



## ACS HEALTH IN ASIA

### Table of benefits (Health)

	BRONZE	SILVER	GOLD	
<b>ANNUAL LIMIT</b>	US \$ 500 000 or US \$ 1 000 000	US \$ 500 000 or US \$ 1 000 000	US \$ 500 000 or US \$ 1 000 000	
<b>HOSPITALIZATION (with prior consent)</b>	<b>Full refund</b>	<b>Full refund</b>	<b>Full refund</b>	
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	
<b>ROUTINE MEDICAL TREATMENT</b>	<b>Not Covered</b>	\$ 6 000	\$ 6 000	
Maximum limit per beneficiary for 12 months of membership		<b>Full refund</b>	<b>Full refund</b>	<b>Full refund</b>
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	
<b>MATERNITY COVER (with prior consent)</b>	<b>Not Covered</b>	<b>Not Covered</b>	100% of actual expenses limited to \$ 4 000 per year	
Childbirth expenses				
<b>ROUTINE DENTAL COVER</b>	<b>Not Covered</b>	<b>Not Covered</b>	\$ 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)				
<b>OPTICAL COVER</b>	<b>Not Covered</b>	<b>Not Covered</b>	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.

# Health 1<sup>st</sup> USD Insurance

## Insurance Product Information Document

Company: **AWP Health & Life S.A.** – French insurance company

Product : **contract No 011767/006 - ACS HEALTH IN ASIA**

**This product information document presents a summary of the contract's main benefits and exclusions. It does not take into account your specific needs and requests. You shall find detailed information about this product in the pre-contractual and contractual documentation.** The benefits that are preceded by a green check are systematically granted in the contract.

### What is this type of insurance?

The « ACS HEALTH IN ASIA » product has been subscribed by the Globe Partner Association on behalf of its members expatriated, regardless their nationality, who are between 18 and 59. Children of the eligible person, who live therewith in the same home and who are under 25 years of age, as well as the spouse or cohabitee may also benefit from this insurance. This product provides for the reimbursement of **medical expenses** that the member has incurred, depending on the chosen formula (Bronze Basic, Bronze, Silver or Gold), from the very first US dollar spent.



### What is insured ?

Guarantees of payment or reimbursements of medical expenses are subject to annual limits per beneficiary and the content of benefits depends on the chosen formula (Bronze Basic (only for Expats in Thailand), Bronze, Silver, Gold).



Hospitalization : 100%\*

Routine medical expenses : Not covered Bronze Basic and Bronze ; 100% Silver and Gold (limit : US\$ 6 000/year including US\$ 300 check-up every 3 years)

Maternity: Not covered Bronze Basic, Bronze and Silver ; 100% Gold (limit: US\$ 4 000/year)

Dental : Not covered Bronze Basic, Bronze and Silver ; 90% Gold (limit: US\$ 1 000/year)

Optical (prescribed spectacle lenses, frames and contact lenses) : Not covered Bronze Basic, Bronze and Silver ; 90% Gold (limit : US\$ 150/year)



### What is not insured ?

- ✗ Amounts beyond the annual global limit: US\$ 500 000 or US\$ 1 000 000 depending on the chosen formula
- ✗ Unreasonable, unusual or unjustified medical costs
- ✗ Medical costs unrecognized by the World Health Organization
- ✗ Treatments outside the geographic zone of expatriation as indicated in the application form



### Are there any restrictions on cover ?

#### Main exclusions

- ! Any form of experimental or unsupervised treatment that does not follow commonly accepted, customary or conventional medical practice
- ! Consequences of, or treatments for, drug addiction or alcoholism
- ! Orthodontics
- ! Outpatient consultations with regards to psychotherapy, psychoanalysis and psychiatry, as well as related medication
- ! Unprescribed medication, and commonly used non-medical products, such as medical alcohol and absorbent cotton

#### Main restrictions

- ! Optical : 6 months qualifying time
- ! Childbirth and maternity: 10 months qualifying time
- ! Dental Prostheses : 6 months qualifying time  
(These waiting periods are abrogated in case of equivalent cover at least one month prior to joining)
- ! Some guarantees are subject to limits indicated in the table of benefits
- ! For the formulas Silver and Gold, possibility to opt for a US\$ 100, a US\$ 500 or a US\$ 1 000 annual deductible
- ! For the formulas Silver and Gold, possibility to opt for a co-insurance of 10 or 20%
- ! For the Bronze Basic formula, the insured is covered only in the network of hospitals indicated in the information leaflet (except in case of emergencies). Out of the network, the insurer will reimburse only 50% of the amount normally covered.



## Where am I covered ?

Medical expenses are covered 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.

- ✓ In the rest of the world, medical expenses are covered during a stay of less than 7 weeks in case of an accident or an illness of an urgent character.



## What are my obligations ?

### Under penalty of forfeiture of cover:

- **When taking out the policy, the covered person must :**

- Complete and sign the application form including a medical questionnaire accepted by the insurer
- Choose between the following formulas : Bronze Basic, Bronze, Silver or Gold
- Pay the first premium installment

- **During the lifetime of the contract :**

Inform the insurer of the following events :

- Status changes : address modification, status change with regard to mandatory French health and maternity insurance schemes,
- Return to his/her country of origin,
- Reimbursement received from the French Social Security or any other similar insurance organism.

- **In case of a claim :**

- Address the insurer the medical claim accompanied by documentary evidence (possibility of e-claiming for claims of less than or equal to US\$ 500)
- Contact the medical claim administrator to obtain the direct payment of an hospitalization or medical expenses
- Each admission to hospital must be notified to the insurer at least 7 days prior to effective admission (and within 48 hours for hospitalizations following an emergency)
- Some expenses (except in case of emergency) are subject to the insurer's prior approval (hospitalization, physical rehabilitation, MRI, physiotherapy, physical therapy, childbirth expenses...)



## When and how do I pay ?

Premiums can be paid annually, semi-annually, quarterly or monthly.  
Payment can be made by wire transfer or credit card.



## When does the cover start and end ?

Acceptance of the coverage is subject to the membership to the Globe Partner Association and acceptance of the insurance company and to the payment of the first premium installment.

The contract starts on the date specified in the application form.

The contract ends :

- On December 31st of the year of his/her 74th birthday,
- In case of non-payment of the insurance premium,
- In case of death of the main beneficiary,
- On the termination date of contract n° 0117767/006 concluded between the Globe Partner and AWP Health & Life S.A.



## How do I cancel ?

**The membership is renewed on January 1st of each year by tacit renewal for a period of 12 months, unless terminated by the insured by registered mail, no later than October 31st of the previous year.**

# Assistance benefits and Public liability Insurance

Insurance Product Information Document



Company: **AWP P&C** – French insurance company

Product : contract No **304 255** – ACS ASIA Assistance benefits and Public Liability

This product information document presents a summary of the contract's main benefits and exclusions. It does not take into account your needs and specific requests. You shall find detailed information about this product in the pre-contractual and contractual documentation.

## What is this type of insurance?

The « ACS ASIA ASSISTANCE BENEFITS AND PUBLIC LIABILITY » product has been subscribed by the Globe Partner Association on behalf of its expatriated members, regardless of their nationality, who are between 18 and 59 years of age. Children of the eligible person, who live therewith in the same home and who are under 25 years of age, as well as the spouse or cohabitee may also benefit from this insurance. It provides for **Assistance benefits** and **Public liability** offered as an option to health plans subscribed by the Globe Partner Association in US\$.

 <b>What is insured ?</b>	 <b>What is not insured ?</b>
<p style="text-align: center;"><b>Assistance cover</b></p> <ul style="list-style-type: none"><li>✓ Repatriation or medical transport: actual expenses</li><li>✓ Transport of the body in the event of death:<ul style="list-style-type: none"><li>- Repatriation of the body: actual expenses</li><li>- Funeral expenses required for transportation: US\$ 1 500</li><li>- Repatriation of other family members: ticket (one way only)</li></ul></li><li>✓ Return of the insured to the country of expatriation after « consolidation »: ticket (one way only)</li><li>✓ Early return following the death or hospitalization of a member of the immediate family: ticket (round trip; once per year)</li><li>✓ Psychological support (3 telephone interviews per insurance year)</li></ul> <p style="text-align: center;"><b>Public liability (if the option has been selected)</b></p> <p>Physical injury, material or consequential loss: US\$ 4 500 000 Material and consequential loss only : US\$ 150 000</p> <p>Guarantees that are preceded by a green check (✓) are systematically granted in the contract.</p>	<p style="text-align: center;"><b>Are there any restrictions on cover ?</b></p> <p style="text-align: center;"><b>Main exclusions shared by all guarantees</b></p> <ul style="list-style-type: none"><li>! Participation in duels, bets, crimes, brawls (except legitimate defence)</li><li>! Alcoholism and drunkenness</li><li>! Pollution, natural disasters</li></ul> <p style="text-align: center;"><b>Main exclusions relating to Assistance cover only</b></p> <ul style="list-style-type: none"><li>! States of pregnancy unless unforeseen complications, and in all cases from the 32nd week of pregnancy</li><li>! Pre-existing conditions that are diagnosed and/or treated that have been the subject of hospitalization in the six months prior to the request for assistance</li><li>! Convalescence and disorders being treated that are not yet consolidated on the date the journey begins</li></ul> <p style="text-align: center;"><b>Main exclusions relating to Public liability only</b></p> <ul style="list-style-type: none"><li>! Damage resulting from any professional activity</li><li>! Damage caused by objects entrusted to the insured</li><li>! Damage resulting from the use of land motor vehicles, sailing boats and motor boats, and flying apparatus or from the practice of air sports or hunting</li><li>! Damage due to a fire, explosion or flooding</li></ul> <p style="text-align: center;"><b>Main restrictions</b></p> <ul style="list-style-type: none"><li>! US\$ 150 deductible per file and per claim for Public liability benefits</li></ul>



### Where am I covered ?

- ✓ Benefits apply worldwide, to the exception of North Korea  
The up to date list of non-covered countries may be consulted at the following address:  
<http://paysexclus.votreassistance.fr>



### What are my obligations ?

#### Under penalty of forfeiture of cover:

- **When taking out the policy the covered person must :**
  - Fill out and sign the Membership form
  - Pay the first installment premium
- **During the lifetime of the contract :**  
The insured must inform the insurer of any status changes (address modification, email, phone, return in the country of origin)
- **In case of a claim :**
  - Report any claims likely to implement one of the guarantees under the conditions and within the time periods provided and enclose any documentary evidence useful to assess the claim.
  - Obtain the insurer's prior consent prior to committing to any expenditure.
  - Inform the insurer of any other insurance contracts subscribed for the same risks, totally or partially, with other insurers as well as any other reimbursement for a given claim.



### When and how do I pay ?

Premiums can be paid annually, semi-annually, quarterly or monthly.  
Payment can be made by direct debit, wire transfer, credit card or cheque.



### When does the cover start and end ?

Acceptance of the coverage is subject to the membership to the Globe Partner Association and acceptance of the insurance and to the payment of the first premium installment.

The contract starts on the date specified in the application form.

The contract ends :

- In the event that the member fails to pay the appropriate premiums
- When the member reaches the age limit determined in his/her Globe Partner Association's health contract
- In case of death of the main beneficiary
- On the termination date of contract n° 304 255 concluded between the Globe Partner Association and AWP P&C



### How do I cancel the contract ?

The membership is renewed on January 1st of each year by tacit agreement for a period of 12 months, unless terminated by the insured by registered mail, no later than October 31<sup>st</sup> of the previous year.