



# Worldwide Plans

First Class Health Plans

For Companies

**Your Health First**

2016



**redefining / standards**

Only for use in Hong Kong Special Administrative Region

[www.aplusii.com](http://www.aplusii.com)

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*Disclaimers:*

*The information provided on the brochure and leaflets is for indication only. For your detailed cover, please refer to the General Conditions and the Benefits Table.*

*These plans are not designed to replace local healthcare coverages as required by law, and applicants remain personally responsible for ensuring compliance with any relevant social security, insurance contract and other applicable legislation in their countries of residence.*



**A+ International Healthcare is about people and excellence. We dedicate ourselves to providing our members with first class healthcare and services. Our comprehensive healthcare plans and lifetime cover assure that you can trust us for life. We put your health first - anywhere, any time.**

**What we do is worldwide**

**- We offer international healthcare plans for globally mobile people.**

**What we do is local**

**- We support our members with network providers and assistance teams in 150 countries.**



A+ International Healthcare is a partnership between leading European medical insurance providers and healthcare investment specialists from Europe and Asia.

Our European and Asian approach allows us to offer comprehensive and worldwide health cover to our customers according to each of their specific needs.

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Years of combined **experience** from A+ International Healthcare and partners

A network of over **10,000 first class** medical providers in **150** countries

**Assisting** you **24** hours a day, **7** days a week, **365** days a year

Our partners combine years of experience in providing international medical insurance. The combined experience and financial strength of A+ International Healthcare and partners presents the best protection for our members' health. Hand in hand, we provide members with the best available guarantees for medical cover.

We share corporate values with our partners:

- A focus on our customers;
- A mutual trust and feedback;
- A high performance culture.

We have selected the most efficient administration procedures to handle policy and claims. Our claim handling processes are second to none.

Moreover, to support our members anywhere, A+ International Healthcare and partners offer international assistance. Together, we provide an international network to assist our members wherever they are. [Find more on page 16.](#)

**redefining** / standards





**When you do not live and work in your home country, you need to feel safe and secure.**

**With our experience and expertise, we understand your concerns. There is nothing more important than your health.**

### **Our service promise**

- Customer service response within 2 working days
- Sales response within 2 working days
- Underwriting completed within 3 working days
- Claims reimbursement processed within 5 working days
- Guarantee of payment issued within 2 working days
- Emergency guarantee of payment issued within **2 hours**

We put our knowledge and our expertise at your disposal. We make it our duty to stand by our members, to help them and to make life easier for them.

A+ International Healthcare plans are specifically designed for companies that are concerned with their protection, looking for a cover that leaves nothing to chance.

Our plans ensure that the health of our members comes first. Through our first class health cover, we support internationally mobile people around the world and around the clock.

When subscribing to an A+ International Healthcare plan, members are provided with much more than just health insurance. All our plans include worldwide, reliable and flexible cover:

#### **Worldwide**

- Worldwide cover with no restriction on most risk areas.
- Free choice of medical providers: hospitals, clinics, doctors and specialists, with a private room in any licensed hospital or clinic.
- 10,000 medical providers available in 150 countries.

#### **Reliable**

- Cover for life, once enrolled, regardless of age or health condition.
- Coverage of chronic conditions and AIDS and AIDS / HIV-related diseases.
- Medical evacuation and repatriation option available. \*

#### **Flexible**

- Various optional coverages available to shape any plan according to each company's needs, including Dental and Optical, Accidental Death and Dismemberment and Loss of Income benefits. [Find more on page 16.](#)
- Numerous plan options, such as currency and deductible, to customise your company plan. [Find more on page 17.](#)

\* This service is provided by AXA Assistance. For terms and conditions of this service, kindly refer to Emergency Evacuation and Repatriation Membership General Conditions.



## Swift reimbursement

Claims are generally reimbursed within 5 working days, with a maximum of 15 days. Members may check the claim process and reimbursement record on their personalised 'My A+ Page'. [Find more on page 21.](#)

## Direct settlement network

We have agreements with a wide range of health care providers and facilities located around the world. Higher expenses may be settled directly with the service providers involved, making life easier for members. [Find more on page 23.](#)



## Localised claim centres

Our claims manager's offices are located in Hong Kong and Paris - conveniently serving members at anytime.



### **Plan design flexibility**

Optional coverage can be easily added to your company plan. Several options, including deductible, area of cover and enrolment methods, are available as well.

### **Lifetime cover**

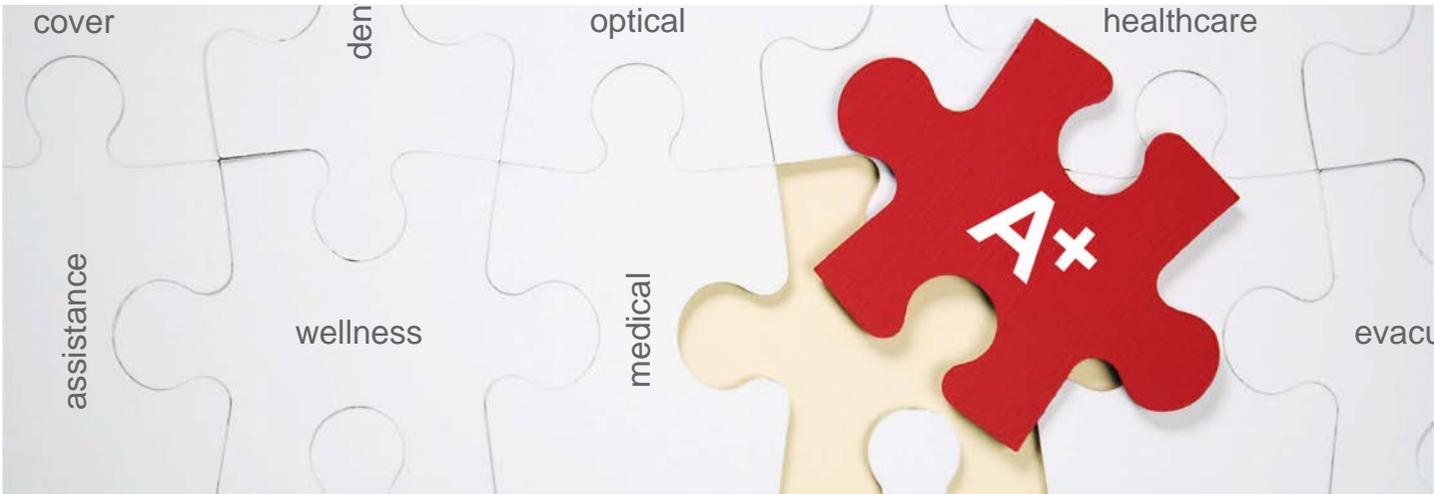
You remain Actively-at-work and your group policy is in force: you are fully covered regardless of age or health condition.



### **Tailor-made plans**

For companies larger in size, we can tailor a plan that best suits specific needs.

**Contact us or your insurance intermediary for more information on this.**



Our experience with employees of multinational groups and companies has shown that some features are particularly important when selecting a health insurance plan. Because **your health comes first**, we have included, in our health plans, major features such as lifetime insurability, worldwide cover, and 100% in- and out-of-hospital coverage. We are committed to providing members with outstanding plans and services.

### The A+ Benefits

Features	Market norms	A+ International Healthcare
Lifetime cover	Not guaranteed	Guaranteed
Chronic conditions	Limited cover	Covered
Traditional Chinese Medicine	Limited or not covered	Covered
Congenital conditions	Limited or excluded	Covered
Complication of pregnancy	Waiting period	No waiting period
Claims reporting	Max 180 days	Up to 2 years
Age limit for group enrolment	Entry age limit or renewal limit 64 years	No entry or renewal age limit
AIDS / HIV	Limited cover	Covered

### Why choose A+ International Healthcare for your company cover?

- No specific age limit set for enrolment into the medical insurance.

Under the basis of compulsory affiliation by the employer of a group of ten or more employees:

- No health declaration will, in principle, be required for the medical insurance plan, meaning an easy and instant approval.
- Waiting periods including maternity are no longer in force.

Find more on page 19.

## Members' A+ Medicaid

Once enrolled into an A+ International Healthcare plan, we send members their own A+ Medicaid which attests that they are covered by A+ International Healthcare. Members should keep this card with them. In case of emergency, present it to medical providers. If in need of assistance, make contact with us or our partners. Details on the back of the Medicaid include your personal assistance number, the emergency contacts and instructions.



## The A+ GOLD PASS Medicaid (Hong Kong & China only)

For members who have chosen Global 100 or Global 100 Plus with nil deductible, we offer a Direct Billing service for outpatient treatments. With our GOLD PASS Medicaid, selected medical providers enable cashless outpatient treatments at designated centres. Members can consult the list of centres on 'My A+ Page'. [Find more on page 21.](#)





You are currently working abroad, or planning to do so in the future. And you are looking for the best health insurance plan.

**We have the best for you.**

You need insurance that is **worldwide, reliable, flexible** and guaranteed to deliver first class coverage and support whenever needed.

Each company has different needs and a different budget depending on age range of employees and industry. We offer a flexible approach to different requirements. Whatever your company needs, you can find the best health cover with our customisable plans.

We propose to your company four health plans. Each plan can be shaped by adding optional covers and choosing from several plan options:

### **Global 100 Plus**

- 100% Inpatient
- 100% Outpatient
- Maternity

### **Global 100**

- 100% Inpatient
- 100% Outpatient

### **Global 80**

- 100% Inpatient
- 80% Outpatient

### **Hospitalisation**

- 100% Inpatient

### **Optional coverage**

- Evacuation and Repatriation \*
- Dental and Optical
- Accidental Death & Dismemberment
- Temporary Incapacity Cover
- Permanent Disability Cover

### **Plan options**

- Currency
  - Deductible
  - Area of cover
  - Moratorium enrolment
- (Find more on page 19)

### **Significant premium reduction**

- Hong Kong residents can choose 'Semi-private room option' under any of the four plans.

### **Cover flexibility**

Bespoke plans which best suit specific needs can be tailored for companies larger in size upon request.

\* This service is provided by AXA Assistance. For terms and conditions of this service, kindly refer to Emergency Evacuation and Repatriation Membership General Conditions.

## 100% Inpatient

### **Hospitalisation**, for your important needs

**Hospitalisation** is our first level of cover for members' essential needs. This plan covers 100% of the costs of inpatient and day-patient care including hospital accommodation, doctors' fees and medical expenses ranging from lab exams, medical imaging to physiotherapy and more. Oncology treatments, organ transplant, HIV / AIDS treatments and palliative care are also covered.

## 100% Inpatient + 80% Outpatient

### **Global 80**, for your extra comfort

**Global 80** provides extra security and reassurance for members. With our Global 80 plan, members are fully covered for inpatient expenses. This plan also offers a higher reimbursement overall limit than the Hospitalisation plan, including 80% reimbursement for out-patient care.

## 100% Inpatient + 100% Outpatient

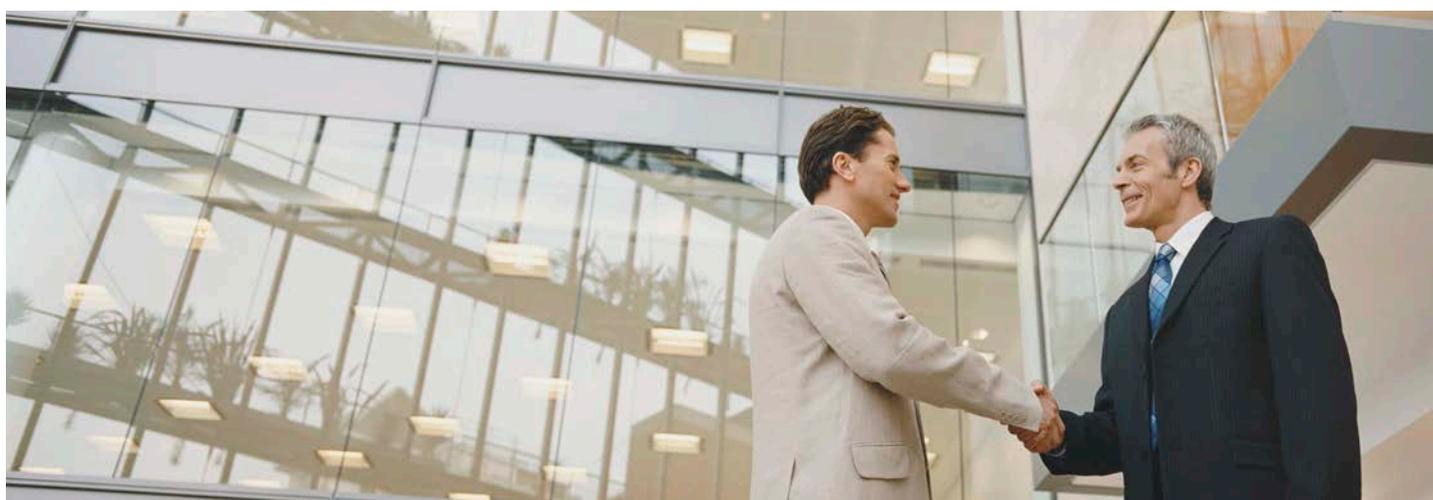
### **Global 100**, for your peace of mind

**Global 100** is your peace-of-mind cover. With Global 100, members are fully insured for inpatient and outpatient care, including treatments performed by complementary medical practitioners such as chiropractors, osteopaths, acupuncturists and homeopaths. Preventive care and wellness benefits including vaccinations and check-ups are covered as well.

## 100% Inpatient + 100% Outpatient + Maternity

### **Global 100 Plus**, for your A+ future

**Global 100 Plus** leaves nothing to chance. On top of having inpatient and outpatient care fully insured, members enjoy attractive maternity extras including pregnancy, childbirth and prescribed caesarean. The covered amount includes doctors' fees, hospital accommodation and other related medical expenses during hospital stay.



	Hospitalisation	Global 80	Global 100	Global 100 Plus
<b>Overall limit (USD)</b>	<b>\$1,350,000</b>	<b>\$2,025,000</b>	<b>\$4,050,000</b>	<b>\$4,050,000</b>
<b>Inpatient care</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Outpatient care</b>	<b>-</b>	<b>80%</b>	<b>100%</b>	<b>100%</b>

Intensive Care Unit (ICU)	✓	✓	✓	✓
Organ transplant	✓	✓	✓	✓
Cancer treatment	✓	✓	✓	✓
Chronic conditions	✓	✓	✓	✓
Complication of pregnancy	✓	✓	✓	✓
Congenital conditions	✓	✓	✓	✓
AIDS / HIV	✓	✓	✓	✓
Kidney dialysis	✓	✓	✓	✓
Rehabilitation and convalescence	✓	✓	✓	✓
Parental accommodation	✓	✓	✓	✓
Hospital cash benefit	✓	✓	✓	✓
Palliative care	✓	✓	✓	✓
General Practitioner / Specialists		✓	✓	✓
Prescription drugs		✓	✓	✓
Diagnostic tests, CT & MRI Scans		✓	✓	✓
Traditional Chinese Medicine		✓	✓	✓
Physiotherapy		✓	✓	✓
Complementary medical treatment		✓	✓	✓
Ergotherapy		✓	✓	✓
Logopaedics and / or speech therapy		✓	✓	✓
Occupational therapy		✓	✓	✓
Wellness		✓	✓	✓
Maternity				✓

## Optional coverage



### Evacuation and Repatriation \*

Medical Evacuation and Repatriation can be taken out by companies as an optional coverage. Emergency medical evacuation and repatriation benefits, transportation of mortal remains or burial at the place of death, compassionate visit and return of minor children are included in coverage.

A+ International Healthcare and partners provide our members with one of the best and the most extensive international assistance services. Wherever members are, as long as they need medical assistance or advice, refer to the A+ Medicaid and send the team an e-mail or simply make a phone call - we are only one simple step away.

### Dental and Optical

The Dental and Optical option is proposed to accepted applicants of the Medical Insurance Plan (only with Global 80, Global 100 & Global 100 Plus).

Cover includes basic dental care, major dentistry such as orthodontic treatment, and vision care.



### Accidental Death & Dismemberment

This insurance can be taken out as an optional cover to any of the Medical Insurance Plans. It guarantees the payment of a lump sum in case of accidental death or in case of permanent invalidity caused by an accident.

### Temporary Incapacity Cover (Loss of Income Protection)

This insurance can be taken out as an optional cover on top of the Medical Insurance Plans. It guarantees payment of a monthly allowance in case the insured is totally unable to perform his / her professional activities because of illness or accident for up to 24 months.

### Permanent Disability Cover (Permanent Invalidity caused by an illness or accident)

This insurance can be taken out only as a supplement to the Temporary Incapacity Cover. It guarantees a lump sum payment to the Insured who is affected by a permanent disability, caused by an illness or accident.

\* This service is provided by AXA Assistance. For terms and conditions of this service, kindly refer to Emergency Evacuation and Repatriation Membership General Conditions.

## Plan options

### Currency

Plans can be subscribed in Euro, US dollars or Swiss Francs. Claims are reimbursed in the currency of the policy.

### Deductible

Your company premium can be reduced by choosing an annual deductible that applies on all benefits. There are different levels of deductible, depending on your company plan.

The higher the deductible, the lower your company premium. Deductibles are applied per insured, per insurance year.

€	US\$	CHF
0	0	0
500	675	750
1,000	1,350	1,500
2,000*	2,700*	3,000*
5,000*	6,750*	7,500*

*\*Only available with Global 80, Global 100 and Global 100 Plus*

### Area of cover

There are three zones (location of work) and the Insured must choose the zone country / area in which the Insured will be located / stationed for work at the time of inception of policy or at renewal of policy on policy anniversary. The premiums are set according to the zone (location of work).

- Area 1: Worldwide (excluding USA / Canada / Hong Kong / China)
- Area 2: Hong Kong / China
- Area 3: USA / Canada

Next, choose the geographical coverage for treatment:

- Worldwide cover
- Worldwide cover excluding USA and Canada

If a company opts for a cover without USA and Canada, we cover medical expenses incurred due to medical emergencies whilst visiting these countries for temporary stays of up to 90 days in aggregate per year.





**You can apply for an A+ International Healthcare plan simply by contacting us or your insurance intermediary, who will guide you throughout the company enrolment process.**

### **Enrolment process**

There are two enrolment processes available - Full Medical Underwriting enrolment and Moratorium enrolment.

#### **Full Medical Underwriting enrolment**

Complete the full Medical Questionnaire included in the application form. Once accepted, your company plan is set and claims will be processed swiftly.

#### **Moratorium enrolment**

Under Moratorium enrolment, the questionnaire is limited to a few questions related to major illnesses. Enrolment is fast and simple.

[Find more on page 26.](#)

### **Medical History Disregarded (MHD)**

In case of compulsory affiliation by the employer of a group of 10 or more employees

- a) No health declaration will, in principle, be required for the medical insurance plan.
- b) Easy and instant approval.
- c) Waiting periods including maternity are no longer in force.
- d) No specific loadings on the medical core plan.
- e) No specific exclusions on the medical core plan.
- f) Note: General Exclusions still apply.

### **Easy employee management**

#### **New employee enrolment**

If there is new employee enrolment after inception, notify us or your insurance intermediary within 7 days. If Full Medical Underwriting Enrolment or Moratorium Enrolment applies to your company, the new employee needs to complete and submit an appropriate application form. For MHD policies, new employee enrolment is done swiftly by simply providing new employee's biodata.

#### **Employee departure**

In case of employee departure after inception, notify us or your insurance intermediary within 14 days. Employee deletion will be done instantly and premium will be refunded on a daily pro rata basis.

**It's that simple!**



## 'My A+ Page' - a personalised online tool

Once enrolled into an A+ International Healthcare plan, each member will have access to their own web page, a personalised online tool, to help them better manage their health, and where they can find all the necessary information about their medical plan.

To access this tool, go to [www.aplusii.com](http://www.aplusii.com) and click 'My A+ Page' or 'Clients'. Enter the personal reference number which is given to members upon enrolment.

'My A+ Page' offers you access to:

- ✓ your cover details

My personal data			
Plan details :	Member Since:	Insurance period Start date:	Insurance period End date
GLOBAL 100 USD INDIV DEDUCTIBLE NIL	01/09/2013	01/09/2013	31/08/2014

- ✓ status of your claims and related reimbursements

Reimbursement details				
Statement number	Statement Date	Total Reimbursed	Deductible	Method of payment
1200009831	04/10/2013	835.00 HKD	0.00 HKD	Cheque

- ✓ downloads of documents and forms

### My Policy

Please click on the following links to download:

- [Insurance Certificate](#)
- [Claim for reimbursement of medical expenses](#)
- [Notification of accident](#)
- [Cost Estimate Form](#)
- [Direct Billing](#)
- [Gold Pass Outpatient Direct Billing Procedure](#)
- [Change of Reimbursement Method](#)

- ✓ our panel of medical providers

### International Medical Providers Directory

Hong Kong  Hong Kong Island

Hong Kong-Hong Kong Island

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Name : **Healthcare Hospital**  
City :Hong Kong Island  
Address : 28 Fenwick Street, Wanchai, Hong Kong  
Phone 1 : (852)0000-0000  
official Web Site : <http://www.healthcarehospital.org/hk>

Name : **Healthcare Centre**  
City :Hong Kong Island  
Address : 18 Club Street, Central, Hong Kong  
Phone 1 : (852) 2222-2222  
official Web Site : <http://www.healthcarecentre.com/hk>

... and much more

# Reimbursement and claims management

## How to file a claim reimbursement

### Step 1

Go to [www.aplusii.com](http://www.aplusii.com). Go to the Downloads page or 'My A+ Page' to download claim form.



### Step 2

Fill in and sign the claim form. Prepare original supporting documentation (e.g. receipted bills) for reimbursement. Keep copies of the documents for own reference.



### Step 3

Send the completed and signed claim form to the claims manager with the original supporting documents by post.

## Easy reimbursement of claims

We help our members save valuable time in the reimbursement process. If the claim is less than € 500, US\$ 675 or CHF 750, we allow submission by e-mail alongside scanned claim forms and scanned copies of documents.



## Claims reporting

Claims should be reported as soon as possible after their occurrence. In any case, claims must be sent no later than two years after the event giving rise to the claim occurred.

## How to manage your claims

Claims are generally reimbursed within 5 working days, with a maximum of 15 days. Members may check the claim process and reimbursement on their personalised 'My A+ Page'.

An e-mail notification is sent to the member once the claim has been processed and a settlement note has been issued.

If a member has not provided us with an e-mail address, he / she will receive the settlement notes by regular mail instead.

## Guarantee of payment and direct payment

A+ International Healthcare and its partners have agreements with a wide range of health care providers and facilities located all over the world. Members may consult the list of providers on their 'My A+ Page'.

### How does it work?

#### Step 1

Member obtains a Cost Estimate Form from our website. The hospital fills in the form, which needs to be signed by the member.



#### Step 2

Member sends the Cost Estimate Form to the claims manager at least 15 days prior to the admission to ensure a smooth process.

### And we will do the rest...



The claims manager issues a guarantee of payment and settles payment with hospital.



The claims manager sends a settlement note to the patient and the hospital.

### What if it is an emergency admission?

In the event of an emergency admission, member should show the provider his / her Medicaid upon admission. Send the claims manager the completed Cost Estimate Form before discharge. The claims manager will deal directly with the facility (hospital, clinic, etc.).





At A+ International Healthcare, we have included in our health plans the most important features. Whatever the choice...

**members are covered for:**

- Inpatient and day-patient care;
- Organ transplant;
- Cancer treatment;
- Chronic conditions;
- Psychiatric care;
- AIDS / HIV.

Note: For more details, please refer to page 14, page 15, or the Benefits Table.

## What is not covered

This is a summary of major exclusions applicable to A+ International Healthcare plans. For full details, please refer to the General Conditions.

### Medical Plans

- Pre-existing conditions unless accepted at time of enrolment.
- Non prescribed medical treatments.
- Periodic preventive health examinations except those explicitly mentioned in the table of medical benefits.
- Complementary (and / or alternative) medical treatments other than those explicitly mentioned in the table of medical benefits.
- Expenses resulting from maternity and childbirth during the first 12 months after the individual inception date of cover (unless explicitly waived in the special conditions).
- Non prescribed drugs.
- OTC ('over-the-counter') medicines: lifestyle products, dietary products, etc.
- Contraceptive and birth control drugs, even if prescribed by a Doctor.
- Costs related to abortion except in the case of absolute medical necessity.
- Cosmetic / aesthetic treatment except restorative treatment following an accident.
- Elective caesarean delivery expenses.
- Consequences of drug-addiction and alcoholism.
- Expenses resulting from any kind of competition with motor vehicles.
- Consequences of the insured participating in any sport as a professional or under a contract providing compensation, as well as any preparatory training to such activities.

### Evacuation / Repatriation \*

- Costs incurred without the prior agreement of our Assistance service.
- The consequences of illnesses or benign lesions that can be treated on the spot.
- Evacuation / repatriation as a consequence of psychiatric conditions.
- The Insured's participation in any sport as a professional or under a contract providing for compensation, as well as any preparatory training.
- The consequences of an accident during the Insured's participation in an air sport (including hang gliding, paragliding, gliding) or in any of the following sports: skeleton, bobsleigh, ski-jumping, mountain-climbing with roping, rock-climbing, skin diving with self-contained apparatus, spelunking, bungee-jumping, skydiving.

\* This service is provided by AXA Assistance. For terms and conditions of this service, kindly refer to Emergency Evacuation and Repatriation Membership General Conditions.

# Frequently asked questions

## 1) Enrolment

### *a) Who is eligible to enrol?*

A+ International Healthcare plans are open to companies, associations, corporate entities and schools to cover their employees / members and their dependants.

### *b) Are any age limits applicable for enrolment?*

For corporate enrolment of all actively at work employees (enrolled on a compulsory basis by their employer), there is no specific age limit. For members of associations and their dependants or employees enrolled on a voluntary basis, the age limit set for enrolment is 70 years.

### *c) Do members need to have a medical examination to join the plan?*

No. They only need to complete a medical questionnaire. On occasions, our medical adviser may define partial exclusions, total exclusions or propose an additional premium to waive exclusions. The obligation to complete a medical questionnaire is waived for company plans with compulsory affiliation of 10 or more employees.

### *d) Which form do members complete to enrol?*

There are two enrolment processes available for enrolment - Full Medical Underwriting enrolment and Moratorium enrolment - and thus two specific application forms.

For Full Medical Underwriting enrolment, it is very important that the detailed Medical Questionnaire included in the application form must be completed fully and accurately, failing to do so may invalidate the policy.

For Moratorium enrolment, the questionnaire is limited to a few questions related to major illnesses. After two years' continuous membership, pre-existing Medical Conditions will become eligible for benefit (conditions apply, please contact us or your insurance intermediary for more information).

## 2) Management

### *a) How is plan renewal done?*

Renewal information will be sent to you four weeks before the renewal date. Cancellation of policy is possible on the policy anniversary date with one month's notice, through notification by registered letter.

### *b) Can the level of cover be changed?*

Downgrading or upgrading plans and options is possible, but only at the renewal date of the policy. In the case of upgrading, a new medical questionnaire must be completed. Changing the geographical scope of cover is always possible in relation to the country of expatriation. However, it is not possible to change to the worldwide cover for short periods (with the objective of getting treatment in USA or Canada).

### *c) How are premiums paid?*

Premiums are payable annually in advance, by bank transfer, credit card or cheque. Semi-annual and quarterly payments are available. Administrative charge applies.

### *d) How does the deductible work?*

The deductible is a fixed amount per year per person of covered expenses for which the insured is responsible. Once the annual deductible has been met, expenses will be reimbursed according to the conditions of your company plan.

### *e) What happens if there is new employee enrolment or employee departure after inception?*

If there is new employee enrolment after inception, notify us or your insurance intermediary within



7 days. If Full Medical Underwriting Enrolment or Moratorium Enrolment applies to your company, the new employee needs to complete and submit an appropriate application form. For MHD cases, new employee enrolment can be done swiftly at anytime.

If there is employee departure after inception, notify us or your insurance intermediary within 14 days. Employee deletion will be done instantly and premium will be refunded on a daily pro rata basis at once.

*f) When do new dependants need to be added?*

Addition of a legal partner / domestic partner is possible, provided that the application is based on the same procedure and conditions of acceptance, and within two months after becoming eligible for the insurance.

Addition of a new-born is possible, provided that the application is made within two months following the date of birth. The birth certification is a required supporting document. Premiums for new-born babies are to be paid as from the birth date. A medical questionnaire must be completed when the baby is declared to the insurer more than two months after birth.

Adopted children may also be included in the policy, enrolment of whom is subject to full underwriting.

*g) Are members able to access their personal information online?*

Our online service - My A+ Page - helps members to better manage their health plan. It does not only give them access to our panel of medical providers, hospitals and clinics, grouped by countries, towns and specialities, it also allows them to consult their plan coverage, monitor their own personal reimbursement information and download all forms. Access to this personalised section is password-protected and members are required to enter their personal reference number.

#### *h) How do members log in to 'My A+ Page'?*

The first time members use 'My A+ Page', they need to enter their personal reference number and password, which is sent to them by our claims manager upon enrolment.

#### *i) What do members do in case of emergency?*

Our emergency helpline is available in a variety of languages and is staffed by medical professionals ready to assist members 24/7 every day of the year. Telephone numbers are stated on the Medicard provided upon enrolment.

#### *j) How are claim reimbursements made?*

Claims should be reported as soon as possible after their occurrence. In any case, claims must be sent no later than two years after the event giving rise to the claim occurred.

Claim forms may be downloaded from 'My A+ Page'.

The form should be completed and sent:

- By mail:

Claim forms can be completed directly on 'My A+ Page' or filled out by hand. They must be signed and returned to the claims manager together with the supporting documents.

- By e-mail:

If the claim is less than € 500, US\$ 675 or CHF 750, we allow scanning of the claim forms available on our website. Scanned copies of receipts should be sent and originals should be kept for a minimum of 12 months.

Claims are reimbursed within 5 working days, at a maximum of 15 days.

### **3) Coverage**

#### *a) Which practitioner can members consult?*

Members can consult any doctor of their choice provided this doctor has graduated from a recognised medical school as listed in the WHO Directory of Medical Schools and who is licensed and is registered to practice medicine in the country where the treatment is received.

#### *b) Are complications of pregnancy covered?*

The following complications of pregnancy are covered in the same way as any other medical condition, so the rules and limits for the maternity benefits do not apply:

- miscarriage or when the foetus has died and remains with the placenta in the womb;
- stillbirth;
- abnormal cell growth in the womb (hydatidiform mole);
- foetus growing outside the womb (ectopic pregnancy);
- heavy bleeding in the hours and days immediately after childbirth (post-partum haemorrhage);
- afterbirth left in the womb after delivery of the baby (retained placental membrane);
- complications following any of the above conditions.

Complications of pregnancy are not subject to the waiting period for all medical expenses related to Delivery and Maternity care.

#### *c) Are complementary therapies covered?*

A+ International Healthcare plans offer a wide range of complementary therapies as standard. These include Chiropractors, Osteopaths, Acupuncturists, and Homeopaths who are legally qualified, registered and allowed to practice complementary medicine by the authorities in the country in which the treatment is received. These treatments must always be prescribed by a doctor.

***d) Are maternity, pregnancy and child-delivery expenses covered?***

Child-delivery is only covered under Global 100 Plus. Pregnancy cost is reimbursed according to the type of outpatient treatment. Elective caesarean surgery is excluded from cover.

For Full Medical Underwriting and Moratorium enrolment, there is a twelve month waiting period for all medical expenses related to Delivery and Maternity care, meaning that only expenses incurred as from the thirteenth month after acceptance into the insurance plan are eligible for reimbursement.

***e) Do I need to wait to get certain treatments?***

The insurance cover takes effect on the day immediately following your acceptance by the insurer.

Once enrolled, you may have to wait to get certain treatments:

- Waiting period of twelve months for all medical expenses related to delivery and maternity care, unless otherwise specifically mentioned on specific conditions document;
- Waiting period of twelve months for preventive and wellness benefits;
- Waiting period of six months for all basic dental care and twelve months for all major dentistry: orthodontic treatment and dental prostheses.

No waiting periods for compulsory affiliation by the employer of a group of ten or more employees.

***f) Are members covered if they travel away from their area of residence?***

Yes. Members can choose to be covered worldwide or worldwide excluding USA and Canada. If a cover without USA and Canada is chosen, we cover medical expenses incurred due to accidents and medical emergencies whilst visiting these countries for temporary stays of up to 90 days in aggregate per year.

***g) Will members be covered for any chronic conditions they have when joining the plan?***

Upon acceptance, members' medical expenses for chronic conditions will be covered subject to the terms of the policy. However, prior to the acceptance, the medical consultant can define partial or total exclusions of cover of specific conditions, or propose an additional premium to waive exclusions.

***h) Are pre-existing conditions covered?***

The A+ International Healthcare plans do not generally cover the treatment of pre-existing medical conditions and related conditions. A pre-existing condition means any disease, illness or injury for which members have received medication, advice or treatment, or which members have experienced symptoms, whether the condition has been diagnosed or not, at any time before the date on which the A+ International Healthcare plan starts, except where such Medical Conditions have been declared in the application form and subsequently accepted in writing by us.

***i) Is preventive care covered?***

Preventive care & wellness benefits:

(A waiting period of 12 months applies if Full Medical Underwriting or Moratorium enrolment is chosen)

- well baby care
- medically required vaccinations (adults & children)
- one routine eye test per insurance year
- one adult physical examination every 2 years including:
  - one (bilateral) mammogram and one pap-smear test every 2 years (females as of age 35)
  - one PSA-test every 2 years (males as of age 50)

**If you have any more questions, contact us or your insurance intermediary.**







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Connect with us on social media:



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