# **ACS ASIA - EXPATRIATE HEALTH INSURANCE THE COVERS F1b and F1c**

## **Healthcare coverage**

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| **Level of coverage** | Module 1c and 1b | Module 2c and 2b |
| **Hospitalization (with prior consent)** | | |
| Maximum limit per beneficiary per year | **Two options: Module 1c - 500 000 USD Module 1b - 1 000 000 USD** | **Two options: Module 2c - 500 000 USD Module 2b - 1 000 000 USD** |
| Medical hospitalization | 100 % of actual expenses | 100 % of actual expenses |
| Surgical hospitalization | 100 % of actual expenses | 100 % of actual expenses |
| Hospitalization ancillary expenses | 100 % of actual expenses | 100 % of actual expenses |
| Private room | **100 % of actual expenses,**  **Max. 250 US Dollars / day** | **100 % of actual expenses,   Max. 250 US Dollars / day** |
| Organ graft | 100 % of actual expenses | 100 % of actual expenses |
| Psychiatry | 100 % of actual expenses, two options: limited to 1 500 US Dollars / year | 100 % of actual expenses limited to 3 000 US Dollars / year |
| Accompanying bed for hospitalization of a child under 16 years | 100 % of actual expenses limited to 25 US Dollars / year | 100 % of actual expenses limited to 50 US Dollars / an |
| **Other coverage** | | |
| Outpatient consultations linked to a hospitalization / Day surgery | 100 % of actual expenses | 100 % of actual expenses |
| Ambulatory care after hospitalization (90 days following a hospitalization) | 100 % of actual expenses limited to 1 000 US Dollars | 100 % of actual expenses limited to 1 000 US Dollars |
| Domiciliary hospitalization | 100 % of actual expenses limited to 1 000 US Dollars / year | 100 % of actual expenses limited to 2 000 US Dollars / year |
| Immediate re-education following hospitalization | 100 % of actual expenses limited to 1 000 US Dollars / year | 100 % des frais réels limited to 2 000 US Dollars / year |
| Local emergency transport by ambulance | 100 % of actual expenses | 100 % of actual expenses |
| Emergency dental treatment following an accident | 100 % of actual expenses | 100 % of actual expenses |
| Emergency treatment worldwide (trip of up to seven weeks) | 100 % of actual expenses | 100 % of actual expenses |
| **Routine medical expenses** | | |
| Maximum limit by beneficiary per calendar year | non covered | **6 000 USD** |
| Generalist and specialist fees | non covered | 100 % of actual expenses |
| Analyses, radiology, scans | non covered | 100 % of actual expenses |
| MRI (with prior consent) | non covered | 100 % of actual expenses |
| Prescribed medication and vaccines | non covered | 100 % of actual expenses |
| Prescribed medical auxiliaries | non covered | 100 % of actual expenses |
| Physiotherapy, chiropractor, osteopath, homeopath and acupuncturist (with prior consent) | non covered | 100 % of actual expenses, limited to 50 US Dollars per session and 1 000 US Dollars / year |
| Prescribed speech therapy and orthoptics (with prior consent) | non covered | 100 % of actual expenses, limited to 50 US Dollars per session and 1 000 US Dollars / year |
| Prescribed medical prostheses (with prior consent) | non covered | 100 % of actual expenses limited to 2 000 US Dollars / year |
| Spa treatments (with prior consent) | non covered | 25 US Dollars / day maximum 20 days |
| **Optical** | | |
| Prescribed spectacle lenses, frames and contact lenses | non covered | 90 % of actual expenses limited to 150 US Dollars / year |
| **Dental** | | |
| Maximum limit per beneficiary for 12 months of membership | non covered | 1 000 US Dollars |
| Dental care | non covered | 90 % of actual expenses |
| Orthodontics  (child under 16 and with prior consent) | non covered | non covered |
| Dental prostheses, including inlays, onlays, implants (with prior consent) | non covered | 90 % of actual expenses limited to 150 US Dollars / tooth (max. 4 teeth) |
| **Maternity (with prior consent)** | | |
| Childbirth expenses | non covered | 100 % of actual expenses limited to 4 000 US Dollars / year |
| **Health check** | | |
| Complete health check cover | non covered | 100 % of actual expenses, limited to 300 US Dollars (1 every 3 years) |

## **Life insurance covers**

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| **Death benefits (additional to the health scheme)** | **Sum insured** | | |
| Lump sums in the case of death or total and permanent loss of autonomy | 25 000 USD | 50 000 USD | 100 000 USD |
| Additional lump sum in the case of accidental death or total and permanent loss of autonomy following an accident | 25 000 USD | 50 000 USD | 100 000 USD |
| **Daily benefits / Disability pension (additional to death benefits)** |  | | |
| Daily benefits (deductible: 90 or 180 days) Disability pension | 25 USD / day | 50 USD / day | 100 USD / day |
| 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.  Gross annual income must be declared at the time of enrolment.  The subscriber must be able to give proof of remunerated professional activity in the case of sick leave. | | | |

## **Optional coverage**

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| **Repatriation assistance** | **Coverage amount** |
| Repatriation or medical transport | Actual expenses |
| **Transport of the body in the event of death** | |
| Repatriation of the body | Actual expenses |
| Funeral expenses requiring transport | 1 500 USD |
| Repatriation of other family members | Ticket (one way only) |
| Returning the Insured to the country of expatriation after "consolidation" | Ticket (one way only) |

**Public liability**

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| Physical injury, material or consequential loss | 4 500 000 USD |
| Material and consequential loss only | 150 000 USD |
| Excess per claim | 150 USD |