



ACS HEALTH IN ASIA

Table of benefits (Health)

	BRONZE	SILVER	GOLD	
ANNUAL LIMIT	US \$ 500 000 or US \$ 1 000 000	US \$ 500 000 or US \$ 1 000 000	US \$ 500 000 or US \$ 1 000 000	
HOSPITALIZATION (with prior consent)	Full refund	Full refund	Full refund	
Medical hospitalization				
Surgical hospitalization				
Hospitalization ancillary expenses				
Mandatory preoperative consultations (surgeon and anesthetist)				
Day surgery				
Cancer treatment including chemotherapy				
Intensive care				
Organ transplant				
Emergency dental plastic surgery following an accident				
Local emergency transport by ambulance				
Nursing care				
Physician's fees				
Pathology, X-rays and diagnostics				
Medical prostheses				
Private standard room				
Accompanying bed for hospitalization of a child under 16 years	100% of actual expenses limited to \$ 25 per day	100% of actual expenses limited to \$ 50 per day	100% of actual expenses limited to \$ 50 per day	
Outpatient care before and following hospitalization (up to 30 days before and 90 days following hospitalization)	100% of actual expenses limited to \$ 1 500 per year	100% of actual expenses within the limits of routine medical expenses	100% of actual expenses within the limits of routine medical expenses	
Physical therapy immediately following hospitalization	100% of actual expenses limited to \$ 1 000 per year	100% of actual expenses limited to \$ 2 000 per year	100% of actual expenses limited to \$ 2 000 per year	
Psychiatry treatment	100% of actual expenses limited to \$ 1 500 per year	100% of actual expenses limited to \$ 3 000 per year	100% of actual expenses limited to \$ 3 000 per year	
Home nursing	100% of actual expenses limited to \$ 1 000 per year	100% of actual expenses limited to \$ 2 000 per year	100% of actual expenses limited to \$ 2 000 per year	
Out of zone of coverage (trip of up to 7 weeks): hospitalization resulting from an emergency	Full refund	Full refund	Full refund	
ROUTINE MEDICAL TREATMENT	Not Covered	\$ 6 000	\$ 6 000	
Maximum limit per beneficiary for 12 months of membership		Full refund	Full refund	Full refund
Generalist and specialist fees				
Analyses, radiology, scans				
MRI, PET (with prior consent)				
Prescribed medication and vaccines				
Prescribed medical auxiliaries				
Physiotherapy, chiropractor, osteopath, homeopath and acupuncturist (with prior consent)				
Prescribed speech therapy and orthoptics (with prior consent)	100% of actual expenses limited to \$ 50 per session and \$ 1 000 per year	100% of actual expenses limited to \$ 50 per session and \$ 1 000 per year	100% of actual expenses limited to \$ 50 per session and \$ 1 000 per year	
Prescribed medical prostheses (with prior consent)	100% of actual expenses limited to \$ 2 000 per year	100% of actual expenses limited to \$ 2 000 per year	100% of actual expenses limited to \$ 2 000 per year	
Check-up (1 every 3 years)	100% of actual expenses limited to \$ 300 per visit	100% of actual expenses limited to \$ 300 per visit	100% of actual expenses limited to \$ 300 per visit	
MATERNITY COVER (with prior consent)	Not Covered	Not Covered	100% of actual expenses limited to \$ 4 000 per year	
Childbirth expenses				
ROUTINE DENTAL COVER	Not Covered	Not Covered	\$ 1 000	
Maximum limit per beneficiary for 12 months of membership			90% of actual expenses 90% of actual expenses limited to \$ 150 per tooth (maximum 4 teeth)	
Dental care				
Dental prostheses, including inlays, onlays, implants (with prior consent)				
OPTICAL COVER	Not Covered	Not Covered	90% up to \$150 per year	
Prescribed spectacle lenses, frames and contact lenses				

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Coverage zone

Medical expenses are repayable in the following countries:

Zone 1: Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Taiwan, Thailand, Vietnam, and for stays of less than 120 consecutive days in one of the countries that belong to the *European Economic Area (EEA)** **except the United Kingdom.**

Zone 2: Same countries as Zone 1 plus **United Kingdom** for stays of less than 120 consecutive days.

Outside the above-mentioned zones:

In case of any stay of less than 7 weeks, expenses due to an accident or illness of an urgent character are reimbursed.

***European Economic Area (EEA):** countries that belong to the EEA are Austria, Belgium, Bulgaria, Czech Republic, Cyprus, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, United Kingdom.



Table of benefits (Options)

Repatriation / assistance and public liability

What is covered	Amount covered
REPATRIATION / ASSISTANCE	
Repatriation or medical transport	Actual expenses
Transport of the body in the event of death: <ul style="list-style-type: none"> - Repatriation of the body - Funeral expenses required for transportation - Repatriation of other family members 	Actual expenses \$ 1 500 Ticket (one way only)
Return of the insured to the country of expatriation after "consolidation"	Ticket (one way only)
Early return in case of a serious illness or accident of a family member	Ticket (round trip)
PUBLIC LIABILITY	
Physical injury, material or consequential loss	\$ 4 500 000
Material and consequential loss only	\$ 450 000
Excess per claim	\$ 150

Accidental death and disability

	Sum insured		
DEATH BENEFITS (additional to health benefits)			
Lump sum payment on death or total and irreversible disability	\$ 25 000	\$ 50 000	\$ 100 000
Additional lump sum in the event of accidental death or total and irreversible disability due to an accident	\$ 25 000	\$ 50 000	\$ 100 000
DAILY BENEFITS / DISABILITY PENSION (additional to death benefits)			
Daily allowances (excess period of 90 or 180 days)	\$ 25/day	\$ 50/day	\$ 100/day

Annual disability income: amount of the daily allowances chosen x 365.

The lump sums paid in the case of death (non-accidental) must not be more than twice the declared gross annual income.

The amount of daily benefits and the disability pension cannot exceed 70% of gross annual income.

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