
medi
CLASSIC

Classic Plan	Inpatient Only		Inpatient & Outpatient			
	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					
Emergency Coverage	Worldwide					
Annual Maximum	$750,000					
Lifetime Maximum	No limit					
Inpatient Maximum	Up to Annual Maximum					
Outpatient Maximum	No coverage		$4,500			
Deductible and Co-payment						
Individual Annual Deductibles	Optional					
Family Annual Deductible 3 times of Individual Annual Deductible						
Policy Co-payment						
Inpatient and Day-care Treatment **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 per 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						
Durable Medical Equipment						
Extended Care / Inpatient Rehabilitation 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					

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Outpatient Treatment						
Doctor's Fees, Specialist's Fees	No Coverage		Fully covered			
Prescription Drugs			Fully covered Chinese Traditional Medicine: up to $50per visit, up to 20 visits per policy year			
Laboratory Tests, X-rays, Diagnostic Tests and Procedures			Fully covered			
Therapy Including Physiotherapy, Chiropractic Therapy, Vocational Therapy, Speech and Occupational Therapy			Cover up to $600			
Homeopathy Acupuncture and Homeopathy			Covered up to $100 per visit, 20 visits			
Sleep Testing and Treatment 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			
Special Conditions						
Pre-existing Conditions 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					
Chronic Conditions Hypertension, Diabetes etc.	Fully covered if not pre-existing conditions					
Catastrophic Illnesses Cancer, Stroke, Heart Disease,Major Organ Failure or Transplant, AIDS/HIV etc.						
Congenital Conditions						
Congenital Conditions / Birth Anomalies	Covered up to $10,000 Cover only for children who enrolled within 30 days from birth					
Emergency Medical Evacuation *(Subject to Overall Inpatient Maximum)*						
Air/Ground Ambulance Transportation services when medically necessary to the nearest qualified medical facility	Fully covered					
Medical Assistance Medical Experts to provide emergency medical recommendations and arrange necessary transportation	Fully covered					

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Repatriation Benefit 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	Fully covered					
Hotel Fees For an accompanying person in case of emergency medical evacuation	Covered up to 12 nights and $150 per night					
Repatriation of Mortal Remains/ Local Burial	No Coverage					
Mental Health						
Mental Health Inpatient	Covered up to $5,000					
Mental Health Outpatient	No Coverage					
Outpatient and Inpatient Rehabilitation Treatment for alcohol and drug abuse	Covered up to $3,000					
Others						
Hospice Care	Covered up to 45 days for inpatient and $7,000 for outpatient					
Complications of Pregnancy	Fully covered					
Emergency Dental	Covered up to $800					
Special Examinations/Screenings Benefits						
Papanicolaou Screening (PAP) and Routine Mammogram including consultation fees	No Coverage					
PSA exam including consultation fees						
Screenings recommended by a physician due to family medical history						

OPTIONAL BENEFITS

Maternity Benefits

12-months Waiting Period
IP & OP plans only

Benefit	Coverage
Maternity 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
Infant Care	Covered up to $5,500 for the first 14 days without notification Fully covered after enrollment
Routine Exams for enrolled Infant within the age of 12 months without waiting period	Covered up to 6 visits

OPTIONAL BENEFITS	
Maternity Benefits 12-months Waiting Period IP & OP plans only	
Benefit	**Coverage**
Immunizations for enrolled Infant within the age of 12 months without waiting period Diphtheria, Hepatitis B, Measles, Mumps, Pertussis, Polio, Rubella, Tetanus, Varicella, Haemophilus Influenza B, Hepatitis A	Fully covered
Supplemental Benefits Package	
Benefit	**Coverage**
Wellness Benefits (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
Dental Benefits (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
Class I Dental Services - Preventive 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
Class II Dental Services - Basic Restorative The insurance pays the stated percentage of Usual and Customary Charges for Amalgam or Composite Fillings, Simple Extractions, Periodontal Scaling and Root Planning	
Class III Dental Services - Major Restorative 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	
Dental Exclusions - Cosmetic surgery or supplies or procedures, False Teeth, Dental Implants, Onlays, Veneers and all associated costs	

FORTE TOKO
ASSURANCE

MSH