



HEALTHIER, LONGER,
BETTER LIVES

AIA សម្រាប់សុខភាព




The first whole life medical plan
in Cambodia



Good health is your wealth! That's why you deserve nothing less than the best, especially when it comes to your health. This is why a comprehensive medical plan is so important and can make all the difference that provide you with adequate medical protection. You can rest assured that your out-of-pocket medical expenses are kept to minimum with holistic solutions that take care of you from diagnosis to recovery.

Why is AIA សម្រាប់សុខភាព important and most suitable option for you?

AIA សម្រាប់សុខភាព is the 1st whole life medical plan in Cambodia that rewards you for living healthy.

 <p>The 1st in Cambodia</p>	 <p>The 1st in Cambodia</p>	 <p>Quality Hospital Network in Cambodia and Overseas</p>
<p>Whole Life Medical Plan with Guaranteed Renewability, at affordable price just 2,000 Riel* per day</p>	<p>No Claim Reward for living healthy-act on preventive care such as health check-up, vaccina- tion, dental care, etc.</p>	<ul style="list-style-type: none"> Quality hospital network in Cambodia and overseas with cashless experience Personalized medical consultation support & guidance on medical second opinion from oversea experts**

*Premium for 30-year-old man, plan 50K.

**This service is not including travelling & treatment cost.

Healthcare Package Plan

Plan	Plan 50K	Plan 150K	Plan 500K	Plan 1M	Plan 1.5M
Entry Age	30 days to 69 years old (Expiry Age: 100 years old)				
Policy Term	Whole life				
Area of cover	Cambodia, Vietnam, Thailand, and Malaysia	ASEAN	ASIA	Asia Pacific	Worldwide exclude USA
Annual Limit (Per Year)	US\$50,000	US\$150,000	US\$500,000	US\$1,000,000	US\$1,500,000
Lifetime Limit	US\$100,000	US\$300,000	US\$1,000,000	US\$2,000,000	US\$3,000,000
Deductible (per year)	US\$5,000/US\$10,000/US\$20,000				
	BASIC PRODUCT				
Death/TPD	US\$5,000	US\$15,000	US\$50,000	US\$100,000	US\$150,000
	MEDICAL RIDER				
(A) Hospitalization and Surgical Benefits					
(i) Daily Room and Board Benefit (includes meals, prescriptions, professional charges, investigations, and miscellaneous medical charges) - Maximum 100 days per year for Room & Board and ICU	Up to US\$50/day	Up to US\$100/day	Up to US\$200/day	Up to US\$300/day	Up to US\$400/day
(ii) Daily ICU Benefit (includes meals, prescriptions, professional charges, investigations, and miscellaneous medical charges) - Maximum 100 days per year for Room & Board and ICU					
(iii) Surgical Benefit (including operation theatre and anesthesia fees as required by the Medical Practitioner or Physician or Specialist) <ul style="list-style-type: none"> Surgical Procedures Surgical Implants and Approved Medical Consumables Stereotactic Radiosurgery 	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
(iv) Major Organ / Bone Marrow Transplant Benefit					
(v) Guardian/ Companion Accommodation Benefit					
(vi) Home Nursing Benefit	Not Covered	Not Covered	Up to US\$1,000/year	Up to US\$1,500/year	Up to US\$2,000/year

(vii) Inpatient Psychiatric Treatment Benefit	Not Covered	Not Covered	Paid in full, up to Annual Limit (Up to 30 days)		
(viii) Inpatient Hospice Palliative Care Service Benefit			Not Covered	Not Covered	Up to US\$20,000/lifetime
(B) Outpatient Benefits (Outpatient Annual Limit)	Up to US\$7,500	Up to US\$22,500	Up to US\$75,000	Up to US\$150,000	Up to US\$225,000
(i) Pre-Hospitalization Benefit (within 90 days before Hospitalization, including Specialist consultations, diagnostic x-ray or laboratory tests)					
(ii) Post-Hospitalization Benefit (within 90 days after Hospitalization, including Specialist consultations, Prescribed physiotherapy diagnostic or laboratory tests)	Paid in full, up to Outpatient Annual Limit	Paid in full, up to Outpatient Annual Limit	Paid in full, up to Outpatient Annual Limit	Paid in full, up to Outpatient Annual Limit	Paid in full, up to Outpatient Annual Limit
(iii) Day surgery					
(iv) Cancer Treatment Benefits <ul style="list-style-type: none"> • Radiotherapy for Cancer • Chemotherapy for Cancer 					
(v) Dialysis Benefit					
(C) Emergency Medical Treatment Benefits					
(i) Accidental Emergency Medical Treatment Benefit	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
(ii) Accidental Dental Treatment Benefit					
(iii) Local Road Ambulance Service Benefit					
(iv) Emergency Evacuation & Repatriation Benefit	Not Covered	Not Covered	Not Covered	Not Covered	
(D) Personal Medical Case Management (PMCM)	Covered	Covered	Covered	Covered	Covered
(E) Maternity Benefits					
(i) Pregnancy Complications Benefit	Up to US\$2,000	Up to US\$5,000	Paid in full	Paid in full	Paid in full
(ii) Pregnancy Delivery Costs and New-born Care Benefit	Not Covered	Not Covered	Up to US\$1,500	Up to US\$3,000	Up to US\$8,000
(F) AIDS / HIV Treatment Benefit	Not Covered	Not Covered	Not Covered	Not Covered	Paid in full
(G) No Claim Reward Benefit	Not Covered	US\$50	US\$150	US\$200	US\$300
(i) Preventive Care: <ul style="list-style-type: none"> • Routine Health Check-Up Benefit • Screening for Early Detection Benefit • Vaccination Benefit 	Not Covered	Up to US\$50	Up to US\$150	Up to US\$200	Up to US\$300
(ii) Dental Care: <ul style="list-style-type: none"> • Routine Dental Treatment Benefit 					

Obtain your insurance proposal today



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Exclusions

EXCLUSIONS FOR DEATH BENEFIT

The Company shall not cover if death is caused directly or indirectly by any one of the following occurrences:

1. suicide, self-inflicted injury, whether sane or insane, within 2 (two) years from the Effective Date or Commencement Date, whichever is later; or
2. criminal offence committed or attempted to commit by Policy Owner, or the Insured, or the Beneficiary; or
3. Human Immunodeficiency Virus (HIV) and/or any HIV-related illnesses including Acquired Immune Deficiency Syndrome (AIDS) and/or any mutations, derivation or variations thereof; or
4. drugs or stimulators or alcohol abuse, drunk driving, or their complications as determined by the law in force such as Law on Land Traffic, and Law on the Control of Drug, etc.

EXCLUSIONS FOR TOTAL AND PERMANENT DISABILITY BENEFIT

The Company shall not cover any Total and Permanent Disability caused directly or indirectly, wholly or partly, by any one of the following occurrences:

1. wilful exposure to danger or attempted self-destruction or self-inflicted injuries while sane or insane; or
2. service in the armed forces in time of declared or undeclared war or while under orders for warlike operations or restoration of public order; or
3. engaging in air travel, except when the Insured is a fare-paying passenger in a properly licensed commercial aircraft; or
4. a Total and Permanent Disability resulting from a physical or mental condition which existed before the Effective Date or Commencement Date, whichever is later, which was not disclosed in the application or health statement; or
5. a criminal offence committed or attempted to commit by Policy Owner, or the Insured, or the Beneficiary; or
6. drugs or stimulators or alcohol abuse, drunk driving, or their complications as determined by the law in force such as Law on Land Traffic, and Law on the Control of Drug, etc.

SANCTION LIMITATION

1. The Company may, on such notice in writing as the Company may decide, terminate this Policy at any time, whether with effect from inception of this Policy or otherwise, in circumstances where the Policy Owner or any person or entity connected with this Policy have exposed or may, in the Company's opinion, expose the Company to the risk of being or becoming subject to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America, or any other applicable economic or trade sanction laws or regulations. The Company shall not thereafter be required to transact any business with the Policy Owner in connection with this Policy, including but not limited to making or receiving any payments under this Policy.
2. Without prejudice to this Clause (1) above, this Policy shall not be deemed to provide cover and the Company shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Company to any, or any risk of, sanction, prohibition, or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America, or any other applicable economic or trade sanction laws or regulations.
3. As an ongoing obligation, the Policy Owner shall immediately inform the Company if there are any changes to the identities, status, constitution, establishment, particulars and identification documents of the Policy Owner or any person or entity connected with this Policy.

EXCLUSION FOR MEDICAL RIDER

This Rider shall not cover any Expenses arise directly or indirectly from:

1. a Pre-Existing Condition, which existed prior to the Effective Date or Commencement Date of this Rider, whichever is later; or
2. cosmetic surgery or Treatment, or Treatment of their complications, Treatment to remove hair or grow hair, change skin or eye colour with the exception of reconstructive surgery after an accident or an Eligible Treatment; or
3. Treatment needed as a result of nuclear contamination, biological contamination or chemical contamination, whilst engaging in or taking part in any conflict, war, act of foreign enemy, invasion, civil war, riot, rebellion, insurrection, revolution, overthrow of a legally constituted government, explosions of war weapons, or any event similar to one of those listed. This includes any Treatment needed as a result of the Insured(s) exposing himself to needless peril, such as going to a place of civil unrest as an active onlooker or a spectator. For clarity, there is cover for Treatment required as a result of a terrorist act providing that terrorist act does not result in nuclear, biological or chemical contamination; or
4. Treatment resulting from engaging in military activity or professional sport activities; or
5. the use of a drug which has not been established as being effective or which is experimental. This means they must be licensed by the European Medicines Agency if the Insured(s) is receiving Treatment in Europe, or the US Food and Drug Administration (FDA) if the Insured(s) is receiving Treatment anywhere else in the world, and be used within the terms of that license; or
6. Treatment which has not been established as being effective or which is an Experimental Treatment. For established Treatment, this means procedures and practices that have undergone appropriate clinical trial and assessment, sufficiently evidenced in published medical journals for specific purposes to be considered proven safe and effective therapies; or
7. fertility Treatment, sterility and contraception Treatment, sex change, impotence; foetal surgery; or
8. all costs related to quarantine; or
9. Treatment provided by a non-medical or non-licensed medical professional; or
10. non-medical services such as telephone, TV rent, newspaper, moisturizer, creams, toiletries, dietary supplements and vitamins, toothpaste or soap; or
11. the Expenses that is not usual, Medical Necessary, Reasonable and Customary in the area where Treatment is received; or
12. Treatment against obesity such as, but not limited to, gastric banding or surgery, removal of surplus tissue and fat; or
13. Treatment that is customarily done as an Outpatient including drugs and dressings, consultations and investigations, including pre- and post-natal visits, psychiatric Treatment; or
14. preventative health screening, health check-up, vaccination, diagnostic procedures and investigations for the early detection of non-symptomatic disease; unless otherwise mentioned in the Benefits Schedule; or
15. dental and gingival (or equivalent) care; unless otherwise mentioned in the Benefits Schedule; or
16. Vision correction; or
17. the Expenses incurred during the Waiting Period except for medical expenses arising following an Accident occurred within the Waiting Period and subject to other exclusions; or
18. external prosthetics and durable medical appliances and support appliances other than those Approved Medical Consumables that are part of the surgical procedure and integral to the Treatment; or
19. the cost of collecting donor organs or tissue or for any related administration costs (such as, but not limited to, the cost of a donor search); or
20. additional charges for obtaining medical reports or filling in claim forms or other administrative charges; or
21. Treatment for addictions (such as alcohol addiction or drug addiction) or substance abuse (such as alcohol abuse or solvent abuse), or Treatment of any Illness or Injury needed directly or indirectly as a result of any such abuse or addiction; or
22. Human Immunodeficiency Virus (HIV) and/or HIV related illnesses, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) and/or any mutant derivative or variations thereof, unless otherwise mentioned in the Benefits Schedule; or
23. Vaccination other than initial vaccination for new-born covered under the Pregnancy Delivery Costs and New-born Care Benefit mentioned in the Benefits Schedule; or
24. Pregnancy delivery and new-born care unless otherwise mentioned in the Benefits Schedule; or
25. Accommodation for guardian or companion while the Insured is Hospitalised unless otherwise mentioned in the Benefits Schedule
26. Home nursing unless otherwise mentioned in the Benefits Schedule; or
27. psychiatric Treatment unless otherwise mentioned in the Benefits Schedule; or
28. inpatient palliative care services in a Hospice unless otherwise mentioned in the Benefits Schedule; or
29. the Expenses that incurred while the Insured stays outside of the Kingdom of Cambodia for 90 (ninety) consecutive days or more within the Policy Year.



HEAD OFFICE

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