



Asia Care Plus Vietnam

Product Guide

For Intermediary use only

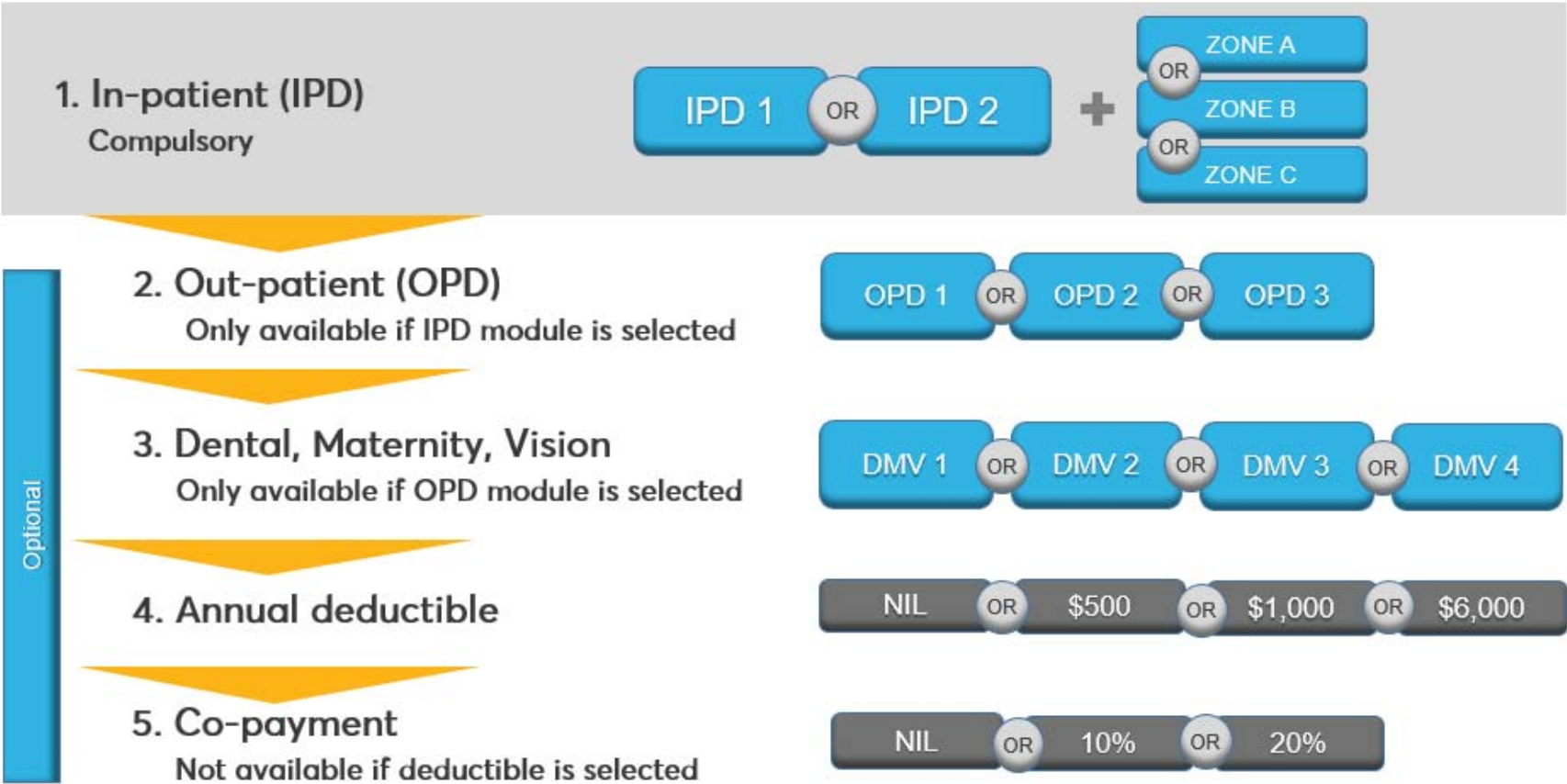


Agenda

- **New individual plan design**
 - **How to use the individual quote generator**
 - **Application process**
-

New individual plan design

Modular Matrix



- Plan 1 = IPD1
- Plan 2 = IPD1 OPD2
- Plan 3 = IPD1 OPD2 DMV1
- Plan 4 = IPD2 OPD2 DMV3
- Plan 5 = IPD2 OPD3 DMV4

Table of Benefits: IP1 & IP2

In-patient benefits	IP1	IP2
Annual limit per year & per person	\$1,000,000.00	\$1,600,000.00
Standard private room	up to \$170 per day	Paid in full
Parent accommodation with an insured child under 18	\$40 per day max 30 days	\$40 per day max 30 days
Day care treatment	Paid in full	Paid in full
Nursing Care	Paid in full	Paid in full
Operating room, medicine & surgical dressing	Paid in full	Paid in full
Prescription drugs and materials	Paid in full	Paid in full
MRI, PET & CT-PET Scans	Paid in full	Paid in full
Intensive care, coronary care, dependency unit	Paid in full	Paid in full
Surgical fees including anesthesia	Paid in full	Paid in full
Reconstructive surgery following accident/eligible medical condition	Paid in full	Paid in full
Specialist's consultations fees	Paid in full	Paid in full
Diagnostic Test - Pathology Xrays	Paid in full	Paid in full
Organ and bone marrow transplant services	Paid in full	Paid in full
Hospice and palliative care	Up to \$ 50,000	Up to \$ 50,000
Psychiatric treatment (10 months waiting periods)	Paid in full for 20 days	Paid in full for 20 days
Prosthetic implants & appliances	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
Nursing at home or in a convalescent home	\$1,000	\$1,000
Emergency dental treatment following an accident	Paid in full	Paid in full
Local road ambulance service	Paid in full	Paid in full
Pre-operative consultation & diagnostic procedure	Up to \$2,000 per year, within 30 days from the admission & post hospitalization	Paid in full, within 60 days from the admission & post hospitalization
Cancer treatment		
Both in- and out-patient.	Paid in full	Paid in full
Treatment for HIV and Aids		
Both in- and out-patient.		
Maximum coverage: 5 years. (24 months waiting period)	\$15,000	\$15,000
Congenital Anomalies		
Treatment for congenital anomalies which manifests themselves after the day of entry	Up to \$10,000	Up to \$20,000
Worldwide Personal Accident		
Loss of Life, Dismemberment, Loss of Sight, Hearing, Speech or Permanent Disability including driving or riding as a passenger on motorcycles	\$20,000.00	\$50,000

Table of Benefits: OP1, OP2 & OP3

Out-patient Benefits	OPD1	OPD2	OPD3
Annual limit for out-patient benefits	\$1,000	\$6,000	Up to annual limit
General Practitioner fees	Paid in full	Paid in full	Paid in full
Specialist fees	up to \$250 per visit	up to \$250 per visit	up to \$250 per visit
Prescribed Medicine	Paid in full	Paid in full	Paid in full
Minor Surgery	Paid in full	Paid in full	Paid in full
Lab tests, Xrays, Diagnostic & Pathology tests	Paid in full	Paid in full	Paid in full
Vaccinations	-	up to \$ 200	Up to \$ 800
Chiropractic, osteopathy, homeopathy, acupuncture treatment, traditional Chinese medicine	-	Up to \$250 (15 sessions per year)	Up to \$300 (20 sessions per year)
Prescribed physiotherapy	Up to 10 visits / \$50 per session	Up to 10 visits / \$50 per session	Up to \$ 1,000 / year
Prescribed medical aids (hearing aids & orthopaedic appliances)	Up to \$ 250 per year	Up to \$ 250 per year	Up to \$ 250 per year
Routine health check up including screening for early detection (Full health screen, Mammogram, Papanicolaou (PAP) test, Prostate Cancer Screen)	-	Up to \$200 per year	Up to \$500 per year

Table of Benefits: DMV1,DMV2, DMV3 &DMV4

Dental / Maternity / Vision	DMV1	DMV2	DMV3	DMV4
Dental Treatment				
Routine dental treatment (check up, basic treatments)				
Major restorative dental treatment including orthodontic, prostheses, bridges, implants (9 months waiting period)	Up to \$1,000 per year	Up to \$1,000 per year	Up to \$2,500 per year	Up to \$2,500 per year
Orthodontic for children less than 18 (24 months waiting period)				
Maternity and childbirth benefits				
Normal pregnancy and delivery costs (10 months waiting period)				
Complications of pregnancy and delivery (10 months waiting period)	Up to \$2,500	Up to \$4,000	Up to \$4,000	Up to \$8,000
New born care within 25 days after birth (10 months waiting period)				
Vision care				
including glasses, frames, contact lenses, laser treatment (9 months waiting period)	Up to \$200 per year	Up to \$200 per year	Up to \$500 per year	Up to \$500 per year

























Table of Benefits: Med. Evacuation

Emergency Medical Evacuation (Worldwide coverage) - Included in all plans	
In case of accident / illness in the country of residence	
Evacuation to the nearest place where appropriate services are available in case of accident / illness requiring immediate in-patient 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 accomodation 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 / illness outside country of residence	
Evacuation to the nearest place where appropriate services are available in case of accident / illness requiring immediate in-patient 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 death outside the country of residence	
Transportation of mortal remains to country of nationality / country of residence	Paid in full

New Optional Assistance Benefits

Assistance benefits (Allianz Worldwide Partners)	
In case of accidents or illnesses of a covered person	
Transportation to a regional hospital or nearby country	Paid in full
Direct evacuation to country of nationality / residence if there is no suitable medical assistance nearby	Paid in full
Transportation under medical supervision depending on the seriousness of the condition	Paid in full
Transportation to country of nationality / residence after treatment, with or without hospitalization	Paid in full
Transportation for a family member to visit when hospitalised ≥ 8 days with nobody by his/her bedside	Paid in full, hotel stay up to \$59 per night, and \$586 per year incl. VAT
Shipment of the necessary medication when such medication or equivalent is not available	Paid in full
In case of life-threatening accident, serious illnesses, death encountered by a 1st degree family member	
Transportation to travel to the affected person's country of nationality / residence	Paid in full
Transportation to return from the affected person's country of nationality / residence	Paid in full
In case of death encountered of a covered person	
Transportation of body to country of nationality / residence including a simple coffin	Paid in full, coffin up to \$777 incl. VAT
Transportation of body to country of nationality / residence after temporary burial	Paid in full
Transportation for a family member to attend the place of temporary or permanent burial	Paid in full
Transportation for a family member to return from the place of temporary or permanent burial	Paid in full
Transportation for other insured members to return to the country of nationality / residence when initial scheduled flight can no longer be used	Paid in full

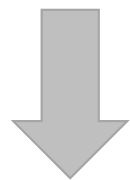
Standard individual plan

Plan 1 Essential care	Plan 2 Balance care	Plan 3 Superior care	Plan 4 Premium care	Plan 5 Platinum Care
Inpatient 	Inpatient 	Inpatient 	Inpatient 	Inpatient 
Cancer 	Cancer 	Cancer 	Cancer 	Cancer 
	Outpatient 	Outpatient 	Outpatient 	Outpatient 
	Health checkup 	Health checkup 	Health checkup 	Health checkup 
		Maternity 	Maternity+ 	Maternity++ 
		Dental 	Dental+ 	Dental+ 

 Paid in full  Limited cover



IPD1



IPD1 OPD2



IPD1 OPD2
DMV1



IPD2 OPD2
DMV3



IPD2 OPD3
DMV4

Area of coverage

Primary area of coverage

To be eligible, you must reside at least 185 days per year in one / or more of the following countries below:

- **Bangladesh**
 - **Bhutan**
 - **Brunei**
 - **Cambodia**
 - **East Timor**
 - **India**
 - **Indonesia**
 - **Laos**
 - **Malaysia**
 - **Maldives**
 - **Myanmar**
 - **Nepal**
 - **Pakistan**
 - **Philippines**
 - **Sri Lanka**
 - **Thailand**
 - **Vietnam**
-

Area of Coverage

Area of coverage for elective treatments

You may choose to have your planned treatments in any of the countries listed in your chosen zone (up to 175 days per year).



Worldwide Emergency Cover

Outside your zone of coverage

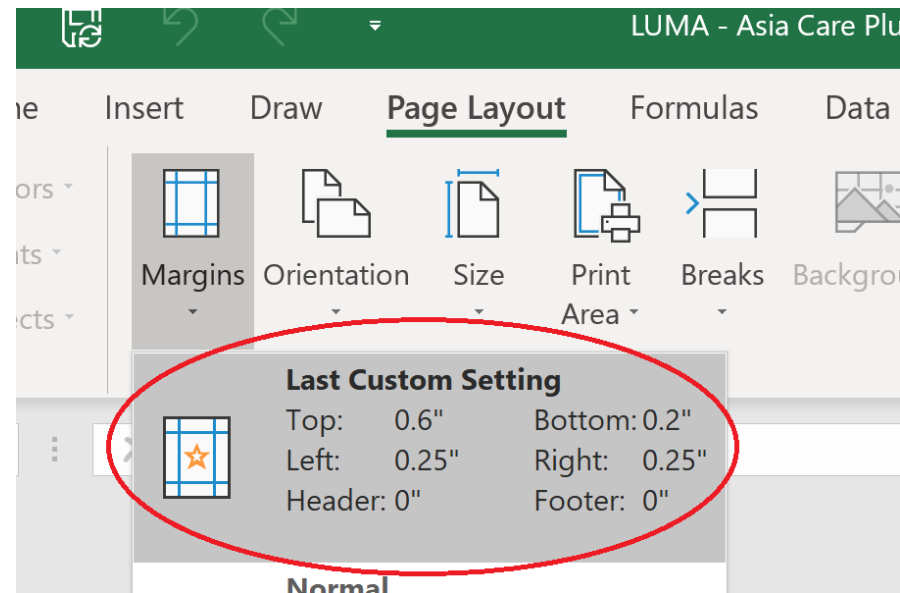
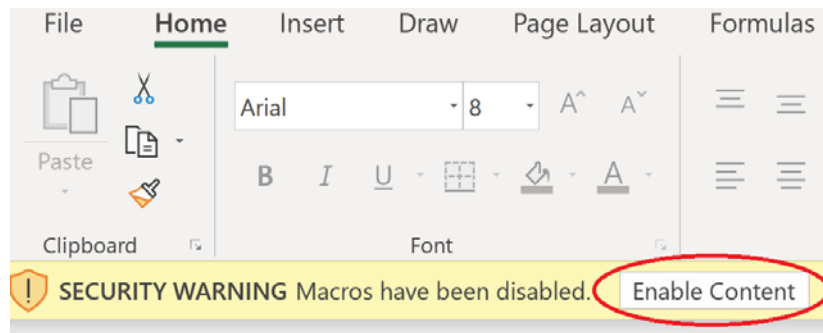
Whichever zone you select, you will be covered worldwide for accidents and unforeseen medical emergencies for trips up to 60 days (not more than 180 days per year and in the limit of \$250,000 per year).



How to use the individual quote generator

Issue a quotation

1. When opening the quote generator, click on "Enable Content"
2. Set custom margins (Page Layout / Custom) as below



Issue a quotation

	Title	Gender	First Name	Last Name	Date of birth	Age on 1-Jan-19
Planholder:	Mr	Male	JS	Borderie	03-Nov-86	32
Family Member 1:						
Family Member 2:						
Family Member 3:						
Family Member 4:						
Family Member 5:						
Family Member 6:						

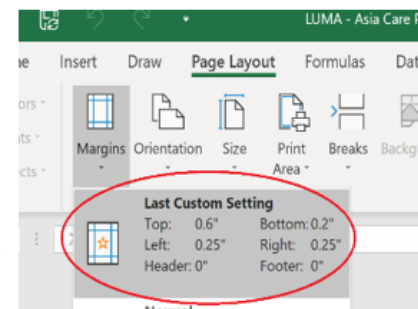
	Option A	Option B	Option C	Option D
Plan:	Plan 1	Plan 2	Plan 3	Plan 4
Benefits:	IP1	IP1 OP2	IP1 OP2 DMV1	IP2 OP2 DMV3
Zone:	Zone C	Zone C	Zone C	Zone C
Deductible:	NIL	NIL	NIL	NIL
"Assistance Plus" option:	NO	NO	NO	NO
Frequency of payment:	Annually			
Annual premium:	\$701.00	\$1,358.00	\$1,987.00	\$2,618.00
Premium per year:	\$701.00	\$1,358.00	\$1,987.00	\$2,618.00

4. CLICK TO SAVE YOUR QUOTE AS PDF



Quote Option A only	Quote 2 options	Quote 3 options	Quote 4 options
Option A only	Option A Option B	Option A Option B Option C	Option A Option B Option C Option D

1. Set Custom Margins



2. Enter Planholder and family member's title, first name, last name and date of birth (MM/DD/YY)



3. Click on each yellow cell and select from the drop-down list the plan, zone and deductible for each option to compare.



Note: Standard individual plan:

- Plan 1 = IP1
- Plan 2 = IP1 OP2
- Plan 3 = IP1 OP2 DMV1
- Plan 4 = IP2 OP2 DMV3
- Plan 5 = IP2 OP3 DMV4

- If Benefit Combination from standard plan is selected (IP1 / IP1 OP2 / IP1 OP2 DMV1 / IP2 OP2 DMV3 / IPD2 OPD3 DMV4), Quotation will display Plan 1 / Plan 2 / Plan 3 / Plan 4 / Plan 5
- If any other Benefit combination is selected, Quotation will display "Plan Custom"

Issue a quotation

1. Always quote first standard plans
2. Ask prospect which standard Plan he / she is interested in
3. Try to up-sale using the full Matrix:

Prospect first choice	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
	↓	↓	↓	↓	↓
Client interested in:					
Higher IPD benefits*:	IP2	IP2 OP2	IP2 OP2 DMV1		
Higher OPD benefits**:		IP1 OP3	IP1 OP3 DMV1	IPD2 OPD3 DMV3	
Higher IPD & OPD benefits:		IP2 OP3	IP2 OP3 DMV1		
Higher DMV benefits***:			IP1 OP2 DMV2	IPD2 OPD2 DMV4	
Higher OPD & DMV benefits:			IP1 OP3 DMV2		
Higher IPD, OPD & DMV benefits:			IP2 OP3 DMV2		

* Higher annual limit & room rate

** Higher OPD limit, vaccinations, alternative treatments, physiotherapy, health check-ups

*** Higher Dental, Maternity & Vision benefits

Application process

Application form

Please tick "Other" and mention the plan modules chosen, e.g. below:

C YOUR PLAN						
Plan Start Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Plan	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input checked="" type="checkbox"/> Other: IP ² OP ³ DMV ^x
Zone	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C			
Deductibles	<input type="checkbox"/> Nil	<input type="checkbox"/> \$ 500	<input type="checkbox"/> \$ 1,000	<input type="checkbox"/> \$ 6,000		
Co-Payment	<input type="checkbox"/> Nil	<input type="checkbox"/> 10%	<input type="checkbox"/> 20%			

Quote Generator – Fill members details & chosen option

Step 1: covered members details

	Title	Gender	First Name	Last Name	Date of birth	Age on 1-Jan-19	Nationality	Country of residence	ID / Passport no.	Occupation	Marital Status	Relationship to Policy Holder
Planholder:	Mr	Male	JS	Borderie	03-Nov-86	32	French	Vietnam	1XXXXXX9	Company Employee	Married	Main Insured
Family Member 1:												
Family Member 2:												
Family Member 3:												
Family Member 4:												
Family Member 5:												
Family Member 6:												

Step 2: Option chosen

Option chosen:	Option A
Payment method:	Bank Transfer
Premium paid by a corporate entity?	YES
Plan:	Plan 1
Benefits:	IP1
Zone:	Zone C
Deductible:	NIL
"Assistance Plus" option:	NO
Frequency of payment:	Annually
Annual premium:	\$701.00
Premium per year:	\$701.00



Click on the yellow cell and select from the drop-down list the option chosen (Option A / Option B / Option C / Option D).
Select Payment method (bank transfer / credit card). 3% additional fees applies for credit card payment
Select YES if premium is paid by a corporate entity (Invoice in company's name)

Step 3: client's contact details

Mobile Number:	+66830955892
E-mail address:	js.borderie@lumahealth.com
Client's address:	57 Park Ventures Ecoplex 9th Floor, Unit 901 Wireless Road, Lumpini, Pathumwan, Bangkok 10330 Thailand



Enter Client's contact details

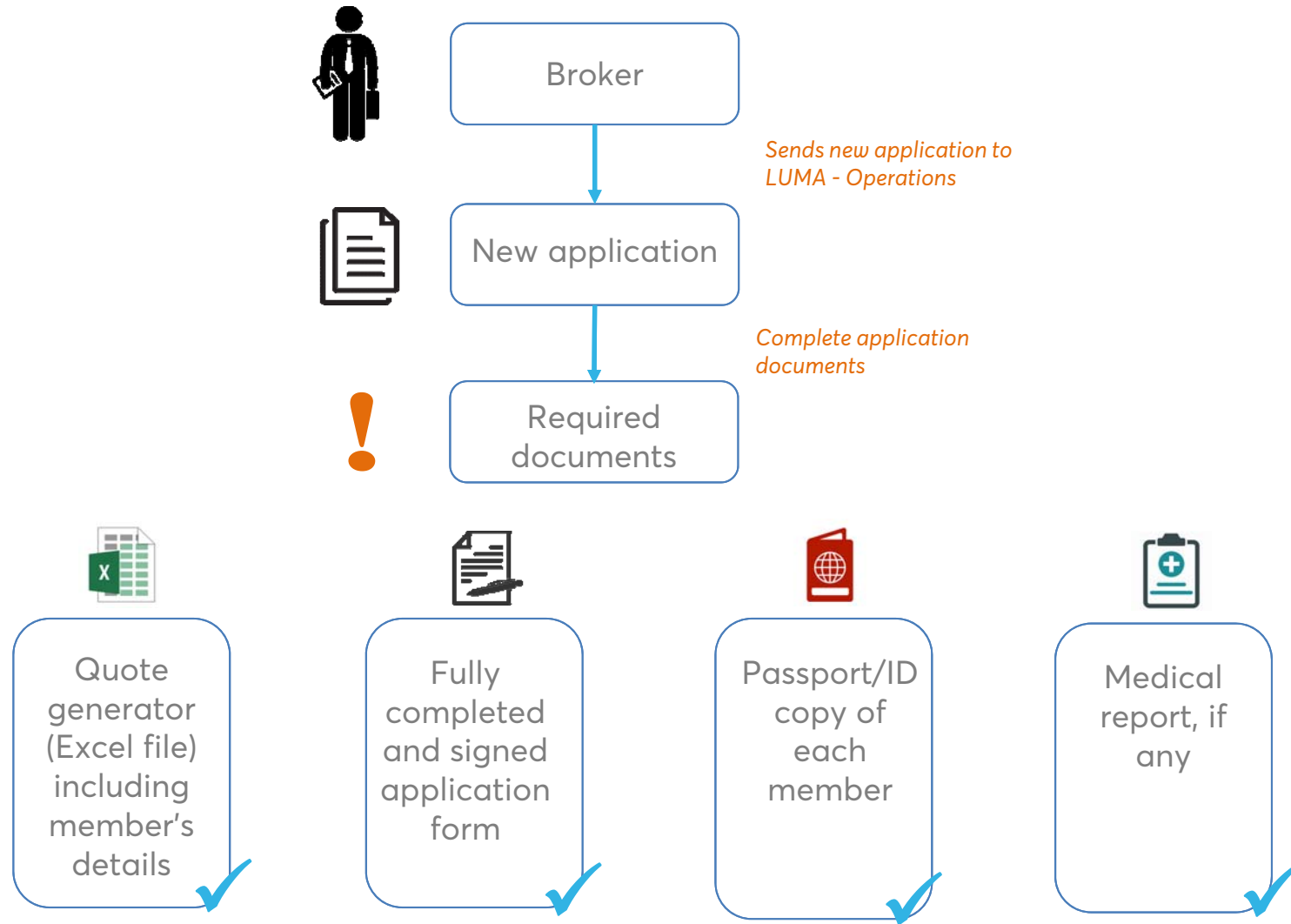
Step 4: (Only if premium is paid by a corporate entity)

Company's name:	Luma Care Co., Ltd.
Company's address:	57 Park Ventures Ecoplex 9th Floor, Unit 901 Wireless Road, Lumpini, Pathumwan, Bangkok 10330 Thailand

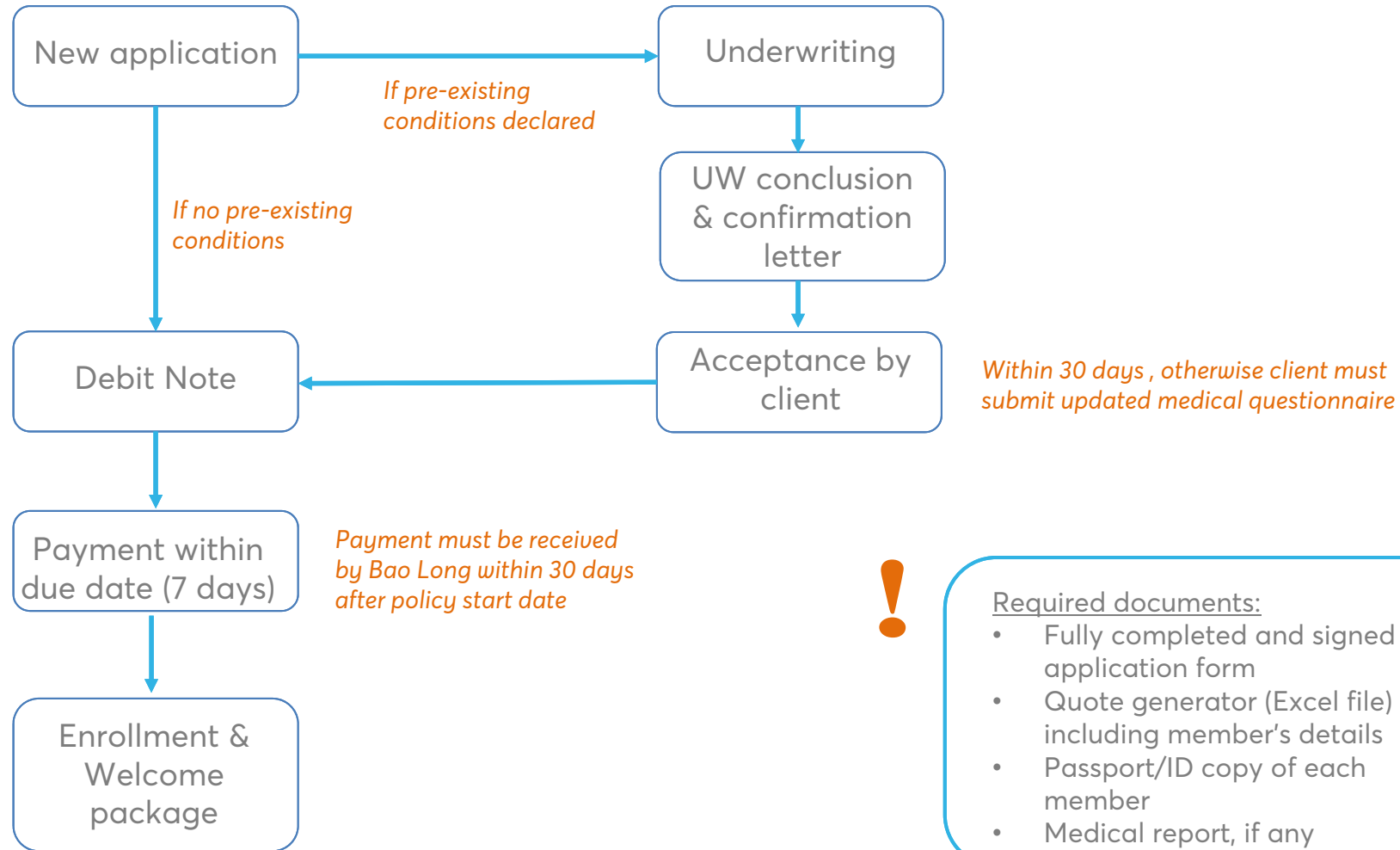


Enter company name and address
(only in case invoice is in the name of a corporate entity).

Application documents



Application process





Thank you!

Brighter health.

