Expat Essential Table of Benefits

Copayments apply at designated hospitals under these plans. Covered eligible expenses at listed hospitals will be subject to the applicable copayment.

	Plan 1	Plan 2	Plan 3
INPATIENT BENEFITS			
Annual Limit Per Year & Per Person	$100,000	$300,000	$500,000
Standard private room	Up to $156 per day	Up to $250 per day	Up to $312 per day
Parent accommodation with an insured child under 18	$20 per day (max 30 days)	$30 per day (max 30 days)	$30 per day (max 30 days)
Day care treatment	Paid in full	Paid in full	Paid in full
Nursing Care	Paid in full	Paid in full	Paid in full
Operating room, medicine & surgical dressing	Paid in full	Paid in full	Paid in full
Prescription drugs and materials	Paid in full	Paid in full	Paid in full
MRI, PET & CT-PET Scans	Paid in full	Paid in full	Paid in full
Intensive care, coronary care, dependency unit	Paid in full	Paid in full	Paid in full
Surgical fees including anesthesia	Paid in full	Paid in full	Paid in full
Reconstructive surgery following accident/eligible medical condition	Paid in full	Paid in full	Paid in full
Specialist's consulations fees	Paid in full	Paid in full	Paid in full
Diagnostic Test - Pathology Xrays	Paid in full	Paid in full	Paid in full
Organ and bone marrow transplant services	Paid in full	Paid in full	Paid in full
Prosthetic implants & appliances	Paid in full	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	Paid in full for 30 days per medical condition
Emergency dental treatment following an accident	Paid in full	Paid in full	Paid in full
Local road ambulance service	Paid in full	Paid in full	Paid in full
Pre-operative consultation & diagnostic procedure	$500 / year, within 30 days from admission & post hospitalization	$500 / year, within 30 days from admission & post hospitalization	$500 / year, within 30 days from admission & post hospitalization
Complications of pregnancy and delivery from natural conception 10 months waiting period	Paid in full	Paid in full	Paid in full
International Emergency Medical Assistance (IEMA)	Paid in full	Paid in full	Paid in full

	Plan 1	Plan 2	Plan 3
Cancer treatment			
Both in- and out-patient 6 months waiting period	Paid in full up to annual limit - or - Up to $31,250 per year	Paid in full up to annual limit - or - Up to $62,500 per year	Paid in full up to annual limit - or - Up to $93,750 per year

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For the current Hospital Copayment List, please visit https://knowledge.lumahealth.com/expat-essential-member-guide.

Expat Essential Table of Benefits

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	Plan 1	Plan 2	Plan 3
OUTPATIENT BENEFITS			
Outpatient Annual Limit	$2,000	$3000	$5,000
General Practitioner fees	Up to $200 per visit	Paid in full	Paid in full
Specialist fees		Paid in full	Paid in full
Prescribed Medicine		Paid in full	Paid in full
Minor Surgery		Paid in full	Paid in full
Lab tests, Xrays, Diagnostic & Pathology tests		Paid in full	Paid in full
Vaccinations	Up to $30 per year	Up to $50 per year	Up to $100 per year
Chiropractic, osteopathy, homeopathy, acupuncture treatment, traditional Chinese medicine	Up to $100 per year	Up to $200 per year	Up to $500 per year
Prescribed physiotherapy	Up to $100 per year	Up to $200 per year	Up to $500 per year
Prescribed medical aids (hearing aids & orthopaedic appliances)	-	Up to $100 per year	Up to $200 per year
Routine health check up including screening for early detection (Full health screen, Mammogram, Papanicolaou (PAP) test, Prostate Cancer Screen)	-	Up to $100 per year	Up to $200 per year
Out-patient psychiatric treatment	Up to $200 per year	Up to $500 per year	Up to $1,000 per year

	Plan 1	Plan 2	Plan 3
DENTAL - VISION BENEFITS			
Dental Treatment			
Routine dental treatment (check up, basic treatments)	Up to $200 per year	Up to $300 per year	Up to $500 per year
Major restorative dental treatment including orthodontic, prostheses, bridges, implants 9 months waiting period			
Orthodontic for children less than 18 years old 24 months waiting period			
Vision care			
Including glasses, frames, contact lenses, laser treatment 9 months waiting period	Up to $100 per year	Up to $200 per year	Up to $300 per year

	Plan 1	Plan 2	Plan 3
MATERNITY BENEFITS			
Maternity and childbirth benefits			
Normal pregnancy and delivery costs 10 months waiting period	Up to $2,000 per year	Up to $3,000 per year	Up to $5,000 per year
Newborn care within 25 days after birth 10 months waiting period			

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This document is for informational purposes only and is not an insurance contract. "Expat Essential" is the marketing name for plans under the Health Insurance Policy which benefits are insured with Bao Long Insurance Corporation.
Full details of coverage and exclusions are specified in the insurance policy wording.

Expat Essential Table of Benefits

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	Plan 1	Plan 2	Plan 3
MEDICAL EVACUATION (WORLDWIDE COVERAGE)			
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	Paid in full	Paid in full
Transportation to return to country of residence after treatment	Paid in full	Paid in full	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	Paid in full	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	Paid in full	Paid in full
Transportation to return to country of residence after treatment	Paid in full	Paid in full	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	Paid in full	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	Paid in full	Paid in full

Eligibility:

- Applicants must reside in one or more of those countries for at least 185 days per year: Bangladesh, Bhutan, Brunei, East Timor, India, Indonesia, Malaysia, Maldives, Nepal, Pakistan, Philippines, Thailand or Sri Lanka.
- These insurance plans are not available to individuals seeking coverage while residing in their home country.
- These insurance plans are available to applicants aged up to 70 years old. Children under 18 years old must apply with at least one parent.
- Applicants aged 60 years old and above will require a medical checkup to apply.
- Subject to Full Medical Underwriting and acceptance of the application by the Insurer.

Area of Coverage for elective treatments:

- Zone A: worldwide excluding USA
- Zone B: worldwide excluding USA, Canada, Switzerland, Israel, Japan, Hong Kong, Bahamas, China
- Zone C: worldwide excluding USA, Canada, Switzerland, Israel, Japan, Hong Kong, Bahamas, China, Russia, United Kingdom, Singapore, Taiwan, Brazil

Worldwide emergency cover:

Worldwide coverage in case of accident or unforeseen medical emergency for trips of less than 60 consecutive days and in total does not exceed 180 days per year, out of the area of coverage, and in the limit of 25% of the overall annual limit of the policy year.

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