

1. What are the plan options for InternationalExclusive?

There are three (3) plans available along with three (3) areas of cover and three (3) levels of deductible giving you multiple ways to meet your healthcare needs and budget.

- Plan A - Comprehensive Inpatient and Outpatient treatment, Optical Care benefit, Dental benefit, Health Screening and other essential benefits. Optional add-on Normal (Routine) Pregnancy and Childbirth Cover.
- Plan B - Comprehensive Inpatient and Outpatient treatment including vaccination
- Plan C - Comprehensive Inpatient treatment and essential Outpatient treatment

2. What is the last entry age for application? Is this a lifetime renewal product?

The last entry age is eighty (80) years old.

There is no maximum expiry age for cover. Provided the plan you have chosen is still available, you can continue to renew the policy at the terms and conditions applicable at each policy anniversary.

3. What is an annual deductible, co-insurance and how does the annual deductible and co-insurance works?

A deductible is an amount you need to pay towards the covered expenses before we start paying for your treatment. A co-insurance is a share of the eligible medical expenses that you need to pay.

There are three (3) levels of deductible and co-insurance available as an option for you to reduce your premium. Please refer to the benefits table for details on whether the annual deductible or co-insurance is applicable.

An example illustration

Based on eligible expenses for a member insured under Plan A with Option 1 S\$700 deductible and 20% co-insurance.

	If it is a Non Pre-existing condition	If it is a Pre-existing condition
Hospital Charges	Annual deductible of \$700 will apply	Annual deductible of \$700 will apply and we will pay up to a max of \$3,000 under Pre-existing condition benefit in the 1st year after 270 days waiting period
Specialist Care	20% co-insurance will apply on each and every claim	20% co-insurance will apply on each and every claim up to a max of \$3,000 under the Pre-existing condition benefit in the 1st year after the 270 days waiting period

4. Where can I find the AXA Panel Clinic Listing and Locator for InternationalExclusive insurance?

You can use the [AXA Panel Clinic Listing and Locator](#) to find a General Practitioner clinic that is convenient for you to visit.

5. Can my family members take up different plans under the same policy?

Yes. However, the principal member (the main applicant) can be insured on a plan lower than the other members enrolled under the same policy.

6. Is there any family discount if I sign up together with my family members?

We offer 10% family discount if there are three (3) or more family members who are covered under the same plan. This discount is on top of the premium discount for annual deductible and co-insurance options. The family discount is available at every policy renewal as long as there are three (3) or more family members covered under the same policy.

An example illustration

	Plan of principal member (Applicant)	Plan of family member 1	Plan of family member 2	Plan of family member 3	Total no. of members under the same policy	Can principal member and family member(s) take up this plan combination?	Is the family discount applicable to all the members?
Example 1	B	A	-	-	2	No, as the principal member is insured on a lower plan.	Not applicable as there are only 2 members under the same policy.
Example 2	B	B	C	-	3	Yes, as the principal member is insured on the same plan.	Applicable as there are 3 members covered under the same policy.
Example 3	A	A	B	C	4	Yes, as the principal member is insured on a same/higher plan.	Applicable as there are 3 or more members covered under the same policy.

7. My spouse and I already have insurance coverage with another insurer. Can I take up the International Exclusive policy to cover only my child?

Yes, you can. A 20% premium loading on the prevailing brochure premium rates will apply if your child is aged fifteen (15) days to five (5) years old at the time we accept your application or renewal (whichever is applicable). However, the parent or the guardian must still be the policyholder.

8. Can I still maintain my policy when I return to my home country?

If you are a Singaporean national, you will be able to renew your policy if you return to your home country.

If you are not a Singaporean national and you are returning to your home country to live, you will not be able to keep on renewing this policy. We will provide cover until the policy expiry date where the customer ceases to be eligible under InternationalExclusive.

Whenever you change your principal country of residence, you must notify us about any change as this may impact your premium.

Failure to notify us about any change in principal country of residence may impact the level of cover.

9. Can I upgrade/downgrade my plan?

Yes. You can change your plan level or area of cover upon policy renewal. Any upgrade in cover is subject to our approval.

10. Can I change area of cover due to company relocation or when my child is pursuing studies abroad, even before policy renewal?

We may consider such request. Please complete an upgrade form together with the supporting documents for our review.

11. Do you re-underwrite my policy at policy renewal? Will I be penalised if I had made a claim in my current year?

We will not change the terms of your policy alone simply as a result of your personal claims. The premium payable at each policy renewal is determined based on the attained age of each member and may change according to past or foreseeable changes in medical practice or procedures and the type and frequency of claims made generally by all those of our members covered under the same plan as you.

12. Am I covered if I travel outside my chosen area of cover?

Yes, you are covered up to the amount shown in your benefits table for emergency treatment which arises suddenly when you are outside your area of cover. You are not covered if you have travelled outside your area of cover to get treatment or it is not an emergency treatment, and also, under no circumstance this benefit is payable for any aspect of pregnancy or childbirth.

13. Is pre-existing conditions covered?

Our plan A & B provides cover for pre-existing conditions after 9 months (270 days) of consecutive membership, provided that you have declared the pre-existing conditions on the application form and your application is accepted by us, and also, provided the pre-existing conditions are not part of the exclusions/limitations.

14. Can I choose the doctor/country for my treatment?

Yes, you are free to choose any recognised doctor for your treatment in any country within your chosen area of cover subject to Reasonable and Customary charges. The chosen treatment must be established as being effective and not experimental or pioneering medical or surgical techniques including medicines and medical devices not approved by the relevant authorities, government regulatory board. For established treatment, this means procedures and practices that have undergone appropriate clinical trial and assessment, sufficiently evidenced in published medical journals for specific purposes to be considered proven safe and effective therapies.

15. Will I be penalised if I go outside the AXA network?

There is no additional co-payment if you receive treatment outside the AXA direct settlement network of hospitals. However, we may not be able to arrange direct settlement facilities for your treatment.

16. What are the benefits of seeking pre-authorisation for my treatment?

By seeking our authorisation in advance, we will confirm if your treatment is eligible under your policy and if the cost is within the remaining benefit limit of your plan. You will be protected from any unexpected costs.

17. Can I cover my baby who is conceived through assisted conception?

Babies conceived through assisted conception/assisted pregnancy maybe eligible to be covered subject to our approval. Upon our acceptance of the application, they are subject to special terms including waiting period and all other general terms, conditions and exclusions of the policy.

18. Does the policy pay for congenital conditions?

Yes. The policy pays for treatment of congenital conditions up to the limit shown in “New Born Cover – congenital conditions” on Plan A or “Pre-existing conditions and congenital conditions” on Plan A or B.

19. Is Pre and Post-Hospitalisation covered?

Yes. For pre-hospitalisation, we will pay for consultations (including prescribed investigations and essential medications) from which the need for hospitalisation is concluded.

Post-Hospitalisation treatment is covered up to 90 days from the date of discharge from the hospital for an eligible in-patient treatment or daycare treatment.

Any other eligible out-patient consultation and treatments related to the same condition but not resulting in hospitalisation are covered under Primary and Specialist care (only available under Plan A & B).

20. What is covered under HIV/AIDS?

Treatment for HIV/AIDS is covered on Plan A as a result of occupational accident or blood transfusion. This is available when signs or symptoms for HIV/AIDS are present for the first time after the member is insured on Plan A after 36 months of continuous membership.

21. Which is the most suitable medical insurance for foreigners in Singapore?

In general, we would recommend international medical insurance for foreigners due to the high annual cover limit and extensive global coverage.

Depending on your needs and budget, InternationalExclusive plan has 3 plan types with varying annual limits to choose from.

22. Does the InternationalExclusive plan cover Dental?

All InternationalExclusive plans covers dental treatment due to accidental damage to natural teeth.

23. Does the InternationalExclusive plan cover pregnancy?

All InternationalExclusive plans cover pre and post-natal complications. However, only Plan A covers pregnancy and childbirth, up to S\$22,000.

Do note that all maternity benefits mentioned above are available only after 365 consecutive days of membership.