] and congenital conditions[6,7]

GlobalReach is designed to offer more privileged coverage to include even pre-existing conditions. The payable amount on pre-existing condition is subject to the inforce period of the policy, benefit levels, and whether you have been "Trouble Free" for 2 consecutive years[5,6].

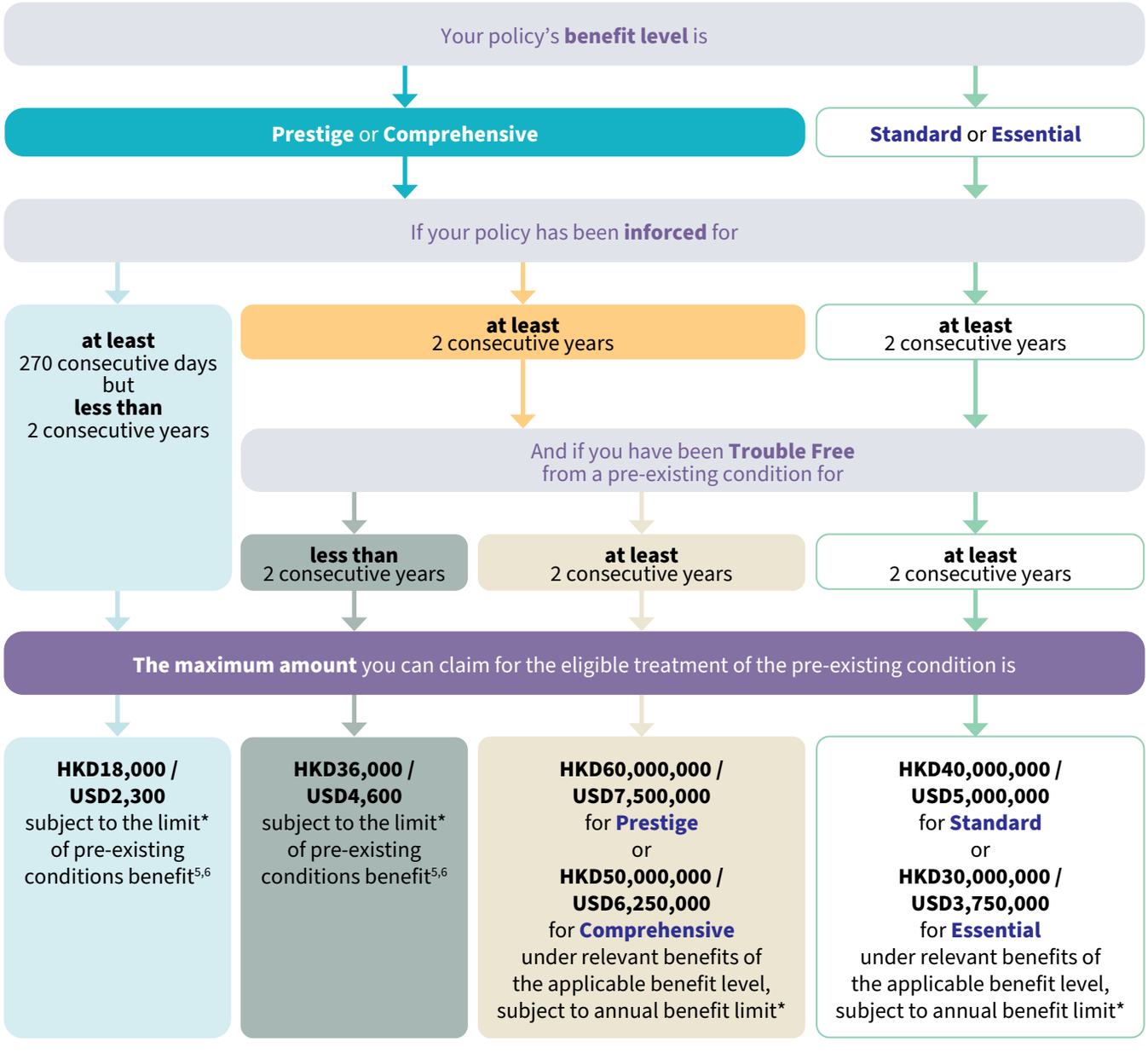
"Trouble Free" means when the insured

- has not required or had any medical opinion, including follow-up consultations and regular check-ups from registered medical practitioners, such as general practitioners, specialists, or other health professionals; and
- has not taken any medication, including over the counter drugs, or followed a special diet; and
- has not had any medical treatment; and
- has not had any symptoms;

for the medical condition or any associated medical conditions.

Under **GlobalReach**, pre-existing conditions shall only take into account the medical conditions within 5 years before the policy date[5,6].

This is how a treatment for pre-existing conditions is covered by GlobalReach:



* All reasonable and customary charges incurred for the eligible treatment will be reimbursed up to the annual limit subject to the annual benefit limit.

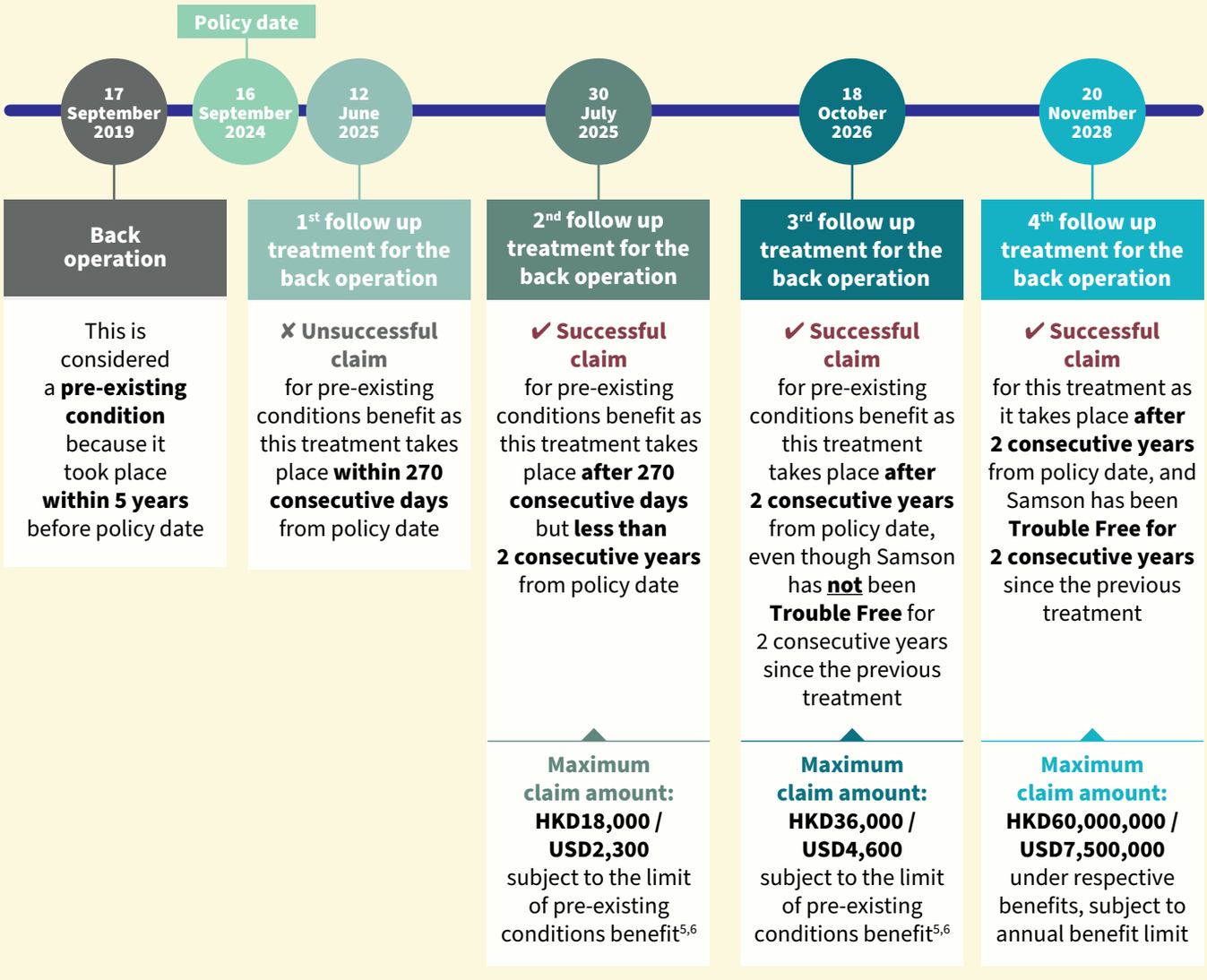
Exclusive coverage for Prestige and Comprehensive benefit levels

Our **Prestige** or **Comprehensive** benefit levels even start to offer coverage for manifested congenital conditions[6,7] if you have been covered by the policy for at least 270 days.

Illustrative examples – See how your pre-existing conditions can be covered under GlobalReach

Illustrative example 1
Insured: Samson (age: 35)
Benefit level: GlobalReach – Prestige

Given the rising medical expenses, Samson decides to take out a **GlobalReach (Prestige)** policy that even provides coverage for pre-existing conditions to ease the potential financial burden associated with related medical conditions. Samson has undergone a back operation prior to the start of the policy.

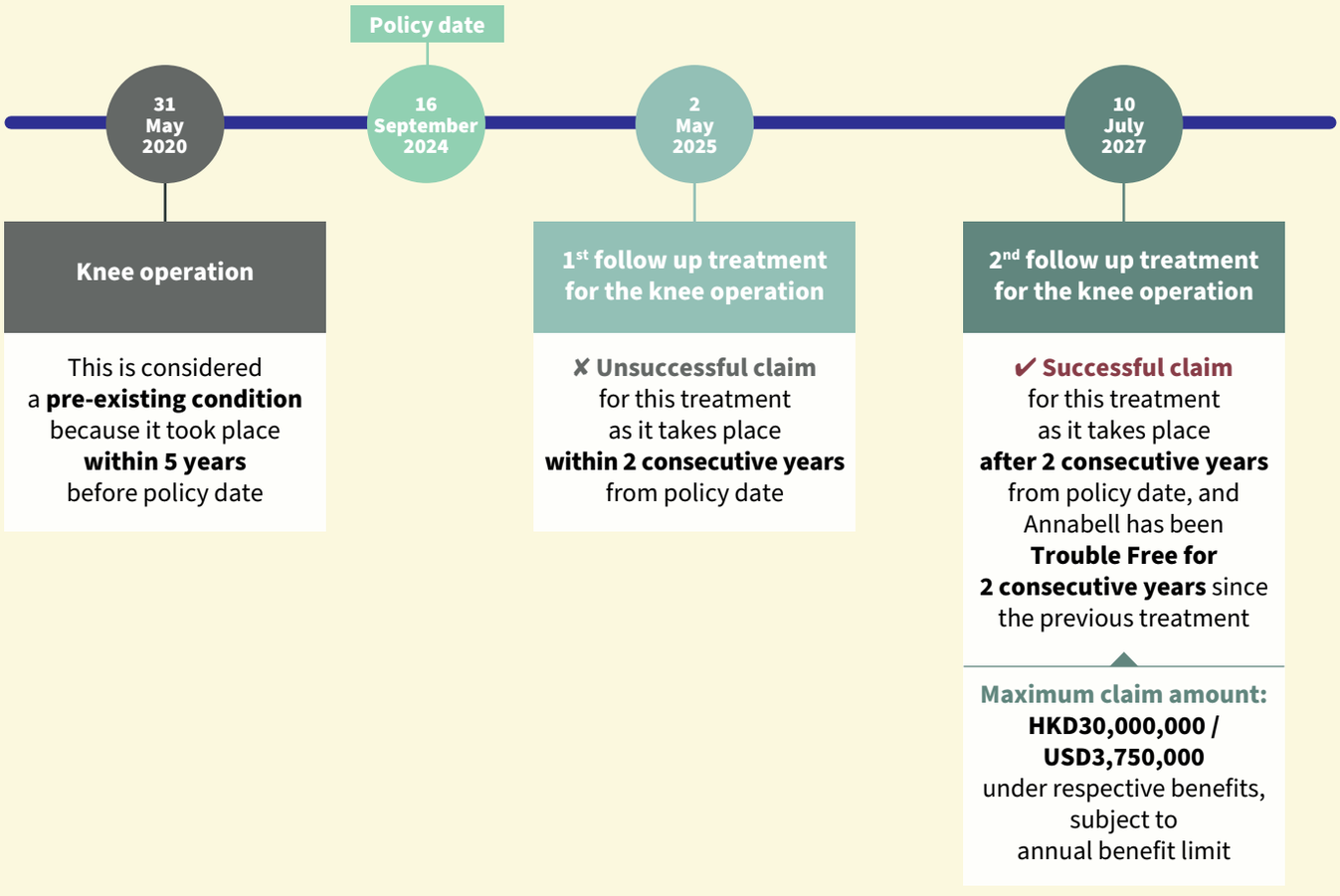


This example is for reference only.

Illustrative examples – See how your pre-existing conditions can be covered under GlobalReach (cont'd)

Illustrative example 2
Insured: Annabell (age: 45)
Benefit level: GlobalReach – Essential

Annabell is planning ahead for her retirement and is aware she will no longer have group medical coverage by then. Therefore, she decides to take out a **GlobalReach (Essential)** policy with extensive coverage to protect herself against medical expenses when in need. Annabell has undergone a knee operation prior to the start of the policy.



This example is for reference only.

Ensuring uninterrupted protection with contingent owner option

Since it is impossible to predict the future, **GlobalReach**'s contingent owner option allows the policy owner who is not the insured to appoint a contingent owner after the first policy year. In the event of the policy owner's passing, the contingent owner can then become the new policy owner to help ensure continuous coverage for the insured, regardless of unforeseen circumstances.

Global support you can rely on[8,9]

As one take care of business, visit relatives or live in a different country temporarily, it is helpful to know that we can respond quickly to unforeseen situations. With **GlobalReach**'s support, you will have the peace of mind needed to focus on what matters to you.

- **Global access** to network hospitals[26] in around 130 countries
- **24-hour global support:** Access our experienced team for benefit inquiries, emergency medical assistance, concierge services and enjoy peace of mind with our 24-hour customer service support
- **Second medical opinion service:** Get a second medical opinion from professional experts to help make informed decisions about treatment preferences

GlobalReach at a glance

Premium payment term	Up to age 100[11]
Benefit period	Up to age 100[27]
Issue age	14 days old – age 80
Premium^	• Will be adjusted based on the insured's attained age • Premiums are not guaranteed
Policy currency+	HKD / MOP / USD
Payment mode	Annual
Benefit levels[2]	**Prestige** / **Comprehensive** / **Standard** / **Essential**
Area of cover[1]	**For non-emergency treatment:** Asia / Worldwide excluding USA / Worldwide (Depending on your chosen area of cover) **For emergency treatment:** Worldwide
Policy application	No health declaration required[3]
Policy renewability	Guaranteed annual renewal[4] until the insured reaches the age of 100[11]

^ Please refer to **Premium adjustment** under the section Important information and the policy contract for details.
+ Macau Pataca (MOP) is only available for policies issued in Macau.

Benefit schedule

A highlight of the key benefits of the policy is set out as below. Please refer to the terms and benefits stated in the policy contract for the full list of the benefits and relevant terms, conditions and exclusions.

The benefit amounts 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 or co-insurance) we have actually paid.

	Benefit levels[2]			
	Prestige	**Comprehensive**	**Standard**	**Essential**
Benefit Coverage*				
Area of cover	**For non-emergency treatment:** Asia / Worldwide excluding USA / Worldwide[1] (Depending on your chosen area of cover) **For emergency treatment:** Worldwide[1]			
Annual benefit limit	Up to HKD60,000,000 / USD7,500,000	Up to HKD50,000,000 / USD6,250,000	Up to HKD40,000,000 / USD5,000,000	Up to HKD30,000,000 / USD3,750,000
Annual deductible options	HKD0 / USD0 HKD25,000 / USD3,125 HKD50,000 / USD6,250 HKD100,000 / USD12,500			
Waiver of deductible for major incidents[25]	Applicable			
Waiver of deductible for confinement across policy years	Applicable			
Entitled ward class	Standard private room	Standard private room	Standard private room	**For confinement in Hong Kong, Macau and mainland China:** Semi-private room **For confinement outside Hong Kong, Macau and mainland China:** Standard private room
I. In-patient and Daycare Treatment Benefits				
(a) Hospital charges	Paid in full‡			
(b) Daily accommodation charges	Paid in full‡			

Benefit schedule (cont'd)

	Benefit levels[2]			
	Prestige	Comprehensive	Standard	Essential
(c) Hospital companion bed[15]	Paid in full‡			
(d) Private nurse[13,14]	Paid in full‡ if the private nurse arrangement is made by us or			
	Up to HKD2,500 / USD310 with maximum 2 time slots provided by 1 qualified nurse per day for a maximum of 90 days per policy year (Subject to pre-authorisation#)	Up to HKD2,500 / USD310 with maximum 2 time slots provided by 1 qualified nurse per day for a maximum of 60 days per policy year (Subject to pre-authorisation#)	Up to HKD2,500 / USD310 with maximum 2 time slots provided by 1 qualified nurse per day for a maximum of 30 days per policy year (Subject to pre-authorisation#)	
(e) In-patient rehabilitation[12]	Paid in full‡ for a maximum of 28 days per policy year			
(f) Medical implants[16]	**Specified items:** Paid in full‡ **Other items:** Up to HKD200,000 / USD25,000			
(g) Cash benefit~	HKD2,200 / USD280 per night of hospital stay	HKD1,500 / USD190 per night of hospital stay	HKD1,000 / USD125 per night of hospital stay	HKD800 / USD100 per night of hospital stay
	Annual deductible and annual benefit limit do not apply			
II. Out-patient Treatment Benefits≈				
(a) Computerised tomography, magnetic resonance imaging, positron emission tomography, X-rays and gait scans[14]	Paid in full‡		Paid in full‡ if the treatment occurs within 90 days before in-patient treatment or daycare treatment and within 90 days after discharge from hospital as an in-patient or the date of daycare treatment	
(b) Pre- and post-hospitalisation out-patient consultation	**(i) Pre-hospitalisation out-patient consultation** Paid in full‡ if consultations related to the hospitalisation occur within 90 days before in-patient treatment or daycare treatment (1 visit per day)			
	(ii) Post-hospitalisation out-patient consultation Paid in full‡ if consultations or treatments related to the hospitalisation occur within 90 days after discharge from hospital as an in-patient or the date of daycare treatment (1 visit per day)			

Benefit schedule (cont'd)

	Benefit levels[2]			
	Prestige	Comprehensive	Standard	Essential
(c) Active cancer treatment received as an out-patient[14]	Paid in full‡			
(d) Kidney dialysis treatment received as an out-patient☆	Paid in full‡			
(e) Surgical procedures received as an out-patient	Paid in full‡ for consultations, associated prescribed investigations, diagnostic procedures and essential medications by a registered medical practitioner received by the insured as part of an eligible out-patient treatment within 90 days prior to and within 90 days immediately following the surgical procedures received as an out-patient (1 visit per day)			
(f) Courses of chiropractic treatment, acupuncture, homeopathy, osteopathy and physiotherapy[14,23]	**For chiropractic treatment, acupuncture, homeopathy, osteopathy:** Up to HKD9,000 / USD1,150 **For physiotherapy:** Paid in full‡		Up to HKD1,600 / USD200 per visit if the consultation or treatment occurs within 90 days after discharge from hospital or the completion of daycare treatment	Up to HKD1,600 / USD200 per visit for up to 10 visits if the consultation or treatment occurs within 90 days after discharge from hospital or the completion of daycare treatment (1 visit per day)
(g) Traditional Chinese medicine	Up to HKD800 / USD100 per visit for up to 20 visits	Up to HKD700 / USD90 per visit for up to 20 visits	Up to HKD600 / USD75 per visit if the consultation or treatment occurs within 90 days after discharge from hospital or the date of daycare treatment	Not applicable

Up to 20 visits (1 visit per day)

Benefit schedule (cont'd)

	Benefit levels[2]			
	Prestige	Comprehensive	Standard	Essential
(h) Courses of physiotherapy due to Stroke[14]	Please refer to benefit item (f) of II		Paid in full[‡] if the treatment occurs within 90 days after discharge from hospital as an in-patient (1 visit per day)	
(i) Courses of speech therapy and occupational therapy[14]	Paid in full[‡] if treatment occurs within 90 days following discharge from hospital as an in-patient (1 visit per day)			
(j) General practitioner and specialist consultation charges[17]	Paid in full[‡] (including prescriptions and diagnostic procedures)		Not applicable	
III. Other Benefits[◊]				
(a) Health screen and child development assessment[18] (Available only after 12 months of continuous cover from the policy date[⌘])	Up to HKD8,000 / USD1,000	Up to HKD2,400 / USD300	Not applicable	
	Annual deductible and pre-existing condition limitation do not apply			
(b) Pre-existing conditions[5,6] (Available only after 270 days of continuous cover from the policy date[⌘])	**Policy years 1 & 2:** Up to HKD18,000 / USD2,300 **Subsequent years:** Up to HKD36,000 / USD4,600		Not applicable	
(c) Manifested congenital conditions[6,7] (Available only after 270 days of continuous cover from the policy date[⌘])				

Benefit schedule (cont'd)

	Benefit levels[2]			
	Prestige	Comprehensive	Standard	Essential
(d) Non-manifested congenital conditions[7] (Available only after 270 days of continuous cover from the policy date[⌘])	**Policy years 1 & 2:** Up to HKD18,000 / USD2,300 **Subsequent years:** Up to HKD100,000 / USD12,500			
(e) Oral & maxillofacial surgery[19]	Paid in full[‡]		Not applicable	
(f) Home nurse[14]	Paid in full[‡] up to 2 time slots provided by 1 qualified nurse per day (within 120 days immediately following discharge from hospital as an in-patient, surgery or discharge from intensive care unit) (Subject to pre-authorisation[#])			
(g) Ambulance transport	Paid in full[‡]			
(h) Psychiatric treatment[△]	Up to HKD60,000 / USD7,600	Up to HKD50,000 / USD6,300	Up to HKD40,000 / USD5,000	Up to HKD30,000 / USD4,000
(i) Accidental damage to teeth	Paid in full[‡]			
(j) Experimental drugs[24]	Up to HKD2,000,000 / USD250,000 in an insured's lifetime	Up to HKD1,500,000 / USD187,500 in an insured's lifetime	Up to HKD1,000,000 / USD125,000 in an insured's lifetime	Up to HKD500,000 / USD62,500 in an insured's lifetime
(k) Pre- and post-natal complications[20,21] (Available only after 12 months of continuous cover from the policy date[⌘])	Paid in full[‡]		Not applicable	
(l) Newborn accommodation[22]	Paid in full[‡]		Not applicable	
(m) Pregnancy and delivery[21] (Available only after 12 months of continuous cover from the policy date[⌘])	Up to HKD110,000 / USD13,800	Not applicable		

Benefit schedule (cont'd)

	Benefit levels[2]			
	Prestige	Comprehensive	Standard	Essential
(n) Vaccinations	Up to HKD5,600 / USD700 Pre-existing condition limitation does not apply	Up to HKD2,400 / USD300	Not applicable	
(o) Routine dental care	80% of eligible expenses incurred up to HKD9,500 / USD1,200 Annual deductible and pre-existing condition limitation do not apply	Not applicable		
(p) Routine optical care	Up to HKD2,200 / USD280 Annual deductible and pre-existing condition limitation do not apply	Not applicable		
(q) Palliative care and treatment (Available only after 12 months of continuous cover from the policy date⌘)	Up to HKD300,000 / USD38,000 in an insured's lifetime	Up to HKD240,000 / USD30,000 in an insured's lifetime	Up to HKD80,000 / USD10,000 in an insured's lifetime	Up to HKD50,000 / USD6,300 in an insured's lifetime
(r) HIV / AIDS treatment* (Available only after 5 years of continuous cover from the policy date⌘)	Up to HKD1,000,000 / USD125,000			
(s) Emergency out-patient treatment for accident	Please refer to benefit item (j) of II		Paid in full‡ if treatment occurs within 24 hours after the accident	
IV. Compassionate Death Benefit				
Compassionate death benefit◊	HKD80,000 / USD10,000 Annual deductible and annual benefit limit do not apply			

Benefit schedule (cont'd)

★ Please refer to the policy contract applying to these benefits. All benefits shall be subject to the policy contract.
Unless otherwise specified in the policy, all the benefits payable are to cover eligible expenses only and are subject to the annual benefit limit and other limits (if any) as stated in the terms and conditions of the policy, including those benefits which indicate "Paid in full".
Notwithstanding any other provisions of the policy, if at any time after the issuance of the policy, the insured changes his/her principal country of residence to USA and the area of cover is worldwide, and the insured has incurred any reasonable and customary charges in respect of medical services in USA, the maximum amount of benefits payable of charges incurred in USA in respect of In-patient and Daycare Treatment Benefits, Out-patient Treatment Benefits and Other Benefits for any medical condition will be capped at 60% of the relevant eligible charges.

‡ "Paid in full" shall mean no itemised benefit sub-limit and is only applicable to the reimbursement of the actual amount of eligible expenses and/or other expenses charged after deducting the remaining deductible (if any), and is subject to the annual benefit limit and other conditions as stated in this product brochure and the policy contract. "Paid in full" applies to certain benefit items only. Further details of the terms, conditions, exclusions and limitations are provided in the policy contract.

~ Cash benefit will be payable if the insured:
(i) receives an eligible in-patient treatment within the area of cover, provided no other cost is or will be borne by us for that eligible treatment; or
(ii) is a Hong Kong identity card holder and is confined in a general ward of a public hospital in Hong Kong, where he/she incurred charges for the in-patient treatment; or
(iii) is a Macau resident identity card holder and is confined in a general ward of a public hospital in Macau, where he/she incurred charges for the in-patient treatment; or
(iv) is confined in a public recognised hospital in mainland China, where he/she incurred charges for the in-patient treatment; or
(v) is confined in a ward class below his/her entitled ward class as stated in the benefit schedule of the benefit level of the policy of a private hospital in Hong Kong or Macau, where he/she incurred charges for the in-patient treatment.

Please seek pre-authorisation for any treatments or services under respective benefits and refer to the service guide for details.

≈ Please refer to the policy contract in relation to the limitation on the number of visits per day.

☆ The amount payable under kidney dialysis treatment received as an out-patient benefit is equal to:
(i) for haemodialysis or peritoneal dialysis at a medical facility, the amount actually charged by the medical facility for such regular haemodialysis or peritoneal dialysis; or
(ii) for haemodialysis or peritoneal dialysis at home, the amount of expenses actually incurred for the purchase of supplies and/or rental of the dialysis machine for such regular haemodialysis or peritoneal dialysis where such purchase of supplies and/or rental of dialysis machine is/are prescribed in writing by the insured's attending registered medical practitioner.

⌖ Limitations and restrictions applicable to In-patient and Daycare Treatment Benefits and Out-patient Treatment Benefits as described here above will also apply to Other Benefits unless otherwise specified. The aggregate amount of eligible expenses actually incurred for in-patient treatment, daycare treatment and out-patient treatment is subject to the monetary limit shown for these Other Benefits.

⌘ Please refer to the policy contract for details of the waiting period requirements for each of these benefits.

△ Treatment given by a psychologist must be referred in writing by a specialist.

❉ HIV / AIDS treatment benefit is payable if the HIV or AIDS is as a result of occupational accident or blood transfusion and the conditions stated in the terms and conditions of the policy are all fulfilled.

◊ For death within the 1st policy year, the amount payable under Compassionate Death Benefit is equal to the total premium paid or the Compassionate Death Benefit, whichever is lower.

Important information

Disclosure obligation for underwriting

You have to ensure that the following events will not occur: (a) any material fact affecting the risk is incorrectly stated in or omitted from the application form or any statement or declaration, or (b) the policy or any renewal has been obtained through any misstatement, misrepresentation or suppression, or (c) any claim under the policy is fraudulent or exaggerated. Otherwise, the policy shall be void at the sole and absolute discretion of the Company and any benefits obtained as a result of such events shall become immediately payable to the Company and the Company reserves the right to recover from the insured or owner any cost related to the void policy.

Cooling-off period

If you are not completely satisfied with the policy, you have the right to cancel the policy and obtain a refund of any premium(s) paid provided that there is no claim payment made under the policy prior to your request for cancellation.

Applicable to policies issued in Hong Kong

To exercise this right, please return the policy (if applicable) and send your signed written notice of cancellation directly to our Customer Service at Suite 2001, 20/F, Tower Two, Times Square, 1 Matheson Street, Causeway Bay, Hong Kong within **21 calendar days** immediately following either the day of delivery of the policy or the notice of policy issuance (notifying you of the cooling-off period) to you or your nominated representative (whichever is earlier). The policy will then be cancelled and a refund of any premium(s) paid and any levy paid will be returned to you.

Applicable to policies issued in Macau

To exercise this right, please return the policy (if applicable) and send your signed written notice of cancellation directly to our Customer Service at Avenida do Infante D. Henrique No. 43-53A, 20 Andar, The Macau Square, Macau within **21 calendar days** immediately following the day of delivery of the policy to you or your nominated representative. The policy will then be cancelled and a refund of any premium(s) paid will be returned to you in policy currency.

Cancellation

After the cooling-off period, the policy holder can request cancellation by giving 30 days prior written notice to the Company, provided that there has been no benefit payment during the relevant policy year. No premium or proportion of the premium will be refunded to the policy holder if cancellation is initiated by the policy holder and accepted by the Company before the expiry date.

Policy currency

If your policy is denominated in a currency other than your local currency, you may face an exchange rate risk. Upon currency conversion, the amounts you receive and the premiums you pay may vary as a result of changes in exchange rate.

Non-payment of premium

You should pay premiums for the whole of your premium payment term. Any premiums remaining outstanding at the end of the grace period of 31 days after the due date may lead to the termination of your policy. You may lose the insurance protection offered by the policy. If the policy is no longer in effect, the policy cannot be reinstated.

Inflation

The Company may, subject to the policy contract, revise the future premiums from time to time, such that the adequacy of coverage under the plan can be maintained. Any future premium changes shall be applied on a portfolio basis.

Important information (cont'd)

Waiting period

Your **GlobalReach** policy becomes effective immediately, without subjecting to any waiting periods. However, please refer to the policy contract of **GlobalReach** for details of the waiting period requirements for each of the benefits.

Notice and proof of claims

We must receive due proof that medical service has been given to the insured while the coverage of **GlobalReach** was in effect resulting (directly and independently of all other causes) from a medical condition before any benefit is payable. Due proof should be furnished (in the form specified by us and in such manner satisfactory to us) within 90 days after the date on which the insured is discharged from the confinement or, where there is no confinement, the date on which the relevant medical service is performed. Proof, including without limitation medical reports required by us, shall be furnished at your expense. If we do not receive due proof within such timeframe, you or the claimant must show to our satisfaction that due proof was submitted to us as soon as practicable, or we will not pay any benefit.

In respect of death,

(a) we must be notified in writing (in the form specified by us and in such manner satisfactory to us) of the insured's death within 30 days from the date of death; and
(b) we must also receive due proof of the insured's death (in the form specified by us and in such manner satisfactory to us) within 90 days from the date of death of the insured. We shall have the right to request you or the claimant to provide, at your or the claimant's expense, further evidence that is acceptable to us and shall have the right to conduct an autopsy where it is not forbidden by law.

If we do not receive notification or due proof within such timeframe, you or the claimant must show to our satisfaction that such notice or due proof was submitted to us as soon as practicable, or we will not pay the relevant benefit.

Premium adjustment

The initial premium is based on the age of the insured at the time of policy issuance and other factors including but not limited to the principal country of residence of the insured and the benefit level of your policy. Premium rates are not guaranteed and may be adjusted by the Company at any of the policy anniversaries if necessary. We consider factors including but not limited to (i) the Company's claims and policy persistency experience and (ii) expected claim outgo from all policies under the plan in future years, reflecting the impact of medical trend, medical cost inflation and product feature revisions.

Automatic revision of benefits

We may from time to time revise the benefits and provisions under the policy. We will notify you no less than 28 days in advance of the policy anniversary effecting such revision, specifying, among others, the revised benefit definition and/or benefits in the benefit schedule, the new premium and effective date. Any such revision will apply to this policy automatically unless the owner supplies the Company with a written notice to cancel the policy within 30 days after the renewal takes effect in which case this policy will be terminated.

Important information (cont'd)

Termination

The policy will be automatically terminated on the earliest of the followings:

(a) on the death of the insured;
(b) on the termination date;
(c) when the policy lapses or is cancelled;
(d) at the next policy anniversary after a change in principal country of residence which is outside the area of cover and we decide at our sole discretion not to renew the policy pursuant to the "change of principal country of residence" provision of the policy contract;
(e) when the right of policy termination is exercised pursuant to the "change of principal country of residence" provision of the policy contract; or
(f) when the right of policy termination is exercised pursuant to the "cross-border" provision of the policy contract.

Reasonable and customary charges and medically necessary treatments

We will only reimburse the reasonable and customary charges actually incurred for eligible treatments that are covered under the policy which are medically necessary (as defined in policy contract). If the charges are higher than the reasonable and customary charges, we will only pay the amount which is reasonably and customarily charge.

In determining whether a charge is reasonable and customary, the Company shall make reference to the followings (if applicable):

(a) treatment or service fee statistics and surveys in the insurance or medical industry;
(b) internal or industry claim statistics;
(c) gazette published by the government (applicable to policies issued in Hong Kong only); and/or
(d) other pertinent source of reference in the locality where the treatments, services or supplies are provided.

Other insurance coverage

If the policy holder has taken out other insurance coverage besides the policy, the policy holder shall have the right to claim under any such other insurance coverage or the plan. However, if the policy holder or the insured person has already recovered all or part of the expenses from any such other insurance coverage, the Company shall only be liable for such amount of eligible expense, if any, which is not compensated by any such other insurance coverage.

Cost-sharing requirement

The policy holder is required to pay coinsurance and/or deductible as stated in the terms and benefits and the policy schedule. For the avoidance of doubt, coinsurance and deductible do not refer to any amount that the policy holder is required to pay if the actual expenses exceed the benefit limits.

Important information (cont'd)

Key exclusions

We will not pay any benefit (other than death proceeds) under the policy in respect of the following tests, investigations, treatments, items, conditions, activities and their related or consequential expenses:

1. Any pre-existing conditions including associated medical conditions unless covered in accordance with "pre-existing condition" provision of the policy contract;
2. Pregnancy or childbirth (delivery), unless this is specifically included in benefit schedule of the policy. For the avoidance of doubt, under the pre- and post-natal complications benefit of **Prestige** and **Comprehensive** benefit levels, we will pay for medical services of complications which is due to and occurs during the pregnancy prior to the delivery or after the delivery except if the pregnancy was a result of any form of assisted conception, fertility treatment by either parent or pregnancy via a surrogate, or through non-medically necessary caesarean section;
3. Treatment begun, or for which the need had arisen, during the first 90 days after birth for any child conceived by artificial means or any form of assisted conception including artificial insemination;
4. Foetal surgery, surgery on a child while in the mother's womb;
5. Termination of pregnancy or any consequences of it, except where eligible under the pre- and post-natal complications benefit (applicable to **Prestige** and **Comprehensive** benefit levels only);
6. Investigations into and treatment of infertility, contraception, assisted reproduction, sterilization (or its reversal), varicocele, treatment to prevent future miscarriage, investigations into miscarriages or any consequence of any of them or of any treatment for them;
7. Treatment of impotence, sexual dysfunction or sexual problems or any consequence of any of them;
8. Treatment of sexually transmitted diseases;
9. Gender dysphoria, gender re-assignment or gender confirmation, including treatment, psychotherapy or similar services which arise from or is directly or indirectly made necessary by a gender dysphoria, gender re-assignment or gender confirmation;
10. Medical services which arises in any way from Human Immunodeficiency Virus (HIV) infection and Acquired Immune Deficiency Syndrome (AIDS) unless specified in HIV/AIDS treatment benefit of the policy contract;
11. Treatment of obesity, the removal of fat or surplus tissue from any part of the body whether or not it is needed for medical or psychological reasons;
12. The charges relating to acquiring the organs for transplant surgery, any related administration costs, transport costs, cost of finding a donor and other donor expenses or if the insured choosing to donate his tissue or organ as a live donor;
13. Medical services which arise from or is directly or indirectly caused by a deliberately self-inflicted injury or an attempt at suicide;
14. Medical services which arise from or is in any way connected with alcohol abuse or drug or substance abuse, the consumption of alcohol, drugs or solvents impairing the insured's physical ability or judgment and results in the insured putting himself at needless risk;
15. Treatment to correct long or short-sightedness or astigmatism;
16. Treatment directed towards developmental delay whether physical or psychological or learning difficulties;
17. Preventive (i.e.: prophylactic) treatment;
18. Vaccinations and routine or preventative medical examinations, including routine follow-up consultations, unless allowed for by the benefit schedule of the policy and accepted by us in writing;
19. The costs of providing or fitting any orthosis, appliance or durable medical equipment unless otherwise agreed by the Company;
20. Over-the-counter, non-prescription drugs, items which can be purchased at a local pharmacy such as but not limited to drugs to prevent allergies, tobacco dependency patches, toiletries, sunscreens, cosmetic drugs/products even if ordered for non-cosmetic purposes, vitamins, organic substances, health or dietary/nutritional supplements, infant formula, medical alcohol, cotton wool, dental hygiene products, toothpastes, mouthwash, lotions, moisturizers, creams, cleansers, shower gels, shampoos, soaps, proprietary headache and cold cures, nasal spray, artificial tear drops, suppositories, medical supplies – support garments, etc. These shall be excluded even if prescribed by the registered medical practitioner unless specified in hospital charges benefit of the policy contract. We do not pay for telephone charges;

Important information (cont'd)

21. Orthodontics, periodontics, endodontics, preventative dentistry and general dental care including fillings, no matter who gives the treatment unless provided for by the policy and agreed, in writing, by us;
22. Claims in respect of medical services received outside the area of cover except as allowed for by the outside area of cover benefit of the policy contract or if the insured travelled against medical advice even inside the area of cover;
23. Treatment of injuries sustained from playing professional sports (including as a result of training) or from 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, hot air balloon, paragliding or microlighting, parachuting, potholing, skiing off piste or any other winter sports activity carried out off piste;
24. Any treatment specifically excluded by the terms shown on an endorsement or any documents forming part of the policy;
25. Any charges which are incurred for social or domestic reasons or for reasons which are not directly connected with treatment;
26. Any charges from health hydros, spas, nature cure clinics (or practitioners) or any similar place, even if it is registered as a hospital;
27. Any claim or part of a claim in respect of which you have to pay a deductible or co-insurance. In this case we will only pay the balance of the claim after we have deducted the deductible or co-insurance amount;
28. Any charges made by registered medical practitioner, hospital, laboratory or any such medical services which are not reasonable and customary charges;
29. Any charges for medical services related to and/or the correction of manifested congenital conditions or non-manifested congenital conditions and/or deformities which have manifested or been diagnosed before the insured attained the age of 8 unless specifically indicated in the benefit schedule of the benefit level of the policy;
30. Any charges for items not listed in the benefit schedule applicable to the policy;
31. Charges incurred during a period for which the premium has not been paid;
32. Genetic screening tests and counselling for the purposes of, inter alia, checking whether:
    (a) the insured has a medical condition when there are no symptoms;
    (b) the insured has a genetic risk of developing a medical condition in the future;
    (c) there is a genetic risk of the insured passing on a medical condition; or
    (d) that such genetic tests themselves are not conventional treatment or where they are used to direct treatment that is not established as being effective or is unproven.
33. Treatment required as result of engaging in criminal activities;
34. Treatment for all types of sleep disorders including for insomnia, snoring;
35. Cryopreservation or harvesting or storage of stem cells as a preventative measure against possible future disease, illness or injury;
36. Implantation or re-implantation of living cells or living tissue, whether autologous or provided by a donor unless this has been agreed by us in writing before the start of the treatment. Some examples of such treatment we may cover are organ transplantation, skin grafts, bone grafts, blood transfusions provided it was not due to a pre-existing condition or related to a pre-existing condition (unless covered in accordance with the "pre-existing condition" provision of the policy contract);
37. Any claims arising where the insured is 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;
38. Any loss, damage, liability or claims arising from or in connection with acts or omission of any third-party service providers, including without limitation those providing second medical opinion services and international emergency medical assistance and all other services available to you or the insured under the policy.

Important information (cont'd)

Special terms apply in the following cases:

1. The following tests, investigations, treatments, items, conditions, activities and their related or consequential expenses are excluded from the policy and the Company shall not be liable for:
   (a) cosmetic (aesthetic) surgery or treatment;
   (b) any treatment which relates to or is needed because of previous cosmetic (aesthetic) surgery or treatment. However we will pay for initial treatment plan for reconstructive surgery if:
      i. it is carried out to restore function after an accident or following surgery for a medical condition, provided that the insured has been continuously covered under the policy since before the accident or surgery happened; and
      ii. it is done at a medically appropriate stage after the accident or surgery; and
      iii. we agree the cost of the treatment in writing before it is done;
   (c) any dental procedure unless provided for by the policy. However, under **Prestige** and **Comprehensive** benefit levels, we will pay for some surgical procedures which need to be carried out by an oral and maxillofacial surgeon;
   (d) hormone replacement therapy, except when it is medically indicated (rather than for the relief of physiological symptoms), when we will pay for the consultations and for the cost of the implants or patches (but not tablets). We will only pay benefits for a maximum of 18 months from the date of the first consultation;
   (e) treatment which, in our opinion, has not been established as being effective or is experimental or is in trial stage unless (i) such treatment is recognised as appropriate by a local public authority and we have agreed, before such treatment begins, in writing with the attending registered medical practitioner, what the fees will be; or (ii) specified in "experimental drugs benefit" provision of the policy contract.
2. We will not pay for any medical services if they are rendered as a result of nuclear contamination, biological contamination or chemical contamination, or as a result of the insured's participation in war (whether declared or not), terrorist act, 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. This includes any treatment needed as a result of the insured exposing himself to needless peril, such as going to a place of unrest as an active onlooker or a spectator.

For details and the latest list of exclusions, please refer to the policy contract.

Levy on insurance premium (Only applicable to policies issued in Hong Kong)

Levy collected by the Insurance Authority through the Company will be imposed on the policy at the applicable rate. Policy holders must pay the levy in order to avoid any legal consequences.

Rights of third parties

Applicable to policies issued in Hong Kong

The policy is excluded from the application of the Contracts (Rights of Third Parties) Ordinance (Cap 623 of the Laws of Hong Kong) ("TP Ordinance"). Any person or entity which is not a party to the policy shall have no rights under the TP Ordinance to enforce any terms of the policy.

Applicable to policies issued in Macau

Any person or entity which is not a party to the policy shall have no rights to enforce any terms of the policy.

Remarks

1. There are 3 geographical areas of cover including Asia, Worldwide excluding USA or Worldwide. AXA defines "Asia", "Worldwide excluding USA" and "Worldwide" as follows:
   - "Asia": Australia, Bangladesh, Bhutan, Brunei, mainland China, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Malaysia, Maldives, Mongolia, Nepal, New Zealand, Philippines, Singapore, South Korea, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan, Vietnam
   - "Worldwide excluding USA": worldwide excluding the USA
   - "Worldwide": worldwide
2. The benefit details of **Prestige**, **Comprehensive**, **Standard** and **Essential** benefit levels are listed in the benefit schedule of this product brochure. This is not a contract of insurance. Further details of the terms, conditions, exclusions and limitations are provided in the policy contract.
3. When applying for the policy, we 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. The 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 enrolment. Policy application is also subject to the terms and conditions and availability of **GlobalReach** at the time of application.
4. Subject to all the terms and conditions of the policy contract, you have a guaranteed right to renew the policy by advance payment of the appropriate annual premium on each policy anniversary. If the insured changes the principal country of residence to outside the area of cover, the policy may not be renewed at the next policy anniversary. We reserve our right to terminate the policy if the change will expose us to the risk of breach of any applicable laws or regulations or economic sanctions.
5. Pre-existing condition means a medical condition which during the 5 years preceding the policy date:
   (a) has been diagnosed or;
   (b) for which the insured has received medication, advice or treatment; or
   (c) which the insured reasonably has known about based on AXA's appointed medical doctor's opinion; or
   (d) for which the insured has experienced symptoms even if the insured has not consulted a registered medical practitioner.
6. The payable amount for both the pre-existing conditions benefit and the manifested congenital conditions benefit share the same aggregate annual limit, thus any claims paid under one of these benefits will reduce the remaining benefit available for both.
7. Congenital conditions include manifested congenital conditions and non-manifested congenital conditions. Manifested congenital conditions benefit is available only for the **Prestige** and **Comprehensive** benefit levels, while non-manifested congenital conditions benefit is available for **Prestige**, **Comprehensive**, **Standard** and **Essential** benefit levels.

   Manifested congenital conditions benefit and non-manifested congenital conditions benefit are only available after the insured has been continuously covered under the applicable benefit level for 270 days from the policy date and has duly paid the annual premium.

   The following exclusions still apply in any event:
   (a) exclusion regarding "treatment begun, or for which the need had arisen, during the first 90 days after birth for any child conceived by artificial means or any form of assisted conception including artificial insemination" as stated in the policy contract; and
   (b) exclusion regarding "cosmetic (aesthetic) surgery or treatment" as stated in the policy contract.
8. Provision of the services is subject to the policy contract. AXA reserves the right to amend such terms and conditions thereof from time to time without prior notice.
9. Service is provided by third-party service provider(s). AXA and the third party service provider(s) reserve the right to amend the terms and conditions from time to time without prior notice. AXA shall not be responsible for any services so provided or any act or failure to act on the part of the third-party service provider(s).

10. If the remaining deductible of the preceding policy year has been reduced to zero, the deductible (if any and if applicable) of the current policy year for such medical condition shall be reduced to zero:
    (i) for In-patient and Daycare Treatment Benefits, up to the date on which the insured is discharged from the hospital or the 30th day immediately after the policy anniversary of the current policy year, whichever is earlier;
    (ii) for post-hospitalisation benefit(s) payable under Out-patient Treatment Benefits, up to the 90th day immediately after the policy anniversary of the current policy year.

    Waiver of Deductible for Confinement across Policy Years is not applicable to policy with zero deductible option.
11. "Age 100" refers to the policy anniversary on or immediately following the insured's 100th birthday, whichever is earlier.
12. The costs should be agreed and pre-authorised, in writing, by us before the rehabilitation begins.
    We will extend in-patient rehabilitation to a maximum of 180 days per policy year for eligible in-patient rehabilitation necessitated by severe central nervous system damage caused by an external trauma.
13. Private nurse benefit will be subject to the limit(s) shown in the benefit schedule for the benefit level of the policy if the private nursing services arrangement is not made by us.
14. We shall have the right to ask for proof of recommendation e.g. written referral or testifying statement on the claim form by the attending registered medical practitioner.
15. Any cost other than the charge for an extra bed of 1 companion is not covered.
16. We shall pay in full for specific items. For other items, medical implants benefit will be subject to the limit(s) shown in the benefit schedule for the applicable benefit level of the policy. Please refer to the policy contract for details on covered items.
17. The eligible expenses so incurred for pre-hospitalisation out-patient consultation and post-hospitalisation out-patient consultation shall first be payable, and general practitioner and specialist consultation charges benefit shall be payable only if:
    (a) the limit as stated in the benefit schedule of the benefit level of the policy is exhausted; or
    (b) the pre-hospitalisation consultation related to an in-patient treatment or daycare treatment occurs more than 90 days prior to an in-patient treatment or daycare treatment; or
    (c) the post-hospitalisation consultation or treatment related to an in-patient treatment or daycare treatment occurs more than 90 days after the date of discharge from hospital for which the insured was confined as an in-patient or the date of daycare treatment.
18. Annual deductible and pre-existing condition limitation do not apply to health screen and child development assessment benefit.
19. Please refer to the policy contract for details on covered surgeries and exclusions.
20. We will only pay for eligible expenses incurred after the insured has been continuously covered under the same benefit level for 12 consecutive months and the annual renewal of that benefit level for the coming policy year has been effected. The pre- and post-natal complications benefit shall not be payable if:
    (a) the delivery of birth is through non medically necessary caesarean birth, and/or
    (b) the conception of the child is conceived by artificial means or any form of assisted conception, fertility treatment by either parent or pregnancy via a surrogate.
21. Pre- and post-natal complications benefit and pregnancy and delivery benefit are only available to the insured who is a mother and is over the age of 18.
22. Newborn accommodation benefit is only available to the insured who is a mother and we will reimburse the eligible expenses actually incurred for the hospital accommodation of the insured's new born child who is less than 16 weeks old if he/she is required to stay in the hospital while the insured is confined in such hospital.

23. A referral letter is valid for the same or related medical condition for 180 days from the date it is issued. Another referral letter is required for treatment of a new or unrelated medical condition.
24. Experimental drugs benefit is applicable if the insured is diagnosed with designated Cancer and if experimental drug has been prescribed for the active cancer treatment or palliative care and treatment of such designated Cancer, provided that:
    (a) such treatment must be assessed and pre-authorised in writing; and
    (b) a medical certificate issued by a specialist must be provided to the Company to certify that the experimental drug is prescribed by and is deemed by the specialist to be an appropriate or recommended active Cancer treatment or palliative care and treatment of the designated Cancer of the insured.

    For any reasonable and customary charges incurred outside of Hong Kong, Macau and mainland China which are payable under this benefit, the amount payable under this benefit shall be reduced to 60% of the reasonable and customary charges incurred, subject to the respective limit(s) and the "benefit adjustment" provision of the policy contract.
25. For the details and definitions of the designated major incidents, please refer to the policy contract for details. The Waiver of Deductible for Major Incidents is not applicable to pre-existing conditions benefit and manifested congenital conditions benefit.
26. The list of network hospitals is subject to change from time to time at AXA's sole discretion without prior notice.
27. The benefit period of the policy is up to age 100 (age at last birthday) of the insured, subject to termination as stated in important information section of this product brochure.

Notes:

- Unless otherwise specified, all ages mentioned in this product brochure refer to the age of the insured on his or her last birthday.

How can I enquire about claims?

Before the insured receives a medical service, you may contact us by the following ways and request for an estimate of the amount that may be claimed under your policy contract or to enquire about the eligibility of claims and reimbursement limits from us. We will provide a response within 2 working days. Our estimate is for reference only, and the actual amount claimable by you shall be subject to our claim assessment and the final expenses charged by medical specialists or hospitals.

	Applicable to policies issued in Hong Kong	**Applicable to policies issued in Macau**
24-hour Customer Service	(852) 2863 5708	0800184 (calling within Macau only) Scan the QR code to access an online call
Email	axa.ge@axa.com.hk	

How do I make a claim?

We need the designated form with due proof from you within 90 days of the treatment being given. No worry, simply call your financial consultant or contact us by the following ways to submit your claim. We will help you process your claim as quickly as possible.

	Applicable to policies issued in Hong Kong	**Applicable to policies issued in Macau**
24-hour Customer Service	(852) 2863 5708	0800184 (calling within Macau only) Scan the QR code to access an online call
App / Portal	Login to **Emma by AXA** to submit your claim	

GlobalReach Medical Insurance 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 relevant policy contract. AXA reserves the final right to approve any application. This product brochure contains general information only and does not constitute any contract between any parties and AXA. It is not a policy. For detailed terms, conditions and exclusions of the plan, please refer to the relevant policy contract, which will be made available by the Company upon request.

ABOUT AXA HONG KONG AND MACAU

AXA Hong Kong and Macau is a member of the AXA Group, a leading global insurer with presence in 51 markets and serving 94 million customers worldwide. Our purpose is to act for human progress by protecting what matters.

As one of the most diversified insurers in Hong Kong, we offer integrated solutions across Life, Health and General Insurance. We are the largest General Insurance provider and a major Health and Employee Benefits provider. Our aim is to not only be the insurer to provide comprehensive protection to our customers, but also a holistic partner to the individuals, businesses and community we serve. At the core of our service commitment is continuous product & service innovation and customer experience enrichment, which is achieved through actively listening to our customers' needs and leveraging and investing in technology and digital transformation.

We embrace our responsibility to be a driving force against climate change and a force for good to create shared value for our community. We are proud to be the first to address the importance of mental health through different products and services and thought leading iconic research. Our overall Sustainability Strategy, with emphasis on climate strategy and biodiversity commitment, is developed based on TCFD recommendations. We are committed to integrating environmental, social and governance factors across our business and strive to contribute to a sustainable future through 3 distinct roles – as an investor, an insurer and an exemplary company.

GlobalReach Medical Insurance Plan

Product brochure

June 2025

Find out more about GlobalReach

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