

ASIS CARE PLUS

TABLE OF BENEFITS



SCHEDULE OF BENEFITS (in USD)	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Treatment Area	<p>Zone C: Worldwide, excluding: USA, China, Bahamas, Canada, Hong Kong, Israel, Japan, Switzerland, Russia, Singapore, Brazil, Taiwan and United Kingdom</p> <p>Zone B: Worldwide, excluding: USA, China, Bahamas, Canada, Hong Kong, Israel, Japan and Switzerland.</p> <p>Zone A: Worldwide, excluding: USA.</p>				
Annual Limit per Year & per person	\$1,000,000	\$1,000,000	\$1,000,000	\$1,600,000	\$1,600,000

INPATIENT BENEFITS

Staying in hospital overnight or as a day case	Private room up to \$170 Per day	Private room up to \$170 Per day	Private room up to \$170 Per day	Paid in full (standard private room)	Paid in full (standard private room)
Parent accommodation with an insured child under 18 years old	\$40 per day max. 30 days	\$40 per day max. 30 days	\$40 per day max. 30 days	\$40 per day max. 30 days	\$40 per day max. 30 days
Day care treatment*	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full

Nursing Care	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
Operating room, medicine & surgical dressing	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
Prescription drugs and materials	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
MRI, PET & CT-PET Scans	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
Intensive care, coronary care, dependency unit	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
Surgical fees including anesthesia	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
Reconstructive surgery following accident/ eligible medical condition	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
Specialist's consultations fees	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
Diagnostic Test – Pathology X rays	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
Organ and bone marrow transplant services	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
Hospice and palliative care	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000
Psychiatric treatment Waiting period 10 months	Paid in full for 20 days	Paid in full for 20 days	Paid in full for 20 days	Paid in full for 20 days	Paid in full for 20 days
Prosthetic implants & appliances	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
Rehabilitation	Paid in full for 30 days per medical condition	Paid in full for 30 days per medical condition	Paid in full for 30 days per medical condition	Paid in full for 30 days per medical condition	Paid in full for 30 days per medical condition

Nursing at home or in a convalescent home	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Emergency dental treatment following an accident	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
Local road ambulance service	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
Pre-operative consultation & diagnostic procedure **	\$2,000 per year, within 30 days from the admission & post hospitalization	\$2,000 per year, within 30 days from the admission & post hospitalization	\$2,000 per year, within 30 days from the admission & post hospitalization	Paid in full within 60 days from the admission & post hospitalization	Paid in full within 60 days from the admission & post hospitalization
Cancer treatment					
Both inpatient and outpatient	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
Treatment for HIV and Aids					
Both inpatient and outpatient. Maximum coverage: 5 years. Waiting period 24 months	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000
Congenital anomalies					
Treatment for congenital anomalies which manifests themselves after the day of entry Waiting period 45 days for children aged 0 to 6 years old.	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Personal Accident					
Loss of Life, Dismemberment, Loss of Sight, Hearing, Speech or Permanent Disability including driving or riding as a passenger on motorcycles	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000

OUTPATIENT BENEFITS	Plan 1 Essential care	Plan 2 Balance care	Plan 3 Superior care	Plan 4 Premium care	Plan 5 Platinum care
Annual limit per person	Not covered	\$6,000	\$6,000	\$6,000	Paid in full
General Practitioner fees	Not covered	Paid in full	Paid in full	Paid in full	Paid in full
Specialist fees	Not covered	\$250 Per visit	\$250 Per visit	\$250 Per visit	\$250 Per visit
Prescribe Medicine ***	Not covered	Paid in full	Paid in full	Paid in full	Paid in full
Minor surgery	Not covered	Paid in full	Paid in full	Paid in full	Paid in full
Lab test, X rays, Diagnostic & Pathology test	Not covered	Paid in full	Paid in full	Paid in full	Paid in full
Vaccinations	Not covered	\$200	\$200	\$200	Up to \$800
Chiropractic, osteopathy, homeopathy, acupuncture treatment, traditional Chinese medicine ***	Not covered	\$250/15 sessions per year	\$250/15 sessions per year	\$250/15 sessions per year	Up to \$300 (20 sessions per year)
Prescribed physiotherapy ***	Not covered	10 visits / \$50 per session	10 visits / \$50 per session	10 visits / \$50 per session	Up to \$1,000 /year
Prescribed medical aids (Hearing aids & orthopedic appliances)	Not covered	\$250 Per year	\$250 Per year	\$250 Per year	Up to \$250 Per year
Routine health checkup including screening for early detection (Full health screen, Mammogram, Papanicolaou (PAP) test, Prostate Cancer Screen)	Not covered	\$200 Per year	\$200 Per year	\$200 Per year	Up to \$500 Per year

DENTAL TREATMENT

Routine treatments (checkup, basic)

**Major restorative treatments including
Orthodontic, prostheses bridges, implants**
Waiting period 9 months

Orthodontic for children less than 18 years old
Waiting period 24 months

	Not covered	Not covered	\$1,000 per year	\$2,500 per year	\$2,500 per year

MATERNITY AND CHILDBIRTH BENEFITS

Normal pregnancy delivery costs
Waiting period 10 months

Complications of pregnancy and delivery
Waiting period 10 months

Newborn care within 25 days after birth
Waiting period 10 months

	Not covered	Not covered	\$2,500	\$4,000	\$8,000

VISION CARE

Including glasses, frames, contact lenses, laser treatment
Waiting period 9 months

	Not covered	Not covered	\$200 Per year	\$500 Per year	\$500 Per year

MEDICAL EVACUATION

Included

Included

Included

Included

Included

24/7 services. With just one phone call, we will be right by your side in the shortest time.

In case of accident or illness in the country of residence

Evacuation to the nearest place where appropriate services are available in case of accident/illness requiring immediate inpatient treatment, if there is no suitable/adequate medical facility nearby

Paid in full

Transportation to return to country of residence after treatment

Paid in full

Transportation and accommodation for a family member to accompany a member < 18 years old or > 18 years old if the medical condition makes it appropriate

Paid in full

In case of accident or illness outside of the country of residence

Evacuation to the nearest place where appropriate services are available in case of accident/illness requiring immediate inpatient treatment, if no suitable/adequate medical facility nearby

Paid in full

Transportation to return to the country of residence after treatment

Paid in full

Transportation and accommodation for a family member to accompany a member < 18 years old or > 18 years old if the medical condition makes it appropriate

Paid in full

In case of death outside the country of residence

Transportation of mortal remains to country of nationality / country of residence

Paid in full

* Day care treatment or Outpatient surgery: treatment cost for a surgical procedure performed in a surgery, hospital, day care facility or outpatient department as part of an hospitalization of less than 24 hours

**Medical practitioners fees, specialist fees, diagnostic test & prescribed drugs & dressing: pre-operative consultation & diagnostic procedure within 30 or 60 days from the admission & post-hospitalization

***By a recognized medical practitioner

WAITING PERIODS APPLIES.

The benefits will be available after the end of the waiting period.

PREMIUM RATES (in USD)

AGE GROUP		0-17	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
ZONE C	Plan 1	\$499	\$525	\$683	\$757	\$893	\$1,050	\$1,271	\$1,523	\$1,879	\$2,488	\$3,327
	Plan 2	\$969	\$1,018	\$1,324	\$1,467	\$1,731	\$2,037	\$2,465	\$2,953	\$3,644	\$4,824	\$6,454
	Plan 3	\$1,416	\$1,489	\$1,936	\$2,146	\$2,533	\$2,980	\$3,595	\$4,083	\$4,776	\$5,957	\$7,585
	Plan 4	\$1,866	\$1,963	\$2,552	\$2,827	\$3,337	\$3,926	\$4,734	\$5,266	\$6,020	\$7,307	\$9,082
	Plan 5	\$2,731	\$2,874	\$3,736	\$4,139	\$4,885	\$5,747	\$6,921	\$7,510	\$8,346	\$9,772	\$11,739
ZONE B	Plan 1	\$631	\$663	\$863	\$956	\$1,128	\$1,325	\$1,605	\$1,923	\$2,374	\$3,143	\$4,204
	Plan 2	\$1,224	\$1,286	\$1,673	\$1,853	\$2,187	\$2,573	\$3,113	\$3,729	\$4,603	\$6,094	\$8,153
	Plan 3	\$1,788	\$1,882	\$2,446	\$2,711	\$3,198	\$3,763	\$4,541	\$5,158	\$6,033	\$7,524	\$9,582
	Plan 4	\$2,358	\$2,480	\$3,224	\$3,570	\$4,216	\$4,958	\$5,979	\$6,652	\$7,604	\$9,231	\$11,472
	Plan 5	\$3,451	\$3,629	\$4,720	\$5,227	\$6,170	\$7,260	\$8,742	\$9,487	\$10,543	\$12,344	\$14,826
ZONE A	Plan 1	\$658	\$690	\$897	\$997	\$1,175	\$1,381	\$1,672	\$2,003	\$2,474	\$3,275	\$4,379
	Plan 2	\$1,274	\$1,340	\$1,742	\$1,930	\$2,278	\$2,679	\$3,242	\$3,885	\$4,794	\$6,348	\$8,492
	Plan 3	\$1,863	\$1,960	\$2,548	\$2,824	\$3,332	\$3,919	\$4,730	\$5,373	\$6,285	\$7,838	\$9,980
	Plan 4	\$2,456	\$2,583	\$3,357	\$3,721	\$4,391	\$5,165	\$6,228	\$6,929	\$7,922	\$9,614	\$11,951
	Plan 5	\$3,594	\$3,781	\$4,916	\$5,445	\$6,426	\$7,562	\$9,107	\$9,882	\$10,981	\$12,858	\$15,445

Please contact us for a free consultation!

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