



International
Healthcare

Your Health First

Southeast Asia Plans

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



**Worldwide
First Class
Health Plans**

- Essential
- Serene

www.aplusii.com



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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 their specific needs.

Our partners

The combined experience and financial strength of A+ International Healthcare and partners presents the best protection for your health. We provide:

Expertise

- Partnership between leading European medical insurance providers and healthcare investment specialists from Europe and Asia.
- Years of experience in providing international medical insurance.

Security

- Our insurance solutions are designed and tested by leading health insurance experts.
- Our health plans are approved by individuals, companies and some of the largest international organisations alike requiring medical cover that leaves nothing to chance.

Personalized assistance

- 24/7 medical assistance wherever you are, whatever your language, 365 days a year.
- Online service: personal web page with all the necessary information on your medical plan, reimbursement status, claim forms and more...

Because your health comes first, we provide you with the best available guarantees for your medical cover. Our underwriting partners have obtained Standard & Poor's top ratings, covering all areas of insurance, from individual to corporate.

We share the same corporate values:

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

Our partners combine many years of experience in providing international medical insurance and are presently servicing more than 300,000 international clients.

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

Moreover, to support you wherever you are, A+ International Healthcare's assistance partners offer international assistance through their own international network combined with trusted correspondents to assist in countries where they do not have a physical presence.



Our commitments

When you don't live in your own country, you need to feel safe and secure.

Thanks to our experience, we understand your concerns. There is nothing more important than health. We believe that **your health comes first.**

Our service promise

We put our knowledge and our expertise at your disposal. Our service promise is to stand by you, to help you and to make life easier for you when difficulties arise.

A⁺ health plans are specifically designed for persons who are 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 international 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⁺ health plan, we offer you 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.
- 860,000 medical providers available in 150 countries.

Reliable

- Cover for life, no age limit once enrolled.
- Medical evacuation and repatriation for Individual plans included.
- Coverage, in particular, 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 personalize your plan according to your needs, including Dental, Accidental Death and Loss of Income benefits.

Our experience with individuals, families and employees of multinational companies has shown that some features are particularly important when selecting a health insurance plan. Because **we believe that 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. This commitment underlines why we are different and why our health plans are reliable.


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

Your Medicard: Your easy access to Medical Providers

Once enrolled into an A+ health plan, we send you your own A+ member card which attests that you are covered by A+ International Healthcare. Keep this card with you in case of emergency and present it to medical providers.



International
Healthcare



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

: -



Group & Corporate enrolment

A+ International Healthcare proposes a dedicated offer to employers and to associations to cover their employees and members, and their dependants.

Why choose **A+ International Healthcare** for group cover?

Under the basis of compulsory affiliation by the employer of a group of ten or more employees:

- No health declaration will, in principle, be required for the medical insurance plan, meaning that there will be immediate and full acceptance into the medical insurance of both employees and dependants;
- No specific age limit set for enrolment into the medical insurance.



Select the plan you need

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 for your family.

You are a manager seeking optimal health and accident insurance for your internationally mobile employees.

We have the best for you.

The A⁺ health plans at a glance

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

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

To satisfy all your needs, we propose four health plans; each plan can be shaped by adding optional covers and choosing from several options:

Essential

- 100% Inpatient, day-patient surgery

Essential Plus

- 100% Inpatient, day-patient surgery
- Inpatient Psychiatric care
- Outpatient treatments within 15 days before hospitalisation and up to 30 days after hospital release
- Hospital cash benefit

Serene

- 100% Inpatient
- 100% Outpatient

Serene Plus

- 100% Inpatient
- 100% Outpatient
- Inpatient and Outpatient Psychiatric care
- Hospital cash benefit

Additional coverage

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

Additional options for companies

- Wellness
- Routine Maternity

Several options

- Deductibles
- Zones of treatment
- Moratorium enrolment

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...). Organ transplant, HIV / AIDS treatment, Hormone Replacement therapy, Congenital Conditions, Cancer treatment, Chronic Conditions, Complication of Pregnancy and Palliative care are also covered.

Select the
coverage
best suited
to your
needs

Essential Plus added 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.

Serene, for your total 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.

Serene Plus added 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.

Three zones of treatment to suit your needs

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

An overview of our plans:

	Essential Plans	Serene Plans
Inpatient and day-patient care	✓	✓
Organ transplant	✓	✓
Cancer treatment	✓	✓
Chronic conditions	✓	✓
Psychiatric care	✓	✓
AIDS / HIV	✓	✓
Evacuation and repatriation (optional for companies)	✓	✓
Rehabilitation and convalescence rest / care	✓	✓
Palliative care	✓	✓
Outpatient care		✓
GP / Specialists		✓
Diagnostic tests, CT & MRI Scans		✓
Nursing at home		✓



Evacuation and repatriation

Medical evacuation and repatriation for Individuals enrolment is included. 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 within the individual core plans.



You can complement your A+ health plan with optional modules.

Optional Covers

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 cover

This insurance can be taken out as an additional 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 additional 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 and guarantees a lump sum payment to the Insured who is affected by a permanent disability, caused by an illness or accident.



Currency

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

Deductibles

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.

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

**Several
options**

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

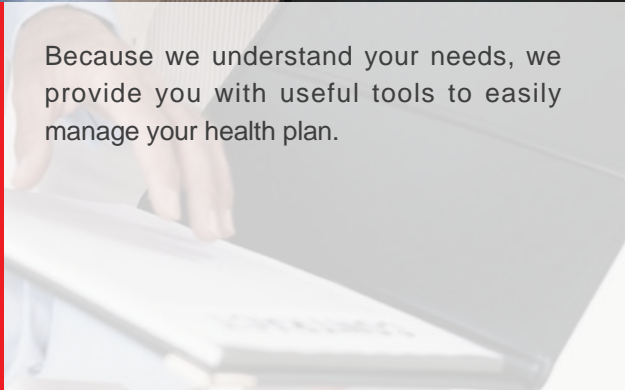
Elective treatments in the USA and Canada?

We believe that if you have no plans to seek medical care in the USA or Canada, you should not have to pay higher premiums that reflect the high costs of medical care in these countries. By excluding the USA and Canada from your cover, you can reduce your premiums while enjoying the same high level and quality of cover elsewhere. Note that you are still covered for medical emergencies during travels to the USA and Canada not exceeding (in total) 90 days per insurance year.



How to manage your plan

Because we understand your needs, we provide you with useful tools to easily manage your health plan.



You can apply for an A+ health plan through a consultant or by yourself.

With the help of your insurance intermediary, you only need a few minutes to subscribe to an A+ plan.

The easiest way for you is to apply for a plan through your insurance intermediary. He can help you in your decision, find the plan best suited to your needs, and help you to complete the application forms.

If you prefer, you can apply for an A+ policy by yourself.

You just need to fill in the forms enclosed with this brochure or go to our website www.aplusii.com and fill in the forms online. Please send us the forms once completed and signed. It is very important that you answer all the questions accurately, as failure to do so could affect your coverage and benefit payments.

If you have pre-existing medical conditions, you should provide copies of all the medical reports available so as to speed up the process.

All information supplied will be treated in strict confidence.

Please talk to the A+ team or your insurance intermediary if you need assistance or have any questions when filling in the forms.

Moreover, our website is designed for you and you can easily find information about A+ health plans, get a quick quote online, and fill in the application forms.

Enrolment process

Specific Application Forms are available for enrolment of Individuals and Groups who may choose either Underwritten or Moratorium enrolment.

Underwritten enrolment:

The detailed Medical Questionnaire included in the application form must be completed fully and accurately, failing to do so may invalidate the policy.

Moratorium enrolment:

Under Moratorium enrolment the questionnaire is limited to a few questions related to major illnesses.

After two years' continuous membership, any pre-existing Medical Conditions (and Related Conditions) will become eligible for benefit, subject to the terms and conditions of your plan, provided you have not during that period:

- a) consulted any Medical Practitioner or Specialist for Treatment or Advice (including check-ups) or
- b) experienced further symptoms or
- c) taken medication or been advised to follow special treatment (including drugs, medicine, special diets, injections, etc.)

With "My A+ Page", it's easy to manage your plan online

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

"My A+ Page" offers you access to:

- your cover details,
- downloads of all personalized forms,
- status of your claims and related reimbursements,
- our database of medical providers.

To access this personalized part, you have to enter your personal reference number which is given to you upon enrolment.

How to 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 forms and send them to us:

- 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.

The claim must be accompanied by the original supporting documentation including all relevant invoices, and proof of payment.

- By e-mail

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

Claims are reimbursed within a maximum of 15 days. You may check the claim process and reimbursement on your personalized "My A+ Page". The most expensive claims may be settled directly with the hospitals, clinics or doctors involved, helping to make life easier for you.

An e-mail notification is sent to you once the claim has been processed and a settlement note has been issued. You save valuable time in the reimbursement process.

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

Our medical advisors will counsel you on all your health questions. Whether you need medical assistance, medical information or help with arranging a hospital stay, we will be there for you, supporting you at all times and wherever you are located. Do not hesitate to call our hotline number provided on your Medicaid.

Guarantee of payment and direct payment

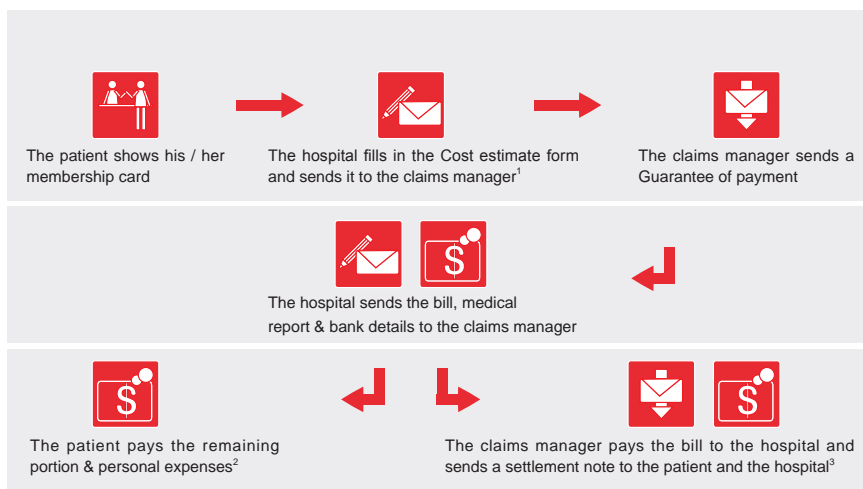
A+ International Healthcare and its partners have a wide range of agreements with health care providers and facilities located all over the world. You may consult the list of providers on your "My A+ Page".

To facilitate the guarantee of payment in the case of a planned hospital admission, you should send, at least 15 days in advance, a notification of hospitalization; all administrative and financial aspects can therefore be arranged well in advance, guaranteeing a smooth admission and avoiding the need for cash deposit payments.

In the event of an emergency admission, the name and telephone number of the care provider suffice for our customer service representative to initiate a direct payment procedure.

As soon as you show your Medicaid, selected providers automatically arrange direct payment by contacting our partners, who will send a guarantee of payment. Other providers prefer to await our cost estimate form to complete and our accompanying letter, confirming enrolment under the medical plan.

How does it work?



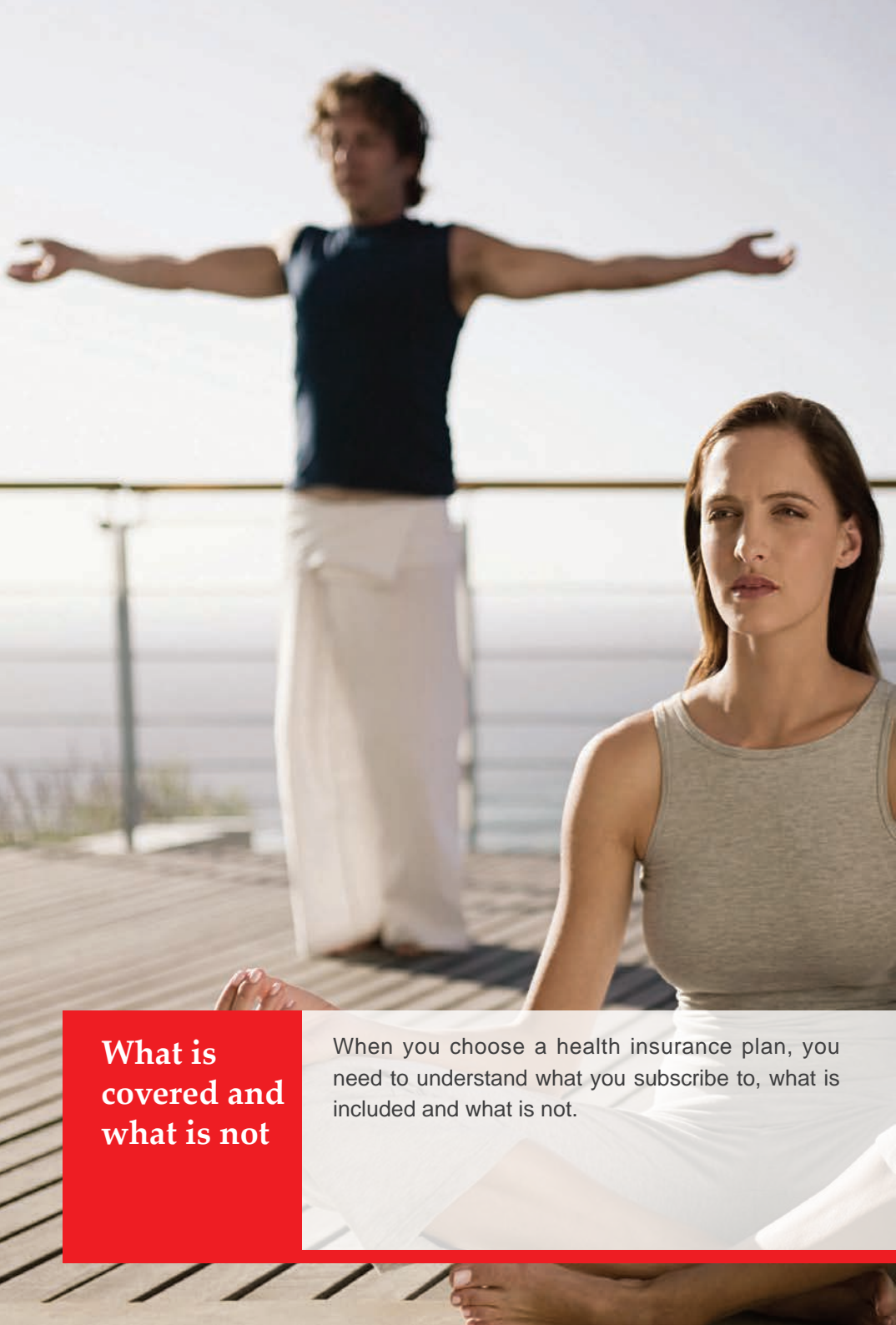
1. two weeks before admission of the patient or at the moment of admission in case of emergency

2. cash or credit card

3. within 30 days after receiving a copy of the discharge report and the bill(s)

What we provide once enrolled

Upon acceptance of your application by the insurer and receipt of premium payment, you will receive your welcome package, including the policy schedule and special conditions documents, together with your personalized Medicaid and clear guidelines on claims and direct payment.



**What is
covered and
what is not**

When you choose a health insurance plan, you need to understand what you subscribe to, what is included and what is not.

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;
- Evacuation and repatriation for individuals enrolment.

What is not covered

This is a summary of major exclusions applicable to A⁺ 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 and childbirth.
- 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 physician.
- Costs related to abortion except in the case of absolute medical necessity.
- Cosmetic / aesthetic treatment except restorative treatment following an accident.
- Consequences of drug-addiction and alcoholism.
- Expenses resulting from any kind of competition involving motor vehicles.
- Consequences of the insured participating in any sport as a professional or under a contract providing remuneration, as well as any preparatory training to such activities.

Evacuation / Repatriation

- Costs incurred without the prior agreement of our Assistance service.
- 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 a 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.



**Your
questions,
our
answers**

We want to be able to answer all your questions. If you have a question, and can't find the answer here, please contact us directly.

1) Can I subscribe to an A+ plan?

a) Who is eligible to enrol?

A+ 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 individual expatriates and members of associations, 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 the insurance policy is fixed for periods of 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.

2) How can I manage my plan?

a) How can I renew my plan?

Renewals 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 the 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 payments of 53% of the annual premium are available.

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. We need the birth certification as 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 not only gives you access to our database of more than 10,000 medical providers, 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

personalized 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 will be sent to you by our claims manager.

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 given on your Medicard 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 reimbursed within 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:

- 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.

c) Are complementary therapies covered?

A+ health 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 have to wait to get certain treatments:

- Waiting period of 12 months for wellness cover (option for groups only);
- Waiting period of 6 months for all basic dental care and 12 months for all major dentistry: orthodontic treatment and dental prostheses.
- Waiting period of 2 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?

Yes. 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 exclusions of cover, or propose an additional premium to waive exclusions.



Your Insurance Intermediary:



AOC Insurance Broker

60 rue de Strasbourg – 92400 Courbevoie - FRANCE

Standard : +33 (0) 1 49 97 80 38

Hong-Kong : +852 (0) 81 92 63 63

Website : www.aoc-insurancebroker.com

Email : contact@aoc-insurancebroker.com

AOC at a glance : [Video](#) (Ctrl + Click)



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Your Health First