



Global
Health Insurance



亞洲保險
ASIA INSURANCE

XN Global Solutions

Plan Comparison | Group

Plan Comparison | Group

Geographical Area of Coverage	<p>The Planholder can choose the Area of coverage based on their Country of Residency as follows:</p> <p style="text-align: center;">Worldwide including USA Elective Treatment</p> <p style="text-align: center;">Worldwide excluding USA</p> <p>Any Treatment received outside the Geographic Area is limited to the Emergency outside Area of Coverage Treatment Benefit.</p>				
	Base	Elevation	Ascent	Summit	Apex
Annual maximum Policy aggregate limit	USD \$3,000,000	USD \$3,500,000	USD \$4,000,000	USD \$4,500,000	USD \$5,000,000
Hospital Charges, Medical Practitioners and Specialist fees (i) Hospital charges for In and Day-Patient Treatment. (ii) Ancillary Charges and Durable Medical Equipment	(i) Full Refund (ii) Up to USD \$1,500 per Medical Condition , per Period of Cover	(i) Full Refund (ii) Up to USD \$1,500 per Medical Condition , per Period of Cover	(i) Full Refund (ii) Up to USD \$2,000 per Medical Condition , per Period of Cover	(i) Full Refund (ii) Up to USD \$2,500 per Medical Condition , per Period of Cover	(i) Full Refund (ii) Up to USD \$3,000 per Medical Condition , per Period of Cover
Diagnostic Tests	Full Refund				

Plan Comparison | Group

	Base	Elevation	Ascent	Summit	Apex
External Prosthesis	Up to USD \$1,000 per Insured Person, per Period of Cover	Up to USD \$2,500 per Insured Person, per Period of Cover	Up to USD \$2,500 per Insured Person, per Period of Cover	Up to USD \$5,000 per Insured Person, per Period of Cover	Up to USD \$5,000 per Insured Person, per Period of Cover
Routine Management of Chronic Conditions	No Cover	Full Refund subject to overall Out-Patient Benefit limit of USD \$5,000	Full Refund	Full Refund	Full Refund
Emergency Road Ambulance	Full Refund				
Parent Accommodation	Full Refund				
Renal Failure and Dialysis	Full Refund				
Organ Transplant					
(i) Surgical Procedures and Treatment	(i) Full Refund	(i) Full Refund	(i) Full Refund	(i) Full Refund	(i) Full Refund
(ii) Donor Medical Costs	(ii) Up to USD \$50,000	(ii) Up to USD \$50,000	(ii) Up to USD \$50,000	(ii) Up to USD \$50,000	(ii) Up to USD \$50,000
Stem Cell Treatment including harvesting immediately prior to Treatment.	Not Covered	Not Covered	Up to USD \$50,000 Lifetime Benefit limit	USD \$75,000 Lifetime Benefit limit	USD \$100,000 Lifetime Benefit limit
Cancer Treatment	Full Refund				
Complications of Pregnancy Waiting Period: Twelve (12) months from the Start Date or Entry Date, whichever is the latter is excluded.	Full Refund				
Newborn Cover	Up to USD \$50,000 Lifetime Benefit limit	USD \$75,000 Lifetime Benefit limit	Up to USD \$100,000 Lifetime Benefit limit	Up to USD \$150,000 Lifetime Benefit limit	Up to USD \$200,000 Lifetime Benefit limit
Hospital Accommodation for Newborn Infant Accompanying Their Mother	Full Refund				
Congenital Disorders	Up to USD \$50,000 Lifetime Benefit limit	USD \$75,000 Lifetime Benefit limit	Up to USD \$100,000 Lifetime Benefit limit	Up to USD \$150,000 Lifetime Benefit limit	Up to USD \$200,000 Lifetime Benefit limit

Plan Comparison | Group

	Base	Elevation	Ascent	Summit	Apex
Reconstructive Surgery	Full Refund				
Rehabilitation	Full Refund up to 30 days per Medical Condition	Full Refund up to 60 days per Medical Condition	Full Refund up to 90 days per Medical Condition	Full Refund up to 120 days per Medical Condition	Full Refund up to 180 days per Medical Condition
In-Patient Emergency Dental Treatment	Full Refund				
In-Patient Psychiatric Treatment	Full Refund up to 30 days	Full Refund up to 30 days	Full Refund up to 45 days	Full Refund up to 60 days	Full Refund up to 60 days
Terminal Illness	Up to USD \$50,000 Lifetime Benefit limit	USD \$75,000 Lifetime Benefit limit	Up to USD \$100,000 Lifetime Benefit limit	Up to USD \$125,000 Lifetime Benefit limit	Up to USD \$150,000 Lifetime Benefit limit
Emergency outside Area of Coverage Treatment (i) Accident and Injuries (ii) Illness (iii) Out-Patient Treatment	(i) Full Refund (ii) Up to USD \$50,000 (iii) USD \$500				
Evacuation and Repatriation (i) Transportation costs (ii) Reasonable travel costs to and from appointments (iii) Reasonable transport costs for local accompanying person (iv) Reasonable cost for Non-Hospital Accommodation costs (v) Repatriation to Country of Nationality or Country of Residency following Treatment.	(i) Full Refund (ii) Full Refund (iii) Full Refund (iv) Up to USD \$200 per day up to USD \$5,000 per person (v) Full Refund. Economy class air ticket for the Insured Person plus local accompanying person				

Plan Comparison | Group

	Base	Elevation	Ascent	Summit	Apex
Mortal Remains (i) Transportation of Body or Ashes of Insured Member to Country of Nationality or Country of Residency (ii) Burial or Cremation Costs at the Place of Death. Mortal Remains Benefit only applies following an Eligible Evacuation event.	(i) Full Refund (ii) Up to USD \$5,000	(i) Full Refund (ii) Up to USD \$7,500	(i) Full Refund (ii) Up to USD \$10,000	(i) Full Refund (ii) Up to USD \$15,000	(i) Full Refund (ii) Up to USD \$20,000
Hospital Cash Benefit	Up to USD \$250 per night, max 30 days	Up to USD \$300 per night, max 30 days	Up to USD \$350 per night, max 30 days	Up to USD \$400 per night, max 30 days	Up to USD \$500 per night, max 30 days
Out-Patient Treatment	Pre- and post-operative up to 15 days before or after In-Patient Treatment	Full Refund subject to overall Out-Patient aggregate limit of USD \$5,000	Full Refund	Full Refund	Full Refund
Prescription Medication	Pre- and post-operative up to 15 days before or after In-Patient Treatment	Full Refund subject to overall Out-Patient aggregate limit of USD \$5,000	Full Refund	Full Refund	Full Refund
Hormone Replacement Therapy	No Cover	No Cover	Up to USD \$250 per Period of Cover	Up to USD \$500 per Period of Cover	Up to USD \$750 per Period of Cover
Day-Patient and Out-Patient Surgery	Full Refund				
Out-Patient Psychiatric Treatment	No Cover	No Cover	Up to USD \$5,000 per Period of Cover including cover for psychologists and psychotherapists	Up to USD \$7,500 per Period of Cover including cover for psychologists and psychotherapists	Up to USD \$10,000 Period of Cover including cover for psychologists and psychotherapists

Plan Comparison | Group

	Base	Elevation	Ascent	Summit	Apex
Out-Patient Behavioral or Development Disorders	No Cover	No Cover	No Cover	Up to USD \$1,000	Up to USD \$1,500
Travel Vaccinations	No Cover	No Cover	Up to USD \$250 per Period of Cover	Up to USD \$500 per Period of Cover	Up to USD \$1,000 per Period of Cover
Wellness					
(i) Adult Preventative Screening and Child Screening	(i) No Cover	(i) No Cover	(i) Up to USD \$250	(i) Up to USD \$500	(i) Full Refund
(ii) Medical Check-Ups and Vaccinations	(ii) No Cover	(ii) No Cover	(ii) No Cover	(ii) Up to USD \$750	(ii) Up to USD \$1,000
Out-Patient Physiotherapy and Alternative Therapies					
(i) Consultations and Treatment by a registered Physiotherapist, osteopaths, chiropodist, podiatrist, chiropractor, homeopath, dietician, and acupuncturist.	(i) No Cover	(i) Full Refund subject to overall Out-Patient aggregate limit and maximum 10 sessions	(i) Full Refund	(i) Full Refund	(i) Full Refund
(ii) Out-Patient Treatment and medication administered and prescribed by a recognised Traditional Chinese Medical Practitioner or an Ayurvedic Medical Practitioner.	(ii) No Cover	(ii) USD \$250 per Period of Cover	(ii) USD \$500 per Period of Cover	(ii) Up to USD \$750 per Period of Cover	(ii) Up to USD \$1,000 per Period of Cover
Nursing Care at Home	Full refund up to 30 days	Full refund up to 60 days	Full refund up to 90 days	Full refund up to 120 days	Full refund up to 180 days
HIV/AIDS Waiting Period: Thirty-six (36) months from the Start Date or Entry Date, whichever is the latter is excluded.	Up to USD \$50,000	Up to USD \$50,000	Up to USD \$50,000	Up to USD \$100,000	Full Refund
Dental Treatment (i) Routine Dental Treatment (ii) Major Restorative Dental Treatment Waiting Period: Nine (9) months from the Start Date or Entry Date, whichever is the latter is excluded.	No Cover	No Cover	(i) Up to USD \$500 and (ii) USD \$1,000 subject to 20% Co-Insurance	(i) Up to USD \$1,000 and (ii) USD \$2,000 subject to 20% Co-Insurance. This Benefit includes orthodontics subject to 50% Co-Insurance	(i) Up to USD \$1,500 and (ii) USD \$3,000 subject to 20% Co-Insurance. This Benefit includes orthodontics subject to 50% Co-Insurance

Plan Comparison | Group

	Base	Elevation	Ascent	Summit	Apex
Routine Maternity Waiting Period: Twelve (12) months from the Start Date or Entry Date, whichever is the latter is excluded.	No Cover	No Cover	No Cover	Up to USD \$10,000	Up to USD \$15,000
Optical	No Cover	No Cover	No Cover	Up to USD \$250	Up to USD \$500
Laser Eye Surgery Waiting Period: Twelve (12) months from the Start Date or Entry Date, whichever is the latter is excluded.	No Cover	No Cover	No Cover	No Cover	Up to USD \$2,500 Lifetime Benefit
IVF / Fertility Treatment Waiting Period: Twenty-four (24) months from the Start Date or Entry Date, whichever is the latter is excluded.	No Cover	No Cover	No Cover	No Cover	Up to USD \$10,000 per Lifetime Benefit, USD \$2,500 per attempt and 25% Co- Insurance.

Plan Comparison | Group

Benefit	Base	Elevation	Ascent	Summit	Apex
Evacuation Plus			Optional Benefit		
Non-Emergency Evacuation			Optional Benefit (Up to USD \$2,000 per event)		
High-Cost Provider Restriction			Optional Benefit (Only available for residents of Hong Kong, Mainland China and Singapore)		
Semi-Private Room Restriction			Optional Benefit (Only available for residents of Hong Kong, Mainland China and Singapore)		
Greater Bay Area of Coverage			Optional Benefit (Only available for residents of Hong Kong)		
Medical History Disregarded*	Optional Benefit for Compulsory Groups of 10+ Employees				
Removal of Dental Treatment Co-Insurance	Not Available	Optional Benefit for Compulsory Groups of 3+ Employees	Optional Benefit for Compulsory Groups of 3+ Employees	Optional Benefit for Compulsory Groups of 3+ Employees	Optional Benefit for Compulsory Groups of 3+ Employees
Dental Treatment Benefit	Not Available	(i) Optional Benefit; For Compulsory Groups of 5+ Employees. USD \$250 Routine Dental Treatment and (ii) USD \$750 Major Restorative Dental Treatment. No orthodontic cover under this Optional Benefit.	Included	Included	Included
Routine Maternity Benefit	Not Available	Optional Benefit: USD \$3,000 or USD \$5,000 with or without Co-Insurance. For Compulsory Groups of 5+ Employees	Optional Benefit: USD \$3,000 or USD \$5,000 with or without Co-Insurance. For Compulsory Groups of 5+ Employees	Included	Included

Additional Group Optional Benefits

Plan Comparison | Group

Waiting Periods	Base	Elevation	Ascent	Summit	Apex
Complications of Pregnancy	12 months				
HIV/AIDS	36 months				
Dental Treatment	No Cover / Not Applicable	No Cover / Not Applicable	9 months	9 months	9 months
Routine Maternity	No Cover / Not Applicable	No Cover / Not Applicable	No Cover / Not Applicable	12 months	12 months
Laser Eye Surgery	No Cover / Not Applicable	No Cover / Not Applicable	No Cover / Not Applicable	No Cover / Not Applicable	12 months
IVF / Fertility Treatment	No Cover / Not Applicable	No Cover / Not Applicable	No Cover / Not Applicable	No Cover / Not Applicable	24 months

*If **Medical History Disregarded** is chosen by the Group Planholder, the Waiting Periods will continue to apply to the HIV/AIDS and IVF / Fertility Treatment Benefits. Should these Benefits be included within the Benefits of Your Group Policy, any other Waiting Periods will be waived.

If a Group Planholder has sub-categories, the Waiting Periods will be waived if Medical History Disregarded is chosen and this will apply irrespective of how many group members are within each sub-category.

Plan Comparison | Group

Benefit	Base	Elevation	Ascent	Summit	Apex
Out-Patient Co-Insurance	Not Available	Nil, 10% or 20% or 30% Out-Patient Co-Insurance options subject to a maximum out of pocket expense of USD \$2,000, USD \$4000 and USD \$6,000 respectively	Nil, 10% or 20% or 30% Out-Patient Co-Insurance options subject to a maximum out of pocket expense of USD \$2,000, USD \$4000 and USD \$6,000 respectively	Nil, 10% or 20% or 30% Out-Patient Co-Insurance options subject to a maximum out of pocket expense of USD \$2,000, USD \$4000 and USD \$6,000 respectively	Nil, 10% or 20% or 30% Out-Patient Co-Insurance options subject to a maximum out of pocket expense of USD \$2,000, USD \$4000 and USD \$6,000 respectively
Deductible	Deductibles of: Nil, USD \$1,000, USD \$2,000, USD \$5,000, USD \$10,000, USD \$15,000, and USD \$20,000 (Applicable to all Treatment types)				
Out-Patient Per Visit Excess	Not Available	Nil, USD \$15, USD \$25 and USD \$50	Nil, USD \$15, USD \$25 and USD \$50	Nil, USD \$15, USD \$25 and USD \$50	Nil, USD \$15, USD \$25 and USD \$50