

HSBC Life GlobalCare Health Plan

Your life, your freedom



Whether you live in Singapore or abroad, we want to ensure that you and your family have access to the best standards of healthcare, anytime, anywhere. **HSBC Life GlobalCare Health Plan** is a comprehensive international health insurance plan with optimal worldwide medical protection, including coverage for pre-existing conditions, assuring you and your loved ones with financial security and peace of mind.



Optimal worldwide health coverage for peace of mind



Supporting you anywhere, worldwide

- Choose from three areas of coverage: worldwide, worldwide excluding USA, and worldwide excluding USA and Hong Kong*
- Customise your plan with co-insurance and annual deductible options[@] to enjoy discount on your premium
- Enjoy peace of mind when you are injured, ill or require inpatient treatment abroad with a range of medical assistance services including evacuation or repatriation when treatment is unavailable locally



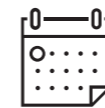
Cashless hospital settlement, worldwide

No upfront payment for all approved treatments with any provider within our global directory of hospitals, so you can focus on recovery.



Outpatient specialists panel in Singapore

An extensive panel of private specialists across various specialties. Our medical concierge team will assist to arrange for your specialist appointment.



Pre & post-hospitalisation outpatient treatment

Experience one of the longest coverage periods for pre and post-hospitalisation benefits, up to 200 days before and after your hospitalisation.



Maintenance of chronic conditions arising after your policy commencement[^]

Receive coverage for chronic medical conditions up to the plan limit, for conditions such as heart disease, cancer or diabetes, and let us take care of your bills if you need long-term treatment for chronic diseases.



Special cover for pre-existing conditions[#]

Get coverage for pre-existing conditions after the waiting period and up to the benefit limits, with no medical questions asked and no medical examination required.



Maternity^{##} and newborn benefits

Be insured for your pregnancy until delivery against pre and post-natal complications. In the event that you need to be hospitalised, accommodation for your newborn will be covered.

* Applicable on plans C, D & E only.

[^] Subject to availability of the plan.

[#] Applicable on plans A & B only.

^{##} Subject to availability of the plan and 365 days waiting period.

[@] If You had not selected any one of the co-insurance and annual deductible options specified above, access to designated hospitals under limited network access are subject to a compulsory 20% co-insurance on all treatments received in these hospitals.

Please refer to the general provisions for the list of hospitals under limited network access.

Optimal worldwide health coverage for your peace of mind



Wellness and preventive health coverage

Cover yourself for vaccinations, dental care, optical care, health screening and alternative treatments like traditional Chinese medicine, homeopathy and more in selected plans.



No claims incentive*

You may enjoy additional optical care of S\$350 a year if you have no claims made after 2 continuous policy years.



24/7 support

Enjoy personalised customer support 24/7, with HSBC Life Customer Care Centre and international medical emergency assistance, available to answer any questions about your healthcare needs and our global network of hospitals.



Easy application process

Hassle-free application with moratorium underwriting — no questions asked and no medical examination required.

Secure your health insurance with these tips



Buy the coverage you need

Speak with your Financial Planner to understand how much health coverage you require, based on your needs and budget.



Be prepared for rising healthcare costs

Ensure that you and your loved ones are covered with health insurance to protect you against high expenses should any unfortunate events happen.



Avoid additional out-of-pocket expenses

Check that you are covered for co-insurance or deductibles to avoid making additional payments if you have to make a claim.



Know the panel healthcare providers*

Choose from the list of panel hospitals or clinics covered under your plan for seamless claims processing.

* We will pay for the fees charged for eye examinations carried out by a qualified and registered ophthalmologist recognised by us, the cost of spectacle frames, corrective lenses prescribed by the ophthalmologist, up to the limit shown for your plan. This excludes tinted/reactive lenses, sunglasses, non-corrective contact lenses, laser eye surgery and/or similar, whether prescribed or not. Kindly note that the no claims incentive is a promotional feature, and maybe subject to change or withdrawal at our discretion later. We will inform of such changes in advance.

+ Please refer to our website for more details on panel hospitals and specialist clinics: <https://www.insurance.hsbclife.com.sg/assets/corpweb/sg-website-product/globalcare-health-plan-specialist-listing.pdf>

At a glance

Choose from 5 plan types to suit your specific needs and receive optimal worldwide coverage for hospitalisation, outpatient treatments, maternity expenses, vaccinations, dental, optical expenses and more.

Key benefits	Plan A	Plan B	Plan C	Plan D	Plan E
Geographical coverage	Worldwide / Worldwide excluding USA		Worldwide excluding USA & Hong Kong		
Access to the most preferred private hospitals, doctors and specialists	✓	✓	✓	✓	✓
Cashless hospital settlement	✓	✓	✓	✓	✓
24/7 HSBC Life Customer Care Centre	✓	✓	✓	✓	✓
24/7 HSBC Life concierge team	✓	✓	✓	✓	✓
Comprehensive inpatient cover	✓	✓	✓	✓	✓
Pre & post-natal complications	✓	✓	✓	✓	✓
Extensive outpatient cover	✓	✓	✓	✓	
Medical aids and durable medical equipment	✓	✓	✓	✓	
Preventive healthcare – annual health screening	✓	✓	✓	✓	
Preventive healthcare – vaccination	✓	✓			
Pre-existing conditions cover	✓	✓			
Hospice and palliative care	✓	✓			
Routine dental	✓				
Routine optical	✓				
Pregnancy & delivery	✓				

No questions asked for pre-existing conditions

We want to ensure that you receive optimal care and treatment when you need it and we have made the application process easy and hassle-free just for you. Unlike most insurance and healthcare plans, this plan will cover your pre-existing conditions with no medical questions asked and no medical examination required, subject to the terms and conditions of the policy.

We will reward you for improving your health and being trouble free for 2 years.

The illustration shows how the pre-existing condition benefit works based on the plan type you have selected.

Plans A & B



Plans C, D & E



Definition

Pre-existing condition

Any condition which during the 5 years preceding the commencement date:

- has been diagnosed or;
- for which the life assured has received medication, advice or treatment, or;
- which the life assured should reasonably, based on our appointed independent medical practitioner's opinion, have known about; or
- for which the life assured has experienced symptoms even if he or she has not consulted a medical practitioner.

Trouble free

When a life insured:

- has not had any medical opinion from a medical practitioner including general practitioners (GPs), specialists or alternative practitioner; and
- has not taken any medication (including over the counter drugs) or followed a special diet; and
- has not had any medical treatment;

for the medical condition or any associated medical condition.

Example



John had a knee operation on 30 June 2013, and purchases HSBC Life GlobalCare Health Plan A on 1 January 2016.

Scenario 1:

Cover available under the main benefits after 24 consecutive months of being trouble free

John requires further treatment on the same knee on 1 January 2018. Since he has been insured under HSBC Life GlobalCare Health Plan A for 24 consecutive months, and he was trouble free for 24 consecutive months, his treatment will be eligible to be claimed under the main benefits.

| Pre-existing condition period (5 years).....| Trouble free for 2 years.....



Scenario 2:

Cover available under the pre-existing conditions benefit after 9 months

John requires further treatment on the same knee on 1 October 2017. Since he has been insured under the HSBC Life GlobalCare Health Plan A for less than 24 consecutive months, his treatment will be subject to the pre-existing benefit limit.

Since John is insured on HSBC Life GlobalCare Health Plan A, he is covered for the pre-existing condition benefit up to S\$3,000, when he goes ahead with the surgery, as this is after the waiting period of 9 months.

After 24 consecutive months (on 1 October 2019) of being trouble free, he will be eligible to claim under the main benefits, if he requires further treatment on the same knee.

| Pre-existing condition period (5 years).....| Trouble free for 2 years.....



The examples above are hypothetical and for illustrative purposes only.

* Treatment is covered under plans A & B limited to pre-existing conditions benefits.

Plan A product benefits

Benefits		Only applicable if deductible/co-insurance option is chosen
<p>Please note: No benefit is payable for any treatment costs incurred during the waiting period. For the treatment of a disease or illness (except for eligible accidental injuries, dengue fever, animal bites and food and drinks poisoning, where cover is immediate), there is a waiting period of 30 days and for any specified medical conditions*** there is a waiting period of 180 days after the commencement date of the policy or the date when the life assured is included under this policy. Benefit values, deductibles and co-insurance are per life assured for each period of insurance unless otherwise specified, and the values are reduced each time the life assured claim only by the net amount (less any deductible, excess or co-insurance) we have actually paid. This is a summary benefits schedule which provides a partial description of the benefits. Please refer to the specific policy provision, detailed benefits schedule to determine exact terms, conditions and scope of coverage.</p>		
Area of cover	Worldwide/Worldwide excluding USA	
Yearly maximum up to	S\$6,500,000/US\$5,556,000	
Outside area of cover	Emergency treatment only	
Level of reimbursement	Reasonable and customary (R&C) charges	
Inpatient and daycare treatment (including surgery, consultations, organ transplants, consumables, surgical implants etc.)		
Daily accommodation charges	Standard single room	Annual deductible
Companion accommodation up to (Applicable when the life assured is under the age of 18 years old)	S\$200/US\$160 per night	Annual deductible
Cash benefit (Up to a maximum of 14 nights for each inpatient hospital admission)	S\$400/US\$305 per night	N/A
Pre/post-hospitalisation outpatient treatment	Included - within 200 days prior to hospital admission and 200 days following discharge from hospital	Annual deductible
Inpatient direct billing	Paid in full for eligible expenses	Annual deductible
Applicable inpatient direct billing network	Global directory of hospitals	
In-patient and out-patient treatment		
Radiotherapy and chemotherapy	Paid in full for eligible expenses	IP: Annual deductible; OP: 20% co-insurance
Targeted cancer therapy, ATMPs, CAR-T	Paid in full for eligible expenses	IP: Annual deductible; OP: 20% co-insurance
Proton beam therapy (PBT)	Paid in full for eligible expenses	IP: Annual deductible; OP: 20% co-insurance
Kidney dialysis	Paid in full for eligible expenses	IP: Annual deductible; OP: 20% co-insurance
Out-patient (OP) treatment		
Deductible per visit	N/A	N/A
Minor surgical procedures received as an outpatient (OP deductible does not apply)	Paid in full for eligible expenses, including 1 post-surgical follow-up consultation or visit within 30 days from the date of the minor surgical procedure	20% co-insurance

Plan A product benefits (cont.)

Consultation and prescriptions, diagnostic scans, laboratory investigations, X-ray and ultrasound, courses of physiotherapy	Paid in full for eligible expenses	20% co-insurance
Alternative treatments: courses of chiropractic treatment, acupuncture, homeopathy, osteopathy, podiatrist, dietitian, nutritionist, naturopath and traditional Chinese medicine up to	S\$2,200/US\$2,040	20% co-insurance
Other benefits		
Maintenance of chronic conditions which exist or arise after your commencement date of cover	Paid as part of outpatient treatment (consultation and prescriptions, diagnostic scans, laboratory investigations, X-ray and ultrasound & courses of physiotherapy)	20% co-insurance
Medical aids and durable medical equipment up to	S\$200/US\$160	20% co-insurance
Ambulance transport	Paid in full for eligible expenses	20% co-insurance
International emergency medical assistance	Paid in full for eligible expenses	N/A
Concierge services	Paid in full for eligible expenses	N/A
Accidental damage to teeth	Paid in full for eligible expenses	20% co-insurance
Pre and post-natal complications	Paid in full for eligible expenses*	20% co-insurance
Death benefit	S\$5,000/US\$4,000	N/A
Newborn accommodation	Paid in full for eligible expenses	Annual deductible
Health screen up to	S\$1,600/US\$1,480*	20% co-insurance
Psychiatric treatment up to	S\$10,000/US\$7,500	20% co-insurance
Pre-existing conditions up to	Years 1# & 2: S\$3,000/US\$2,300 Subsequent years: S\$6,000/US\$4,600	20% co-insurance
Vaccination up to	S\$2,000/US\$1,600	20% co-insurance
Hospice and palliative care up to	S\$52,000/US\$38,000 in a life assured's lifetime*	Annual deductible
Pregnancy and delivery up to	S\$19,000/US\$13,800*	20% co-insurance
Routine dental care up to	80% eligible expenses incurred up to S\$1,600/US\$1,200	N/A
Routine optical care up to	S\$380/US\$280	20% co-insurance

* Available only after 365 consecutive days of cover

Available only after 9 months of cover

*** Specified medical conditions subject to 180 days waiting period: Any form of cancer (except skin cancer), chronic obstructive lung disease, diabetes, angioplasty, heart attack, heart by-pass, hypertension (raised blood pressure), hyperlipidaemia (raised cholesterol level), ischemic heart disease, kidney failure, liver cirrhosis, muscular dystrophy, multiple sclerosis, organ transplant, stroke, thyroid disease, thalassemia, auto-immune disorder.

Plan B product benefits

Benefits		Only applicable if deductible/co-insurance option is chosen
<p>Please note: No benefit is payable for any treatment costs incurred during the waiting period. For the treatment of a disease or illness (except for eligible accidental injuries, dengue fever, animal bites and food and drinks poisoning, where cover is immediate), there is a waiting period of 30 days and for any specified medical conditions*** there is a waiting period of 180 days after the commencement date of the policy or the date when the life assured is included under this policy. Benefit values, deductibles and co-insurance are per life assured for each period of insurance unless otherwise specified, and the values are reduced each time the life assured claim only by the net amount (less any deductible, excess or co-insurance) we have actually paid. This is a summary benefits schedule which provides a partial description of the benefits. Please refer to the specific policy provision, detailed benefits schedule to determine exact terms, conditions and scope of coverage.</p>		
Area of cover	Worldwide/Worldwide excluding USA	
Yearly maximum up to	S\$4,800,000/US\$4,179,000	
Outside area of cover	Emergency treatment only	
Level of reimbursement	Reasonable and customary (R&C) charges	
Inpatient and daycare treatment (including surgery, consultations, organ transplants, consumables, surgical implants etc.)		
Daily accommodation charges	Standard single room	Annual deductible
Companion accommodation up to (Applicable when the life assured is under the age of 18 years old)	S\$200/US\$160 per night	Annual deductible
Cash benefit (Up to a maximum of 14 nights for each inpatient hospital admission)	S\$300/US\$240 per night	N/A
Pre/post-hospitalisation outpatient treatment	Included - within 200 days prior to hospital admission and 200 days following discharge from hospital	Annual deductible
Inpatient direct billing	Paid in full for eligible expenses	Annual deductible
Applicable inpatient direct billing network	Global directory of hospitals	
In-patient and out-patient treatment		
Radiotherapy and chemotherapy	Paid in full for eligible expenses	IP: Annual deductible; OP: 20% co-insurance
Targeted cancer therapy, ATMPs, CAR-T	Paid in full for eligible expenses	IP: Annual deductible; OP: 20% co-insurance
Proton beam therapy (PBT)	Paid in full for eligible expenses	IP: Annual deductible; OP: 20% co-insurance
Kidney dialysis	Paid in full for eligible expenses	IP: Annual deductible; OP: 20% co-insurance
Out-patient (OP) treatment		
Deductible per visit	N/A	N/A
Minor surgical procedures received as an outpatient (OP deductible does not apply)	Paid in full for eligible expenses, including 1 post-surgical follow-up consultation or visit within 30 days from the date of the minor surgical procedure	20% co-insurance

Plan B product benefits (cont.)

Consultation and prescriptions, diagnostic scans, laboratory investigations, X-ray and ultrasound, courses of physiotherapy	Paid in full for eligible expenses	20% co-insurance
Alternative treatments: courses of chiropractic treatment, acupuncture, homeopathy, osteopathy, podiatrist, dietitian, nutritionist, naturopath and traditional Chinese medicine up to	S\$2,200/US\$2,040	20% co-insurance
Other benefits		
Maintenance of chronic conditions which exist or arise after your commencement date of cover	Paid as part of outpatient treatment (consultation and prescriptions, diagnostic scans, laboratory investigations, X-ray and ultrasound & courses of physiotherapy)	20% co-insurance
Medical aids and durable medical equipment up to	S\$200/US\$160	20% co-insurance
Ambulance transport	Paid in full for eligible expenses	20% co-insurance
International emergency medical assistance	Paid in full for eligible expenses	N/A
Concierge services	Paid in full for eligible expenses	N/A
Accidental damage to teeth	Paid in full for eligible expenses	20% co-insurance
Pre and post-natal complications	Paid in full for eligible expenses*	20% co-insurance
Death benefit	S\$5,000/US\$4,000	N/A
Newborn accommodation	Paid in full for eligible expenses	Annual deductible
Health screen up to	S\$250/US\$230*	20% co-insurance
Psychiatric treatment up to	S\$6,000/US\$4,600	20% co-insurance
Pre-existing conditions up to	Years 1# & 2: S\$3,000/US\$2,300 Subsequent years: S\$6,000/US\$4,600	20% co-insurance
Vaccination up to	S\$1,600/US\$1,200	20% co-insurance
Hospice and palliative care up to	S\$40,000/US\$30,000 in a member's lifetime*	Annual deductible
Pregnancy and delivery up to	N/A	N/A
Routine dental care up to	N/A	N/A
Routine optical care up to	N/A	N/A

* Available only after 365 consecutive days of cover

Available only after 9 months of cover

*** Specified medical conditions subject to 180 days waiting period: Any form of cancer (except skin cancer), chronic obstructive lung disease, diabetes, angioplasty, heart attack, heart by-pass, hypertension (raised blood pressure), hyperlipidaemia (raised cholesterol level), ischemic heart disease, kidney failure, liver cirrhosis, muscular dystrophy, multiple sclerosis, organ transplant, stroke, thyroid disease, thalassemia, auto-immune disorder.

Plan C / Plan D product benefits

Benefits	Only applicable if deductible/co-insurance option is chosen	
<p>Please note: No benefit is payable for any treatment costs incurred during the waiting period. For the treatment of a disease or illness (except for eligible accidental injuries, dengue fever, animal bites and food and drinks poisoning, where cover is immediate), there is a waiting period of 30 days and for any specified medical conditions*** there is a waiting period of 180 days after the commencement date of the policy or the date when the life assured is included under this policy. Benefit values, deductibles and co-insurance are per life assured for each period of insurance unless otherwise specified, and the values are reduced each time the life assured claim only by the net amount (less any deductible, excess or co-insurance) we have actually paid. This is a summary benefits schedule which provides a partial description of the benefits. Please refer to the specific policy provision, detailed benefits schedule to determine exact terms, conditions and scope of coverage.</p>		
Area of cover	Worldwide excluding USA & Hong Kong	
Yearly maximum up to	Plan C: S\$3,500,000/US\$3,064,000 Plan D: S\$900,000/US\$743,000	
Outside area of cover	Emergency treatment only (Maximum 90 days stay outside area of cover)	
Level of reimbursement	Reasonable and customary (R&C) charges	
Inpatient and daycare treatment (including surgery, consultations, organ transplants, consumables, surgical implants etc.)		
Daily accommodation charges	Standard single room	Annual deductible
Companion accommodation up to (Applicable when the life assured is under the age of 18 years old)	S\$200/US\$160 per night	Annual deductible
Cash benefit (Up to a maximum of 14 nights for each inpatient hospital admission)	Plan C: S\$300/US\$240 per night Plan D: S\$200/US\$145 per night	N/A
Pre/post-hospitalisation outpatient treatment	Included - within 200 days prior to hospital admission and 200 days following discharge from hospital	Annual deductible
Inpatient direct billing	Paid in full for eligible expenses	Annual deductible
Applicable inpatient direct billing network	Global directory of hospitals	
In-patient and out-patient treatment		
Radiotherapy and chemotherapy	Paid in full for eligible expenses	IP: Annual deductible; OP: 20% co-insurance
Targeted cancer therapy, ATMPs, CAR-T	Plan C: S\$350,000/US\$260,000 Plan D: S\$200,000/US\$149,000	IP: Annual deductible; OP: 20% co-insurance
Proton beam therapy (PBT)	Plan C: S\$100,000/US\$75,000 Plan D: S\$85,000/US\$63,000	IP: Annual deductible; OP: 20% co-insurance
Kidney dialysis	Paid in full for eligible expenses	IP: Annual deductible; OP: 20% co-insurance
Out-patient (OP) treatment		
Deductible per visit	Plan C: N/A Plan D: S\$80/US\$64	Plan C: N/A Plan D: remaining eligible claim amount would be subject to 20% co-insurance

Plan C / Plan D product benefits (cont.)

Minor surgical procedures received as an outpatient (OP deductible does not apply)	Paid in full for eligible expenses, including 1 post-surgical follow-up consultation or visit within 30 days from the date of the minor surgical procedure	20% co-insurance
Consultation and prescriptions, diagnostic scans, laboratory investigations, X-ray and ultrasound, courses of physiotherapy	Up to S\$12,000/US\$9,000 (including limits for alternative treatments below)	20% co-insurance
Alternative treatments: courses of chiropractic treatment, acupuncture, homeopathy, osteopathy, podiatrist, dietitian, nutritionist, naturopath and traditional Chinese medicine up to	S\$1,200/US\$900	20% co-insurance
Other benefits		
Maintenance of chronic conditions which exist or arise after your commencement date of cover	Paid as part of outpatient treatment (consultation and prescriptions, diagnostic scans, laboratory investigations, X-ray and ultrasound & courses of physiotherapy)	20% co-insurance
Medical aids and durable medical equipment up to	S\$200/US\$160	20% co-insurance
Ambulance transport	Paid in full for eligible expenses	20% co-insurance
International emergency medical assistance	Paid in full for eligible expenses	N/A
Concierge services	Paid in full for eligible expenses	N/A
Accidental damage to teeth	Paid in full for eligible expenses	20% co-insurance
Pre and post-natal complications	Paid in full for eligible expenses*	20% co-insurance
Death benefit	S\$5,000/US\$4,000	N/A
Newborn accommodation	Paid in full for eligible expenses	Annual deductible
Health screen up to	Plan C: S\$175/US\$160* Plan D: S\$120/US\$110*	20% co-insurance
Psychiatric treatment up to	Plan C: S\$6,000/US\$4,600 Plan D: S\$3,000/US\$2,300 (In-patient treatment only)	20% co-insurance
Pre-existing conditions up to	N/A	N/A
Vaccination up to	N/A	N/A
Hospice and palliative care up to	N/A	N/A
Pregnancy and delivery up to	N/A	N/A
Routine dental care up to	N/A	N/A
Routine optical care up to	N/A	N/A

* Available only after 365 consecutive days of cover

*** Specified medical conditions subject to 180 days waiting period: Any form of cancer (except skin cancer), chronic obstructive lung disease, diabetes, angioplasty, heart attack, heart by-pass, hypertension (raised blood pressure), hyperlipidaemia (raised cholesterol level), ischemic heart disease, kidney failure, liver cirrhosis, muscular dystrophy, multiple sclerosis, organ transplant, stroke, thyroid disease, thalassemia, auto-immune disorder.

Plan E product benefits

Benefits		Only applicable if co-insurance option is chosen
<p>Please note: no benefit is payable for any treatment costs incurred during the waiting period. For the treatment of a disease or illness (except for eligible accidental injuries, dengue fever, animal bites and food and drinks poisoning, where cover is immediate), there is a waiting period of 30 days and for any specified medical conditions*** there is a waiting period of 180 days after the commencement date of the policy or the date when the life assured is included under this policy. Benefit values, deductibles and co-insurance are per life assured for each period of insurance unless otherwise specified, and the values are reduced each time the life assured claim only by the net amount (less any deductible, excess or co-insurance) we have actually paid. This is a summary benefits schedule which provides a partial description of the benefits. Please refer to the specific policy provision, detailed benefits schedule to determine exact terms, conditions and scope of coverage.</p>		
Area of cover	Worldwide excluding USA & Hong Kong	
Yearly maximum up to	S\$600,000/US\$464,000	
Outside area of cover	Emergency treatment only (Maximum 90 days stay outside area of cover)	
Level of reimbursement	Reasonable and customary (R&C) charges	
Inpatient and daycare treatment (including surgery, consultations, organ transplants, consumables, surgical implants etc.)		
Daily accommodation charges	Standard single room	Annual deductible
Companion accommodation up to (Applicable when the life assured is under the age of 18 years old)	S\$200/US\$160 per night	Annual deductible
Cash benefit (Up to a maximum of 14 nights for each inpatient hospital admission)	S\$200/US\$145 per night	N/A
Pre/post-hospitalisation outpatient treatment	Included - within 200 days prior to hospital admission and 200 days following discharge from hospital	Annual deductible
Inpatient direct billing	Paid in full for eligible expenses	Annual deductible
Applicable inpatient direct billing network	Global directory of hospitals	
In-patient and out-patient treatment		
Radiotherapy and chemotherapy	Paid in full for eligible expenses	IP: Annual deductible; OP: 20% co-insurance
Targeted cancer therapy, ATMPs, CAR-T	S\$135,000/US\$100,000	IP: Annual deductible; OP: 20% co-insurance
Proton beam therapy (PBT)	S\$70,000/US\$52,000	IP: Annual deductible; OP: 20% co-insurance
Kidney dialysis	Paid in full for eligible expenses	IP: Annual deductible; OP: 20% co-insurance
Out-patient (OP) treatment		
Deductible per visit	N/A	N/A
Minor surgical procedures received as an outpatient (OP deductible does not apply)	Paid in full for eligible expenses, including 1 post-surgical follow-up consultation or visit within 30 days from the date of the minor surgical procedure	20% co-insurance

Plan E product benefits (cont.)

Consultation and prescriptions, diagnostic scans, laboratory investigations, X-ray and ultrasound, courses of physiotherapy	N/A	N/A
Alternative treatments: courses of chiropractic treatment, acupuncture, homeopathy, osteopathy, podiatrist, dietitian, nutritionist, naturopath and traditional Chinese medicine up to	N/A	N/A
Other benefits		
Maintenance of chronic conditions which exist or arise after your commencement date of cover	N/A	N/A
Medical aids and durable medical equipment up to	N/A	N/A
Ambulance transport	Paid in full for eligible expenses	20% co-insurance
International emergency medical assistance	Paid in full for eligible expenses	N/A
Concierge services	Paid in full for eligible expenses	N/A
Accidental damage to teeth	Paid in full for eligible expenses	20% co-insurance
Pre and post-natal complications	Paid in full for eligible expenses*	20% co-insurance
Death benefit	S\$5,000/US\$4,000	N/A
Newborn accommodation	N/A	N/A
Health screen up to	N/A	N/A
Psychiatric treatment up to	N/A	N/A
Pre-existing conditions up to	N/A	N/A
Vaccination up to	N/A	N/A
Hospice and palliative care up to	N/A	N/A
Pregnancy and delivery up to	N/A	N/A
Routine dental care up to	N/A	N/A
Routine optical care up to	N/A	N/A

* Available only after 365 consecutive days of cover

*** Specified medical conditions subject to 180 days waiting period: Any form of cancer (except skin cancer), chronic obstructive lung disease, diabetes, angioplasty, heart attack, heart by-pass, hypertension (raised blood pressure), hyperlipidaemia (raised cholesterol level), ischemic heart disease, kidney failure, liver cirrhosis, muscular dystrophy, multiple sclerosis, organ transplant, stroke, thyroid disease, thalassemia, auto-immune disorder.

Frequently asked questions

1. Where can I get medical treatment that is covered by HSBC Life GlobalCare Health Plan?

HSBC Life GlobalCare Health Plan covers you for medical treatments from registered medical practitioner, specialist or healthcare professionals operating anywhere within the geographical area covered by your plan, and recognised by HSBC Life: Worldwide, Worldwide excluding USA or Worldwide excluding USA and Hong Kong.

2. Who do I contact if I need emergency medical help?

From anywhere in the world if you need immediate emergency assistance, just contact our international emergency medical assistance hotline (65) 6308 9535 to get help right away.

3. Are there any occupations excluded in the HSBC Life GlobalCare Health Plan coverage?

No, HSBC Life GlobalCare Health Plan covers all occupations.

4. How can I make sure I am fully covered in the event of hospitalisation?

Please contact HSBC Life Customer Care Centre (65) 6308 9525 for pre-authorisation before you seek any non-emergency inpatient or daycare treatments.

5. Can I get inpatient treatment without pre-authorisation?

You are recommended to pre-authorise your inpatient treatment as it ensures that you are fully aware of your coverage prior to being admitted to hospital. However, if you are unable to pre-authorise in time, you can submit your medical bills and supporting documents to HSBC Life Customer Care Centre. We will reimburse all medical bills covered under the plan upon receipt of the complete information needed to assess your claim.

6. Do I need to apply for pre-authorisation prior to my medical treatment?

Before receiving any planned inpatient or daycare treatment recommended by your medical practitioner, you or the treatment hospital should contact HSBC Life at least 5 working days prior to the proposed treatment. You should seek HSBC Life written pre-authorisation for the following treatment and services:

Inpatient and daycare

- All inpatient and daycare admissions
- All non-emergency tests, diagnostics, treatment, surgery and other medical services
- All inpatient maternity services
- All inpatient dental services

Outpatient

- Non-emergency diagnostic scans such as computerised tomography, magnetic resonance imaging, positron emission tomography, x-rays, gait scans and internal diagnostics such as but not limited to endoscopy, colonoscopy, gastroscopy and other such scans
- Prescriptions covering consumables for 30 days or more
- Psychiatric treatment

Outpatient specialist panel in Singapore

- If you need to see a specialist in our contracted panel, contact our medical concierge hotline at +65 6672 5084 and they will assist you to arrange an appointment with the specialist. The preferred specialist panel rates exclude medication, other procedures or any applicable surcharges.

Please note: The choice of specialists for your treatment or services which you are claiming under this plan remains your responsibility including any applicable co-insurance and/or deductible. HSBC Life is not responsible for any medical malpractice.

7. Where can I get more information on the list of outpatient specialist clinics in Singapore, contracted by HSBC Life?

Please go to our website <https://www.insurance.hsbclife.com.sg/assets/corpweb/sg-website-product/globalcare-health-plan-specialist-listing.pdf> to view the full list of the specialist outpatient clinics in the panel.

Should you need to be admitted into a private hospital or undergo a day surgery and require a Letter of Guarantee, our medical concierge team will assist to arrange for the specialist to complete a pre-authorisation form for us to assess if a Letter of Guarantee can be issued. If approved, we will issue a Letter of Guarantee for the eligible amount under your HSBC Life GlobalCare Health Plan policy.

8. Can I keep this policy if there is a change in my principal country of residence?

There are some countries that require residents, whether expatriates or otherwise, to take out health cover through a local provider or to hold cover which meets certain compulsory requirements. The cover offered to you may not meet these country-specific requirements and therefore additional cover may be necessary. In some situations, there may also be consequences in the form of tax penalties or otherwise, when a resident does not hold the required local cover in addition to their international medical insurance policy.

If you have any concerns about any additional cover requirements in your principal country of residence (as defined in section 1 of your proposal form), please check with the local authorities to determine whether there are any further healthcare requirements which you may be expected to comply with.

If you reside in USA and even if your plan area of coverage is "Worldwide", at policy renewal we will not be able to renew your policy. Please ensure you purchase alternative insurance before your policy expires with us.

About HSBC Life Singapore

HSBC Life (Singapore) Pte. Ltd. is a wholly owned subsidiary of HSBC Insurance (Asia Pacific) Holdings Limited, which is ultimately owned by HSBC Holdings plc, the London-based holding company of the HSBC Group. HSBC Life Singapore has received an A+ rating by Standard & Poor's in February 2023. It provides a wide range of solutions that cater to life, health, retirement, protection, education, legacy planning, and wealth accumulation needs of retail and corporate clients.

Important notes

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This policy is protected under the Policy Owners Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the LIA or SDIC websites (www.lia.org.sg or www.sdic.org.sg).

This advertisement has not been reviewed by the Monetary Authority of Singapore. Information is correct as at 1 February 2024.

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