

The logo consists of a red square on the left containing the white text 'A+' and a white rectangle on the right containing the text 'International Healthcare' in black.

A+

International
Healthcare

Southeast Asia Plans

First Class Health Plans

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

Your Health First



www.aplusii.com

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www.aplusii.com



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Disclaimers:

The information provided on the brochure and leaflets is for indication only. For your detailed cover, please refer to the General Conditions and the Benefits Table.

These plans are not designed to replace local healthcare coverages as required by law, and applicants remain personally responsible for ensuring compliance with any relevant social security, insurance contract and other applicable legislation in their countries of residence.



A+ International Healthcare is about people and excellence. We dedicate ourselves to providing you and your family with first class healthcare and services. Our comprehensive healthcare plans and guaranteed lifetime renewability assure that you can trust us for life. We put your health first - anywhere, any time.

What we do is worldwide

- We offer international healthcare plans for globally mobile people.

What we do is local

- We support you with network providers and assistance teams in 150 countries.

About A+ International Healthcare



A+ International Healthcare is a partnership between leading European medical insurance providers and healthcare investment specialists from Europe and Asia.

Our European and Asian approach allows us to offer comprehensive and worldwide health cover to our customers according to each of their specific needs.

Years of combined **experience** from A+ International Healthcare and partners

A network of over **10,000 first class** medical providers in **150** countries

Assisting you **24** hours a day, **7** days a week, **365** days a year

Our partners combine years of experience in providing international medical insurance. The combined experience and financial strength of A+ International Healthcare and partners presents the best protection for your health. Hand in hand, we provide you with the best available guarantees for your medical cover.

We share corporate values with our partners:

- A focus on our customers;
- A mutual trust and feedback;
- A high performance culture.

We have selected the most efficient administration procedures to handle your policy and claims. Our claim handling processes are second to none.

Moreover, to support you anywhere, A+ International Healthcare and partners offer international assistance. Together, we provide an international network to assist you wherever you are.

Find more on page 8.

Our commitments

When you do not live and work in your home country, you need to feel safe and secure. With our experience

and expertise, we understand your concerns. There is nothing more important than your health.



Our service promise

- Customer service response within 2 working days
- Sales response within 2 working days
- Underwriting completed within 3 working days
- Claims reimbursement processed within 5 working days
- Guarantee of payment issued within 2 working days
- Emergency guarantee of payment issued within **2 hours**

We put our knowledge and our expertise at your disposal. We make it our duty to stand by you, to help you and to make life easier for you.

A+ International Healthcare plans are specifically designed for people concerned with their own protection and that of their family and who want lasting peace-of-mind with a cover that leaves nothing to chance.

Our plans ensure that your health and the health of your family come first. Through our first class health cover, we support your international mobility around the world and around the clock.

When subscribing to an A+ International Healthcare plan, you are provided with much more than just health insurance. All our plans include worldwide, reliable and flexible cover:

Worldwide

- Worldwide cover with no restriction on most risk areas.
- Free choice of medical providers: hospitals, clinics, doctors and specialists, with a private room in any licensed hospital or clinic.
- 10,000 medical providers available in 150 countries.

Reliable

- Cover for life, once enrolled, regardless of age or health condition.
- Medical evacuation and repatriation for Individual plans included.
- Coverage of chronic conditions and AIDS and AIDS / HIV-related diseases.

Flexible

- Entry into the plan up to 70 years old for individuals. No restrictions under corporate enrolment.
- Various options to personalise your plan according to your needs, including Dental and Optical, Accidental Death and Dismemberment and Loss of Income benefits.

[Find more on page 16.](#)

A+ International Healthcare plan features



Evacuation and repatriation

Medical evacuation and repatriation is included for all individual core plans. Emergency medical evacuation and repatriation benefits, transportation of mortal remains or burial at the place of death, compassionate visit and return of minor children are included in coverage.

A+ International Healthcare and partners provide you with one of the best and the most extensive international assistance services. Wherever you are, as long as you need medical assistance or advice, refer to your A+ Medicaid and send the team an e-mail or simply make a phone call - we are only one simple step away.



Plan portability

You may remain covered by A+ International Healthcare when you move to another country or another region of coverage (restrictions may apply).

Plan design flexibility

Optional coverage can be easily added to your plan. Several options, including deductible, area of cover and enrolment methods, are available as well.



Lifetime renewability

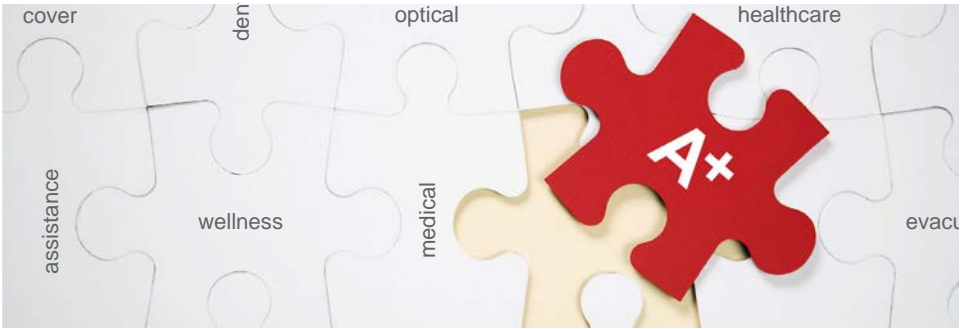
With us, renewability is guaranteed regardless of age or health condition. You can rest assured that you and your loved ones will be well covered for life.

Swift reimbursement

Claims are generally reimbursed within 5 working days, with a maximum of 15 days. You may check the claim process and reimbursement record on your personalised 'My A+ Page'. Large claims may be settled directly with the service providers involved by direct billing, making life easier for you.



Why choose A+ International Healthcare





Our experience with individuals, families and employees of multinational groups and companies has shown that some features are particularly important when selecting a health insurance plan. Because **your health comes first**, we have included, in our health plans, major features such as lifetime insurability, worldwide cover, and 100% in- and out-of-hospital coverage. We are committed to providing you with outstanding plans and services.

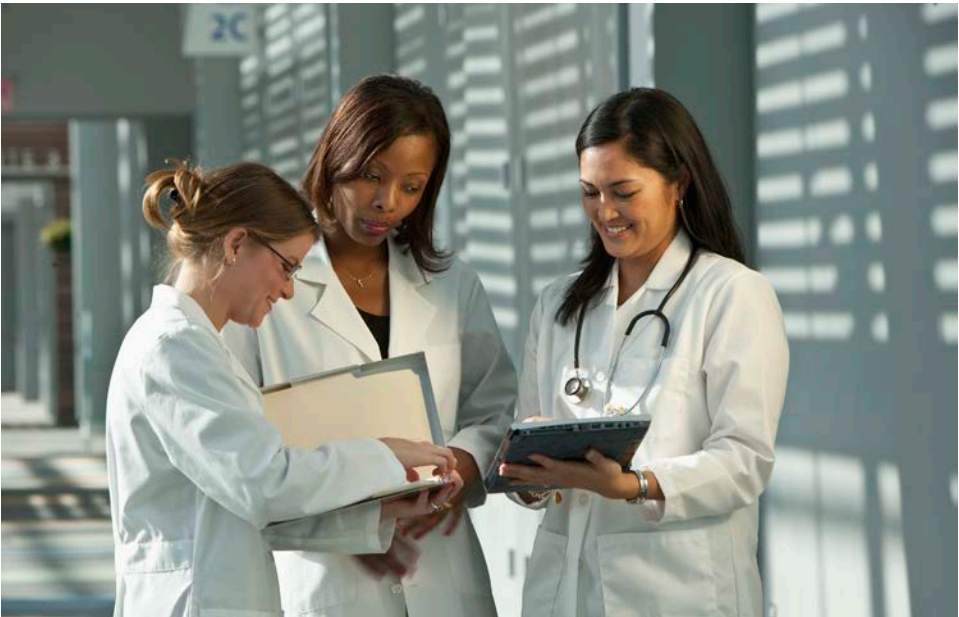
The A+ Benefits

Features	Market norms	A+ International Healthcare
Renewability	Not guaranteed	Guaranteed
Chronic conditions	Limited cover	Covered
Congenital conditions	Limited or excluded	Covered
Complication of pregnancy	Waiting period	No waiting period
Claims reporting	Max 180 days	Up to 2 years
Age limit for group enrolment	Entry age limit or renewal limit 64 years	No entry or renewal age limit
AIDS / HIV	Limited cover	Covered

Your A+ Medicard

Once enrolled into an A+ International Healthcare plan, we send you your own A+ Medicard which attests that you are covered by A+ International Healthcare. Keep this card with you. In case of emergency, present it to medical providers. If in need of assistance, make contact with us or our partners. Details on the back of your Medicard include your personal assistance number, the emergency contacts and instructions.

	
A+ HEALTH INSURANCE MEDICARD	
Insured Name	: ARTHUR Paul, Mr
Personal Reference Nbr	: 388/12345
Policy Duration	: Valid up to 31 Dec 2014
Date of Birth	: 01 Jan 1970
Medical Plan	: Essential
Geographic cover	: Zone C
Evacuation/Repatriation	: Included
Dental & Optical	: Nil
Remarks	: -



Select your plan



You are currently working abroad, or planning to do so in the future. And you are looking for the best health insurance plan for yourself and your family.

We have the best for you.

You need insurance that is **worldwide, reliable, flexible** and guaranteed to deliver first class coverage and support whenever needed.

Everyone has different needs and a different budget depending on age and occupation. We offer a flexible approach to your requirements. Whatever your needs, you can find the best health cover with our customisable plans.

We propose to you four health plans. Each plan can be shaped by adding optional covers and choosing from several plan options:

Serene Plus

- 100% Inpatient
- 100% Outpatient
- Enhanced benefits

Serene

- 100% Inpatient
- 100% Outpatient

Essential Plus

- 100% Inpatient
- Enhanced benefits

Essential

- 100% Inpatient

Optional coverage

- Dental
- Accidental Death & Dismemberment
- Temporary Incapacity Cover
- Permanent Disability Cover

Plan options

- Deductible
 - Zone of treatment
 - Moratorium enrolment
- (Find more on page 19)

Additional options for companies

- Wellness
- Routine Maternity

You have a choice between our Southeast Asia Plans presented in this brochure and our set of Worldwide Plans which offers an even more extensive coverage. Please refer to specific brochure for plan details.

100% Inpatient

Essential, for your essential needs

Essential is our first level cover for your important needs. This plan covers 100% of the costs of inpatient and day-patient care including hospital accommodation, doctors' fees and various medical expenses (including lab exams, medical imaging, inpatient physiotherapy and more). Organ transplant, HIV / AIDS treatment, Hormone Replacement therapy, Congenital Conditions, Cancer treatment, Chronic Conditions, Complication of Pregnancy and Palliative care are also covered.

100% Inpatient + Enhanced benefits

Essential Plus enhanced benefits

Essential Plus provides extra security and reassurance for you. On top of the benefits provided under Essential, the maximum total reimbursement amount is larger. Cover for Outpatient treatments within 15 days before hospitalisation and up to 30 days after hospital release is also included.

100% Inpatient + 100% Outpatient

Serene, for your peace of mind

Serene is your absolute peace-of-mind cover. With Serene, you are fully insured for inpatient and outpatient care, including Organ transplant, HIV / AIDS treatment, Hormone Replacement therapy, Congenital Conditions, Cancer treatment, Chronic Conditions and Complication of Pregnancy. Moreover, you enjoy attractive extras including Inpatient and Outpatient Physiotherapy, Complementary Medical Treatments and Nursing at home.

100% Inpatient + 100% Outpatient + Enhanced benefits

Serene Plus enhanced benefits

Serene Plus is the most privileged cover designed for you and your family. It provides the highest maximum total reimbursement limit. On top of all the benefits covered by Serene, Serene Plus covers Inpatient and Outpatient Psychiatric care, ergotherapy, logopaedics and / or speech therapy and occupational therapy.

	Essential	Essential Plus	Serene	Serene Plus
Overall limit (USD)	\$500,000	\$1,000,000	\$1,000,000	\$1,350,000
Inpatient care	100%	100%	100%	100%
Outpatient care	-	-	100%	100%

Organ transplant	✓	✓	✓	✓
Cancer treatment	✓	✓	✓	✓
Chronic conditions	✓	✓	✓	✓
Complication of pregnancy	✓	✓	✓	✓
Congenital conditions	✓	✓	✓	✓
AIDS / HIV	✓	✓	✓	✓
Evacuation and repatriation for individuals	✓	✓	✓	✓
Kidney dialysis	✓	✓	✓	✓
Parental accommodation		✓		✓
Hospital cash benefit		✓		✓
GP / Specialists			✓	✓
Diagnostic tests, CT & MRI Scans			✓	✓
Complementary medical treatment			✓	✓
Physiotherapy			✓	✓
Logopaedics and / or speech therapy				✓
Ergotherapy				✓
Occupational therapy				✓

Tailor your plan



Optional coverage

Dental

The Dental Plan can be taken out by the persons who are accepted into the Medical Insurance Plan (only with Serene and Serene Plus).

Accidental Death & Dismemberment

This insurance can be taken out as an optional cover to any of the Medical Insurance Plans. It guarantees the payment of a lump sum in case of accidental death or in case of permanent invalidity caused by an accident.

Temporary Incapacity Cover (Loss of Income Protection)

This insurance can be taken out as an optional cover on top of the Medical Insurance Plans. It guarantees payment of a monthly allowance in case the insured is totally unable to perform his / her professional activities because of illness or accident for up to 24 months.

Permanent Disability Cover (Permanent Invalidity caused by an illness or accident)

This insurance can be taken out only as a supplement to the Temporary Incapacity Cover. It guarantees a lump sum payment to the Insured who is affected by a permanent disability, caused by an illness or accident.

Plan options

Currency

Policies can only be subscribed in US dollars. Claims are reimbursed only in the policy currency.

Deductible

You can reduce your premium by choosing an annual deductible that applies on all benefits. There are different levels of deductible, depending on your plan.

The higher the deductible, the lower your premium. Deductibles are applied per insured, per insurance year.

US\$	
Essential Plans	Serene Plans
0	0
300	300
675	675
1,350	1,350

Zone of treatment

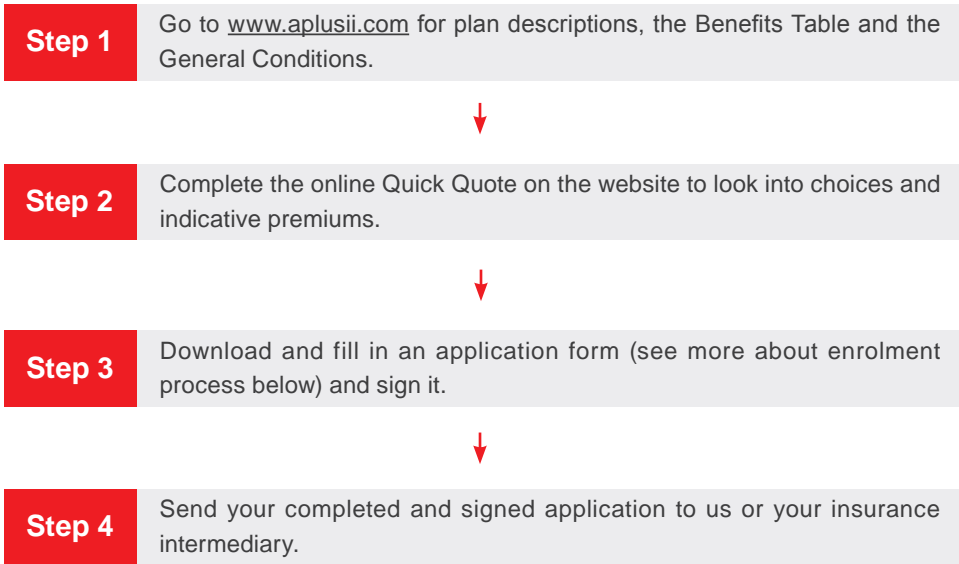
To better define your health plan, A+ International Healthcare offers three zones of elective treatment for choice for the Southeast Asia plans; premiums are set according to which zone you choose.

- Zone A: Worldwide
- Zone B: Worldwide excluding USA and Canada
Covered for medical expenses incurred due to medical emergencies whilst visiting USA and Canada for temporary stays of up to 90 days in aggregate per year
- Zone C: Treatments restricted in Cambodia, Indonesia, Laos, Malaysia, Philippines, Thailand & Vietnam
Covered for medical expenses incurred due to medical emergencies whilst visiting places or countries out of zone of treatment for temporary stays of up to 90 days in aggregate per year

How to apply



You can apply for an A+ International Healthcare plan by taking four simple steps:



Enrolment process

Specific Application Forms are available for enrolment of Individuals who may choose either Full Medical Underwriting or Moratorium enrolments.

Full Medical Underwriting enrolment

Complete the full Medical Questionnaire included in the application form. Once accepted, your policy is set and claims will be processed swiftly.

Moratorium enrolment

Under Moratorium enrolment, the questionnaire is limited to a few questions related to major illnesses. Enrolment is fast and simple.

Find more on page 26.

Switch to A+ International Healthcare

Continued personal medical exclusions (CPME Transfer)

You can switch from any insurance company to us as long as the previous coverage is of a similar benefit level. Contact us or your insurance intermediary for more details.

Manage your plan online



'My A+ Page' - your personalised online tool

Once enrolled into an A+ International Healthcare plan, you will have access to your own web page, a personalised online tool, to help you better manage your health, and where you can find all the necessary information about your medical plan.

To access this tool, go to www.aplusii.com and click 'My A+ Page' or 'Clients'. Enter your personal reference number which is given to you upon enrolment.

'My A+ Page' offers you access to:

✓ your cover details

My personal data			
Plan details :	Member Since:	Insurance period Start date:	Insurance period End date
GLOBAL 100 USD INDIV DEDUCTIBLE NIL	01/09/2013	01/09/2013	31/08/2014

✓ status of your claims and related reimbursements

Reimbursement details				
Statement number	Statement Date	Total Reimbursed	Deductible	Method of payment
1200009831	04/10/2013	835.00 HKD	0.00 HKD	Cheque

✓ downloads of documents and forms

My Policy

Please click on the following links to download:

- [Insurance Certificate](#)
- [Claim for reimbursement of medical expenses](#)
- [Notification of accident](#)
- [Cost Estimate Form](#)
- [Direct Billing](#)
- [Gold Pass Outpatient Direct Billing Procedure](#)
- [Change of Reimbursement Method](#)

✓ our panel of medical providers

International Medical Providers Directory

Hong Kong Hong Kong Island

Hong Kong-Hong Kong Island

Name : **Healthcare Hospital**
City : Hong Kong Island
Address : 29 Fenwick Street, Wanchai, Hong Kong
Phone 1 : (852) 0000 0000
official Web Site : <http://www.healthcarehospital.org.hk>

... and much more

Reimbursement and claims management

How to file a claim reimbursement

Step 1

Go to www.aplusii.com. Go to the Downloads page or 'My A+ Page' to download claim form.



Step 2

Fill in and sign the claim form. Prepare original supporting documentation (e.g. receipted bills) for reimbursement. Keep copies of the documents for your own reference.



Step 3

Send the completed and signed claim form to the claims manager with the original supporting documents by post.

Easy reimbursement of claims

We help you save valuable time in the reimbursement process. If the claim is less than US\$ 675, we allow submission by e-mail alongside scanned claim forms and scanned copies of documents.



Claims reporting

Claims should be reported as soon as possible after their occurrence. In any case, claims must be sent no later than two years after the event giving rise to the claim occurred.

How to manage your claims

Claims are generally reimbursed within 5 working days, with a maximum of 15 days. You may check the claim process and reimbursement on your personalised 'My A+ Page'.

An e-mail notification is sent to you once the claim has been processed and a settlement note has been issued.

If you have not provided us with your e-mail address, you will receive the settlement notes by regular mail instead.

The higher expenses may be settled directly with the hospitals, clinics or doctors involved, helping to make life easier for you.

Guarantee of payment and direct payment

A+ International Healthcare and its partners have agreements with a wide range of health care providers and facilities located all over the world. You may consult the list of providers on your 'My A+ Page'.

How does it work?

Step 1

You obtain a Cost Estimate Form from our website. The hospital fills in the form, which needs to be signed by you.



Step 2

You send the Cost Estimate Form to the claims manager at least 15 days prior to the admission to ensure a smooth process.

And we will do the rest...



The claims manager issues a guarantee of payment and settles payment with hospital.



The claims manager sends a settlement note to the patient and the hospital.

What if it is an emergency admission?

In the event of an emergency admission, show the provider your Medicaid upon admission. Send the claims manager the completed Cost Estimate Form before discharge. The claims manager will deal directly with the facility (hospital, clinic, etc.).

Your coverage



At A+ International Healthcare, we have included in our health plans the most important features. Whatever your choice...

you are covered for:

- Inpatient and day-patient care;
- Organ transplant;
- Cancer treatment;
- Chronic conditions;
- AIDS / HIV.

Note: For more details, please refer to page 14 and page 15, or the Benefits Table enclosed.

What is not covered

This is a summary of major exclusions applicable to A+ International Healthcare plans. For full details, please refer to the General Conditions.

Medical Plans

- Pre-existing conditions unless accepted at time of enrolment.
- Non prescribed Medical Treatments.
- Periodic preventive health examinations except those explicitly mentioned in the table of medical benefits.
- Complementary (and / or alternative) medical treatments other than those explicitly mentioned in the table of medical benefits.
- Expenses resulting from maternity (subject to the plan selected) and childbirth during the first 12 months after the inception date of cover (unless explicitly waived in the Special Conditions).
- Non prescribed drugs.
- Traditional Chinese Medicine even when prescribed by Doctor.
- OTC ('over-the-counter') medicines: lifestyle products, dietary products, etc.
- Expenses related to sterilisation.
- Contraceptive and birth control drugs, even if prescribed by a Doctor.
- Costs related to abortion except in the case of absolute medical necessity.
- Cosmetic / aesthetic treatment except restorative treatment following an Accident.
- Elective caesarean delivery expenses.
- Consequences of drug-addiction and alcoholism.
- Expenses resulting from any kind of competition with motor vehicles.
- Consequences of the Insured participation in any sport as a professional or under contract providing compensation, as well as any preparatory training to such activities.

Evacuation / Repatriation

- Costs incurred without the prior agreement of Assistance Provider.
- The consequences of illnesses or benign lesions that can be treated on the spot.
- Evacuation / repatriation as a consequence of psychiatric conditions.
- The Insured's participation in any sport as a professional or under contract providing for remuneration, as well as any preparatory training.
- The consequences of an accident during the Insured's participation in an air sport (including hang gliding, paragliding, gliding) or in any of the following sports: skeleton, bobsleigh, ski-jumping, mountain-climbing with roping, rock-climbing, skin diving with self-contained apparatus, spelunking, bungee-jumping, skydiving.

Frequently asked questions

1) Can I subscribe to an A+ International Healthcare plan?

a) Who is eligible to enrol?

A+ International Healthcare plans are open to individual expatriates and their dependants who reside outside of their home countries as well as to employers and associations to cover their expatriated employees / members, and their dependants. A+ Southeast Asia Plans are exclusively for expatriates and their dependants living in Cambodia, Indonesia, Laos, Malaysia, Philippines, Thailand and Vietnam.

b) Are any age limits applicable for enrolment?

For individuals, the age limit set for enrolment is 70 years. For corporate enrolment and if you are enrolled on a compulsory basis by your employer, there is no specific age limit.

c) What minimum period of time can I be covered for?

The duration of insurance policy is 12 months.

d) Do I need to have a medical examination to join the plan?

No. You only need to complete a medical questionnaire. On occasions, our medical adviser may define partial exclusions, total exclusions or propose an additional premium to waive exclusions. The obligation to complete a medical questionnaire is waived for group plans with compulsory affiliation of more than 10 employees.

e) Which form do I complete to enrol?

There are two enrolment processes available for enrolment - Full Medical Underwriting enrolment and Moratorium enrolment - and thus two specific application forms.

For Full Medical Underwriting enrolment, it is very important that the detailed Medical Questionnaire included in the application form must be completed fully and accurately, failing to do so may invalidate the policy.

For Moratorium enrolment, the questionnaire is limited to a few questions related to major illnesses. After two years' continuous membership, pre-existing Medical Conditions will become eligible for benefit (conditions apply, please contact us or your insurance intermediary for more information).

2) How can I manage my plan?

a) How can I renew my plan?

Renewal information will be sent to you six weeks before the renewal date. Cancellation of your policy is possible on the policy anniversary date with one month's notice, through notification by registered letter.

b) Can I change my level of cover?

Downgrading or upgrading plans and options is possible, but only at the renewal date of the policy. In the case of upgrading, a new medical questionnaire must be completed. However, it is not possible to change to the worldwide cover for short periods (with the objective of getting treatment in USA or Canada).

c) How can I pay my premium?

Premiums are payable annually in advance, by bank transfer, credit card or cheque. Semi-annual and quarterly payments are available. Administrative charge applies.



d) How does the deductible work?

The deductible is a fixed amount per year per person of covered expenses for which you are responsible. Once your annual deductible has been met, your expenses will be reimbursed according to the conditions of your plan.

e) When do new dependants need to be added?

Addition of a spouse / legal partner is possible, provided that the application is based on the same procedure and conditions of acceptance, and within two months after becoming eligible for the insurance.

Addition of a new-born is possible, provided that the application is made within two months following the date of birth. The birth certification is a required supporting document. Premiums for new-born babies are to be paid as from the birth date.

A medical questionnaire must be completed when the baby is declared to the insurer more than two months after birth.

Adopted children may also be included in the policy, enrolment of whom is subject to full underwriting.

f) Am I able to access my personal information online?

Our online service - My A⁺ Page - helps you to better manage your health plan. It does not only give you access to our panel of medical providers, hospitals and clinics, grouped by countries, towns and specialities, it also allows you to consult your plan coverage, monitor your own personal reimbursement information and download all forms. Access to this personalised section is password-protected and you are required to enter your personal reference number.

g) How do I log in to 'My A+ Page'?

The first time you use 'My A+ Page', you need to enter your personal reference number and your password, which is sent to you by our claims manager upon enrolment.

h) What do I do in case of emergency?

Our emergency helpline is available in a variety of languages and is staffed by medical professionals ready to assist you 24/7 every day of the year. Telephone numbers are stated on your Medicaid provided upon enrolment.

i) How do I claim?

Claims should be reported as soon as possible after their occurrence. In any case, claims must be sent no later than two years after the event giving rise to the claim occurred.

Claim forms may be downloaded from 'My A+ Page'.

You should complete the form and send:

- By mail:

Claim forms can be completed directly on 'My A+ Page' or filled out by hand. They must be signed and returned to the claims manager together with the supporting documents.

- By e-mail:

If the claim is less than US\$ 675, we allow scanning of the claim forms available on our website. You should send scanned copies of receipts and keep the originals for a minimum of 12 months.

Claims are generally reimbursed within 5 working days, with a maximum of 15 days.

3) What is covered?

a) Which practitioner can I consult?

You can consult any doctor of your choice provided this doctor has graduated from a recognised medical school as listed in the WHO Directory of Medical Schools and who is licensed and is registered to practice medicine in the country where the treatment is received.

b) Are complications of pregnancy covered?

The following complications of pregnancy are covered in the same way as any other medical condition, so the rules and limits for the maternity benefits do not apply:

- miscarriage or when the foetus has died and remains with the placenta in the womb;
- stillbirth;
- abnormal cell growth in the womb (hydatidiform mole);
- foetus growing outside the womb (ectopic pregnancy);
- heavy bleeding in the hours and days immediately after childbirth (post-partum haemorrhage);
- afterbirth left in the womb after delivery of the baby (retained placental membrane);
- complications following any of the above conditions.

Complications of pregnancy are not subject to the waiting period for all medical expenses related to Delivery and Maternity care.

c) Are complementary therapies covered?

A+ International Healthcare plans offer a wide range of complementary therapies as standard. These include Chiropractors, Osteopaths, Acupuncturists, and Homeopaths who are legally qualified, registered and allowed to practice complementary medicine by the authorities in the country in which the treatment is received. These treatments must always be prescribed by a doctor.

d) Do I need to wait to get certain treatments?

The insurance cover takes effect on the day immediately following your acceptance by the insurer.

Once enrolled, you may have to wait to get certain treatments:

- Waiting period of twelve months for wellness cover (option for groups only);
- Waiting period of twelve months for routine maternity cover (option for groups only);
- Waiting period of six months for all basic dental care and twelve months for all major dentistry: orthodontic treatment and dental prostheses;
- Waiting period of two years for AIDS / HIV Treatments if you opt for Essential or Serene.

e) If I opt for Zone B or C, will I be covered when I travel away from the zone of treatment?

Yes. If you opt for Zone B, your medical expenses incurred due to medical emergencies whilst visiting USA and Canada will still be covered.

If you opt for Zone C, those expenses incurred whilst visiting places or countries out of zone of treatment will be covered.

However, these emergency expenses in both cases are restricted to temporary stays of up to 90 days in aggregate per year.

f) Will I be covered for any chronic conditions I have when joining the plan?

Upon acceptance, your medical expenses for chronic conditions will be covered subject to the terms of your policy. However, prior to the acceptance, the medical consultant can define partial or total exclusions of cover of specific conditions, or propose an additional premium to waive exclusions.

g) Are pre-existing conditions covered?

The A+ International Healthcare plans do not generally cover the treatment of pre-existing medical conditions and related conditions. A pre-existing condition means any disease, illness or injury for which you have received medication, advice or treatment, or which you have experienced symptoms, whether the condition has been diagnosed or not, at any time before the date on which your A+ International Healthcare plan starts, except where such Medical Conditions have been declared in the application form and subsequently accepted in writing by us.

Notes



Your Insurance Intermediary:



Your Health First

Connect with us on social media



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