

**Your Health First**

## **Southeast Asia Plans**

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

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# **Benefits Table**

effective 1/1/2016

The background features a light blue gradient. In the lower-left foreground, there is a glass globe showing a map of the world. A silver stethoscope is positioned diagonally across the lower-right portion of the page, with its chest piece resting on the surface.

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## Benefits Table - effective 1/1/2016

Note: The General Conditions can be provided upon request or downloaded from

[www.aplusii.com](http://www.aplusii.com)

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 | a) Hospitalisation<br>b) Outpatient<br>c) Other Benefits | a) Hospitalisation<br>b) Outpatient<br>c) Other Benefits |
| Maximum total reimbursement per Insured and per insurance year<br>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                |
|---|-------------|----------------------------|-------------|----------------------------|
| <b>1. Inpatient Care (with overnight stay in hospital)</b><br>Important : Precertification is always required except in case of emergency (see article 2.1.3.4. 'precertification' in General Conditions).<br>Failure to comply with the precertification requirement could lead to a reduction of the reimbursement. |             |                            |             |                            |
| Hospital accommodation  |             |                            |             |                            |
| - Room & board ( <u>standard private room</u> )   | 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:<br>- use of operating room and recovery room<br>- lab exams / - medical imaging (X-ray, CT, MRI, etc.)<br>- prescription drugs and dressings<br>- physiotherapy<br>- 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 are received free of charge   | Not Covered  | \$ 67.50 per night up to 60 nights                                   | Not Covered  | \$ 135 per night up to 60 nights                                     |
| Organ transplant<br>We cover doctors' fees, hospital accommodation (standard private room) and other related medical expenses during hospital stay.<br>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<br>(Prior approval from the Insurer's Medical Consultant) | Full Cover<br>(Prior approval from the Insurer's Medical Consultant) | Full Cover<br>(Prior approval from the Insurer's Medical Consultant) | Full Cover<br>(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<br>Fees of a GP (General Practitioner, Family Doctor)  | Not Covered | Not Covered   | Full Cover                | Full Cover                |
| Specialist<br>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 Specialists 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<br>Only care prescribed by or performed by a Doctor can qualify for reimbursement.<br>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<br>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<br>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 surgery (outpatient surgery)   | Full Cover (precertification required) | Full Cover (precertification required) | Full Cover (precertification required) | Full Cover (precertification required) |

| Essential | Essential Plus | Serene | Serene Plus |
|-----------|----------------|--------|-------------|
|-----------|----------------|--------|-------------|

|   |  |  |  |  |
|---|--|--|--|--|
| <b>3. Other Benefits</b>  |  |  |  |  |
| 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                   |

|   |   |
|---|---|
| <b>4. Medical Evacuation and Repatriation Services</b> ^ (Included for Individuals, Optional for Companies*).<br>Prior Approval from Insurer compulsory   |   |
| Evacuation / Repatriation<br>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<br>(Applicable when hospitalisation in excess of 5 consecutive days)<br><br>One economy class return airfare<br><br>Accommodation for compassionate visit by a relative accompanying the insured | Full Cover<br><br>\$ 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<br>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                  |
| <b>Basic dental care</b><br>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.<br>A waiting period of 6 months applies.  | 80% up to \$900 | Full Cover up to \$2,000 |
| <b>Major dentistry</b><br>Bridges, implants, orthodontic treatment and dental prostheses (dentures, crowns, inlays). The amount covered includes the fees of the Dentist (or Dental Surgeon).<br><u>Orthodontic treatment</u> is only covered if started before age 17 (seventeen).<br>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  |                   |               |
| <b>Preventive care &amp; wellness benefits</b><br>A waiting period of 12 months applies<br>- well baby care<br>- medically required vaccinations (adults & children)<br>- one routine eye test per insurance year<br>- one adult physical examination every 2 years including:<br>- one (bilateral) mammogram and one pap-smear test every 2 years (females as of age 35)<br>- 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<br>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, Philippines, Thailand & Vietnam

**10. Deductible**

| US\$            |              | per insured and per insurance year |
|-----------------|--------------|------------------------------------|
| Essential Plans | Serene Plans |                                    |
| 0               | 0            |                                    |
| 300             | 675          |                                    |
|                 | 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.