

healthcare

employee membership guide a summary of your group medical insurance



offer you and your employees comprehensive
coverage at home and aboard

redefining / insurance



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Important: This is not a contract of insurance. Please refer to the full terms and conditions contained in the policy contract, policy schedule, endorsement(s) held by your Human Resources Department before undergoing any treatment.



This membership guide has been designed to provide you with a clear and concise summary of the main terms, conditions and benefits of your employer's medical insurance scheme with AXA Insurance Pte Ltd ('AXA' or 'our' or 'us' or 'we').

It outlines:

- The purpose of your cover
- What we pay for
- What we do not pay for
- Transferring
- Claims procedure
- Health at Hand
- Concierge Services
- Wellness Assistance

Please note that this membership guide is only intended to be a guide and it is not meant to be a complete representation of your medical insurance cover your employer has with us. The full terms, conditions and benefits of the contract of insurance between your employer and AXA are held with your Human Resources Department and it is that policy contract, (and not this booklet), policy schedule and endorsements which fully defines your cover.

1. The purpose of your cover

This membership guide has been designed to set out the main features and benefits of your coverage under the Group International*Exclusive* which we have with your employer.

Group International*Exclusive* is a health insurance which covers you against the cost of medically necessary eligible treatment resulting from an unexpected illness or accident.

You must take care of your own health and not only rely totally on medical practitioners to do this for you. When something unfortunate does affect your health we will do our best to help you but we must always act within the limits, terms and conditions of your plan under the Group International*Exclusive* that we have with your employer.

At AXA, we are always aware that behind every claim there is a person who needs help and assistance.

It is the role of our AXA Health Customer Care Centre to assist you, wherever possible, within the limits, terms and conditions of your plan. You will find the number of our AXA Health Customer Care Centre on the reverse of your membership card. For your own protection, calls may be recorded in case of subsequent query or for training purposes.

Please keep your membership card in a safe place where you can find it easily. Please have your membership card with you whenever you call our AXA Health Customer Care Centre. The information on your card will help them to deal with your enquiry as quickly as possible.

2. Key Definitions

(The following is some of the definitions found in the policy. For the full list and exact details of the definitions, please check with your Human Resources Department)

You, Your, Yours

Refers to a person who is in direct employment with the employer identified as the policyholder and is actively at work on his/her eligibility date.

We/us/our

Refers to AXA Insurance Pte Ltd, being the insurer issuing your employer's policy.

Employer

Refers to the business or commercial establishment or organisation for whom you work for and is responsible for the collection and payment of premiums under this policy.

Family Member

(Note: coverage for your family member (as defined here) is subject to the availability and limits as agreed by your employer with AXA. Please check with your Human Resources Department if your family member is eligible for coverage under this Group International *Exclusive*. If this coverage is applicable to your family member, where it is indicated as 'you', 'your' or 'member' in this membership agreement, it could also apply to your family member)

Refers to your partner and unmarried children (or those of your partner) living with you when your employer takes out the policy or upon your enrolment or when this policy is renewed. By partner we mean your current spouse or civil partner with whom you live permanently who is aged between eighteen (18) to sixty-five (65) years. For the child, he/she must be aged at least fifteen (15) days old to twenty-one (21) years (inclusive). Child(ren) who are eligible under this policy cannot stay on the policy after the policy anniversary following his/her twenty-first (21) birthday. However, his/her cover may be renewed up to the age of twenty-five (25) years old provided he/she is unmarried and is still a full time student.

In-patient treatment

Refers to eligible in-patient treatment at a hospital where you have to stay in a hospital bed for one or more nights. This excludes all forms of alternative treatment such as but not limited to traditional Chinese medicine and acupuncture.

Day-care treatment

Refers to eligible treatment (excluding out-patient treatment) at a hospital or day-care unit (where a discharge summary is issued by the hospital) and you need a medically supervised recovery but does not occupy a bed overnight. This excludes all forms of alternative treatment such as but not limited to traditional Chinese medicine and acupuncture.

Out-patient treatment

Refers to eligible treatment by a medical practitioner at an out-patient clinic, a medical practitioner's consulting room, or in a hospital where you are not admitted to a bed. For avoidance of doubt, this excludes all forms of alternative treatment such as but not limited to traditional Chinese medicine and acupuncture.

Policy

Refers to the insurance contract between your employer and us. Its full terms are set out in the current versions of the following documents as sent to your employer from time to time:

- any application form we ask you or your employer to fill in,
- these terms and the benefits table setting out the cover under your plan in your policy schedule,
- policy schedule,
- endorsements,
- membership listing.

Plan

Refers to any AXA Group International *Exclusive* plan.

3. What we pay for

This policy insures you against the cost of medically necessary and eligible treatment carried out by a medical practitioner. We will only pay:

- (a) for charges actually incurred for items listed in the policy schedule and subject to the limits shown there;
- (b) charges by the medical practitioner, laboratory or other such medical services which are reasonable and customary. We may delay paying the claim until we are satisfied that the charges are appropriate. If the charges made by the medical practitioner are higher than is reasonable and customary, we will only pay the amount which is reasonable and customary and you will have to pay the rest;
- (c) provided the costs are not for something excluded by the terms of this policy;
- (d) for costs incurred during a period for which the premium has been paid.

4. International Emergency Medical Assistance ('IEMA')

1. This is one of the benefits of your plan, which is provided by an international assistance company who acts for us.
2. The terms and definitions in your plan also apply to the service, and any limitation of cover for the service shown in your policy schedule will apply. For this section only, we have used more words and phrases with special meanings. These are:
 - (a) appointed doctor: a medical practitioner chosen by us to advise us on your medical condition and/or need for the service and/or the suitability and adequacy of the medical facilities in the country where you have been admitted to hospital.
 - (b) service: moving you to another hospital which has the necessary medical facilities either in the country where you are taken ill or in another nearby country (evacuation) or bringing you back to your principal country of residence.
 - (c) home country: the country as shown in our records and as stated in your passport.
3. The service is available worldwide to you who is injured or becomes ill suddenly and needs immediate hospital treatment as an in-patient. The service is only available in these circumstances and as follows:
 - (a) if you are admitted to hospital while abroad from your principal country of residence then, if in the opinion of the appointed doctor the medical facilities there are not suitable or adequate, you will be entitled to evacuation or repatriation;
 - (b) if you are admitted to hospital while in your principal country of residence then, if in the opinion of the appointed doctor the medical facilities in the principal country of residence are not suitable or adequate, you will be evacuated to the nearest place where appropriate treatment is available;
 - (c) following evacuation, in accordance with (3.a.) or (3.b.) above, you shall be entitled to be returned, by regular scheduled airline unless we agree that another means of transport is necessary, to your principal country of residence;
 - (d) if you have obtained pre-authorization of all eligible costs to be incurred.

Please note: You are not entitled to be repatriated to your home country when admitted to hospital in your principal country of residence. Evacuation will always be to the nearest place where the necessary facilities are available. It follows that you may be evacuated to the home country but only if we conclude that, on the basis of the medical facts, this is the nearest appropriate destination.

4. Benefits for any treatment received by you following repatriation or evacuation will be paid as set out in terms and conditions of your plan.
5. All the arrangements must be made by us. You may be transported by air ambulance, by a regular airline or by any other method of transport we consider appropriate. We will decide on the method of transport and the date and time.

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6. (a) In all cases where you are below the age of eighteen (18) years, another person, who must be eighteen (18) years or over, may accompany you while you are being moved. We will pay the reasonable and customary costs of this, including any additional reasonable and customary charges of accommodation costs (up to ten (10) nights for a standard class single room), when approved by us.
- (b) In all other cases where, in the opinion of the appointed doctor, it is medically necessary, another person, who must be aged eighteen (18) years or over, may accompany you while you are being evacuated. We will pay the cost of return travel by regular scheduled airline to the principal country of residence (but not home country) and reasonable and customary charges of accommodation costs (up to ten (10) nights for a standard class single room) for one accompanying person. The accompanying person must be one of the family members included within this policy or alternatively, your uninsured partner, brother, sister, parent or adult child (in which case return will be to your principal country of residence).
7. If you die abroad, we will pay the cost of taking the body / ashes back to the principal country of residence or home country.

For avoidance of doubt, we will not pay for any IEMA benefit if you have not obtained preauthorisation from us.

8. You are not entitled to the service if the need for such services arises from the following situations:
- (a) any medical condition which does not need immediate in-patient treatment or which does not prevent you from continuing to travel or to work.
 - (b) any costs incurred which arise from, or are directly or indirectly caused by, a deliberately selfinflicted injury, suicide or an attempt at suicide.
 - (c) any costs incurred which arise from or are in any way connected with alcohol abuse, drug abuse or substance abuse.
 - (d) any costs incurred as a result of engaging in or training for any sport for which you receive a salary or monetary reimbursement, including grants or sponsorship (unless you receive travel costs only).
 - (e) your participation in base jumping, cliff diving, flying in an unlicensed aircraft or as a learner, martial arts, diving to a depth of more than ten (10) metres, trekking to a height of over two thousand and five hundred (2,500) metres, hot air ballooning, free climbing, mountaineering with or without ropes, bungee jumping, canyoning, hang gliding, paragliding or microlighting, parachuting, potholing, skiing off piste or any other winter sports carried out off piste.
 - (f) if you need to be moved from a ship, oil-rig platform or similar off-shore location.
 - (g) treatment costs other than the necessary treatment administered by the international assistance company appointed by us while they are moving you.
 - (h) if we have not been notified about the accident or illness for which the service is needed within thirty (30) days of it happening.

- (i) at the time of travel you are travelling to a country or area that the Foreign and Commonwealth Office lists as a place which, for any reason, it advises against.
9. (a) We will not be liable for any failure to provide the service or for any delays in providing it unless the failure or delay is caused by our negligence.
- (b) We will not be liable for failure or delay in providing the service:
- (i) by law, the service cannot be provided in the country in which it is needed; or
- (ii) the failure or delay is caused by any reason beyond our control including but not limited to strikes, flight conditions and/or visa restrictions.
- (c) We are not liable for injury or death caused to you while you are being moved unless it is caused by our negligence.
10. Benefits for any treatment received by you following repatriation or evacuation will be paid as set out in terms and conditions of your plan.
11. Any unused portion of your travel ticket, and that of any accompanying person, will immediately become our property and must be given to us.

How the service works:

When you are away from your principal country of residence

- In the event of you suffering sudden illness or injury while away from your principal country of residence and requiring immediate in-patient treatment, you should contact our AXA Health Customer Care Centre.
- Our AXA Health Customer Care Centre will assess the situation and advise if your evacuation is appropriate.
- If our AXA Health Customer Care Centre advises that your evacuation is appropriate, they will make arrangements to get you to the nearest place where appropriate in-patient treatment is available and where you will be treated in accordance with the benefits of your plan.
- If you are under eighteen (18) years of age, or in other cases where our AXA Health Customer Care Centre considers that your medical condition makes it necessary, another person over the age of eighteen (18) years may accompany you while you are being moved.

When you are in your principal country of residence

- In the event of you requiring in-patient treatment which is not available within your principal country of residence, you should contact our AXA Health Customer Care Centre.
- Our AXA Health Customer Care Centre will assess the situation and decide if it is necessary to evacuate you to another hospital where the necessary in-patient treatment is available.
- If our AXA Health Customer Care Centre considers it is necessary to evacuate you, it will make all the arrangements to get you to a suitable place for the treatment to take place. This may be in another country.

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- Once evacuated you will be treated in accordance with the benefits of your plan.
- If you are under eighteen (18) years of age, or in other cases where our AXA Health Customer Care Centre considers that your family member's medical condition makes it necessary, another person over the age of eighteen (18) years may accompany you while you are being moved.

If you should die while away from your principal country of residence. Your family should contact our AXA Health Customer Care Centre who will:

- (a) arrange for the body or ashes of the deceased to be taken back to the principal country of residence, or home country; or
- (b) assess and approve the costs for local burial / cremation at the place of death in accordance with reasonable and customary practice.

Important

All cases must be assessed by our AXA Health Customer Care Centre, to be deemed necessary for evacuation and/or repatriation, and all arrangements must be made by our AXA Health Customer Care Centre in order to ensure that related costs are covered by the service.

If you make your own arrangements, such costs will not be covered. Entitlement to the service does not mean that your treatment following evacuation or repatriation will be eligible for benefit. Any such treatment will be subject to the terms and conditions of your plan.

5. Health at Hand

Through our telephone health information service, Health at Hand, you have access to a qualified and experienced team of healthcare professionals 24 hours a day, 365 days a year.

Whether you are calling because you have late night worries about a child's health, or you have some questions that you forgot to ask your medical practitioner, it's likely that Health at Hand will be able to provide you with the help you need.

A team of nurses, pharmacists, counsellors and midwives is on hand to give you the benefit of their expertise. They can answer your questions and provide information on specific illnesses, treatments and medications as well as details of local and national organizations. They can also send you free fact sheets and leaflets on a wide range of medical issues, conditions and treatments, and will happily discuss any further questions you may have.

Please note:

Health at Hand does not diagnose or prescribe and is not designed to take the place of your medical practitioner. However, it can provide you with valuable information to help put your mind at rest.

As Health at Hand is a confidential service, any information discussed is not shared with our AXA Health Customer Care Centre.

If you wish to obtain pre-authorization for a treatment, enquire about a claim or have a membership query, our AXA Health Customer Care Centre will be happy to help you.

Please note that we will not be liable for any damage or losses you may suffer or incur as a result of your usage of such services.

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6. Concierge Services

You have access to 24-hours global concierge service which is a dedicated phone number staffed by a professional and experienced Concierge Team. The service is provided by an international assistance company who acts for us. Please note that we will not be liable for any damage or losses you may suffer or incur as a result of your usage of such services.

The following services shall be made available to you on a worldwide basis, unless specified otherwise:

Destination information

Upon your request, prior to travelling to a foreign country, Concierge Team can provide the following information about the destination city/country. You can choose to receive this information either immediately over the phone (basic information), or by mail, fax or e-mail within 24 hours.

Basic information

- **Passport and Visa information:** documents or visas required for entering into and departing from foreign destinations and where to obtain them.
- **Health Hazards Advisory:** up to date travel advice concerning health and other hazards in foreign destinations that you wish to visit.
- **Inoculation requirements:** necessary and recommended inoculations prior to entering a foreign destination.
- **Currency Exchange:** most recent daily currency exchange rate for a specified country that you plan to visit.
- **Weather Information:** up to date weather conditions for the chosen destination (national or international).

Enhanced information

- **Customs Regulations:** information about restricted products and allowances for alcohol and tobacco.
- **Consulate, Embassy and Tourist Bureau Locations:** addresses and telephone numbers of Consulates, Embassies and Tourist Bureau needed by you during or before a trip.
- **Tourist Attractions:** information about museums, theatres, monuments and other major places of interest (addresses, telephone numbers if available and hours of operations).
- **Protocol and Etiquette:** business hours and public holidays and other basic etiquette and protocol information (based on specific request from you).

Flower and gift assistance

Concierge Team can make necessary arrangements to locate flowers and gifts, subject to availability, and have them delivered to the address given by you. Payment of the item(s) will be made directly by you to the provider of the item, who will have sole responsibility for conformity and post-sale service.

Wine and dine

Concierge Team can assist in the booking of a restaurant of your choice using your credit card and shall inform you of the cancellation policy of such restaurant. The Concierge Team shall use its best efforts to obtain the requested reservation but shall bear no responsibility in the event the reservation cannot be completed for reasons beyond its control. You shall be solely responsible for any subsequent cancellation and changes and will bear the applicable cost or charges arising from such reservations or cancellations.

Information and referrals to local city events and attractions

Concierge Team can provide information on events and local attractions such as concerts, theatre and sporting events. You will be responsible for all applicable charges including cancellation fees.

Entertainment arrangements

The Concierge Team can assist with booking tickets for opera, ballet, theatre, concerts, sporting events, museums, restaurant reservations and pre-paid dining arrangements. Concierge Team shall use its best efforts to obtain the requested reservation but will bear no responsibility in the event the reservation cannot be completed for reasons beyond its control. You will be solely responsible for any cancellation and changes and will bear the applicable cost or charges, if any, arising from such reservations or cancellations.

Golf assistance

You can obtain information about golf courses: location, address, telephone number, par, tee times, green fees and other common information. If the golf course allows non-member's access, Concierge Team shall, upon your request and subject to availability, reserve a tee time on your behalf. You will be solely responsible for any cancellation and changes and will bear the applicable cost or charges, if any, arising from such reservations or cancellations

General arrangements

Concierge Team can assist you in making the following arrangements:

- Luxury car rentals and limousine rentals
- Hotel information & reservations
- Air tickets information and arrangements

You will be solely responsible for any cancellation and changes and will bear the applicable cost or charges, if any, arising from such reservations or cancellations.

Courier service

You can get a referral to the nearest local and/or international courier service that can assist you in shipping documents or packages. You will be solely responsible for any cancellation and changes and will bear the applicable cost or charges, if any, arising from such reservations or cancellations.

Business assistance (major cities only)

Concierge Team can provide information and make arrangements for rental of the following facilities subject to availability:

- Conference room
- Cellular phones
- Laptop, computer and compatible modem
- Temporary staff service
- Interpreter service

You will be solely responsible for any cancellation and changes and will bear the applicable cost or charges, if any, arising from such reservations or cancellations.

Shopping assistance (major cities only)

Concierge Team can make the necessary arrangements to locate the specific item(s), subject to availability, and have it delivered to the address given by you. Payment of the item(s) shall be made directly by you to the provider of the item, who shall have sole responsibility for conformity and post-sale service. You will be solely responsible for any cancellation and changes and will bear the applicable cost or charges, if any, arising from such reservations or cancellations.

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Beauty essentials (excluding Malaysia and Indonesia)

Concierge Team can provide referral to the nearest local and/or international beauty care services (Body care and massage, nail care, hair care and skin care). If required, the Concierge Team can make appointment arrangements, based on availability on your behalf. You will be solely responsible for any cancellation and changes and will bear the applicable cost or charges, if any, arising from such reservations or cancellations.

Aromatherapy / physiotherapy and home massage (excluding Malaysia and Indonesia)

You can obtain information and/or make arrangement for therapy/massage by qualified personnel by way if home visits to provide a 'spa at home' service for your holistic well-being. You will be solely responsible for any cancellation and changes and will bear the applicable cost or charges, if any, arising from such reservations or cancellations.

Home delivery services (major cities only)

Concierge Team can provide information and/or arrangements to collect/purchase the specified items (only non-perishable groceries or toiletries), subject to availability, and deliver to the address given by you. You will be solely responsible for any cancellation and changes and will bear the applicable cost or charges, if any, arising from such reservations or cancellations.

Home cleaning referral (major cities only)

Concierge Team can provide information and/or make arrangements for carpet cleaning, sofa cleaning, window cleaning, wall or floor tiles cleaning for the home. You will be solely responsible for any cancellation and changes and will bear the applicable cost or charges, if any, arising from such reservations or cancellations.

Laundry services (major cities only)

Concierge Team can provide information and/or make arrangements for laundry service providers who are able to provide a "pick-up/ drop-off" services from/to your home. You will be solely responsible for any cancellation and changes and will bear the applicable cost or charges, if any, arising from such reservations or cancellations.

Pet care (Singapore only)

Upon your request, Concierge Team can make necessary arrangements for the services as follows:

- Pet Grooming: Collecting and returning pet from/to address given by you and the pet-grooming centre.
- Delivery: delivery of pet food and other related pet article to address given by you, subject to availability of the item & minimum purchase amount as stipulated by the provider.
- Pet Sitting: dispatch of pet sitter to address given by you to provide daily care when you are unable to attend to your pet(s) by:
 - feedings and walking the dog(s)
 - Only walking the dog(s)
- Pet Transportation: pet taxi can be arranged for visit to the veterinary.
- Pet Lodging: pet accommodation can be arranged when you are not in Singapore.
- Arrangements for pet grooming, pet sitting and pet transportation require a minimum of three (3) working days' advance notice. The time requested to do delivery, collection and returning of pets shall have to be agreed by the pet-grooming centre.

You will be solely responsible for any cancellation and changes and will bear the applicable cost or charges, if any, arising from such reservations or cancellations

Limit of service

Concierge Team will use its best efforts to obtain the requested products and/or services but will bear no responsibility in the event the requested products or services cannot be arranged or purchased because they are not available at the moment of your request, the products or services

are not available or prohibited in the country or for other reasons beyond the control of the Concierge Team.

- Subject to your consent, Concierge Team shall be authorized to charge to your credit card prior to the delivery of the services. The payment of any purchased and/or collect/delivery item(s)/article(s) will be made directly by you to the provider. You will be solely responsible for all applicable charges and any charges incurred for cancellation and changes, if any.
- For all the aforementioned concierge services, which require arrangements of transportation and appointments, minimum of three (3) working days' advance notice is necessary. You will be required to provide a letter of consent for Concierge Team to give adequate verification for Concierge Team to carry out such services.
- The providers used by Concierge Team for the provision of the services are duly approved and recruited according to strict quality guidelines and have prices that are considered reasonable on the local market. However we cannot guarantee that such prices are the cheapest in the market.
- Concierge Team will always inform you of the total price of the goods or services, including the service fee, if applicable, and shall obtain your approval prior to the actual purchase of the service.
- Concierge service does not cover any charges associated with providing the above mentioned services or cost of purchasing, collecting/ delivering any item/article. These will be the sole responsibility of you. Concierge Team may request necessary guarantees of payment prior to organizing the required services including but not limited to charging your credit card. Concierge Team shall ensure that your credit card details are well protected.

You will be solely responsible for any cancellation and changes and will bear the applicable cost or charges, if any, arising from such reservations or cancellations

Please provide your full name, passport number or policy number to the Concierge Team for them to identify you as our policyholder, followed by the name of the place and the telephone number where the Concierge Team can reach you and a brief description of the nature of help required.

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7. Wellness Assistance

We cover for:

Confidential intake assessment/telephone counseling

This 24/7 service will be provided by our international team of certified mental health clinicians trained in supportive counseling as well as crisis support. This element of the service is unlimited within the policy year and will be delivered in the local language where this policy is issued. You will be initially assessed using established clinical protocols and decisions made as to the most appropriate intervention going forward.

Confidential scheduled/contracted telephone support

If you wish to engage the service, you can schedule a number of 45-50 minute calls with the same clinician at your convenience.

Up to five (5) sessions of face to face counseling and psychological therapy per member policy year

If you need to see a clinician in person, you will be referred to one of our registered (clinical or counseling) psychologists or licensed counselors. This referral will be made where a short term focus is considered appropriate for the presenting condition.

Legal and financial support (LifeManagement)

You will have access to confidential LifeManagement services. This is our broad work-life support programme provided by teams from diverse backgrounds such as law, consumer advocacy, debt management, childcare, social work and education. You will be solely responsible for all applicable charges.

Please note that we will not be liable for any damage or losses you may suffer or incur as a result of your usage of such services.

8. What we do not pay for

(exclusions and limitations)

8.1 The following tests, investigations, treatments, items, conditions, activities and their related or consequential expenses are excluded from this policy and we shall not be liable for:

- (a) pre-existing condition and/or congenital condition as defined, including any treatment and complication arising from the pre-existing condition and/or congenital condition, and its associated medical conditions unless we had agreed otherwise in writing that there was no need for you to tell us;
- (b) any surgical procedure which is not listed in the schedule of procedures, unless we have agreed, in writing, beforehand;
- (c) pregnancy or childbirth unless this is specifically included in your plan. Caesarean section and any complications thereof is covered under 'Pregnancy and Delivery' benefit and would be subject to the limit shown there if allowed for by your plan;

Please note for clarity: if your plan provides for 'Pre- and post-natal complications' benefit we will pay for treatment of a medical condition which is due to and occurs during the pregnancy. However we will not pay for such treatment if the pregnancy was a result of assisted means or any form of assisted conception/assisted pregnancy or if the child is through surrogacy; Subject to the availability of "Pregnancy and delivery" benefit and the limits shown for your plan, we will pay for expenses associated with pregnancy and delivery when such pregnancy was a result of assisted means or any forms of assisted conception/assisted pregnancy but we will not pay for pre- and post-natal complications beyond that limit.

- (d) treatment begun, or for which the need had arisen, during the first ninety (90) days after birth for any child conceived by artificial means or any form of assisted conception/assisted pregnancy or if the child is born via surrogacy;
- (e) treatment directly related to surrogacy whether you are acting as surrogate, or is the intended parent;
- (f) parenting or other teaching classes such as but not limited to ante-natal classes; all types of classes/courses/programs such as but not limited to cessation of alcohol, smoking, drugs or substance;
- (g) termination of pregnancy or any consequences of it, except where eligible under the 'Pre- and post-natal complications' benefit;
- (h) investigations into and treatment of infertility, contraception, assisted conception/assisted pregnancy, sterilization (or its reversal) or any consequence of any of them or of any treatment for them except for those expenses allowed for by your employer's plan;
- (i) treatment of varicocele or impotence or any consequence of it;
- (j) treatment of sexually transmitted diseases;
- (k) sex change including treatment which arises from or is directly or indirectly made necessary by a sex change;

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- (l) treatment of any medical condition which arises in any way from Human Immunodeficiency Virus (HIV) infection and Acquired Immune Deficiency Syndrome (AIDS) unless allowed for your plan;
- (m) treatment of obesity or any medical condition which arises from, or is related to, obesity in any way including but not limited to the use of gastric banding or stapling, the removal of fat or surplus tissue from any part of the body whether or not it is needed for medical or psychological reasons; weight improvement; supplements or medications for weight loss or weight improvement;
- (n) the costs of collecting donor organs for transplant surgery or any administration costs involved even if such transplants are allowed by the terms of your plan;
- (o) treatment which arises from or is directly or indirectly caused by a self-inflicted injury or an attempt at suicide;
- (p) any costs relating to the treatment of nicotine or smoking dependence, including but not limited to nicotine replacement therapy; or treatment which arises from or is in any way connected with misuse or over dosage or excessive use of alcohol, medicine, any kind of substance;
- (q) any treatment to correct refractive defects of the eyes such as long or short-sightedness or astigmatism unless allowed for by your plan; laser/lasik eye surgery;
- (r) all types of learning disorders, educational problems, behavioural problems, physical development, or psychological development, including assessment or grading of such problems;
- (s) preventive (i.e.: prophylactic) treatment;
- (t) treatment to relieve symptoms commonly associated with any bodily change arising from any physiological or natural cause such as aging, menopause, or puberty and which is not due to any underlying disease, illness or injury;
- (u) investigations into, and treatment of, loss of hair and any hair replacement; all forms of acne;
- (v) vaccinations and routine or preventative medical examinations, including routine follow-up consultations, unless allowed for by your plan stated on your employer's policy schedule;
- (w) the costs of providing or fitting any external prosthesis or orthosis or appliance or medical aids or durable medical equipment unless allowed for by your plan;
- (x) out-patient treatment, drugs or dressings except those defined as prescriptions and where your plan provides the 'Primary and Specialist Care' benefit;
- (y) orthodontics, periodontics, endodontics, preventative dentistry, and general dental care including fillings, no matter who gives the treatment unless allowed for by your plan;
- (z) claims in respect of treatment received outside the area of cover except as allowed for by your 'outside area of cover' benefit; or if you travelled against medical advice even if it is within the area of cover;

- (aa) treatment incurred as a result of engaging in or training for any sport for which you receive a salary or monetary reimbursement, including grants or sponsorship (unless you received travel costs only);
- (bb) your participation in base jumping, cliff diving, flying in an unlicensed aircraft or as a learner, martial arts, diving to a depth of more than ten (10) metres, trekking to a height of over two thousand and five hundred (2,500) metres, hot air ballooning, free climbing, mountaineering with or without ropes, bungee jumping, canyoning, hang gliding, paragliding or microlighting, parachuting, potholing, skiing off piste or any other winter sports carried out off piste;
- (cc) treatment specifically excluded by the terms, including the associated medical conditions, shown on your employer's policy schedule or endorsement or membership listing;
- (dd) any charges for items not listed in your employer's policy schedule applicable to you;
- (ee) any charges which are not medically necessary or are incurred for social or domestic reasons or for reasons which are not directly connected with treatment;
- (ff) any charges for treatment incurred during a period for which the premium due has not been paid;
- (gg) any charges from health hydros, spas, fitness centres or any similar place, even if it is registered as a hospital;
- (hh) any charges from nature cure clinics(or practitioners) or any similar place, even if it is registered as a hospital unless provided for by your plan;
- (ii) any claim or part of a claim in which you have to pay a deductible or co-insurance (where applicable). In this case we will only pay the balance of the claim after we have deducted the excess (or deductible or co-insurance) amount;
- (jj) any charges made by medical practitioner, hospital, laboratory or any such medical services which are not reasonable and customary;
- (kk) any charges for treatment related to and/or the correction of congenital conditions and/or deformities, including their associated medical conditions, whether or not manifest and/or diagnosed or known about at birth unless allowed for by your plan and accepted by us in writing;
- (ll) any administration costs or reports of any kind (unless otherwise advised by us) or any other charges of a non-medical nature in connection with the provision and/or performance of medical supplies and/or services;
- (mm)all bank or credit charges when the claims payment is made in a currency other than the policy currency upon your request, unless accepted by us in writing.
- (nn) costs of treatment rendered and drugs or medicine prescribed by a medical practitioner which is not related to the treatment provided to you;
- (oo) vitamins, supplements or any traditional Chinese medicine whether prescribed or not unless you are eligible for 'alternative treatment' benefit and it is prescribed by an alternative practitioner or medical practitioner who is qualified to do so and subject to the limits and availability of the 'alternative treatment' benefit from your plan;

Important: This is not a contract of insurance. Please refer to the full terms and conditions contained in the policy contract, policy schedule, endorsement(s) held by your Human Resources Department before undergoing any treatment.

- (pp) psychiatric treatment unless allowed for by your plan;
- (qq) cryopreservation, or harvesting or storage of stem cells as a preventative measure against possible future disease/illness/injury;
- (rr) treatment which is not considered medically necessary or which may be considered as elective;
- (ss) in-patient treatment for medical condition which can be properly treated as an out-patient;
- (tt) genetic tests, nor for any counselling made necessary following genetic tests, even when those tests are undertaken to establish whether or not you may be genetically disposed to the development of a medical condition in the future. This is because such tests are carried out for purposes of establishing whether a medical condition might develop and not for the treatment of a medical condition;
- (uu) standard toiletries such as, but not limited to shampoos, soaps, tooth-pastes, contraceptives, proprietary headache and cold cures nor do we pay for telephone calls, mouthwash, lotions, moisturizers, cleansers, shower gels;
- (vv) all types of sleep disorder including snoring, insomnia, obstructive sleep apnoea, sleep study test;
- (ww) ear or body piercing and tattooing or treatment needed as a result of any of these;
- (xx) treatment whilst staying in a hospital for more than ninety (90) continuous days for permanent neurological damage or if you are in a persistent vegetative state. We define persistent vegetative state as condition of profound no responsiveness, with no sign of awareness or consciousness or a functioning mind, even if the person can open their eyes and breathe unaided, and the person does not respond to stimuli such as calling their name, or touching. This state must have remained for at least four (4) weeks with no sign of improvement or there could be no recovery.

8.2 Special terms apply in the following cases:

The following tests, investigations, treatments, items, conditions, activities and their related or consequential expenses are excluded from this policy and we shall not be liable for:

- (a) cosmetic (aesthetic) surgery or treatment;
- (b) any treatment which relates to or is needed because of previous cosmetic treatment or reconstructive surgery;
- (c) special nursing in hospital unless we have agreed in writing beforehand that it is necessary and appropriate;
- (d) treatment which has not been established as being effective or which is experimental. However we will pay if, before the treatment begins, it is established that the treatment is recognized as appropriate by an authoritative medical body and we have agreed in writing, with the medical practitioner, what the fees will be. For established treatment, this means procedures and practices that have undergone appropriate clinical trial and assessment, sufficiently evidenced

in published medical journals for specific purposes to be considered proven safe and effective therapies;

- (e) the use of a drug which has not been established as being effective or which is experimental or within clinical trials. This means they must be licensed by the Health Sciences Authority if you are receiving treatment in Singapore, or European Medicines Agency if you are receiving treatment in Europe, or the US Food and Drug Administration (FDA) if you are receiving treatment anywhere else in the world, and be used within the terms of that license.

- 8.3 We will not pay for any treatment, or for International Emergency Medical Assistance, if they are needed as a result of nuclear contamination, biological contamination or chemical contamination, while engaging in or taking part in war (whether declared or not), act of foreign enemy, illegal or criminal activities, 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 treatment needed as a result of you exposing yourself to needless peril, such as going to a place of unrest as an active onlooker or a spectator.

Please note, for clarity: There is cover for treatment required as a result of a terrorist act providing that terrorist act does not result in nuclear, biological or chemical contamination.

- 8.4 We will not pay benefits for:

- (a) any treatment needed as a result of work related accident or injury where the cost of such treatment is recoverable under a Workman's Compensation policy or similar cover required by the Government Act prevailing in the country where the work related accident or injury took place or elsewhere at the time of injury or accident;
- (b) treatment required as a result of negligence or malpractice of a third party. You must take all reasonable steps to recover the loss from the third party or third party insurer;

We may, at our absolute discretion, consider the claims provided we are able to recover such costs. You must advise us if any claim is work related or resulted from the negligence or malpractice of a third party.

- 8.5 We reserve the right to not pay benefits if we have not received a properly completed claim form and original invoices within ninety (90) days of the treatment being incurred. However please note that failure to submit the documents within such time will not jeopardize the right to claim if any valid reasons are given.

9. Transferring

If you leave your employer's group medical insurance, you may apply to AXA for an individual policy. We will advise you the terms and conditions for the continuation option.

International *Exclusive* is also available from AXA in several other Asian countries and AXA PPP healthcare also offers similar plans both in the UK and elsewhere. Where appropriate, we may be able to transfer you to another AXA plan, with no additional medical underwriting exclusions.

Please contact AXA Health Customer Care Centre for information on availability and terms and conditions.

10. Claims procedure

The following notes deal with some specific aspects and commonly asked questions relating to your cover. Please contact us for advice on any aspect of your policy that you do not understand.

10.1 Before you go for treatment

10.1.1 What to do before receiving in-patient and day-care treatment

- Before receiving any planned in-patient or day-care treatment recommended by your medical practitioner, you or the treating hospital should contact our AXA Health Customer Care Centre to obtain our authorization for such proposed treatment.
- We will confirm, in writing, to you and/or the hospital the extent of the cover for the proposed treatment and the amount we are prepared to pay for it. In the unlikely event that there is any difference between our confirmed level of cover and what is requested by the hospital when you are discharged, you must make arrangements to pay this when you are leaving the hospital.

10.1.2 Pre-authorization

The reason that we recommend pre-authorization of planned treatment is to protect you from unexpected costs. When issuing confirmation of cover in this way, we will confirm the following:

- the planned treatment is eligible under your employer's policy,
- the planned treatment is medically necessary,
- the planned treatment is within reasonable and customary costs,
- the planned treatment cost falls within the remaining benefit limit of your plan

You should seek our written pre-authorization for the following treatment and services:

In-patient and day-care

- all in-patient and day-care admissions
- all non-emergency tests, diagnostics, treatment, surgery and other medical services
- all in-patient maternity services
- all in-patient dental services
- special nursing in hospital and/or any nursing at home after discharge
- hospice and palliative care
- reconstructive surgery
- psychiatric treatment.

Out-patient

- psychiatric treatment
- second opinion for the same medical condition.

Failure to obtain pre-authorization may prevent us from settling all or part of any claim. In the event that we are obliged to pay for any item not covered by our confirmation, we will recover that amount from you. In any event any cost that is not directly related to the eligible treatment will be borne by you.

Important: This is not a contract of insurance. Please refer to the full terms and conditions contained in the policy contract, policy schedule, endorsement(s) held by your Human Resources Department before undergoing any treatment.

10.1.3 In-patient and direct billing

All non-emergency in-patient treatment should be approved by us, in writing, prior to admission to the hospital. You can take advantage of direct billing facilities for eligible in-patient treatment within our international directory of hospitals. You should arrange pre-authorization ideally five (5) working days prior to commencement of the treatment. You must complete the Request for LOG forms. If you do not have the forms, you can download it from our website www.axa.com.sg or call our AXA Health Customer Care Centre. You must make sure it is filled in, signed by yourself and the medical practitioner treating you and sent back to us as quickly as possible, giving us all the information we request.

Once we have confirmed, in writing, that your treatment is eligible, we will notify the hospital and/or you. We will also confirm the amount we will pay for your treatment. Once you are discharged, the hospital will send us the bill for your treatment. If you receive any bills by mistake, please forward them to us as soon as possible. If you do not follow the steps shown and have not obtained our authorization for treatment well in advance of your admission, you may be asked by the hospital to provide a deposit and to pay for your treatment yourself. Please ensure you have paid for services that are not covered by your policy before you leave the hospital (e.g. newspapers, telephone calls, etc.)

10.1.4 Treatment outside network of hospitals

If you are planning treatment outside the direct settlement network of hospitals, we may still be able to settle your bills direct. You should arrange pre-authorization ideally five (5) working days prior to commencement of the treatment for which authorization is required. We will then discuss the matter with the hospital concerned. We cannot guarantee that the hospital you have chosen will accept such arrangement.

We should be advised of any proposed treatment before treatment begins. Failure to allow us to manage your care, wherever it is received, may expose you to additional costs, for which we may not be liable for.

10.1.5 Decisions about your treatment

We do not decide whether the treatment you receive is given on an in-patient, day-care or out-patient basis. This is decided by the attending medical practitioner. We will not usually question this unless, in the opinion of our medical team, it would have been more appropriate for treatment to have been given differently. In the unlikely event of this happening, we will ask for an explanation of why the particular method of treatment was chosen. We recognize that there may have been a valid reason for the choice made by the medical practitioner. Our intention in questioning such matters is to be able to fairly and accurately assess any claim.

In the event of any differences in opinion between our medical team and the attending medical practitioner, our medical team's opinion shall prevail.

10.1.6 Schedule of procedures

In this handbook we refer to a schedule of procedures which is a document that lists the proven surgical procedures for which we pay benefit and classifies them by complexity. Each of the procedures is also given a code number for administrative purposes. There are in excess of 1,000 procedures listed, of which about 250 are commonly performed on a daily basis. This document is written in medical language and it is intended for use by medical practitioners and us to assess the eligibility of proposed treatment and your claim. The schedule is regularly updated to include new, proven, procedures and is retained by us. Please contact our AXA Health Customer Care Centre for more details.

10.1.7 Second opinion

We can ask an independent medical practitioner to advise us about the medical facts relating to a claim or to medically examine you concerned in connection with the claim and provide us with a report. You must co-operate with the independent medical practitioner. This is needed only very rarely and we use this right only where there is uncertainty as to the nature or extent of the medical condition and/or our liability under the policy. In the event of any differences between our medical team and the attending medical practitioner, our medical team's opinion shall prevail.

10.1.8 If you need treatment abroad

If you need treatment abroad, you should call our AXA Health Customer Care Centre.

If your medical practitioner recommends hospitalisation or a major out-patient procedure, you should call our AXA Health Customer Care Centre to confirm that you are entitled to such benefit.

10.1.9 Emergency treatment

If the treatment requires an emergency admission; you may not be able to contact us beforehand. Do however, ask somebody to contact us as soon as possible and make sure that, at the point of your admission to the hospital, the hospital is given your membership card and proof of identity so that it can contact us straight away.

10.2 While you are having treatment

10.2.1 You identifying yourself as an AXA member

In any event, if you are receiving treatment in any of our hospitals within our international directory of hospitals, you must always inform our AXA Health Customer Care Centre to ensure that your eligible treatment enjoys the advantages of our negotiated rates. Failure to do this may expose you to additional costs which you will have to bear.

Please note that we reserve the right to recover from you any ineligible expenses it has incurred on behalf of you under this policy.

10.2.2 Claim forms for reimbursement claims

You can visit our website at <http://www.axa.com.sg> to obtain a claim form if they need one or call our AXA Health Customer Care Centre at the number shown on the reverse of your membership card.

You must take a claim form with you and make sure it is filled in and signed by yourself and the medical practitioner treating you and then send it back to us as quickly as possible, giving us all the information we request.

Only original receipted invoices can be accepted with your claim.

A fully completed claim form will ensure that the claim will be processed promptly. An incomplete or unsigned claim form may delay settlement of the claim and in some cases may lead to the claim form being returned to you for completion.

It may be necessary for us to obtain a medical report from the attending medical practitioner. If the medical practitioner does not respond quickly to such a request the claim may be delayed.

We do not pay for medical reports.

Important: This is not a contract of insurance. Please refer to the full terms and conditions contained in the policy contract, policy schedule, endorsement(s) held by your Human Resources Department before undergoing any treatment.

For treatment where you are seeking our pre-authorization, such authorization must be received from us, in writing, prior to treatment commencing. A copy of that authorization must be included in your subsequent claim.

Please note that, for reimbursement claims, we will only consider claims made within ninety (90) days of treatment being received.

10.2.3 Currency

Your premiums are payable in Singapore Dollars (SGD) or US Dollars (USD) which you must select at time of policy commencement date.

Claim reimbursement will be paid in the same policy currency unless we have previously agreed otherwise in writing. Any exchange costs incurred will be payable by you and will be subtracted from any payment made to you in respect of such a claim.

Claims incurred in any other policy currency will be converted using the spot rates prevailing at the time we assess the claim.

We shall not be liable for any bank charges or credit charges or any foreign exchange loss.

10.2.4 What we expect from you

You must tell us on the claim form if any of the cost can be claimed from anyone else or under another insurance policy or source (such as but not limited to any Workman's Compensation policy). If so, then:

a. if another insurance policy is involved we will only pay our eligible share for the excess of the amount recovered from such other insurance policy; or

b. if benefits are claimed for treatment to you whose medical condition was caused by some other person (the "third party"), we will pay only those benefits you can claim under the policy (unless these are covered by another insurance policy, when we will only pay our proper share of the benefits). However, in paying those benefits, we obtain both through the terms of the policy and by law a right to recover the amount of those benefits from the third party. In this case the following shall apply:

- (i) you must tell us as quickly as possible that the medical condition was caused by, or was the fault of, a third party. We will then send you a form on which you can give us full written details;
- (ii) if you are making a claim, or has not made (or refuses to make) a claim against the third party, you must act in good faith and do all the things we shall require to ensure that monies are recovered from the third party and are repaid to us up to the amount of the benefits we have paid (and any interest). You will be asked to sign a written undertaking to this effect; and
- (iii) if you do not repay to us monies recovered from the third party up to the amount of benefits (and any interest), we shall be entitled to recover the same from you.

10.2.5 Our rights

If you make a claim which is in any way dishonest or fraudulent:

- we will not pay any benefits for that claim; and/or
- if we have already paid benefits for that claim before we discovered the dishonesty or fraud, we shall be entitled to recover those benefits from you; and/or

- we can refuse not to renew your cover; and/or
- we can impose different terms to any cover we are prepared to provide; and/or terminate your coverage including your family members' coverage under the policy.

10.2.6 Specific claims conditions

(a) The payment of any claim does not discharge your obligations on the fulfilment of the terms and conditions under this policy; and

(b) We are not obliged to pay the ongoing costs of continuing, or similar, treatment, even where we have previously paid for this type of or similar treatment, if it is subsequently noted that this claim is not an eligible treatment.

Any questions?

Although we have tried to include as much useful information in this membership guide as possible if you have any questions about your cover then please direct these, in the first instance to your Human Resources Department. Alternatively you may contact AXA Health Customer Care Centre.

11. Important Contact Details

If you have any queries regarding your medical cover, please contact your Human Resources Department in the first instance. You are also welcome to contact AXA Health Customer Care Centre for further details.

AXA Insurance Pte Ltd
8 Shenton Way #24-01
AXA Tower
Singapore 068811

Please contact AXA Health Customer Care Centre : Tel +65 6 3222 555
or email: customer.care.health@axa.com.sg

For International Emergency Medical Assistance, Direct Settlement with Hospitals, Concierge Services, Wellness Assistance, and other policy enquiries.

Please contact Health at Hand : Tel +44 (0) 1737 815 197 or
email: healthathand@axa.com.sg

For information on specific illnesses, treatments and medications as well as details of local and national organizations.

You only pay for the call charge to access the service and the service is entirely confidential.

If calling from the UK and Channel Islands please dial 0800 003 004 – calls are free.

AXA: A World Leader in Financial Protection

AXA Group in 2015

- 98.5 billion Euros in consolidated revenues
- 166,000 employees working to deliver the right solutions and top quality service to our customers
- 103 million customers across the globe in 64 countries have placed their trust in AXA to:
 - Insure their property (vehicles, homes, equipment)
 - Provide health and personal protection coverage for their families or employees
 - Manage their personal or corporate assets
- Interbrand's No. 1 global insurance brand for the 8th year running
- Over 170 years of local experience in Asia

AXA Insurance Pte Ltd in 2015

- Leading General Insurer in Singapore
- Business ranking
 - No. 1 in Work Injury Compensation Insurance
 - No. 2 in Motor, Health, Engineering, Cargo Insurance

motor

property

leisure and travel

healthcare

personal accident

business packages

liability

marine

1800 880 4888 www.axa.com.sg

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AXA Customer Care: #B1-01

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 : www.axa.com.sg

Co. Reg. No.: 199903512M



This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the GIA or SDIC website (www.gia.org.sg or www.sdic.org.sg)