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Your Health First
Southeast Asia

Exclusively for residents of **Cambodia, Indonesia, Laos, Malaysia, Philippines, Thailand & Vietnam**

Benefits Table
effective 1/1/2020

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Benefits Table

- effective 1/1/2020

Note: The General Conditions can be provided upon request.

Important notice:

- 1) Only expenses which are 'reasonable & customary' can qualify for reimbursement. (for all plans and options)
- 2) Unless indicated otherwise, all ceilings mentioned in this table are applicable per Insured and per Insurance Year.
- 3) For definitions of the terms used in this table, reference is explicitly made to article 1.2. ('Definitions') of Chapter I of the General Conditions.
- 4) Pre-existing conditions are covered subject to acceptance by the medical consultant at the time of enrolment. Level of cover is according to the limits of the plan chosen.

	Essential	Essential Plus	Serene	Serene Plus
BENEFITS	a) Hospitalisation	a) Hospitalisation b) Other benefits	a) Hospitalisation b) Outpatient c) Other Benefits	a) Hospitalisation b) Outpatient c) Other Benefits
Maximum total reimbursement per Insured and per insurance year Premiums and claims shall be payable in US\$, which is the same as the policy currency.	\$ 500,000	\$ 1,000,000	\$ 1,000,000	\$ 1,350,000

	Essential	Essential Plus	Serene	Serene Plus
1. Inpatient Care (with overnight stay in hospital) Important : Precertification is always required except in case of emergency (see article 2.1.3.4. 'precertification' in General Conditions). Failure to comply with the precertification requirement could lead to a reduction of the reimbursement.				
Hospital accommodation				
- Room & board (standard private room)	Full Cover	Full Cover	Full Cover	Full Cover
- Intensive Care Unit (ICU)	Full Cover	Full Cover	Full Cover	Full Cover
- One accompanying parent for child under age 16 having to stay overnight in hospital	Not Covered	Full Cover up to 14 days	Not Covered	Full Cover up to 14 days
Doctors' fees (including surgeon's & anaesthetist's fees)	Full Cover	Full Cover	Full Cover	Full Cover
Other medical expenses, including: - use of operating room and recovery room - lab exams / - medical imaging (X-ray, CT, MRI, etc.) - prescription drugs and dressings - physiotherapy - logopaedic treatment, speech therapy, occupational therapy and ergo therapy	Full Cover	Full Cover	Full Cover	Full Cover
Cancer treatment (e.g. radiotherapy, chemotherapy) and diabetes, kidney dialysis, excluding all experimental treatments	Full Cover	Full Cover	Full Cover	Full Cover
Psychiatric inpatient hospital care	Not Covered	Full Cover up to \$ 13,500	Not Covered	Full Cover up to \$ 13,500
Accidental Damage to teeth (treatment received in an emergency ward of a hospital within 5 days of incurring an accidental damage to sound and natural teeth)	Full Cover	Full Cover	Full Cover	Full Cover
Reconstructive Surgery following an accident	Full Cover	Full Cover	Full Cover	Full Cover

Hospital Cash Benefit: daily allowance, only when room, board & treatment costs are not claimed to the policy	Not Covered	\$ 67.50 per night up to 60 nights	Not Covered	\$ 135 per night up to 60 nights
Organ transplant We cover doctors' fees, hospital accommodation (standard private room) and other related medical expenses during hospital stay. Excluded from cover: costs related to the search for a donor, costs for acquisition of the organ, costs incurred for removal of organ from the donor	Full Cover (Prior approval from the Insurer's Medical Consultant)	Full Cover (Prior approval from the Insurer's Medical Consultant)	Full Cover (Prior approval from the Insurer's Medical Consultant)	Full Cover (Prior approval from the Insurer's Medical Consultant)
Rehabilitation and convalescence rest / care (when the admission immediately follows hospitalisation)	Full Cover up to 30 days	Full Cover up to 30 days	Full Cover up to 30 days	Full Cover up to 60 days

	Essential	Essential Plus	Serene	Serene Plus
2. Outpatient Care				
GP Fees of a GP (General Practitioner, Family Doctor)	Not Covered	Not Covered	Full Cover	Full Cover
Specialist Fees of a Specialist Doctor	Not Covered	Not Covered	Full Cover	Full Cover
Consultations, diagnostic tests, lab tests, medical imaging (cf. X-Ray, CT, MRI, etc.) by GP and Specialist, Prescribed Drugs, Treatments by Physiotherapists related to inpatient treatments within 15 days prior to admission and up to 30 days following hospital release.	Not Covered	Full Cover up to \$ 2,000 if related to Inpatient treatment	Full Cover	Full Cover
Outpatient psychiatric care, ergotherapy, logopaedics and / or speech therapy, occupational therapy Only care prescribed by or performed by a Doctor can qualify for reimbursement. The covered amount includes fees of Doctor and / or (treatment fees of) Medical Practitioner, but does not include prescription drugs which are covered according to the provisions of paragraph below.	Not Covered	Not Covered	Not Covered	50% up to \$1,350
Prescription drugs Only drugs that are prescribed by a Doctor and that are not available without prescription can be reimbursed.	Not Covered	Not Covered	Full Cover	Full Cover
Diagnostic tests, lab tests, medical imaging (cf. X-ray, CT, MRI, etc.)	Not Covered	Not Covered	Full Cover	Full Cover
Cancer treatment (e.g. radiotherapy, chemotherapy) and diabetes, kidney dialysis, excluding all experimental treatments	Full Cover	Full Cover	Full Cover	Full Cover
Physiotherapy prescribed by a Doctor	Not Covered	Not Covered	Full Cover up to \$ 1,500	Full Cover up to \$ 2,700
Medical aids (including hearing aids, orthopaedic appliances & stockings, artificial limbs, wheelchair)	Not Covered	Not Covered	Full Cover up to \$ 2,700	Full Cover up to \$ 2,700

Treatments performed by Complementary Medical Practitioners: Chiropractor / Osteopath / Acupuncturist / Homeopath These treatments must be prescribed by a registered medical Doctor.	Not Covered	Not Covered	Full Cover up to \$ 1,500	Full Cover up to \$ 2,700
Day-care treatment and Day surgery	Full Cover (precertification required)	Full Cover (precertification required)	Full Cover (precertification required)	Full Cover (precertification required)

	Essential	Essential Plus	Serene	Serene Plus
3. Other Benefits				
Local ambulance to nearest hospital	Full Cover up to \$ 2,025	Full Cover up to \$ 2,025	Full Cover up to \$ 2,025	Full Cover up to \$ 2,025
Dental treatment following an accident (surgical reconstruction covered under hospitalisation benefits)	Covered under Accidental Damage to teeth	Covered under Accidental Damage to teeth	Covered under Accidental Damage to teeth	Covered under Accidental Damage to teeth
Nursing at home	Not Covered	Not Covered	80% Annual max. reimbursement of \$ 2,700 up to 60 days	80% Annual max. reimbursement of \$ 2,700 up to 60 days
Chronic Conditions (not pre-existing):	Covered	Covered	Covered	Covered
Complication of Pregnancy	Covered	Covered	Covered	Covered
Congenital Conditions	Covered	Covered	Covered	Covered
AIDS / HIV Treatment	\$60,000 Lifetime, 2 years' waiting period	Covered	\$60,000 Lifetime, 2 years' waiting period	Covered
Hormone Replacement therapy	Covered	Covered	Covered	Covered
Hospice and palliative care in case of Terminal Illness	\$ 50,000 per insured and per lifetime	\$ 50,000 per insured and per lifetime	\$ 50,000 per insured and per lifetime	\$ 50,000 per insured and per lifetime

4. Medical Evacuation and Repatriation Services [^] (Included for Individuals, Optional for Companies*). Prior Approval from Insurer compulsory	
Evacuation / Repatriation Emergency medical evacuation to the nearest hospital or emergency medical repatriation	Full Cover
Transportation of mortal remains or burial at the place of death	Full Cover
Compassionate Visit by a relative of the Insured (Applicable when hospitalisation in excess of 5 consecutive days)	Full Cover
One economy class return airfare	
Accommodation for compassionate visit by a relative accompanying the insured	\$ 125 per day (Max 7 days)
Return of minor children (<19, unmarried and at school) if left alone when Insured is hospitalised. One-way economy class airfare per eligible child	Full Cover
Early Return One economy class return airfare	Full Cover
Temporary replacement colleague (transport costs)	Full Cover
For complete terms and conditions and explanation of benefits, refer to Chapter III of the General Conditions	

[^] Covered by AXA Assistance

* Conditions apply

Note: 'Covered' means treatment is reimbursed according to the limits of the plan chosen.

Additional Options

5. Dental

Eligibility

The optional dental cover is only open to persons a) who are accepted into the medical insurance plan and b) who are contracting into the Serene or Serene Plus medical plans.

The choice for taking out the dental cover has to be made on per family level in the sense that all members of the same family, i.e. the Insured and his / her dependants who are accepted into the medical insurance, have to a) take out the dental insurance or not (i.e. all family members or none); b) opt for the same Dental plan (Dental Standard or Dental Plus).

Benefits

Deductibles do not apply to Dental benefits. Only expenses that are 'reasonable and customary' can qualify for reimbursement, subject to the limits and ceilings as mentioned in following benefit table.

	Dental Standard	Dental Plus
Max. reimbursement per insured per year	\$1,500	\$3,000
Basic dental care Includes up to 2 periodic check-ups per year, prophylactic treatments, fillings, root canal treatment, extraction, paradental treatment, treatment of paradontosis, treatment of gums, etc. A waiting period of 6 months applies.	80% up to \$900	Full Cover up to \$2,000
Major dentistry Bridges, implants, orthodontic treatment and dental prostheses (dentures, crowns, inlays). The amount covered includes the fees of the Dentist (or Dental Surgeon). <u>Orthodontic treatment</u> is only covered if started before age 17 (seventeen). A waiting period of 12 months applies.	80% up to \$600	80% up to \$1,000

6. Wellness (Only for Companies of 5 or more employees)

Eligibility

The optional wellness cover is only open to employees and dependants a) who are accepted into the medical insurance plan; b) who are contracting into the Serene or Serene Plus medical plans and c) with plans without deductible.

The choice for taking out the wellness cover has to be made on per company level in the sense that all members of the same company, i.e. the Insured and his / her dependants who are accepted into the medical insurance, have to a) take out the wellness insurance or not (i.e. all members or none); b) opt for the same Wellness plan (Wellness Standard or Wellness Plus).

Benefits

Only expenses that are 'reasonable and customary' can qualify for reimbursement, subject to the limits and ceilings as mentioned in following benefit table.

	Wellness Standard	Wellness Plus
Max. reimbursement per insured per year		
Preventive care & wellness benefits A waiting period of 12 months applies - well baby care - medically required vaccinations (adults & children) - one routine eye test per insurance year - one adult physical examination every 2 years including: - one (bilateral) mammogram and one pap-smear test every 2 years (females as of age 35) - one PSA-test every 2 years (males as of age 50)	\$300	\$600

7. Routine Maternity (Only for Companies of 5 or more employees)

Eligibility

The optional routine maternity cover is only open to employees and dependants a) who are accepted into the medical insurance plan; b) who are contracting into the Serene or Serene Plus medical plans and c) with plans without deductible. The choice for taking out the routine maternity cover has to be made on per company level in the sense that all members of the same company, i.e. the Insured and his / her dependants who are accepted into the medical insurance, have to a) take out the routine maternity insurance or not (i.e. all members or none); b) opt for the same Routine Maternity plan (Routine Maternity Standard or Routine Maternity Plus).
A waiting period of 12 months applies. Benefit limits on a per pregnancy basis.

Benefits

Only expenses that are 'reasonable and customary' can qualify for reimbursement, subject to the limits and ceilings as mentioned in following benefit table.

<u>Elective caesarean surgery is excluded from cover.</u>	Routine Maternity Standard	Routine Maternity Plus
Pregnancy (pre & post natal fees)	Full Cover up to \$3,000	Full Cover up to \$5,000
Childbirth The covered amount includes doctors' fees, hospital accommodation and other related medical expenses during hospital stay.		
Prescribed caesarean (in addition to the above benefits)	Full Cover up to \$1,000	Full Cover up to \$2,000

8. Currency

Plans are to be subscribed in US dollars.

9. Zone of treatment

Zone A: Worldwide
Zone B: Worldwide excluding USA / Canada
Zone C: Restricted in Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Thailand & Vietnam

10. Deductible

US\$		per insured and per insurance year
Essential Plans	Serene Plans	
0	0	
300	300	
675	675	
1,350	1,350	

11. Accidental death and dismemberment (AD&D)

This cover will guarantee the payment of a lump sum in case you die in an accident or you incur a permanent disability of at least 20% caused by an accident.

Lump Sum after accidental death

- up to a maximum of \$ 675,000 with a minimum of \$ 67,500
- cover is available for you and your adult dependants

Lump Sum after permanent disability

- from at least a permanent disability degree of 20%
- cash benefit = sum insured x degree of disability

12. Loss of income (TI / PD)

Temporary incapacity (TI)

With the temporary incapacity plan option, you will feel more secure knowing your family will be protected financially if you are totally unable to perform your professional occupation due to illness or accident. You can choose the level of income benefit that is appropriate to you and your family:

- up to 80% of pre-disability gross monthly salary;
- subject to a maximum of \$ 13,500 per month and a minimum of \$ 1,350.

Income protection during 24 months

We will pay you a regular income for as long as you are unable to return to work. After a waiting period of 90 days, the income will start up to a maximum of 24 months.

If you are still unable to resume work after 24 months then you will receive a lump sum through the Permanent Disability plan if the PD option below has been contracted.

Permanent disability (PD) (can be taken out only as supplement option to Temporary Incapacity)

With this option, you receive a lump sum in case you are affected by a permanent disability of at least 33.33% caused by illness or accident. You can choose the level of sum insured that is appropriate to you:

- up to 80% of pre-disability gross monthly salary multiplied by 48 months;
- subject to a maximum of \$ 648,000 and a minimum of \$ 64,800;
- when disability is between 33.33% and 66.67%, then cash benefit = sum insured x $((3 \times n) - 1)$, n = degree of disability (%);
- when disability is above 66.67%, then cash benefit = sum insured.

Additional payment of \$ 33,750

If from the start of the disability you need the assistance of a third person to perform the basic activities of daily living (such as feeding, washing yourself) and your degree of disability exceed 66.67%, then an additional sum of \$ 33,750 will be paid.

