



medi+  
CLASSIC

Classic Plan	IP Only		IP & OP			
	SEA	Asia Pacific +	SEA	Asia Pacific +	International +	Worldwide
Currency	USD					
Geographic Coverage	South East Asia excluding Singapore	Asia Pacific Area	South East Asia excluding Singapore	Asia Pacific Area	All Countries excluding U.S.	All Countries
Eligible Providers	Usual and customary providers					Usual and customary providers Formulary co-payment required for some non-net-work providers in U.S.
Emergency Coverage	Worldwide					
Annual Maximum	\$750,000					
Lifetime Maximum	No limit					
Inpatient Maximum	Up to Annual Maximum					
Outpatient Maximum	No coverage		\$4,500			
<b>Deductible and Co-payment</b>						
Individual Annual Deductibles	Optional					
Family Annual Deductible 3 times of Individual Annual Deductible						
Policy Co-payment						
<b>Inpatient and Day-care Treatment</b> *Pre-authorization is required for in-patient treatment.						
Intensive Care Unit and Theatre Costs	Fully covered					
Operating and Emergency Room						
Accommodations Standard private room	\$150/day					
Companion Bed For a parent accompanying a hospitalized insured child under 18 years of age or for a baby under 16 weeks old of a hospitalized female insured person	Fully covered					
Doctor's Fees, Surgeon's Fees, Anesthesiologist's Fees						
Nursing Fees and Ancillary Fees						
Therapy and Treatment Including Radiotherapy, Chemotherapy, Consultations, Pathology and Radiology						
X-rays, Diagnostic Tests and Procedures						
MRI, PET, CT Scans and Oncology Tests						
Drugs and Dressings						
Reconstructive Surgery Following an accident or following surgery for an eligible medical condition						

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Durable Medical Equipment	No coverage						
<b>Extended Care/Inpatient Rehabilitation</b> Skilled nursing and related services on an inpatient basis for patients who require medical or nursing care for a covered illness	Covered up to 90 days						
<b>Outpatient Treatment</b>							
Doctor's Fees, Specialist's Fees	No Coverage		Fully covered				
Prescription Drugs			Fully covered Chinese Traditional Medicine: No coverage			Fully covered (Formulary co-payment applicable in U.S.) Chinese Traditional Medicine: No coverage	
Laboratory Tests, X-rays, Diagnostic Tests and Procedures			Fully covered				
<b>Therapy</b> Including Physiotherapy, Chiropractic Therapy, Vocational Therapy, Speech and Occupational Therapy			Covered up to \$600				
Acupuncture and Homeopathy			Covered up to \$100 per visit, 20 visits				
<b>Sleep Testing and Treatment</b> For suspected conditions of Narcolepsy or Obstructive Sleep Apnea			Fully covered				
Outpatient Surgical Operations							
Vaccination			Covered up to \$200				
Emergency Room			Fully covered				
Home Nursing			Covered up to 100 days				
<b>Special Conditions</b>							
<b>Pre-existing Conditions</b> Any illness or injury, physical or mental condition, for which an insured person received any diagnosis, medical advice or treatment, or had taken any prescribed drug, or where distinct symptoms were evident prior to the effective date	Subjected to underwriter's approval Limited coverage can be offered						
<b>Chronic Conditions</b> Hypertension, Diabetes etc.	Fully covered if not pre-existing conditions						
<b>Catastrophic Illnesses</b> Cancer, Stroke, Heart Disease, Major Organ Failure or Transplant, AIDS/HIV etc.							
<b>Congenital Conditions</b>							
<b>Congenital Conditions / Birth Anomalies</b>	Covered up to \$10,000						

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<b>Emergency Medical Evacuation</b> (Subject to Overall Inpatient Maximum)						
<b>Air/Ground Ambulance</b> Transportation services when medically necessary to the nearest qualified medical facility	Fully covered					
<b>Medical Assistance</b> Medical Experts to provide emergency medical recommendations and arrange necessary transportation	Fully covered					
<b>Repatriation Benefit</b> Economy-class air tickets for an accompanying person in the case of initial transportation to the location of the insured person Economy-class air tickets to return to the place of residence for the insured person and the accompanying person						
<b>Hotel Fees</b> For an accompanying person in case of emergency medical evacuation	Covered up to 12 nights and \$150 per night					
<b>Repatriation of Mortal Remains / Local Burial</b>	No coverage					
<b>Mental Health</b>						
<b>Mental Health Inpatient</b>	Covered up to \$5,000					
<b>Mental Health Outpatient</b>	No coverage					
<b>Outpatient and Inpatient Rehabilitation Treatment</b> For alcohol and drug abuse	Covered up to \$3,000					
<b>Others</b>						
<b>Hospice Care</b>	Covered up to 45 days for inpatient and \$7,000 for outpatient					
<b>Complications of Pregnancy</b>	Fully covered					
<b>Emergency Dental</b>	Covered up to \$800					
<b>Special Examinations / Screenings</b>						
<b>Papanicolaou Screening (PAP) and Routine Mammogram</b> including consultation fees	No coverage					
<b>PSA exam</b> including consultation fees						
<b>Screenings</b> recommended by a physician due to family medical history						

**OPTIONAL BENEFITS**

**Maternity Benefits**  
12-months Waiting Period  
IP and OP plans only

Benefit	Coverage
<b>Maternity</b> Prenatal care, normal delivery or medically necessary C-section, complication of maternity and postnatal care. Maternity Benefits for Dependent daughters are not covered	Covered up to \$15,000 per pregnancy
<b>Infant Care</b>	Covered up to \$5,500 for the first 14 days without notification Fully covered after enrollment
<b>Routine Exams for enrolled Infant within the age of 12 months without waiting period</b>	Covered up to 6 visits
<b>Immunizations for enrolled Infant within the age of 12 months without waiting period</b> Diphtheria, Hepatitis B, Measles, Mumps, Pertussis, Polio, Rubella, Tetanus, Varicella, Haemophilus Influenza B, Hepatitis A	Fully covered

**Supplemental Benefits Package**

Benefit	Coverage
<b>Wellness Benefits</b> (Not subject to Deductible and Policy Co-payment for health plan) (Not subject to Overall Outpatient Maximum)	
Costs of a full physical examination and the tests and procedures associated with such examination: Immunizations, Routine Tests and Exams	\$250
<b>Dental Benefits</b> (Not subject to Deductible and Policy Co-payment for health plan) (Not subject to Overall Outpatient Maximum)	
Maximum Annual Benefit (Class I, Class II and Class III Dental Services)	\$320
<b>Class I Dental Services - Preventive</b> The insurance pays the stated percentage of Usual and Customary Charges for Routine Examinations, Dental Health Instruction, Fluoride Treatment, Scale and Polish (Prophylaxis), and Cleaning of Teeth (Oral Prophylaxis) up to two (2) times per Policy Year.	50% co-payment
<b>Class II Dental Services - Basic Restorative</b> The insurance pays the stated percentage of Usual and Customary Charges for Amalgam or Composite Fillings, Simple Extractions, Periodontal Scaling and Root Planning	
<b>Class III Dental Services - Major Restorative</b> The insurance pays the stated percentage of Usual and Customary Charges for Root Fillings, Crowns and Inlays, Bridges and Wisdom Teeth Extractions Orthodontic Treatments are not covered	
<b>Dental Exclusions</b> - Cosmetic surgery or supplies or procedures, False Teeth, Dental Implants, Onlays, Veneers and all associated costs	

