



Xi'an Jiaotong-Liverpool University Insurance Benefits & Claim Guide



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Part I Introduction

This guide has been designed to provide you with a clear and concise summary of the main terms, conditions and benefits of your company's medical insurance scheme with AXA Tianping Property & Casualty Insurance Co., Ltd. It outlines:

- What we pay for
- What we do not pay for
- Claims procedure

Please note that this booklet is only intended to be a guide and is not meant to be a complete representation of your medical insurance cover. It does not form part of the contract of insurance (the Agreement) we have with your company. The full terms, conditions and benefits of the contract of insurance between your company and AXA Tianping Property & Casualty Insurance Co., Ltd are held by your Human Resources Department and it is the Agreement (and not this booklet) which fully defines your cover.

If you have any queries regarding your medical cover, please contact your service staff in the first instance.

Broker : Meixin Insurance Broker (Shanghai) Co., Ltd
Contacts: (TEL) 0512-88161056
 (Mobile) 18896934476

Part II Benefit Table

Currency: RMB				
	Expat Plan	Family Plan		
Coverage Benefits	International Elite (Ex. USA)	China Classic (Ex. HK, Taiwan, Macau)		
Pre-existing conditions subject to overall in-patient maximum or overall out-patient maximum	Medical History Disregard	Pre-existing conditions are subject to underwriter's approval. Paid up to RMB32,000 per policy year for the first and second year; Full coverage thereafter (in-patient & out-patient).		
Inpatient Benefit				
Annual limit for Part 1-7	RMB8,000,000	RMB3,000,000		
Part 1: Hospitalization Benefit				
Co-Payment	Nil	Nil		
1. Daily room & Board limit per day	Standard Private Room	Standard Private Room		
2. Intensive Care Unit	Full Coverage	Full Coverage		
3. Hospital Miscellaneous Expenses (Prescription drugs, Inpatient diagnostic procedures, Nursing, operating theatre charges)				
4. Inpatient physiotherapy**, 5. Ambulance service, 6. Surgeon's fee, 7. Anesthetist's fee, 8. Inpatient physician's visit,				
9. Home nursing **(Max 90 days per disability)				
10. Immediate family accommodation **(Max 90 days per disability)				
11. Pre-hospitalization or pre-day surgery specialist consultation (Up to 90 days before admission)				
12. Pre-hospitalization or pre-day surgery diagnostic services (Up to 90 days before admission)				
13. Post-hospitalization or post-day surgery treatment: within 90 days immediately following the date of the last discharge from hospital				
14. Inpatient psychiatric treatment: up to 30 days per policy year after 12 months continuous cover under the plan; lifetime limit of 100 days			Full Coverage	Not Covered
Part 2: Major organ transplant ##			Full Coverage	Full Coverage
Part 3: Artificial prosthesis (Surgical Implants) **				
Part 4: Cancer treatment and out-patient kidney dialysis Benefit limit per year Lifetime limit	RMB650,000 RMB2,000,000	RMB650,000 RMB2,000,000		
Part 5: Out-patient emergency dental treatment (Due to accidents only)	Full Coverage	RMB10,000		

Part 6: Out-patient emergency treatment (Due to accidents only)	Full Coverage	Full Coverage
Part 7: Usage of high cost provider#	100%	Not covered
Part 8: Emergency assistance service and benefits	Unlimited	RMB160,000
Outpatient Benefit		
Annual limit (Limit to 1 visit per day per disability)	RMB100,000	RMB30,000
Co-Payment Deductible/visit	Nil	Nil
1. Clinical consultation 2. Specialist consultation 3. Prescription drugs, medicine 4. X-Ray and laboratory Fees**	Full Coverage	Full Coverage
5. Physiotherapy Treatment** 6. Chiropractic Treatment**	Full Coverage max 30 visits per year	Full Coverage max 10 visits per year
7. Chinese herbalist 8. Bonesetter** 9. Acupuncturist**	Full Coverage max 30 visits per year	Full Coverage max 10 visits per year
Usage of high cost provider#	Covered	Not covered
Dental Benefit		
Annual limit	RMB5,000	Not covered
Co-Payment	10%	
1. Dental treatment	Covered	
2. Preventive & oral examination (Max 2 visits per year) Max limit per visit	RMB800	
3. Dentures ** Max limit per tooth	RMB2,500	
Usage of high cost provider#	Covered	Not covered
Routine Health Care		
1. Vaccinations 2. Optical care** 3. Hearing care**	RMB3,000	Not covered
Routine physical examinations, health screening & health check-ups(Max 1 visit)	Appointed physical examination	
Usage of high cost provider#	Covered	Not covered
<p>NB:</p> <ol style="list-style-type: none"> All expenses must be reasonable, necessary and customary. Cashless Payment and inpatient guarantee letter can be provided subject to indemnification. Full coverage and all benefits payable shall be always subject to Annual Limit. ** Recommended or referred by the attending physician ## Include all expenses of operating theatre & materials, anesthetists, surgeon and hospital service relating to the transplantation of heart\kidney\liver\lung or bone marrow. # List of high cost providers: <ol style="list-style-type: none"> (1). All the United Family Hospitals and clinics; (2). SOS International Clinics; (3). Shanghai East International Medical Center; (4). St. Michael Hospital and Beijing TIAN TAN PUHUA hospital; (5). All the medical centers belong to Parkway Health Medical Centers in China; (6). Adventist Hospital; (7). Matilda Hospital; (8). Sanatorium Hospital <p>This list will be updated timely if have changes and the latest list is available at www.axatp.com.cn.</p>		

Part III Benefit Coverage

Important Notice

1. The benefits described below may be subject to maximum annual limits, lifetime limits and co-payment and/or a deductible. Please check the schedule and/or endorsements for details. Subject to the terms, conditions, and definitions of the policy, and in accordance with the limits and percentages stated hereunder, the following benefits shall be paid for reasonable and customary charges necessarily incurred by a Member.

2. If a member incurs covered expenses during the period of insurance, we will pay the benefits below in accordance with the schedule or any endorsements. If an event covered under this policy occurs during the period of insurance, but continues or extends beyond such period of insurance, we will only pay the benefits applicable to that member in respect of the relevant period of insurance where such event first occurred. Additionally, under no circumstances shall any benefits be payable for expenses incurred after termination or cancellation of the policy, or of coverage for such member, whether or not such expenses were due to Illness or Injury occurring before the termination or cancellation.

3. Unless otherwise provided, this policy is issued for a period of one year. If the period of insurance stipulated in the latest schedule or endorsement is less than one year, the benefits payable under this policy shall be pro-rated accordingly.

Reimbursement and Indemnity Basis

We will pay the benefits to the respective limits (as specified in the schedule and/or endorsement), in the following manner: The covered expenses actually incurred by a member; or reasonable and customary charges; whichever is lower, provided that all benefits payable under this policy (with the exception of Part 8) shall be always subject to the maximum annual Limits in respect of any one period of Insurance for each member.

Inpatient Benefit

Part 1. Hospitalization Benefits

The following benefits item 1 -14 are subject to a Member contracting an Illness or sustaining an Injury, and as a result of which requires either:

- Confinement in a Hospital as an Inpatient; or
- Day Surgery / Daycare Treatment.

For the avoidance of doubt, some benefits shall be applicable and payable only if the Member is confined in a hospital as an inpatient.

1. Daily Hospital Room and Board

Charges for room accommodation, meals and general nursing services for a standard private hospital room. Personal care items purchased during a hospital stay are not covered

2. Intensive Care Unit

Reimbursement of charges incurred during confinement as an Inpatient in the intensive care unit of the hospital including a high dependency unit or coronary care unit or such other similar care units or sections in a hospital.

3. Hospital Miscellaneous Expenses

- **Prescription Drugs**

Charges for medicines or drugs prescribed by a Physician which are medically necessary, but excluding charges for medicines or drugs prescribed for use beyond one hundred and twenty (120) days after the date of the last discharge from the Hospital or the date of the day surgery for which the member had been receiving treatment in respect to such illness or injury.

- **Inpatient Diagnostic Procedures**

Charges for inpatient diagnostic procedures those are medically necessary, arising out of or in connection to an illness or Injury.

- **Nursing, Theatre Consumables and Other Ancillary Charges**

Charges for nursing and medically necessary ancillary services and consumable items

- **Operating Theatre Charges**

Charges for usage of an operating theatre necessary for surgery or day surgery

4. Inpatient Physiotherapy

Charges for Inpatient physiotherapy that are medically necessary, arising out of or in connection to an illness or Injury.

5. Ambulance Services

Charges for medically necessary ambulance service to and/or from the Hospital provided that the member is admitted as an inpatient for treatment of an illness or Injury.

6. Surgeon's Fees

Fees for surgery or day surgery, provided that such surgery or day surgery was performed by a surgeon including charges for surgical appliances, blood and plasma, surgical implants and surgeon's pre-operative consultation, post-operative, and outpatient follow-up consultations

7. Anesthetist's Fees

Fees for the supply and administration of anesthesia by an anesthetist for a surgery or day surgery

8. Inpatient Physician's Visit

Fees charged by attending physicians for daily bedside visits to the member after inpatient treatment, subject to one (1) visit by each physician per day.

9. Home Nursing

Charges incurred up to a maximum of ninety (90) days for the nursing services of a registered nurse attending to a member, provided that such home attendance:

- i) is prescribed by a physician for medical reasons;
- ii) is necessary as without which the member would require confinement in a hospital as an Inpatient;
- iii) is carried out in the member's own home; and
- iv) immediately follows the date of discharge of the member as an inpatient from hospital.

10. Immediate Family accommodation

Accommodation charges incurred for an added bed in the same room for each night at a hospital, incurred by one(1)immediate family of a member, provided that:

- i) such member is under 12 years of age/or above 60 years of age at the commencement of the confinement in the hospital as an inpatient;
- ii) the member was receiving treatment for illness or Injury as an inpatient at a hospital, and such inpatient confinement is for a period of six (6) days or more in accordance with his coverage under this policy; and
- iii) the treating physician has advised in writing that an immediate family member should remain with the member

11. Pre-Hospitalization or Pre-Day Surgery Specialist's Consultation

Charges for consultation (including medication) with a physician within ninety (90) days prior to an inpatient treatment or day surgery

12. Pre-Hospitalization or Pre-Day Surgery Diagnostic Services

Charges for diagnostic procedures and laboratory examinations, which are recommended in writing by a physician, within ninety (90) days prior to an inpatient treatment or day surgery

13. Post-Hospitalization or Post-Day Surgery Treatment

Charges incurred in follow-up treatment, after inpatient treatment or day surgery, by the same attending physician, within ninety (90) days immediately following the date of the last discharge from hospital for which the member was confined as an inpatient or the date of the day surgery, as a result of an illness or injury, excluding charges for medicines or drugs prescribed for use beyond one hundred and twenty (120) days after such discharge.

14. Inpatient Psychiatric Treatment

- i) Charges incurred for psychiatric treatment by a psychiatrist upon being admitted to a mental institution as an inpatient.
- ii) Up to max number of days per year as stated in your schedule and/or endorsements after twelve (12) months continuous cover under the plan.
- iii) Up to lifetime limit as stated in your schedule and/or endorsements for inpatient treatment at a mental institution. Once the lifetime limit is exhausted, we shall not be liable for any expenses arising from such psychiatric treatment.
- iv) Not covered for treatment which arises from or is directly or indirectly caused by a deliberately self-inflicted injury or an attempt at suicide
- v) Not covered for treatment which arises from or is in any way connected with, alcohol abuse, drug abuse or substance abuse.

This benefit depends on the plan you choose.

China Classic and Elite Plans exclude all treatments and charges received from inpatient psychiatric treatment. No benefits will be paid should you seek inpatient psychiatric treatment. Inpatient psychiatric treatment is covered under international classic, elite and worldwide elite plans.

Part 2. Major Organ Transplant

Charges for the transplantation of the major organs of the kidneys, heart, liver, lung or bone marrow by surgery from a human donor to a member, excluding the costs of acquisition of the organ (including but not limited to, transportation costs) or any expenses incurred by the donor, in the event that a member shall contract an illness or sustain an injury and requires major organ transplantation.

Part 3. Artificial Prosthesis

Reimbursement of reasonable and customary charges incurred by a member for any lens, prostheses, braces (excluding braces for teeth), pacemakers, artificial limbs or similar orthopedic appliances and implants, provided that they are surgically implanted, and certified to be medically necessary and not implanted for cosmetic reasons.

Part 4. Cancer Treatment / Outpatient Kidney Dialysis

Up to the annual limit and lifetime limit as

stated in your schedule and/or endorsements.

Once the lifetime limit is exhausted, we shall not be liable for any expenses under this benefit.

(a) Cancer Treatment

Charges for out-patient treatment and hospitalization treatment of a member for cancer at a legally registered cancer treatment centre.

(b) Outpatient Kidney Dialysis

Charges for medically necessary kidney dialysis of a member as recommended by a physician. The following are excluded under this outpatient kidney dialysis benefit:

- i) Complications that arise out of or in connection to Kidney Dialysis; and
- ii) Costs for the acquisition of any device, apparatus, appliance, machine and equipment for Kidney Dialysis. Without prejudice to the foregoing, We do not cover the costs of acquisition of a cyclor device or such similar equipment for peritoneal dialysis.

For such purposes, "Kidney Dialysis" shall mean dialysis Treatment by either Haemodialysis (where waste products and excess water from the blood is removed by rerouting the blood out of the body through a machine) that is carried out at a legally registered dialysis centre; or peritoneal dialysis (where a dialysis solution is passed through the member's abdomen to drain waste products and excess water from the blood through the peritoneum membrane lining).

Part 5. Outpatient Accidental Emergency Dental Treatment

- i) Charges for medically necessary emergency dental treatment of a member by a dentist within twenty four (24) hours following the date of an accident in the event that the member shall suffer injuries or damage to his natural teeth and/or gums as a result of an accident.
- ii) Charges for follow-up treatment by the same dentist up to thirty (30) days from the date of the accident, including any charges for medication prescribed on a written basis by the attending dentist.

Part 6. Outpatient Accidental Emergency Treatment

- i) Charges for emergency treatment of a member for an injury and such emergency treatment were performed by a physician within twenty four (24) hours following the date of an accident.

ii) Charges for follow-up treatment by the same physician up to thirty (30) days from the date of the accident, including any charges for medication prescribed on a written basis by the attending physician for that same treatment or consultation.

Part 7. High Cost Providers

The usage of high cost providers depends on the plan you choose. China Classic and International Classic Plans exclude all treatments and charges received from high cost providers. No benefits will be paid should a member seek treatment at high cost providers. China elite, international elite and worldwide elite plans have no restrictions on the usage of high cost providers.

Part 8. Emergency Assistance Service and Benefits

The following benefits are provided to a member by AXA assistance, an emergency assistance centre appointed by us. We shall pay directly to AXA assistance the expenses specified below, up to the annual limits stated on the schedule and/or endorsement.

If the member shall suffer serious Injury or sudden Illness or is in need of medical, emergency assistance while arising out of and in the course of his or her journey, provided that the trip is not undertaken:

- Against the advice of the physician, and/or
- For the purpose of obtaining or seeking any medical or surgical treatment abroad.

The following emergency assistance services and benefits are available directly from AXA assistance upon specific verbal notification by the member or his or her personal representative to any of the specified 24-Hour alarm Centre. It shall be stressed that AXA assistance is a service provider rather than an insurance company, so AXA assistance will not provide any financial compensation or settle any claims in any manner and the Member shall not be entitled to the reimbursement of any such expenses incurred or paid directly by him/her.

(a) Emergency Medical Attention, Telephone Medical Advice, Evaluation and Referral Appointment

When emergency medical advice is needed, the member may telephone the AXA Assistance's alarm center for medical advice and evaluation from the attending physician. However, it shall be stressed that telephone conversation cannot establish a diagnosis and shall be considered as an advice only. If medically necessary, the member shall be referred to another physician or to a medical specialist for personal assessment and AXA Assistance will assist the member in making the medical appointment.

(b) Emergency Medical Evacuation

Should the member suffer from injury or sudden illness such that AXA assistance's medical team and the attending physician recommend hospitalization or another medical facility where the member can be suitably treated, AXA assistance will arrange and pay for:

- The transfer of the member into one of the nearest hospital and,

- If necessary, on medical grounds.

i) The transfer of the member with necessary medical supervision by any means (including but not limited to air ambulance, scheduled commercial flight, and road ambulance) to a hospital more appropriately equipped for the particular bodily injury or sudden illness, or

ii) The direct repatriation, including road ambulance transfers to and from the airports, of the member with necessary medical supervision by scheduled airline to an appropriate hospital or other health care facility near his or her permanent residence, if his or her medical condition permits such repatriation. The medical team and attending physician will determine the necessary arrangements according to the circumstances.

(c) Repatriation after Treatment

Following the medical evacuation in Part 8(b) above and if medically necessary, AXA assistance will arrange and pay for the repatriation of the member to the medical facility in the People's Republic of China or his/her home country/usual country of residence by scheduled airline flight or any other appropriate means of transportation on economy class, including any supplementary cost of transportation to and from the airport, if his or her original ticket is not valid for the purpose, provided that the member shall surrender any unused portion of his or her ticket to AXA assistance. Any decision on the repatriation of the member shall be made jointly and exclusively by both the attending physician and AXA assistance's alarm center under constant medical supervision.

(d) Repatriation of Mortal Remains/Ashes

Upon the death of a member, AXA assistance will make all the necessary arrangements (including any steps or arrangements necessary to meet local formalities) and pay for

(i) the repatriation of the member's body or ashes to the People's Republic of China or the member's home country/ usual country of residence or

(ii) at the request of the member's heirs or representative, the local burial of the member, provided that AXA assistance's financial responsibility for such local burial shall be limited to the equivalent of the cost of repatriation of mortal remains as provided in this benefit. The cost of coffin is excluded.

Important notes: overseas evacuation or repatriation service will not be available for moving Members from a ship, oil-rig platform or similar off-shore location. Members have to follow the service standards regulated by this policy and responsible for any extra charges not covered by this policy.

Outpatient Benefits

1. Clinical Consultation

Reimbursement of reasonable and customary charges for treatment or services rendered by a registered medical physician as a result of disease, illness or injury or sickness up to the maximum amount indicated in the schedule and/or endorsements.

2. Specialist Consultation

Reimbursement of reasonable and customary charges for treatment or services rendered by a specialist as a result of disease, illness or injury or sickness up to the maximum amount indicated in the schedule and/or endorsements.

3. Physiotherapy Treatment

Reimbursement of reasonable and customary charges for treatment or services rendered by a registered physiotherapist, as recommended by a registered medical physician in writing, as a result of disease, illness or injury or sickness up to the maximum amount indicated in the schedule and/or endorsements.

4. Chiropractic Treatment

Reimbursement of reasonable and customary charges for treatment or services rendered by a registered chiropractor, as recommended by a registered medical physician in writing, as a result of disease, illness or injury or sickness up to the maximum amount indicated in the schedule and/or endorsements.

5. Chinese Herbalist

Reimbursement of the reasonable and customary charges for treatment or consultation services rendered by a registered Chinese herbalist as a result of disease, illness or injury or sickness up to the maximum amount indicated in the schedule and/or endorsements.

6. Bonesetter

Reimbursement of the reasonable and customary charges for treatment or consultation services rendered by a registered bonesetter as a result of disease, illness or injury or sickness up to the maximum amount indicated in the schedule and/or endorsements.

7. Acupuncture Treatment

Reimbursement of the reasonable and customary charges for treatment or services rendered by an acupuncturist as a result of disease, illness or injury up to the maximum amount indicated in the schedule and/or endorsements.

8. X-Ray & Laboratory Expenses

Reimbursement of reasonable and customary charges for outpatient X-ray & laboratory examinations, as recommended by a registered medical physician in writing, as a result of illness or injury up to the maximum amount indicated in the schedule and/or endorsements.

9. Prescribed Drugs & Medicine

Reimbursement of the cost of medically necessary medicine and drugs prescribed on a written basis by the attending physician on account of illness or injury up to the maximum amount indicated in the schedule and/or endorsements.

Dental Benefits

1. Dental Treatment

The company shall reimburse a member the reasonable and customary charges incurred for treatment (except for denture) provided by a registered dentist up to the maximum amounts as specified in the schedule and/or endorsements.

2. Preventive & Oral Examination

If a member incurred expenses for oral examination, prophylaxis which includes scaling and polishing by a registered dentist, The company shall make reimbursement for such expenses up to the maximum amount per visit indicated in the schedule and/or endorsements and provided that the benefit does not exceed the number of visits per year indicated in the schedule and/or endorsements.

3. Dentures

The company shall reimburse a member the reasonable and customary expenses incurred for replacement of missing natural teeth and other tissues by artificial appliances, including repair expense of these artificial appliances, up to the maximum amount per tooth as indicated in the schedule and/or endorsements.

Terms for Coverage of Pre-existing Dental Conditions

After policy renewal, the following terms for coverage of pre-existing dental conditions shall apply:

- i) From the second Policy year onwards and provided that the dental cover has been in force continuously for one full year, the following Treatments are entitled to reimbursement up to a maximum of Chinese RMB 6,000 (882 US dollars) annually per member with the aggregate total of all dental benefits per member payable annually not exceeding the amount specified in the schedule and/or endorsements: fillings build-ups, extractions with the exception of wisdom teeth.
- ii) From the fourth policy year onwards and provided that the dental cover has been in force continuously for three full years from the first policy year, the following treatments and apparatus are entitled to reimbursement up to a maximum of Chinese RMB6, 000 (882 US dollars) annually per member with the aggregate total of all dental benefits per member payable annually not exceeding the amount specified in the benefits schedule and/or

endorsements: fillings, build-ups, posts,cores, extractions with the exception of wisdomteeth, crowns, inlays, on lays, bridges, dentures, deep cleaning, root planning, root canal treatment, periodontal treatment, root replacement of missing teeth, restorative treatment and repair of old crowns, bridges, dentures.

- iii) From the sixth policy year onwards and provided that the dental cover has been in force continually for five full years from the first policy year, all pre-existing dental conditions will be fully covered up to the limit specified in the schedule and/or endorsements.

Dental Definitions

1. Pre-existing Dental Conditions:

A pre-existing dental condition is a dental health problem such as, but not limited to, the following:

- i) Teeth missing since before the effective date of coverage.
- ii) Teeth lost, extracted or damaged, etc. as a result of a condition which existed before the effective date of coverage.
- iii) Any condition requiring treatment such as fillings, crowns, bridges, dentures, posts, build-ups, inlays, on lays, restorative treatment as a result of an accident which occurred before the effective date of coverage, or as a result of a process of deterioration which started before the effective date of coverage, even if the condition had not manifested itself by that date.
- iv) Any condition requiring deep-cleaning, root planning, periodontal maintenance, treatment, etc. as a result of a process which started before the effective date of coverage, even if the condition had not manifested itself by that date.
- v) Any condition requiring dental or oral surgery as a result of an Accident which occurred before the effective date of coverage, or as a result of a process of deterioration which started before the effective date of coverage, even if the condition had not manifested itself by that date.

2. Registered Dentist:

A registered dentist authorized in the geographical area of his or her practice to render dental services.

Routine Health Care

This benefit shall not be purchased standalone. The terms and conditions in this rider prevail while the conditions and terms of the Inpatient Cover should also apply to this rider. The following services are paid up to the Annual Limits indicated in the Schedule and/or Endorsements for the Reasonable and Customary Charges subject to the following

a) **High Cost Providers**

The usage of High Cost Providers depends on the Plan you choose.

International Elite Plans have no restrictions on the usage of High Cost Providers.

b) Each member may need to pay a portion of any claims payable pursuant to the Copayment features of this Policy, the percentage of such Co-payment shall be specified in the Schedule and/or Endorsements.

1. Physical check-up benefits

Reimbursement of the cost of the preventive treatment including routine physical examinations, or health screening, or health check-ups, or vaccinations, as recommended by a registered medical Physician up to the maximum amount indicated in the Schedule and/or Endorsements.

2. Optical Benefits

Reimbursement of Reasonable and Customary Charges for eyesight tests or prescribed spectacles, lenses or contact lenses by an optician up to the maximum amount indicated in the Schedule and/or Endorsements.

3. Hearing Tests and Hearing Aid

Reimbursement of Reasonable and Customary Charges for hearing tests or hearing aids prescribed by a medical Physician up to the maximum amount indicated in the Schedule and/or Endorsements.

Part IV Exclusions

Policy Exclusions

No benefits shall be payable under this policy for any one of the following occurrences and any events and medical conditions arising from such occurrences (whether directly or indirectly, partially or wholly):

(a) Any period of hospital confinement unless the entire confinement and all the special hospital services so rendered and performed had been recommended and approved by a physician and in accordance with the diagnosis and treatment of the illness or injury for which the hospital confinement was required.

(b) All pre-existing conditions or any related, associated or consequential disabilities, unless declared by the member in the application form and specifically accepted by us during underwriting stage and endorsed on the policy.

(c) Hospitalization or outpatient primarily for diagnosis, x-ray examinations, or for general physical or medical check up, routine physical examinations, health check-ups or any other tests, where there is no objective indication of impairment of normal health or any treatment of a preventive nature without medically necessary including vaccinations, acupuncture, or any treatment which is not medically necessary. Otherwise stated and covered in the policy.

(d) Charges for telephone, television, radio, newspaper, guests' meals and other ineligible non-medical items whilst confined as an Inpatient or for day surgery or daycare treatment.

(e) Outpatient treatment, dental care and its related treatment except as specifically covered under this policy.

(f) Pregnancy, childbirth, abortion, miscarriage, infertility and all complications arising there from unless otherwise stated and covered in the policy.

(g) Birth control measures, assisted reproduction, sterilization (or its reversal) or any events arising out of or in connection thereto.

(h) Circumcision unless medically necessary, impotence or any consequence of it.

(i) Sickness or disease directly or indirectly arising from venereal disease, Acquired Immune Deficiency Syndrome (AIDS), any AIDS related condition, or infection by Human Immune Deficiency Virus (HIV).

(j) Sex change.

(k) Costs arise under any legislation or covered under any corresponding insurance relating to occupational death, injury, or illness.

(l) Congenital conditions and any physical birth defects arising out of or resulting therefrom.

(m) Non-Hospital nursing care or ambulatory care, rest cures or sanatoria care, treatment arising from any geriatric, psycho-geriatric or psychological, emotional, mental or psychiatric conditions, mental disorder and alcoholism or substance abuse, unless otherwise stated and covered in the policy

(n) Suicide or attempted suicide, self-inflicted injuries or any attempt thereof whether sane or insane. A result of the members were attacked or murdered caused by deliberate act or provocation of the members.

(o) Eye tests, refractive errors of the eyes, provision of medical appliances and prosthetic devices (including spectacles, hearing aids and wheelchairs and lenses), unless otherwise stated and covered in the policy.

(p) Racing of any kind (except on foot), professional sports, parachuting, skydiving, hang-gliding, bungee jumping, diving, horse racing, car racing, mountaineering, rock climbing, martial art game, boxing, wrestling and acrobatic performances or exploration activities or any other high-risk sports and extreme sports.

(q) Flying or other aerial activity except as a fare-paying passenger in a fully licensed aircraft operated by a licensed commercial air carrier or recognized charter company.

(r) Nuclear or chemical contamination, war, invasion, losses by terrorist acts using chemical and/or biological substances, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, direct participation in riot, strike and civil commotion, insurrection or military or usurped power, or active duty in any of the armed forces.

(s) The use or any treatment resulting from the use, of any drugs not licensed by an official governmental control agency of the country in which the drug is given, or drugs used in any

- (t) Experimental medical treatment.
- (u) Developmental delay and/or learning disabilities in children
- (v) Cosmetic (aesthetic) or plastic surgery or treatment, or any treatment which relates to or is needed because of previous cosmetic treatment, provided that this exclusion does not apply to reconstructive surgery if:
 - i) it is carried out to restore function or appearance after an accident or following surgery for a medical condition, provided that the accident or surgeon occurred while the member was covered under this policy; and
 - ii) it is done at a medically appropriate stage after the accident or surgery; and
 - iii) the cost of the treatment is approved by us in writing before it is done.
- (w) The removal of fat or surplus tissue from any part of the body whether or not it is needed for medical or psychological reasons, treatment of obesity, weight reduction or weight improvement.
- (x) Violation or any attempted violation of the law or resistance or attempted resistance to lawful arrest.
- (y) All costs relating to cornea, bone marrow, muscular, skeletal or human organ or tissue transplant from a donor to a receptor and all expenses directly or indirectly related to organ transplantation (including conditions requiring or likely to require transplantation and status-post transplantation) unless otherwise stated and covered in the policy.
- (z) Treatment of alcohol dependence syndrome or drug addiction.
- (aa) Sleep apnoea.

Dental Exclusions

- No Benefits shall be paid for the following services, products or conditions:
- (a) Pre-existing dental conditions as defined in *Dental Definition*.
 - (b) Dental procedure not initiated and completed while insured for dental benefits under this provision.
 - (c) Expenses incurred for orthodontics, cosmetic purposes, or repair of congenital malformation solely for cosmetic purposes.
 - (d) Expenses incurred for oral hygiene instructions, plaque control programs and dietary instructions.
 - (e) Preventive purpose that shall not incident to provide direct treatment.

Optical Exclusions

- No Benefits shall be paid for the following services, products or conditions:
- (a) Contact lens check-ups or solutions, non prescribed spectacles, spectacle repairs, new frames, or Replacements needed after accidental damage.
 - (b) Contact lenses for purely cosmetic purpose only and any kind of sunglasses including prescription sunglasses.

Part V Claim Procedure

I. Direct Billing Procedure

Direct billing service simply means that you may enjoy cashless service when you obtain medical treatment at network hospitals. **You need to take with you your member card and a valid ID card (China citizen ID card or passport); you only need to pay for the deductible and co-payment portion plus the items that are not covered** by the policy after treatment.



AXA Tianping Property & Casualty Insurance Co., Ltd had contracted with Medilink, a medical Third Party Administrator (TPA) to provide Direct Billing settlement.

The 24hr toll free hotline is **(+86) 400-880-8820** in mainland China.

Please note that if your single outpatient expense in total **exceeds** Chinese **RMB 5,000** or equal amount of other currency, you will be **not eligible for “Direct Billing”** settlement. You need to pay for your treatment and then send all the necessary medical materials to the insurance company for claim refund.

II. Pre-authorization

The following Medical Services require Pre-authorization.

Please contact TPA 5 working days prior to the scheduled treatment date.

For the emergency, the insured person could inform us within 48 hours after the emergency happened.

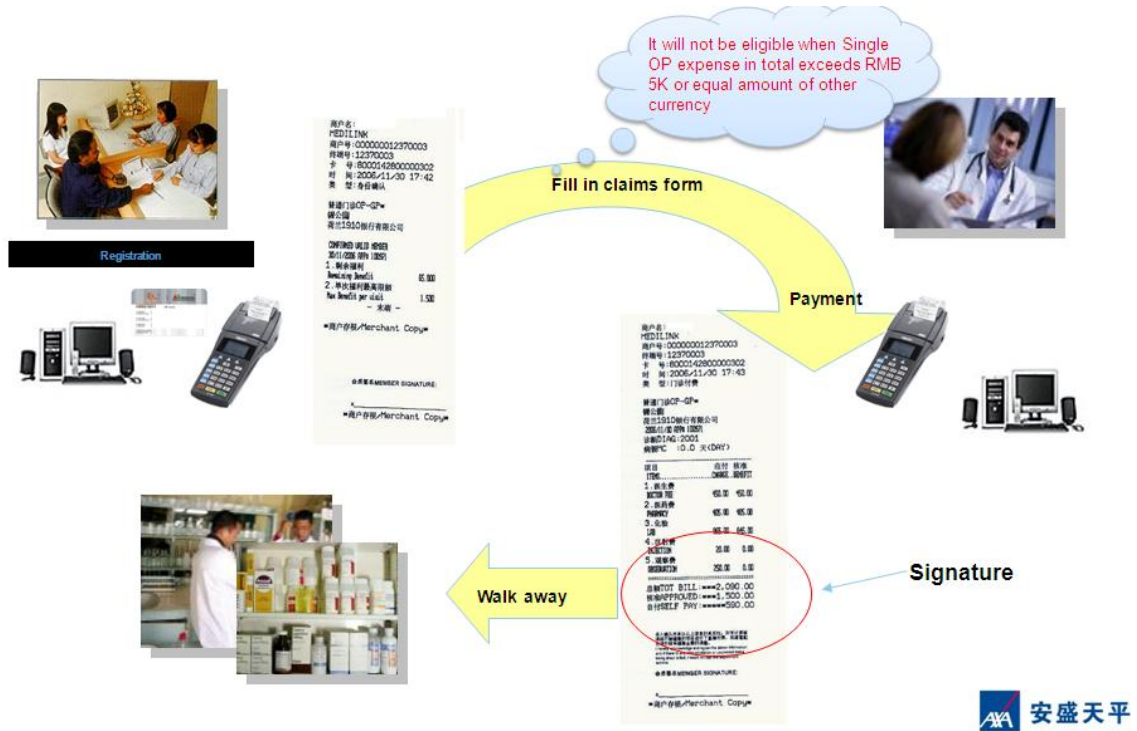
Written approval must be received prior to the commencement of treatment.

It will be 2 working days in approving the authorization form and we will fax back to you or your doctor. If your medical expenses are too high or the length of staying for too long, insurance company may take longer time to review, under normal circumstances would within 5 working days to respond.

- all Inpatient admissions and/or treatments
- any surgery requiring general anesthesia (outpatient or inpatient)
- home nursing care
- organ transplants and other similar procedures
- outpatient kidney dialysis
- Cancer treatment

III. Claim Workflow

1) Workflow of outpatient direct billing service at network hospitals in China



2) Workflow of inpatient direct billing service at network hospitals in China

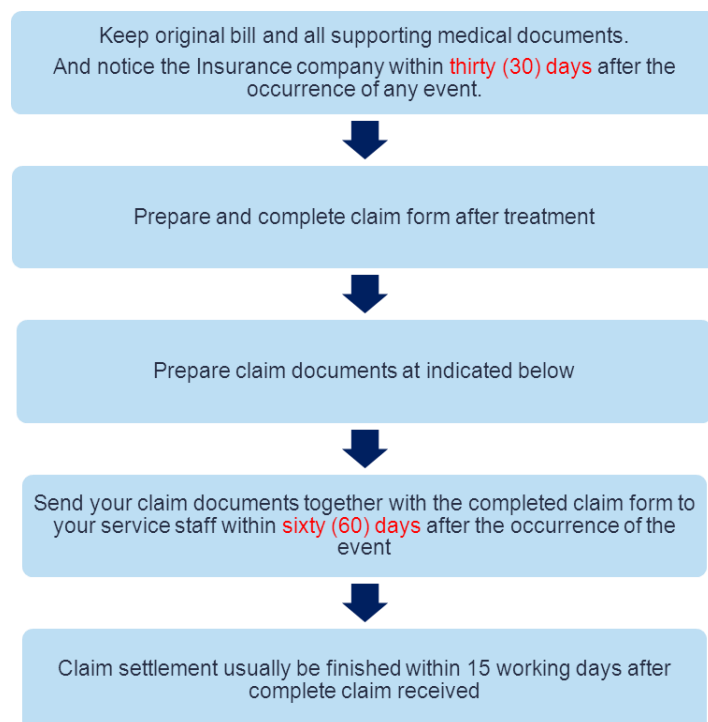


Important Note:

1. Please make the appointment through your service people or call at (+86) 400-880-8820 to avoid waiting, and please present your AXA medical card along with your valid photo ID or passport.
2. Direct-billing service cannot be used out of the network. And if hospital or clinic within the network is not in the working time, direct-billing service cannot be used either especially at night. You can apply for Reimbursement after the treatment.
3. Public hospitals within our network such as The First Affiliated Hospital of Soochow University and Suzhou Municipal Hospital cannot collect your self-payment. We will pay for you first at the time of your service, and you shall undertake to pay back your self-payment to the insurance company.
4. In order to offer better Direct Billing Service, you are advised to call us and make an appointment when you take the first consultation. The Direct Billing Service is only available in our network hospital. If you take the treatment in a hospital which is not included in our network, you are supposed to pay the expense by yourself previously and then could claim

IV. Reimbursement

If insured receives medical treatment at hospital that is outside of network, please follow the claim workflow below:



Note:

1. How to obtain Health Loss Notice
 - a) Get it from the service staff
 - b) Find it at the appendix B
2. After settlement, the amount of payment under the benefit will be transferred to your bank account that you have provided by the time of purchasing the policy. The Settlement Letter will be sent to you via E-mail or by post.
3. Submit to on-site service staff
4. If you need the invoice/receipt be returned, please inform us in the Health Loss Notice.

Documents Required for Claim Submission

Application items	Prepared Claim documents
Outpatient and emergency	<ol style="list-style-type: none"> 1. Original receipts/ invoice 2. Proof of identity 3. Patient medical reports 4. Records of examination and related surgery 5. Other related documents required by insurance company if necessary.
Inpatient	<ol style="list-style-type: none"> 1. Original receipts/ invoice 2. Proof of identity 3. Patient medical reports 4. Records of examination and related surgery 5. Discharge summary 6. Detailed list of medical fee/ prescription 7. Other related documents required by insurance company if necessary.

The situations below may lead to claims rejection or delay:

1. Claims materials are incomplete (e.g. lack of medical record);
2. Examination, treatment and medication are inconsistent with the diagnosed disease;
3. Name on receipt is incorrect or unexplained changes occur in medical record;
4. No bank account;
5. Any Consultation or treatment is not taken in licensed hospital/clinic; any drugs are not recommended by the qualified doctor.
6. Direct dispensary without diagnosis.

Part VI FAQ

What is Direct Billing Service?

Direct Billing service is provided for the high end customers of AXA Insurance. You may enjoy cashless service when you obtain medical treatment at designated Network Hospitals and clinics. You only need to pay for the deductible and co-payment portion plus the items that are not covered by the policy after treatment. The rest of the expenses will be settled between hospital and insurance company.

When can I enjoy Direct Billing?

You may enjoy Direct Billing Service when you seek medical treatment as either an out-patient/emergency patient or an in-patient, in those clinics and hospitals that are within the Direct Billing Network. However, when using a non network provider, you still need to submit an application for Pre-authorization for any required services. Please note, Direct Billing services are limited to Network Hospitals/ clinics only.

Geographic Area for Medical Direct Billing Service

Network Clinics and hospitals in China (excluding Hong Kong, Macau and Taiwan). Hospitalization outside of China (including Hong Kong, Macau and Taiwan) with approved Pre-authorization. Medical emergency assistance service globally with approved Pre-authorization.

Reasons for Pre-authorization Denial

Pre-authorization and direct billing may be denied for reasons, including but not limited to, the following:

- A.** Information provided such as medical record or estimated length of stay and expenses for Pre-authorization is not sufficient.
- B.** The medical treatment item not covered by the policy
- C.** The disease is not covered by the policy coverage
- D.** Your medical expenses to be incurred have already exceeded the benefit coverage limits
- E.** Service centre is not able to receive Pre-authorization Application Form on time
- F.** Service Centre didn't get a reply on the questions raised.

Note: If your Pre-authorization application is denied, the Service Center will inform yourself and the relevant network hospital by Denial Letter with reasons for the denial indicated. Denial of the application does not mean the final rejection of this expenses reimbursement.

You may still receive your treatments, settle the expense, and then submit your claim. You may still get the expenses reimbursed, depending on the terms and conditions of your policy.

Once Pre-authorization is granted, what do I need to do after treatment at out-patient department or before the discharge from Network Hospital?

Once outpatient treatment is done or 6 hours prior to discharge, you are required to assist the network hospital on the preparation of bill settlement.

Please help by:

Settling the policy self-pay portion

Settling the expenses that exceed the benefit coverage limits

Check if the treatment and bills match

Keep a copy of your medical bills, the itemized expenses list, and the discharge summary.

Could I enjoy Direct Billing Service at outside of Network Hospital?

Direct Billing Service is only provided at Network clinics and hospitals. If you receive medical treatment outside of network facilities, you may settle expenses first by yourself and claim for reimbursement after treatment. Please refer to the relevant workflow.

Could I enjoy Direct Billing Service for annual medical check up which is covered under the policy?

Direct Billing Service for annual medical check up is limited to network clinics and hospitals. We suggest you to go to those network clinics and hospitals, confirmed by the Service Center to arrange for medical check up so as to easily access the best channel for service. Please refer to the attached list of clinics in the manual.

What if I lose my membership card?

Please contact Customer Service Centre at 400 880 8820 as soon as possible to get a new card issued.

What should I do if I still have more questions?

For urgent issues, please dial **400 880 8820**, to contact customer service centre.

Part VII: Hospital List for Direct Billing Service

Hospital Network

Hospital list will be updated from time to time. Please visit our website: <http://www.medilink-global.com.cn> to get the most up-to-date list.

Appendix A: Suzhou & Shanghai Hospital List for Direct Billing Service

Suzhou

The First Affiliated Hospital of Soochow University (selfpay amount will not be collected at the time of your service)	No.188,Shizi Street,Suzhou	4008808820
Suzhou Municipal Hospital (selfpay amount will not be collected at the time of your service)	No.26 Daoqian street Canglang District,Suzhou.	0512-62362800
Suzhou Benq Hospital International Medical Center	No.181 Zhuyuan Rd,New District,Suzhou.	0512-80838800- 5800
SIP Medical and Dental Center (Managed by Parkway)	Rm 203-204, Building 10, Li Gong Di Phase III, Suzhou	0512-67903490
Singhealth Medical Clinic	1F XingHai Building,No.198 XingHai Street, Industrial Park District,Suzhou.	0512-67671611 0512-67671655
Gentle Medical Clinic	Rm 101,No.108,Zhonghui Rd, Industrial Park,Suzhou.	86 512-62988655
Singhealth Medical Clinic &Global188	Rm,311 Global 188,No.88 Suhui Rd,Industrial Park,Distrist,Suzhou.	0512-62990301
The Second Affiliated Hospital of Suzhou University	NO.1005 Sanxiang Rd,Jinlue District,Suzhou.	0512-67783343
Suzhou Kowloon Hospital Shanghai Jiaotong University Medical School VIP Center	No.118,Wansheng Ave, Suzhou Industry Park,Jiangping District,Suzhou.	0512-6262 7998/7999
Tokushinkai Dental — Suzhou Clinic	1F, Suxin Building No.88,Jinjihu Rd, Industry Park,Jinchang District,Suzhou.	0512-6763-572 0 / 6763-5721
Tokushinkai Dental — SNP Clinic	3F, The Emerald City, NO.436 ChangJiang Rd, Suzhou New District,Suzhou.	0512-6803-250 1 6803-2502
Suzhou Well Dental Clinic	No.177,Dongwu North Rd,Wuzhong District,Suzhou.	0521-68567660
Introduction of Suzhou Eye Hospital	No.18 Shuyuan Lane,Canglang District,Shuzhou.	0512- 65775111

Shanghai

Huashan Worldwide Medical Center (selfpay amount will not be collected at the time of your service)	8F Building 1,HuaShan Hospital,No.12 Wulumuqi Zhong Rd.Jing'an District,Shanghai. (Outpatient)	021-62483986 021-62499295
	15F、 16F ,Building6 NO.12,Wulumuqi Zhong Rd. Jing'an District,Shanghai.(Inpatient)	021-52887250(15F) 52887260(16F)
Shanghai Children's Medical Center(selfpay amount will not be collected at the time of your service)	3F,NO.1678,Dongfang Rd,Pudong New District,Shanghai	021-38626161-6032 / 021-58395238
Hua Dong Hospital affiliated to Fudan University VIP clinic (selfpay amount will not be collected at the time of your service)	NO.221 Yan'an Xi Rd,Jing'anDistrict,Shanghai.	021-62483180
Shanghai Shuguang Hospital--Pudong Treatment Center (selfpay amount will not be collected at the time of your service)	No. 528 Zhangheng Rd, Pudong New District, Shanghai.	021-20256606
Shanghai Shuguang Hospital--Puxi Treatment Center (selfpay amount will not be collected at the time of your service)	No.187 Puan Rd,Luwan District,Shanghai.	021-63855617
Shanghai Children's Hospital (selfpay amount will not be collected at the time of your service)	No.24 Beijing west Rd,Huangpu District,Shanghai.	021-62793211 021-62792283
Shanghai Ruijin Hospital VIP Clinic (selfpay amount will not be collected at the time of your service)	NO.197 Ruijin Two Rd, Luwan District, Shanghai. (9th building, 38th building)	021-64678970
Shanghai 6th Hospital International Department (selfpay amount will not be collected at the time of your service)	NO.600 Yishan Rd, Xuhui District, Shanghai. (13F,Outpatient Building)	021-24056318
International Division of Huashan Hospital Pudong,Fudan University (Shanghai International Hospital)	Area B, 1F, No. 525Hongfeng Rd, Pudong New District, Shanghai.	021-50309907
Huashan Hospital Famous Doctor Studio	AreaC,1F,No. 525,Hongfeng Rd, Pudong New District,Shanghai.	021- 50309969
International Clinic Center of Children's Hospital of Fudan University (VIP Clinic)	No.399,Wanyuan Rd,Minhang District,Shanghai.(1F,Out-patient building)	021-64931507
Shanghai Tongren Hospital Special Medical Service Center	4F, NO.3 Department , Outpatient Building, No.1111 Xianxia Rd,Changning District,Shanghai.	021-62909911ext.1333
International Medical Care Center Of Shanghai First People's Hospital Jiaotong University	NO.585 JiuLong Rd,HongKou District,ShangHai.	021- 63243852
International Medical Care Center Of Shanghai First People's Hospital Jiaotong University(SongJiang College)	No.650 Xinsongjiang Rd, Songjiang District,Shanghai.	021- 37798630
Shanghai Minhang TCM Hospital	8F,Vip/Korean Clinic No.3071 Hechuan Rd (Close to	021- 51173569

VIP/Korean Clinic	Wuzhong Rd),Minhang District,Shanghai.	
Shanghai Punan Hospital International Medical Center	No.219 Linyi Rd,Pudongxin District,Shanghai.	021- 50945088
Shanghai Ruidong Hospital	No.120 Jin Xiu Dong Rd,Pudong New District,Shanghai.	021-5833 9046
Shanghai Landseed Hospital	No.102 QinJiang Rd, Xu-Hui District,ShangHai.	021- 61957888
Shanghai Landseed Hospital (International Department)	No.102 QinJiang Rd, Xu-Hui District,ShangHai.	021-61957888
Shanghai Landseed Hospital (Dental)	No.102 Qinjiang Rd, Xuhui District,Shanghai.	021-61957888
Parkway Health Medical Centers Specialty and Inpatient Center	F3.F2 NO.170 Danshui Rd, Luwan District,Shanghai.(Close to Xintiandi)	021-6445 5999
Parkway Health Medical Centers Shanghai Center Medical and Dental Centers	Units 203-4,West Retail Plaza,No.1376 Nanjing Xi Rd.,Jing'an District,Shanghai.	021-6445 5999
Parkway Health Medical Centers Hong Qiao Medical Center	NO.2258,Hongqiao Rd.,Changning District,Shanghai.	021-6445 5999
Parkway Health Medical Centers Jin Qiao Medical and Dental Center	No. 51,Hongfeng Rd., Jin Qiao, Pudong, Shanghai.	021-6445 5999
Parkway Health Medical Centers Mandarin City Medical Center	Suite 30, No. 788 Hong Xu Rd., Changning District,Shanghai.	021-6445 5999
Parkway Health Medical Centers Tomorrow Square International Medical and Surgical Center	4F , No. 389, Tomorrow Square, Nanjing Xi Rd,Huangpu District,Shanghai	021-63755588 / 6445 5999
Parkway Health Medical Centers Jinmao Tower Medical Center	No. 88, Podium Building, JinMao Tower, J-LIFE, Century Avenue, Pudong New Area, Shanghai.	021- 64455999
Shanghai East International Medical Center	No.551,Pudong Nan Rd, Pudong New District, Shanghai.	021-5879 9999
Shanghai Humanity Hospital	No.1590 Huaihai Zhong Rd,Xuhui District,Shanghai.	021-6433 3999
Global HealthCare	Room303,No.1788 Nanjing West Rd,Jingan District,Shanghai.	021-5298 6339
Global Health Care Medical&Dental Center	No.212,Shanghai World Financial Center 100 Century Ave.Shanghai Pudong Distract,Shanghai.	021- 68775093
Shanghai American-Sino OB/GYN Service	3F, Block 6, Clove Apartment, No.800, HuaShan Rd,Jing'an District,Shanghai. (Out-patient Clinic Center)	021-6210 2299
	14F, Complex Building, HuaShan Hospital, 12 WuLuMuQi Zhong Rd, Jing'an District, Shanghai.	021- 6249 3246, 021-6248 7517
Shanghai Redleaf Women's Hospital	No.1209 Huaihai Road,Xuhui District,Shanghai.	021- 61963333
Shanghai Orient Hospital VIP Clinic	No. 150 Jimo Rd.,Pudong New District,Shanghai.	021-38804518
Shanghai Orient Hospital VIP Clinic (South Yuan)	NO,1800 Yuntai Rd,Pudong new District,Shanghai.	021- 20334612
Shanghai United Family Hospital and Clinics	No.1139,Xian Xia Lu, Changning District, Shanghai.	4006393900 021-22163900
Shanghai United Family Clinics--Minhang	Shanghai Racquet Club Ground Floor Clubhouse,Lane555 Jinfeng Lu Huacao Town Minhang	021-22010995

	District, Shanghai	
Shanghai United Family & Clinics	No.8 Quankou Rd Changning District, Shanghai.	021-22163909
Sino United Health	Rm.601, Shanghai Center, No.1376, Nanjing Xi Rd, Jing An District, near Tongren Road, Metro Line 2 Jing'an Temple Station.	021-6279 8920
Sino United Health Jinqiao Clinic	No.16 Alley 300, Hongfeng Rd Pudong New District, Shanghai.	021- 50307810
Sino United Health Gubei Clinic	No.491, Yili Nan Rd, Changning District, Shanghai.	021- 22816522
St. John's Health Clinic	No.4, Lane 398, Dapu Rd, Luwan District, Shanghai.	021-53029922
Sun-Tec Medical Center	No.2281, Hongqiao Rd, Changning District, Shanghai.	021-62688811
WorldPath Clinic International	No.777, Century Ave, Pudong New District, Shanghai.	021-20207888
Raffles Medical Shanghai	Rm201-204, Block A, 1801 Hongmei Rd, Xuhui District, Shanghai.	021-61972300
Healthway Medical Center (Jin Qiao)	No. 1228, Biyun Rd, Pudong New District, Shanghai.	021-50301699
ProMed Cancer Centers	No.170 Danshui Rd, Luwan District, Shanghai.	021- 33319991
Towa Bund Medical Center Clinic	NO.5-11 Jinkang Rd, Pudong New District, Shanghai	021-50179406 021-50179407 13167138700
Shanghai Tenghe Clinic	3F, Ronghua East Rd, Changning District, Shanghai.	021-52046123
WA Optimum Health Care Center Clinic	Building 5, Xingguo Estate, No.78 Xingguo Rd, Changning District, Shanghai.	021-62100060
Shanghai AMC Clinic	No.88 Tian Lin Rd, Bldg. 1 East, Minhang District, Shanghai.	021-64857333
Shanghai Zunran Hospital	No 123, Zhanghong Rd, Minhang District, Shanghai.	4006470047 021-64680752
Shanghai Ren-ai International Medical Center	No.133, Cao Xi Rd, Xuhui District .Shanghai.	021-54893781
Shanghai Healthway Nobel Hospital	No.371, Xinzha Rd, Huangpu District, Shanghai.	021-63591166
Sunshine Children's Clinic	No.85, Yili Nan Rd., Gubeixin District Shanghai.	021-54776480
Sunshine Children's Clinic	No.1, Lane 718, Yongjia Rd., Xuhui District, Shanghai.	021- 34691700
Sunray Clinic	Rm 101, No.58, Changliu Rd., Pudong New District, Shanghai.	021- 68680119 021- 50471990
YingHua Clinic Shanghai	East 4F of new building, No.2558 Yanan Xi Rd, Changning District, Shanghai.	021-62097228
Shanghai New Vision Eye Clinic	2F-3F No.758 South Xizang Rd, Huangpu District, Shanghai.	021- 64665067 021-64377445
Aier Eye Hospital	No.1286, Hongqiao Rd, Changning District, Shanghai. (Close to Songyuan Rd)	021-32519930
Shanghai Western Eye Center	Unit 421, Bldg 4, Surpass Court, No.570 Yong jia Rd. Xuhui District, Shanghai.	021-64666500
Shanghai Huajian Health Check-Up Center VIP Clinic	3Rd Floor Yujingfang 545 Pudong Avenue Shanghai	4006700128
Shanghai Yidong Clinic	3F Aimeigao Edifice, No.1325 Huaihaizhong Rd, Xuhui District, Shanghai.	021-64730055

Body & Soul Medical Clinics	Rm1405,No.760 Xizang Nan Rd,Huangpu District,Shanghai.	021- 51019262
Body & Soul Medical Clinics	NO.211,Chengjiaqiao Rd,Minhang District,Shanghai.	021-64616550
Boby&Soul-Medical Clinics	No.1518 Minsheng Rd,Pudong District,Shanghai.	021- 61620361
Shanghai Yuehetang TCM Clinic	No.198 Hami Rd,Changning District,Shanghai.	021-62905139
Shanghai Sanai TCM Clinic	No.320 Jianguodong Rd,Luwan District,Shanghai.	021- 53028359
Shanghai Cihaotang TCM Clinic	Room 201 Bldg C1,No.700 Yishan Rd,Xuhui,District,Shanghai.	021-54260331
Shanghai Hede Clinic	No.396,Red Baishi Rd,Changning District,Shanghai.	021- 51530222
Shanghai Delta Clinic	5F, Building B, No.2558 West Yan' an Rd, Changning District, Shanghai.	4008210277
Arrail Lippo Clinic	2/F, 2 Corporate Avenue, No.202 Hubin Rd, Luwan District, Shanghai.	021-5396 6539
Arrail Time Clinic	Rm 417, Huarun Times Square Building, No.500 Zhangyang Rd, Pudong New District, Shanghai.	021-58368100
Arrail Xujiahui Clinic	2/F, Jinguo Garden, No.245 Tianping Rd, Xujiahui, Shanghai.	021-64737733
Arrail Zhengda Clinic	Rm F16, B1, Super Brand Mall, No.168 West Lujiazui, Pudong New District, Shanghai.	021-50476878
Arrail Henglong Clinic	Rm.512, No1266, 66 Plaza, Shanghai.	021-32521519
Arrail Gubei Clinic	5-02B Parkside Plaza No.196 Daduhe Road, Putuo District, Shanghai.	021-32571100
Arrail Hongjia Clinic	Rm 206-208, Hongjia Tower No.388 Fushan Rd, Pudong District, Shanghai.	021-50663380
Shanghai Arrail Metropolitan Clinic	L404 Henderson,Metropolitan No .300,East Nanjing Rd,Shanghai	021-63222323
Shanghai Arrail Hongqiao Clinic	1F Yang'zi Centre,No.2110,Yan'an West Rd,Changning District,Shanghai.	021- 62597332
Care Dental Center	Rm306 of Zhongyin Tower, NO.200 Yincheng Zhong Lu Rd, Pudong New District,Shanghai.	021-5047 0757
Alpha Dental Centre	No.1919 Hong Qiao Rd,Xijiao Guest House Garden Villa (East Section) Block M, Changning District,Shanghai.	021-6270 2875
Tokushinkai Dental —Hongqiao Clinic	3F, Maxdo Centre, NO.8 Xingyi Rd, Hongqiao, Changning District,Shanghai.	021-5208-0208 / 5208-0218
Tokushinkai Dental —Jing'an Clinic	2F, Pacheer Commercial Centre, 555 Nanjing Rd. W. (Intersection of Chengdu Rd. N.), Jing'an District, Shanghai .	021-6340-0270 / 6340-0290
Tokushinkai Dental —Jinqiao Clinic	NO.160 Lan'an Rd (Close to Biyun Rd), , Pudong New District,Shanghai.	021-5030-7858 / 5030-7868
Tokushinkai Dental —Lianyang Clinic	NO.1198 Dingxiang Rd (Noth to Thumb Plaza), Pudong New District,Shanghai.	021-6856-1040 / 6856-1045
GPA Dentistry	Block G, Zhonglian Villa, No.1720 Central Huaihai Zhong Lu Rd, Xuhui District,Shanghai.	021-64377100
Shanghai 3H Dental Care	19F Huishang Building, NO.1286 Minsheng Rd, Pudong	021-61002998

	New District, Shanghai.	
Kowa Dental	3N1-3N3, J-LIFE Centre, JinMao Tower, 88 Century Ave, PuDong New District, Shanghai.	021-51082222 400 6060 222,
Shang Hai Kowa Dental Honi Clinic	11F, HONI International Plaza, No.199 ChengDu N. Rd, JingAn District, Shanghai.	400 6060 222
Dr.Wells Miracle of Smile	2F,No.6,Lane 800 Huashan Rd, Changning District, Shanghai.	021-52550228
Dr.Wells Miracle of Smile	No.308 Tianshan Rd, Changning District, Shanghai.	021-32080109
Dr.Wells Miracle of Smile	No.172,Pucheng Rd, Pudong New District, Shanghai.	021-68600013
Shanghai Byer Dental Dongfang Plaza Office Clinic	Dongfang Plaza Office F3,No.338 Xujiahui Rd, Luwan District, Shanghai.	4006301960 021-51086622
Shanghai Byer Dental Shijidadao Clinic	Rm 105,Tangchen Financial Tower,No.710 Dongfang Rd, Pudong New District, Shanghai.	4006301960 021-51085002
Shanghai Byer Dental Laya Plaza (Pudong) office Clinic	Rm 201-204,No.1275,Yingchun Rd,Pudong New District,Shanghai.	4006301960 021—51087766
Shanghai Byer Dental Chang ning Long zhi meng Plaza Office Clinic	5F Changning Longzhimeng Plaza Office,No.1018,Changning Rd,Changning District,Shanghai.	4006301960 021-51698778
Shanghai Byer Dental Hongkou Longzhimeng Plaza Office Clinic	Rm 4F,No.388 Longzhimeng Plaza Office, Xijiangwan Rd, Hongkou District,Shanghai.	4006301960 021-51085758
Shanghai Byer Dental People's Square Office Clinic	Rm 302,Yajule isquare Xizangzhong Rd,Huangpu District,Shanghai.	4006301960 021-51085958
Shanghai Byer Dental Tianshang Baisheng Plaza Office Clinic	Rm 3F-B,Tianshang Baisheng Plaza Office,No,789 Changning Rd, Changning District,Shanghai.	4006301960 021-51087699
Greenway Dental Clinic	4F,Shanghai Times Square, No. 93 Huai hai zhong Rd, LuWan District, Shanghai.	021-33666129 400 820 3935
Jsmiles Dental Clinic	Rm.1206,Westgate Plaza, No.1038 Nanjing Xilu, Jing'an District,Shanghai.	4006 306 320 021-35306320
Yongjia Dental Clinic	Rm,422, Building4, No.570 Yongjia Rd, Xuhui District, Shanghai.	4000161658
Branemark Osseointegration Center	Rm368,Shanghai Centre No.1376Nanjing west Rd,Jingan District,Shanghai.	021- 62898101
Lanyang Dental Clinic	Rm1712,world trade tower,No.2299 Yanan west Rd,Changning District,Shanghai.	021- 62366757
Jiyi Dentel Clinic	Unit3201, Tower B, No.100 ZunYi Rd, ChangNing District, Shanghai.	021- 32263303
Shanghai Purtty Center Clinic	Unit305 Zhonghuan plaza,No 381 Zhunhaizhong Rd,Luwan District,Shanghai.	021- 63915013
Shanghai Smile Dental	4F, No.215, Hefei Rd, Huangpu District Shanghai.	4008820506 021-33660506
Shanghai Lijie Dentai	No.283 Huaihai Rd,Huangpu District,Shanghai.	021-33315660
Shanghai Dongliang Dental Clinic	Rm 1003,No.1023 Yan'an West Rd,Changning District,Shanghai.	021-62473247
Shanghai Denb Dental Clinic	4Th East Huaihai International Building,No.45-49,Huaihai	021-63339011

	Rd,Huangpu District,Shanghai.	
Shanghai Excel Dental Clinic	C - 312 beautiful business centre,No.2633 Yanan west Rd,Changning,District,Shanghai.	021-62703913
IMD Shanghai Dental Clinic	22Qingtong Rd, SMIC Living Quarter, Zhangjiang, Shanghai.	021- 58955878
Shanghai Jiamei Dental	NO.1452 Hongqiao Road,Changning District,Shanghai.	021- 64023471
Medifast Clinic Shang Hai (Pu Dong)	No.256,Pudong South Rd,1F of HuaXia Bank Buildig, Pudong New District,Shanghai.	13564412296
Medifast Chuck—up Shanghai	F4 Yongyin Buildig,No.85 Taoyuan Rd,Shanghai.	13564412296
Shanghai Rich Health (Shanghai Ruibo Clinic)	F3 Catic Building,No.212 Jiangning Rd,Jing'an District,Shanghai.	021-52895068
Shanghai Rich Health (Shanghai rich Lujiazui Clinic)	No.256,Pudong South Rd,3F of HuaXia Bank Buildig, Pudong New District,Shanghai.	021-68866086
Shanghai Rich Health (Shanghai Ruibo Jing'an Clinic)	F1-2 Catic Building,No.212 Jiangning Rd,Jing'an District,Shanghai.	021-52895011
Shanghai Rich Health (Shanghai Ruitai Qinhuai Clinic)	3F Minrui Building,No.1388 Yishan Rd,Xuhui District,Shanghai.	021-54452965
Shanghai Rich Health (Shanghai Ruijing Zhangjiang Clinic)	No1388.Zhangdong Rd,High Tech Park District,Shanghai.	021-68795000
Shanghai Rich Health (Shanghai Ruijie Yangpu Clinic)	No.323 Guoding Rd,Yangpu Distroct,Shanghai.	021-51263506
Shanghai Rich Health (Shanghai Ruizhao Putuo Clinic)	No.1628 Jinshajiang Rd,Putuo District,Shanghai.	021-52660781



Appendix B:

HEALTH LOSS NOTICE

Please complete this form as truthfully and accurately and return with the supporting documents within **30 days after the occurrence of the claimed condition to:**

Non-Motor Claims, 19/F, No. 85 Huaihai Road(E), Shanghai, China

Post Code: 200021

**Further information / documents may be requested depending on the nature and extent of the claim.
Separate forms must be used for different claimants.**

THE INSURED PERSON/CLAIMANT					
Policy No.	Name	Sex	Age	Occupation	Identity Card Number
Residential Address			Postal Code	Contact No.	E-mail
If Claimant is an Infant, please specify: Name of Guardian:			Relation to Claimant:		

ACCIDENT CLAIM (Please fill in this part for accident.)		
Date of Accident	Time a.m./p.m.	Exact Place of Accident
Describe in detail how the accident happened		
Part(s) of body affected		Nature of Injury
Police reports, if any	<input type="checkbox"/> Yes(Please refer the cognizance)	<input type="checkbox"/> No

DESEASE CLAIM (Please fill in this part for disease claim.)		
Symptoms and Diagnosis:		
Since when the symptom complained of has existed:	First Consultation Date:	Name of Clinic/Hospital of First Consultation:
Name of Clinic/Hospital:	Name of Attending Physician:	Diagnosis for Disease:

HOSPITALIZATION CLAIM (Please fill in this part for hospitalization claim.)		
Name of Hospital:	Name of Attending Physician:	
Date Admitted:	Date Discharged:	Diagnosis:

OTHER APPLICABLE INSURANCE	
Has the claim been made against other insurance companies? If so, please state:	
Name of Insurer	Policy Number
Claimed Item	Claimed / Settled Amount



BANK DETAILS Claim settlement, if any, will be credited to your account by bank transfer. Please provide the following details:		
Account Name:	Bank:	Account Number:

CLAIMED ITEM, AMOUNT & SUPPORTING DOCUMENTS

Part 1: <i>Hospitalization Benefit</i>		
Claimed Item	Supporting Documents Required	Claimed Amount
Daily Hospital Room and Board	1. Original Medical Record or Discharge Note issued by in-patient, out-patient or emergency unit; 2. Original Medical Expenses Receipts issued by Hospital; 3. Original Medical Examination Report 4. Original In-hospital Services Bills;	
ICU		
Surgical Fee		
Prescription Drugs		
X-rays, pathology, diagnostic tests and procedures		
Other Hospitalization Expense		
Private Nursing		
Company(parents/chil) accommodations		
Pre&post Hospitalization Treatment		
Psychiatric treatment		
Organ Transplant		
Part 2: <i>Artificial Prosthesis</i>		
<i>Artificial Prosthesis</i>	1.Document by the shoulder, arm, hand, leg, foot and eye	
Part 3: <i>Outpatient Kidney Dialysis/Cancer treatment</i>		
Part 4: <i>Emergency Dental</i>		
Part 5: <i>Emergency Evacuation and Repatriation</i>		
Part 6: <i>Repatriation of Moral remains</i>		
Part 7: <i>Outpatient (optional)</i>		
Part 8: <i>Dental (optional)</i>		
All Claims	1. Copy of claimant's identity card with signature (if claimant is an infant, copy of the payee's identity card with signature is required); 2. Copy of insurance policy / certificate; 3. Copy of claimant's bank book; 4. Other documents as reasonably required by the Company in relation to this claim.	

DECLARATION & AUTHORISATION

The undersigned hereby declare that to the best of my/our knowledge and belief, the above statements are fully and truly made. I/We understand that the furnishing of this form to me/us, or its preparation by any representative of AXA Tianping Property & Casualty insurance Company Limited or the acceptance or retention of the proof thereafter by the Company shall not constitute its waiver of any of the conditions of the policy.

The undersigned hereby authorize any physician, medical practitioner, hospital, clinic, police authority, insurance company or any other organization and institution that has any record or knowledge of my / the Insured's health and medical history or any treatment, advice or accident details and that has been or may hereafter be consulted to disclose to or its authorized representatives such information. This authorization shall bind my / the Insured's successors and assigns and remain valid notwithstanding my / the Insured's death or incapacity in so far as legally possible. A photocopy of this authorization shall be considered as effective and valid as the original.

Signature of Claimant:	Signature of Guardian (If claimant is under the age of 18):
Date:	Date: