





International Healthcare



Only for use in Hong Kong Special Administrative Region

BENEFITS TABLE Individuals and Families

INTERNATIONAL HEALTHCARE

www.aplusii.com

For more than a decade we've been taking care of our clients and their families when they need it most.

BENEFITS TABLE

1	CORE PLAN	PLAN1	PLAN 2	PLAN 3	PLAN 4
1.1	Maximum Annual Reimbursement	\$200,000	\$400,000	\$200,000	\$400,000
1.2	Hospital room and board	Standard Ward Room	Standard Ward Room	Standard Ward Room	Standard Ward Room
1.3	Intensive Care Unit				
1.4	Doctor's fees (including surgeon's & anaesthetist's fees)				
1.5	Medical Treatment, laboratory tests, x-rays, MRI, PET and CT scans Use of operating & recovery room prescriptions drugs & dressings • When received as an In-patient or Day-patient	Full Refund	Full Refund	Full Refund	Full Refund
1.6	Organ & Bone Marrow transplantsDonor costs (e.g. Search, removal, acquisition) not covered	Not Covered	Up to \$100,000	Not Covered	Up to \$100,000
1.7	Reconstructive surgery following an accident (*)				
1.8	Day-care treatment and Outpatient Surgery	Full Refund	Full Refund	Full Refund	Full Refund
1.9	Internal prosthetic devices				
	Pre and Post-Hospital Care	PLAN1	PLAN 2	PLAN 3	PLAN 4
1.10	General practitioners & specialist consultations, prescribed drugs and dressing, physiotherapy and chiropracty • Within 30 days before hospitalization and within 60 days following hospital discharge	Up to \$500	Up to \$1000	Up to \$500	Up to \$1000
1.11	Rehabilitation and convalescence rest care	Full Refund Up to 15 days	Full Refund Up to 15 days	Full Refund Up to 15 days	Full Refund Up to 15 days
1.12	Ancillary charges (Purchase or rental of crutches or wheelchairs)	Up to \$500 per year	Up to \$1000 per year	Up to \$500 per year	Up to \$1000 per year
	Cancer Care	PLAN1	PLAN 2	PLAN 3	PLAN 4
1.13	In-patient, Day-patient and Outpatient Treatment (eg. Chemotherapy, Radiotherapy), excluding all experimental treatments	Not Covered	Full Refund	Not Covered	Full Refund
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BENEFITS TABLE

_	Chronic Medical Conditions	PLAN1	PLAN 2	PLAN 3	PLAN 4
1.14	Stabilisation of Acute exacerbations / episodes of chronic medical conditions	Not Covered	Covered within the limits in the in-patient, daycare and out-patient sections	Not Covered	Covered within the limits in the in-patient, daycare and out-patient sections
1.15	Maintenance, routine checkups, prescribed drugs and dressings		Up to \$2,500 per year		Up to \$5,000 per year
	Additional Benefits	PLAN1	PLAN 2	PLAN 3	PLAN 4
1.16	Accidental Damage to teeth (Treatment received in an emergency ward of a hospital within 5 days of incurring an accidental damage to sound and natural teeth)	Full Refund	Full Refund	Full Refund	Full Refund
1.17	Local road ambulance charges	Full Refund	Full Refund	Full Refund	Full Refund
1.18	Hospice and Palliative care when diagnosed as terminal	Not Covered	\$50,000 Lifetime Limit	Not Covered	\$50,000 Lifetime Limit
1.19	Kidney Dialysis	Not Covered	Full Refund	Not Covered	Full Refund
2	Outpatient Care - Applicable excess applies 'per visit'			\$10 Co-payment/visit	\$10 Co-payment/visit
2.1	Maximum Annual Reimbursement			\$2,000	\$4,000
2.2	GP & Specialist consultations	_	Not Covered	Full Refund	Full Refund
2.3	Prescribed drugs & dressings				
2.4	Laboratory tests, X-rays, Diagnostic tests and procedures				
2.5	Emergency ward Treatment				
2.6	MRI, PET, CT scans Tests	Not Covered			
	 When received as an Outpatient. This benefit does not apply to scans received as an admitted Day-patient or In-patient. 				
2.7	Physiotherapy (Max \$100 per visit)			Not Covered	Max 10 visits / policy year
	Complementary Medicine Practitioners				Full Refund
2.8	Defined as Chiropractor / Osteopath / Acupuncturist / Homeopath			Not Covered	Up to \$750 / policy year
					(Up to a combined max.
	Traditional Chinese Medical Practitioner (Including Medicine)				
2.9	 Traditional Chinese Medical Practitioner (Including Medicine) Must be registered Traditional Chinese Medical practitioner 			Not Covered	of 10 visits per year)

BENEFITS TABLE

3	Medical Evacuation and Repatriation Services (Prior Approval from Insurer compulsory) *
3.1	Evacuation / Repatriation
0.1	Emergency medical evacuation to the nearest hospital or emergency medical repatriation
3.2	Transportation of mortal remains or burial at the place of death
	Compassionate Visit by a relative of the Insured
3.3	(Applicable when hospitalisation excesses 5 consecutive days)
	One economy class return airfare
	Accommodation for compassionate visit by a relative accompanying the insured
3.4	Accommodation for compassionate visit by a relative accompanying the insured Return of minor children (<19, unmarried and at school) if left alone when Insured is hospitalised.
3.4	
	Return of minor children (<19, unmarried and at school) if left alone when Insured is hospitalised.
3.4 3.5	Return of minor children (<19, unmarried and at school) if left alone when Insured is hospitalised. One-way economy class airfare per eligible child
	Return of minor children (<19, unmarried and at school) if left alone when Insured is hospitalised. One-way economy class airfare per eligible child Early Return

* This service is provided by AXA Assistance

For complete terms and conditions and explanation of benefits, refer to Chapter III of the General Conditions. Remarks: All amounts are in US \$ only.

ALL PLANS

Full Cover

Full Cover

Full Cover \$125 / day (Max 7 days)

Full Cover

Full Cover

Full Cover



For more information, contact us:

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This A+ International Healthcare plan is insured by AXA General Insurance Hong Kong Limited.

AXA General Insurance Hong Kong Limited is the insurance underwriter of this policy and is solely responsible for all content, coverage and benefit payment of the plan.

AXA General Insurance Hong Kong Limited is an authorized insurer in Hong Kong with its Hong Kong office at:

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