

Benefit schedule

A highlight of the key benefits of the policy is set out as below⁽⁶⁾. Please refer to the terms and benefits stated in the policy contract for the full list of the benefits and relevant terms, conditions and exclusions.

Benefit coverage	Benefit limit ⁽⁷⁾			
	Regular	Enhance	Premier	Noble
Annual benefit limit for benefit items (a) – (l) and enhanced benefits (l) - (X) Per policy year	HKD5,000,000	HKD25,000,000	HKD30,000,000	HKD40,000,000
Lifetime benefit limit for benefit items (a) – (l) and enhanced benefits (l) - (X) Per policy	Nil			
Deductible Per policy year	Nil / HKD20,000 / HKD50,000			
Geographical limitation	For emergency treatment: Worldwide			
	For non-emergency treatment:			
	Greater China ⁽²⁾	Asia (Including Australia and New Zealand) ⁽³⁾	Asia (Including Australia and New Zealand) ⁽³⁾	Worldwide excluding USA ⁽⁴⁾
	For psychiatric treatments and cash benefit for lower ward class in Hong Kong and Macau ⁽⁸⁾ : Hong Kong and Macau only			
	General ward	Semi-private room	Standard private room	Standard private room
Benefit items ⁽⁹⁾	Benefit limit ⁽⁷⁾			
(a) Room and board	Full cover ⁽¹⁰⁾			
(b) Miscellaneous charges	Full cover ⁽¹⁰⁾ subject to limit of benefit (II) "medical implants" under Enhanced benefits			
(c) Attending doctor's visit fee	Full cover ⁽¹⁰⁾			
(d) Specialist's fee ⁽¹¹⁾				
(e) Intensive care	Full cover ⁽¹⁰⁾ regardless of the surgical category			
(f) Surgeon's fee				
(g) Anaesthetist's fee				
(h) Operating theatre charges	Full cover ⁽¹⁰⁾			
(i) Prescribed diagnostic imaging tests ^{(11) (12)}				
(j) Prescribed non-surgical cancer treatments ⁽¹³⁾				

Benefit schedule (cont'd)

Benefit items ⁽⁹⁾	Benefit limit ⁽⁷⁾			
	Regular	Enhance	Premier	Noble
(k) Pre- and post-confinement/day case procedure outpatient care ⁽¹¹⁾	<p>Full cover⁽¹⁰⁾ for the following specified visits, excluding physiotherapy, chiropractic treatment, occupational therapy and speech therapy:</p> <ul style="list-style-type: none"> 1 prior outpatient visit or emergency consultation per confinement/day case procedure (more than 30 days before each admission/day case procedure) all prior outpatient visits or emergency consultations (within 30 days before each admission/day case procedure) all follow-up outpatient visits per confinement/day case procedure (within 90 days after discharge from hospital or completion of day case procedure) all follow-up outpatient visits per confinement during which surgical procedure categorised as major or complex in the schedule of surgical procedures has been performed on the insured person (within 180 days after discharge from hospital) <p>All follow-up outpatient visits are subject to the restrictions below.</p> <p>For physiotherapy, chiropractic treatment, occupational therapy and/or speech therapy:</p> <ul style="list-style-type: none"> maximum 3 visits in total for physiotherapy, chiropractic treatment, occupational therapy and/or speech therapy on follow-up outpatient basis per confinement/day case procedure (within 90 days after discharge from hospital or completion of day case procedure) 			
(l) Psychiatric treatments Per policy year	HKD30,000	HKD30,000	HKD30,000	HKD50,000
(Hong Kong and Macau only)				
Enhanced benefits				
(I) Post-confinement/day case procedure outpatient ancillary benefit ⁽¹¹⁾ Per policy year	HKD3,000	HKD6,000	HKD10,000	HKD15,000
(within 90 days after discharge from hospital or completion of day case procedure and payable only if benefit item (k) is exhausted)				
(II) Medical implants	<p>Specified items: Full cover⁽¹⁰⁾</p> <p>Other items: HKD150,000 per policy year</p>			
(III) Companion bed	Full cover ⁽¹⁰⁾			
(IV) Outpatient kidney dialysis	Full cover ⁽¹⁰⁾			
(V) Home nursing ⁽¹¹⁾	<p>Full cover⁽¹⁰⁾</p> <p>(within 90 days after discharge from hospital or completion of day case procedure; home nursing services provided by 1 qualified nurse per day for a maximum of 90 days per policy year)</p>			
(VI) Emergency outpatient treatment for accident	Full cover ⁽¹⁰⁾			
(VII) Specified reconstructive surgery benefit ⁽¹¹⁾	Full cover ⁽¹⁰⁾			

Benefit schedule (cont'd)

Benefit items ⁽⁹⁾	Benefit limit ⁽⁷⁾			
	Regular	Enhance	Premier	Noble
(VIII) Private nursing ⁽¹¹⁾	N/A			Full cover ⁽¹⁰⁾ (private nursing services provided by 1 qualified nurse per day during confinement for a maximum of 30 days per policy year)
(IX) Donor’s benefit for organ transplantation ⁽¹⁴⁾	N/A			30% of total transplantation cost ⁽¹⁵⁾
(X) Rehabilitation benefit ⁽¹¹⁾ Per policy year	N/A			HKD80,000 (within 180 days after discharge from hospital for a maximum of 90 days per policy year)
Other benefits				
(I) Compassionate death benefit ⁽¹⁶⁾ Per policy	HKD10,000	HKD10,000	HKD10,000	HKD10,000
(II) Cash benefit for lower ward class in Hong Kong and Macau ^{(16) (17)}	N/A	HKD1,000 per day	HKD2,000 per day	HKD2,000 per day
(III) Caregiver benefit ⁽¹⁶⁾ Per policy year	N/A			HKD5,000 (1 claim per policy year) (Payable only if the insured person under age 18 is confined in a hospital for at least 5 consecutive days)
(IV) Medical check-up benefit ⁽¹⁶⁾ Per policy year	N/A			HKD2,000 for one medical check-up service (Starting from the second policy year)

Choice of ward class

When the insured person is confined to a type of accommodation of a hospital which is of a class higher than his entitled ward class as stated in the benefit schedule of **WiseGuard Pro**, an adjustment factor corresponding to the relevant ward class as set out in the table below shall be applied to the calculation of benefit payable.

Entitled ward class	Confined ward class	Adjustment factor
General ward	Semi-private room	50%
General ward	Standard private room	25%
Semi-private room	Standard private room	50%
General ward, Semi-private room or Standard private room	Any ward class above Standard private room	0%

The total benefit amount payable shall be equal to the benefit amount payable under the (1) variable benefits plus the benefit amount payable under the (2) non-variable benefits. The calculations are set out below:

<div> (1) Variable benefits (the benefit items (a) to (j) and (l) and the enhanced benefits (II), (III), (VII), (VIII) and (IX) in the above benefit schedule) = (Amount of eligible expenses and other expenses – Any remaining deductible) x Adjustment factor </div>
+
<div> (2) Non- variable benefits (the benefit item (k), the enhanced benefits (I), (IV), (V), (VI) and (X), and other benefits (I) to (IV) in the above benefit schedule) = Amount of eligible expenses payable – Any remaining deductible </div>

Notes:

- The benefit period of **WiseGuard Pro** is up to age 100 (age at last birthday) of the insured person, subject to termination as stated in Important information section of this product brochure.
- “Greater China” shall include mainland China, Hong Kong, Taiwan and Macau.
- “Asia (including Australia and New Zealand)” shall include Afghanistan, Australia, Bangladesh, Bhutan, Brunei, mainland China, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, Philippines, Singapore, South Korea, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan and Vietnam.
- “Worldwide excluding USA” shall mean worldwide excluding USA. USA shall mean the United States of America and US Minor Outlying Islands.
- Subject to the terms and benefits of the policy contract, you have a guaranteed right to renew the policy by making payment of the prevailing premium on each policy anniversary.
- This benefit schedule is subject to and shall be read together with the terms and benefits of the policy contract.
- The Company will only reimburse the reasonable and customary charges actually incurred for the benefit items in the benefit schedule or other medical services which are medically necessary.
- The cash benefit for lower ward class in Hong Kong and Macau is applicable to **Enhance**, **Premier** and **Noble** benefit levels only and shall be payable if the insured person is confined in a ward class below his/her entitled ward class as stated in the benefit schedule of **WiseGuard Pro** of a private hospital in Hong Kong or Macau for covered medical services.
- Eligible expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above, unless otherwise specified.
- Full cover shall mean the actual amount of eligible expenses and other expenses charged after deducting the remaining deductible (if any), is subject to the annual benefit limit and other conditions as stated in this product brochure and the policy contract.
- The Company shall have the right to ask for proof of recommendation e.g. written referral or testifying statement on the claim form by the attending doctor or registered medical practitioner.
- Tests covered here only include computed tomography (“CT” scan), magnetic resonance imaging (“MRI” scan), positron emission tomography (“PET” scan), PET-CT combined and PET-MRI combined.
- Treatments covered here only include chemotherapy, radiotherapy, targeted therapy, immunotherapy and hormonal therapy.
- The organ transplantation must be in compliance with prevailing law and legislation and requirements of relevant regulatory authority in the locality where the organ transplantation is performed and the expenses must be charged to the policy holder or the insured person and have been paid by the policy holder or the insured person.
- The total transplantation cost shall mean the sum of a) the surgical expenses charged for removing the organ or bone marrow from the donor; and b) the eligible expenses and other expenses incurred by the insured person as recipient during confinement which are payable under benefit items (a) to (i) and enhanced benefit items (II), (III) and (VIII) of the benefit schedule of this product brochure.
- This benefit is not subject to the deductible and shall not be counted towards the applicable annual benefit limit as specified under the benefit schedule of **WiseGuard Pro**.
- This cash benefit is only payable if the insured person is confined in a ward class below semi-private room (for **Enhance** benefit level) or below standard private room (for **Premier / Noble** benefit level) of a private hospital in Hong Kong and Macau for covered medical services, maximum 10 days per confinement.

Important information

Disclosure obligation for underwriting

It is important for you to declare all requisite information that would affect the underwriting decisions of the Company. The Company has the right to declare the policy void as from policy effective date due to any misrepresentation or fraud. If the non-health related information of the insured person (including but not limited to age, sex or smoking habit) is misstated in the application, the Company may adjust the premium, for the past, current or future policy year, or declare the policy void on the basis of the correct information.

Cooling-off period

If you are not completely satisfied with the policy, you have the right to cancel the policy and obtain a refund of any premium(s) paid provided that there is no claim payment made under the policy prior to your request for cancellation. To exercise this right, please return the policy (if applicable) and send your signed written notice of cancellation directly to our Customer Service at Suite 2001, 20/F, Tower Two, Times Square, 1 Matheson Street, Causeway Bay, Hong Kong within **21 calendar days** immediately following either the day of delivery of the policy or the notice of policy issuance (notifying you of the cooling-off period) to you or your nominated representative (whichever is earlier). The policy will then be cancelled and a refund of any premium(s) paid and any levy paid will be returned to you.

Cancellation

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

Submission of claims

All claims with relevant information must be submitted to the Company within 90 days after the date on which the insured person is discharged from the hospitals, or (where there is no confinement) the date on which the relevant medical service is performed and completed. Relevant information includes, without limitation, (a) all original receipts and/or original itemised bills together with the diagnosis, type of treatment, procedure, test or service provided; and (b) certificates, reports, evidence, referral letter and other data or materials as reasonably required by AXA for processing of such claim.

You have to notify us if claims cannot be submitted within the above timeframe, otherwise we shall have the right to reject such claims submitted after the above timeframe.

Policy currency

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

Important information (cont'd)

Premium adjustment

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

Non-payment of premium

You should pay premiums for the whole of your premium payment term. Any premiums remaining outstanding at the end of the grace period (i.e. 31 days after premium due date) may lead to termination of your policy. You may lose the insurance protection offered by the policy.

Inflation

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

Termination

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

- (a) non-payment of premiums after a grace period of 31 days after the premium due date;
- (b) the day immediately following the death of the insured person; or
- (c) the Company has ceased to have the requisite authorisation under the Insurance Ordinance to write or continue to write the policy.

Other insurance coverage

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

Cost-sharing requirement

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

Important information (cont'd)

Key exclusions

Under the terms and benefits of the policy contract, the Company shall not pay any benefits in relation to or arising from the following expenses:

- Expenses incurred for treatments, procedures, medications, tests or services which are not medically necessary.
- Expenses incurred for the whole or part of the confinement solely for the purpose of diagnostic procedures or allied health services, including but not limited to physiotherapy, occupational therapy and speech therapy, unless such procedure or service is recommended by a registered medical practitioner for medically necessary investigation or treatment of a disability which cannot be effectively performed in a setting for providing medical services to a day patient.
- Expenses arising from Human Immunodeficiency Virus (“HIV”) and its related disability, which is contracted or occurs before the policy effective date. Irrespective of whether it is known or unknown to the policy holder or the insured person at the time of submission of application, including any updates of and changes to such requisite information (if so requested by the Company under section 8 of part 1 of the policy contract) such disability shall be generally excluded from any coverage of the terms and benefits of policy contract if it exists before the policy effective date. If evidence of proof as to the time at which such disability is first contracted or occurs is not available, manifestation of such disability within the first 5 years after the policy effective date shall be presumed to be contracted or occur before the policy effective date, while manifestation after such 5 years shall be presumed to be contracted or occur after the policy effective date.

However, the exclusion under this entire section 3 shall not apply where HIV and its related disability is caused by sexual assault, medical assistance, organ transplant, blood transfusions or blood donation, or infection at birth, and in such cases the other terms of the terms and benefits of the policy contract shall apply.

- Expenses incurred for medical services as a result of disability arising from or consequential upon the dependence, overdose or influence of drugs, alcohol, narcotics or similar drugs or agents, self-inflicted injuries or attempted suicide, illegal activity, or venereal and sexually transmitted disease or its sequelae (except for HIV and its related disability, where section 3 above applies).
- Any charges in respect of services for –
 - beautification or cosmetic purposes, unless necessitated by injury caused by an accident and the insured person receives the medical services within 90 days of the accident; or
 - correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens, including but not limited to eye refractive therapy, LASIK and any related tests, procedures and services.
- Expenses incurred for prophylactic treatment or preventive care, including but not limited to general check-ups, routine tests, screening procedures for asymptomatic conditions, screening or surveillance procedures based on the health history of the insured person and/or his family members, Hair Mineral Analysis (HMA), immunisation or health supplements. For the avoidance of doubt, this section 6 does not apply to –
 - treatments, monitoring, investigation or procedures with the purpose of avoiding complications arising from any other medical services provided;
 - removal of pre-malignant conditions; and
 - treatment for prevention of recurrence or complication of a previous disability.
- Expenses incurred for dental treatment and oral and maxillofacial procedures performed by a dentist except for emergency treatment and surgery during confinement arising from an accident. Follow-up dental treatment or oral surgery after discharge from hospital shall not be covered.

Important information (cont'd)

- Expenses incurred for medical services and counselling services relating to maternity conditions and its complications, including but not limited to diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage; birth control or reversal of birth control; sterilisation or sex reassignment of either sex; infertility including in-vitro fertilisation or any other artificial method of inducing pregnancy; or sexual dysfunction including but not limited to impotence, erectile dysfunction or pre-mature ejaculation, regardless of cause.
- Expenses incurred for the purchase of durable medical equipment or appliances including but not limited to wheelchairs, beds and furniture, airway pressure machines and masks, portable oxygen and oxygen therapy devices, dialysis machines, exercise equipment, spectacles, hearing aids, special braces, walking aids, over-the-counter drugs, air purifiers or conditioners and heat appliances for home use. For the avoidance of doubt, this exclusion shall not apply to rental of medical equipment or appliances during confinement or on the day of the day case procedure.
- Expenses incurred for traditional Chinese medicine treatment, including but not limited to herbal treatment, bone-setting, acupuncture, acupressure and tui na, and other forms of alternative treatment including but not limited to hypnotism, qigong, massage therapy, aromatherapy, naturopathy, hydrotherapy, homeotherapy and other similar treatments.
- Expenses incurred for experimental or unproven medical technology or procedure in accordance with the common standard, or not approved by the recognised authority, in the locality where the treatment, procedure, test or service is received.
- Expenses incurred for medical services provided as a result of congenital condition(s) which have manifested or been diagnosed before the insured person attained the age of 8 years.
- Eligible expenses which have been reimbursed under any law, or medical program or insurance policy provided by any government, company or other third party.
- Expenses incurred for treatment for disability arising from war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power.

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

If the insured person commits suicide within 1 year from the policy effective date, whether sane or insane, the compassionate death benefit will be limited to a refund of the premiums paid without interest. The amount of paid premiums to be refunded will be calculated from the policy effective date.

Levy on insurance premium

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

Rights of third parties

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

Product features	Product summary	Benefit schedule	Important information	Remarks
				<div>Remarks</div> <div> <ol style="list-style-type: none"> Full cover shall mean no itemised benefit sub-limit and is only applicable to the reimbursement of the actual amount of eligible expenses and/or other expenses charged after deducting the remaining deductible (if any), and is subject to the annual benefit limit and other conditions as stated in this product brochure and the policy contract. Full cover applies to certain benefit items only. Further details of the terms, conditions, exclusions and limitations are provided in the policy contract. Full cover of prescribed non-surgical cancer treatments and outpatient kidney dialysis are subject to the annual benefit limit, deductible (if any) and other conditions as stated in this product brochure and the policy contract. Further details of the terms, conditions, exclusions and limitations are provided in the policy contract. If after a no claim discount has been deducted, a claim incurred in respect of previous 5 policy years is paid under WiseGuard Pro, the no claim discount shall be re-calculated by taking into account the relevant claim paid, and the policy holder shall return to the Company the difference between the recalculated amount and the no claim discount actually paid to the policy holder immediately upon the Company's reasonable request. For the avoidance of doubt, if a claim was incurred but no benefit was paid by reason of the deductible, the policy year concerned will still not be counted in the claim-free period. For details, please refer to the policy contract. The (a) medical service providers providing the second medical opinion and (b) network doctors and network healthcare facilities providing medical services, are, respectively, independent contractors and are not agents or servants of AXA. AXA shall (i) not be held responsible for or liable to the policy holder or any of the insured person for anything in relation to such medical opinion given by the medical service providers and hospitals; and (ii) not have any obligation or liability whatsoever in relation to the medical services provided by the network doctors and the network healthcare facilities, and shall not be responsible for or liable to any act or failure to act on the part of the network doctors and network healthcare facilities. AXA reserves the right to amend the terms and conditions thereof from time to time without prior notice. The list of network doctors and the network directory setting out the network healthcare facilities are subject to change from time to time at AXA's sole discretion without prior notice. Hence, the number of years' experience and post-fellow specialist training may vary. The latest designated mainland China hospitals list is available via the Emma by AXA mobile app and portal or other channels made available by AXA or by calling AXA customer care hotline at (852) 2802 2812. As the designated mainland China hospitals list may change from time to time, you are advised to confirm the availability of your selected hospital prior to admission. The provision of services is subject to the terms and conditions of the free hospital admission deposit guarantee service in mainland China. AXA reserves the right to amend the terms and conditions thereof from time to time without prior notice. This is an optional service. Clients can opt-out from the services by writing to AXA. Please refer to the policy holder guide map for details of the additional services and procedure, which will be provided to you together with the policy contract after your policy takes effect. Please note that the terms of the services and procedures in relation to these additional services can be amended by AXA from time to time without prior notice. (a) The advice provided under AXA case management; and/or (b) the general health information provided via AXA nurse hotline, are not, and should not be used, as a substitute for advice from your own medical doctor. Such advice and/or general health information will be based on what you tell us about your personal health circumstances and is only intended for enquiries which are not of an urgent or emergency nature. The same is not medical advice whatsoever and should not be treated as such. AXA does not warrant or represent on the completeness and accuracy of the advice and/or information provided. If you have any specific questions about any medical matters or situations, you should consult your doctor or other healthcare professionals. When you contact AXA, you acknowledge the limitations of these services as set out above. AXA is not liable for loss, damage, costs or other expenses which you may incur as a result of any advice/information provided by (a) AXA case management and/or (b) AXA nurse hotline. Please note that the terms of the services and procedures in relation to these additional services may be amended by AXA from time to time without prior notice. Nothing in this disclaimer will exclude or limit our liability for death or personal injury caused by negligence or for any liability which cannot be excluded or limited under applicable law. The right to upgrade the benefit level to Noble without having go through medical re-underwriting will be applicable if the insured person has submitted a written request to change the residential address to an address outside of the territorial scope of cover (geographical limitation for non-emergency treatment) as specified in the benefit schedule of his/her WiseGuard Pro policy while the WiseGuard Pro policy is in effect. AXA shall have the right to ask for the proof of residential address (in the form specified by the Company to its satisfaction). The request to upgrade to Noble benefit level should be submitted to AXA within 30 days before the policy renewal date. Such right is allowed once per lifetime only. AXA Goal membership year is determined as follows: <ol style="list-style-type: none"> The first membership year shall commence on the day when the eligible customer has completed AXA Goal enrolment after the WiseGuard Pro policy takes effect and shall end 42 days prior to the first policy anniversary of the corresponding WiseGuard Pro policy ("First Membership Year"). The second membership year shall commence on the day immediately after the end of the First Membership Year and shall last for 12 months. The third and subsequent membership years shall commence on the day immediately after the end of previous membership year and shall last for 12 months. Each eligible customer who has met all relevant requirements as set out in the terms and conditions in AXA Goal leaflet will be entitled to a premium rebate intended for settlement of future premium of his/her relevant WiseGuard Pro policy. For details, please refer to the AXA Goal leaflet. The actual amount of premium rebate is equal to the applicable premium rebate percentage multiplied by the annualised premium (after no claim discount (if any), and before levy) of WiseGuard Pro for the policy year immediately preceding the renewal date, and shall be rounded to the nearest 2 decimal places. The premium rebate will be credited to the future premium deposit account ("Account") after the end of a membership year. At the policy renewal date of the WiseGuard Pro policy, AXA will apply all or part of the premium rebate (as the case may be) in the Account to offset any part of future premium of the corresponding WiseGuard Pro policy from time to time as AXA deems appropriate, provided that such eligible customer has achieved the relevant requirements as stated in the AXA Goal terms and conditions during the membership year. The premium rebate under the AXA Goal Programme or any part thereof shall not be withdrawn from the Account. If the relevant policy of WiseGuard Pro is terminated, cancelled or not renewed for whatever reasons, the unused premium rebates in the Account will be forfeited and cancelled. </div>

Product features	Product summary	Benefit schedule	Important information	Remarks
<div> <div> Healthcare VHIS Certified Plan  </div> <div> <p>Notes:</p> <ul style="list-style-type: none"> Unless otherwise specified, all ages mentioned in this product brochure refer to the age of the insured person on his or her last birthday. The words and expressions “policy anniversary” and “supplement” shown in this product brochure shall carry the same meanings as “renewal date” and “rider” (respectively and where applicable) stated in the policy contract. The Company may revise the terms and benefits upon policy renewal for complying with the latest VHIS requirements. All types of waiver of premium supplements do not apply to WiseGuard Pro. </div> </div>				
<div> <div> <h3>How do I make a claim?</h3> <p>Simply contact your financial consultant, visit www.axa.com.hk/en/claims or contact us by telephone (852) 2802 2812 for claim submission detail. After submission, we will help you process your claim as soon as possible.</p> </div> <div> <p>AXA WiseGuard Pro Medical Insurance Plan is underwritten by AXA China Region Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability) (“AXA”, the “Company”, or “we”).</p> <p>The plan is subject to the terms, conditions and exclusions of the relevant policy contract. AXA reserves the final right to approve any application. This product brochure contains general information only and does not constitute any contract between any parties and AXA. It is not a policy. For detailed terms, conditions and exclusions of the plan, please refer to the relevant policy contract, which will be made available by the Company upon request and can be downloaded from the Company website.</p> </div> </div>				
<div> <div> <h3>ABOUT AXA HONG KONG AND MACAU</h3> <p>AXA Hong Kong and Macau is a member of the AXA Group, a leading global insurer with presence in 51 markets and serving 93 million customers worldwide. Our purpose is to act for human progress by protecting what matters.</p> <p>As one of the most diversified insurers offering integrated solutions across Life, Health and General Insurance, our goal is to be the insurance and holistic wellness partner to the individuals, businesses and community we serve.</p> <p>At the core of our service commitment is continuous product innovation and customer experience enrichment, which is achieved through actively listening to our customers and leveraging technology and digital transformation.</p> <p>We embrace our responsibility to be a force for good to create shared value for our community. We are proud to be the first insurer in Hong Kong and Macau to address the important of mental health through different products and services such as offering free mindfulness practice resources through Mind Charger which is fully accessible to our customers and the public via our holistic wellness platform AXA BetterMe.</p> <p>AXA also takes part in a wide range of ESG initiatives and programmes both globally and locally. AXA Group established AXA Climate School and Net-Zero Insurance Alliance in 2021 and set out various global green targets such as reaching €26 billion in green investments by 2023 and achieving carbon neutrality by 2025. In Hong Kong, AXA pledges to reduce paper usage via digitisation and is the first insurer to join the ‘Green Monday ESG Coalition’. As of Feb 2022, AXA Hong Kong’s green investments have exceeded HKD4 billion. We strive to contribute to a sustainable future as an investor, insurer and an exemplary company.</p> </div> </div>				