



**THIRD MILLENNIA**

Evolution of health and well-being in Asia



## ASIANET PLANS

INDIVIDUAL  
MEMBERSHIP GUIDE

NOVEMBER 2012



Keeping you safe in a volatile world



## Welcome to the Third Millennium Health AsiaNet plans Powered by Vivilate

### About Third Millennium Health

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For over 20 years, the API Pacific team (PT. Astro Pertama Indonesia) have been looking after and protecting the health of individuals, families and groups from around the world by providing them with flexible and innovative medical insurance solutions in Indonesia

With the support and resources of Vivilate, API Pacific has created the Third Millennium Health range of insurance plans to reflect the diversity and uniqueness of the conditions and respond to the challenges found in Bali, around Indonesia and in other parts of Asia.

The experienced team behind the Third Millennium Health plans are practiced in responding to situations through out the Archipelago and are there to help you find appropriate healthcare solutions to fit your needs and an insurance policy to suit your budget whether you are an individual or a group.

The Third Millennium Health AsiaNet plans are specifically created for individuals and groups that are looking for a lower benefit and cost effective premium solution, specifically, the plans do not cover **chronic conditions** or **chronic illnesses**.

Third Millennium Health aims to improve standards of personal care and present a dependable and accessible service that makes the most of their local knowledge, access to centers of medical excellence and global support network.

### What is Vivilate?

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Vivilate is dedicated to helping Third Millennium Health create exceptional international health insurance plans for its clients by connecting them with well established and recognized partners, such as Asuransi Dayin Mitra, acting as your local insurer and by building an international network of service providers with the strength and security of a major European reinsurer.

Vivilate will continue to work with Third Millennium Health to offer a range of international health insurance plans that give you the best possible insurance solutions now and into the future.

### What does it mean to be Powered by Vivilate?

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'Powered by Vivilate' means giving Third Millennium Health the ability to provide **you** with the highest standards of professional service.

Vivilate has established world-class **claims** administration solutions with companies around the world and these support the **policy you** have purchased.

**Your claims** will be handled professionally, **your** telephone calls will be answered by friendly, trained staff and any **hospital** admission will be dealt with promptly, exactly when **you** need care and support the most.

## Did your employer purchase this policy for you?

If **your** employer has paid **your** premium directly to **us**, then the policyholder is **your** employer's company and **you** are termed a participant. **Your** cover remains in place as long as **your** employer registers **you** with **us** and pays **your** premium and on the condition **you** are in active full-time employment with that company.

**Your** cover will terminate automatically should **you** resign or be terminated. For information on any **moratorium** or waiting period that may apply, please talk to **your** employer or call **us**. The reason for this is that **moratorium** and waiting periods may be waived when a **policy** is purchased by an employer.

## Contacts

In the event of an emergency, or if **you** are going to be admitted to **hospital** and **you** need **pre-authorization**, or if **you** have any questions regarding a **claim**, please contact:

**EMERGENCY!**  
**24-HOUR EMERGENCY MEDICAL HELPLINE:**  
**AXA Assistance: (+65) 6322 2542**  
**intl.opt@axa-assistance.com.sg**

### Customer service, hospital guarantees and pre-authorization requests:

**t:** +65 6849 4222  
**e:** claims@vivilate.com

If **you** require further clarification about this **plan**, or **you** would like to tell **us** about any changes in **your** personal circumstances, please contact **us**:

### Third Millennium Health

Nakula Plaza Building B1, Jalan Nakula, Legian, Bali 80361, Indonesia  
**t:** + 62 (0) 361 737317  
**f:** + 62 (0) 361 737314  
**e:** admin@thirdmillenniahealth.com  
**w:** www.thirdmillenniahealth.com

### Posting your claims

If **you** are sending **us** a **claim**, please send it within 6 months\* by courier or certified mail to:

Vivilate Singapore  
137 Telok Ayer Street,  
#07-01/02/03  
Singapore 068602

\*Please note that **we** will not be able to pay **claims** received 6 months after **you** started **your treatment** so please submit **your claim** to our **Claims Team** as quickly as possible.

## Becoming an AsiaNet plan member

This Membership Guide, in conjunction with **your** premium invoice, **Certificate of Insurance** and **network list**, make up the contract between **you** and **us** with the purpose of providing **you** with **benefits** when **you** need medical **treatment**.

To fully understand **your** rights, responsibilities, what is covered, and what is not covered, **you** must read through this Membership Guide and look carefully at the **benefits** table.

### Policy rules

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These rules apply to **your** eligibility to become a member of this **plan** (as the **insured person**), and that of **your dependants**.

- **You** must be under 54 years of age (59 years of age if a member of a group) at the date **you** join in order to be accepted on the AsiaNet Bronze or Silver Plan.
- **You** cannot renew your AsiaNet Bronze or Silver **plan** once **you** reach the age of 55 (60 years of age if a member of a group).
- **You** cannot join the AsiaNet Accident **plan** unless **you** are 17 years of age or over at the date you join in order to be accepted.
- **You** cannot renew your AsiaNet Accident **plan** once **you** reach the age of 30.
- **Your dependants** must be covered under the same AsiaNet Bronze or Silver **plan** as the **insured person**
- **We** are unable to cover **dependants** on the AsiaNet Accident **plan**.
- **You** and **your dependants'** cover starts on the **start date** shown on **your Certificate of Insurance**.
- Membership may depend on local insurance licensing legislation in **your country of residence**.
- **You** are not eligible to continue this **plan** if **you** are an American citizen and **you** return to live permanently in the USA.

### What you have to tell us

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**We** would like to remind **you** of **your** duty of disclosure which continues throughout the life of the **policy**.

**You** are at all times fully responsible for the information **you** provide to **us** with regard to **your policy**, **your** application, or in respect of any **claim**, medical **treatment** or condition **you** may have had previously or during the life of the **policy**. **You** must take responsibility for the information being accurate and complete.

The information **you** provide **us** in respect of any **claim** is very important. By this **we** mean not only the information **you** provide on a **claim** form, but also the information **you** provide by telephone, email etc.

Insurance is a contract between **us** and **you** and it is a contract based on trust. To protect all of **our** policyholders, **we** will always take firm and immediate measures against any individual found to be dishonest, misleading or fraudulent.

At the very least **we** retain the right to void, from its inception, the contract, without refund of premium, which may also result in **claims you** have lodged not being paid, or **we** may pursue **you** for a refund of any **claims** already paid.

## Paying your premiums

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Unless **your** employer has purchased **your policy**, **you** are responsible for paying **us your** premiums, and premiums for **your dependants**. **We** must be in receipt of **your** premium before **we** will commence **your** cover. **We** will automatically cancel **your policy** if **you** fail to pay **your** premium on or before the date it is due. This includes suspension or termination of any right to medical evacuation.

**We** must receive **your** premium within 30 days of issuing **you** an invoice and regardless, **benefits** are only provided once premium is received.

## How to renew or make changes to your policy

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This **policy** is a one year contract that **you** may renew each year on the anniversary of the **start date**. **We** need to receive **your** premium before **we** can renew **your policy**

**Plan** changes can only be made at renewal and **you** must inform **us** of any change **you** would like prior to the **renewal date**. The underwriters reserve the right to amend or alter premiums and terms on individual cases.

## Ending your policy

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- **We** may terminate **your** coverage under the **policy**, and that of **your dependants** in the following situations. If **you** or **your dependants**:
- Withhold relevant information or give **us** incorrect information
- Make any false or fraudulent **claim**
- Fail to provide any reasonable information **we** have asked for
- Fail to pay a **hospital your** share of any charges due when **we** have provided the **hospital** a **Guarantee of Payment (GOP)**
- Fail to pay the premiums due
- Move to the USA
- Move back to **your home country** or change **your country of residence** and do not notify **us**.

**We** have the right to alter the terms of membership and the contract at any time and will give 30 days' notice of this. **We** will not cancel **your plan** because of **your** health record. If a **plan** or **policy** has been cancelled for any of the above reasons or if a **claim** has been paid, then the full annual premium will be due with no refund. Any costs incurred in recovering premiums due will be the responsibility of the policyholder. Any **claims** received after a **policy** cancellation will be declined.

## Governing law and jurisdiction

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The **policy** shall be interpreted under, governed by and construed in accordance with the laws of the Singapore and by purchasing the **policy**, **you** are agreeing to submit to the exclusive jurisdiction of the courts of Singapore in any dispute that may arise in relation to it.

## Local taxes

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**You** may be liable for any local taxes due on the insurance premium unless these taxes have been shown on **your** invoice and paid.

## Medical advice

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**You** are responsible for complying with any medical advice/**treatment** given to **you** by **your doctor** or other treating healthcare professionals. Should **you** fail to do so and **your** medical condition worsens or persists for a longer period than would have been expected if **you** had followed such advice, **benefits** will not be payable for the additional costs incurred.

## Currency

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All premiums, **benefits** and **benefit** related amounts are in United States Dollars unless specifically mentioned otherwise.

## Complaints procedure

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**We** want to provide **you** with a first class standard of service at all times. If **you** feel that **our** service needs to be improved, or **you** feel that any decision **we** make about a **claim** is unfair and not in accordance with the terms of this agreement, please let **us** know by contacting **us** at either Third Millennium Health or Vivilate:

### Third Millennium Health

Nakula Plaza Building B1  
Jalan Nakula, Legian  
Bali 80361, Indonesia  
**t:** + 62 (0) 361 737317  
**f:** + 62 (0) 361 737314  
**e:** admin@thirdmillenniahealth.com

### Vivilate Singapore

20 Cecil Street #05-04/05/08  
Equity Plaza, Singapore 049705  
**t:** +65 6849 4223  
**f:** +65 6887 0328  
**e:** complaints@vivilate.com

All complaints will be acknowledged by telephone, email or letter by the end of the following working day. All complaints will receive a full and detailed written response within two weeks of issuing **our** acknowledgement.

**We** know that in today's world of internet blogs and social networking, at times people choose to go public with their concerns or complaints rather than seek resolution through the channels provided. **We** provide such channels, including this formal complaints procedure, to ensure **your** rights under this **policy** are protected. To protect **our** reputation from false **claims we** retain the right to respond to any public comment in a similar public fashion.

## Benefits: what we cover

As with any insurance contract, there are conditions attached to claiming **benefits**, so please look carefully at the **benefits** table and definitions provided in this Membership Guide.

This Membership Guide defines the **benefits** available to **you** and **your dependants** under this **policy**.

- **We** cannot pay any **benefit** if **your policy** is not in force or the premiums are not paid up to date at the time **you** have **your treatment**.
- There is an overall maximum **benefit** for each **insured person** in each **policy period**.
- There are **lifetime limits** on the amount **you** can **claim** in respect of certain **benefits**.
- **Benefits** are limited to the reimbursement of **customary and reasonable charges** incurred in respect of **medically necessary treatments**.
- **Benefits** due will be determined in the same currency in which **your** premium is paid.
- **Benefits** in relation to **pre-existing conditions** are subject to a **moratorium**

### Area of cover

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**Your** cover is restricted to **treatments** obtained within the geographic **area of cover** stated on **your Certificate of Insurance**.

The AsiaNet **plans** provide cover in **South East Asia**, Australia & New Zealand only.

**You** should note that if **you** reside outside of **your** chosen **area of cover** for more than 6 months of the year, **we** will automatically assume **you** have returned to **your home country** and **your policy** may then be terminated at **our** discretion.

### AsiaNet Accident Plan

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The AsiaNet **Accident** Plan **benefits** are payable only for **treatment** needs arising from **accidents** only. Non **accident** related medical **treatment** is not covered.

**Accident** - A sudden, unexpected, unintentional event that happens at an identifiable time and place, and is outside **your** control and causes injury or illness.

## Benefits Table

	Accident	Bronze	Silver
<b>Annual benefit limit</b>	US\$100,000	US\$100,000	US\$200,000
<b>Network Option</b>	Vivilate <b>Network B</b>	Vivilate <b>Network B</b>	Vivilate <b>Network B</b>
<b>Medical Cover</b>	<b>In-patient treatment for ACCIDENTS ONLY</b>	<b>In-patient treatment</b>	<b>In-patient &amp; out-patient treatment</b>
<b>Age Band</b>	17 - 29	0 - 54 (Individuals) 0 - 59 (Groups)	0 - 54 (Individuals) 0 - 59 (Groups)
<b>IN-PATIENT BENEFITS</b>			
<b>All in-patient claims must be pre-authorized otherwise we will only pay up to 80% or less of eligible benefits depending on your plan</b>			
<b>Hospital accommodation</b>	Semi-private room	Semi-private room	Single private room (Not suite)
<b>In-patient and day-patient care</b> <b>Hospital services</b> covered by this <b>policy</b> include: → Accommodation → Standard meals → Nursing care → Drugs and dressings → Operating theatre and 'consumables' → Intensive care → Laboratory and pathology → X-rays → Other imaging services including CT, MRI and PET scans → Ancillary services (including physical therapy) and medical social services	100% within <b>Network B</b> (30% out-of- <b>network</b> charge)	100% within <b>Network B</b> (30% out-of- <b>network</b> charge)	100% within <b>Network B</b> (20% out-of- <b>network</b> charge)
<b>Parent accommodation</b> If <b>you</b> child under 18 is hospitalized for <b>treatment</b> covered under this <b>policy</b> , <b>we</b> will pay the <b>hospital</b> charges for <b>you</b> to stay in <b>hospital</b> with <b>your</b> child (one parent only to stay with the child) where such lodger accommodation is available within the <b>hospital</b> .	Not covered	100% within <b>Network B</b> (30% out-of- <b>network</b> charge)	100% within <b>Network B</b> (20% out-of- <b>network</b> charge)
<b>Pre &amp; post hospital out-patient services</b> If <b>you</b> are covered by the Silver <b>plan</b> <b>we</b> will pay for <b>out-patient treatment</b> received before and after <b>your in-patient hospital</b> stay provided that it is related to an eligible <b>claim</b> and provided that follow up <b>treatment</b> is taken within three months of <b>your</b> being discharged from <b>hospital</b> .	Not covered	Not covered	Limited to 30 days Up to US\$1,500
<b>CRITICAL ILLNESS BENEFIT</b>			
<b>In-patient treatment of the following conditions:</b> Cancer, Cardiac Conditions, Renal failure, Multiple Sclerosis, Permanent paralysis	Not covered	Up to <b>lifetime limit</b> of \$75,000 of which \$5,000 is paid as a lump sum on diagnosis	Up to <b>lifetime limit</b> of \$100,000 of which \$5,000 is paid as a lump sum on diagnosis
<b>Out-patient treatment of the following conditions:</b> Cancer, Cardiac Conditions, Renal Failure, Multiple Sclerosis, Permanent Paralysis	Not covered	Not covered	
<b>OUT-PATIENT BENEFITS</b>			
<b>Consultations and diagnostic services with doctors or specialists</b>	Not covered	Not covered	Limited to \$2,500 per <b>policy period</b> with a US\$30 <b>co-payment</b> per <b>claim</b>
<b>Prescription drugs</b> If <b>you</b> are covered by the Silver <b>plan</b> <b>we</b> will pay for medications prescribed by a <b>physician</b> which are <b>medically necessary</b> . Those related to a <b>Critical Illness</b> will be paid under the Silver <b>plan's</b> separate <b>Critical Illness benefit</b> (see above). Drugs and items that are considered non-prescription or 'over the counter' (e.g. paracetamol or bandages) are not covered even if a <b>doctor</b> has prescribed them.	Not covered	Not covered	

	Accident	Bronze	Silver
<b>OUT-PATIENT BENEFITS</b>			
<p><b>Out-patient Psychiatric</b> If <b>you</b> are covered by the Silver <b>plan we</b> will pay for <b>out-patient</b> psychiatric <b>treatment</b> provided it is from a <b>psychiatrist</b> or <b>psychologist</b>. <b>Treatment</b> may be individual or group therapy but it must be under the direct supervision of the <b>psychiatrist</b> or <b>psychologist</b> and follow a specified <b>treatment plan</b> that <b>we</b> have <b>pre-authorized</b>. Any <b>treatment</b> after <b>your</b> first consultation must be <b>pre-authorized</b>.</p>	Not covered	Not covered	Covered after 3 years continuous membership within overall <b>out-patient benefit</b> and up to US\$750
<p><b>Physiotherapy</b> If <b>you</b> are covered by the Silver <b>plan we</b> will pay for physiotherapy provided by a <b>physiotherapist</b> if <b>you</b> are referred for such <b>treatment</b> by <b>your doctor</b>.</p>	Not covered	Not covered	Up to US\$250 with a US\$30 <b>co-payment</b> per <b>claim</b>
<b>OTHER MEDICAL BENEFITS</b>			
<p><b>Ambulance service</b> <b>We</b> will pay for the cost of a private road ambulance if <b>you</b> need <b>in-patient</b> or <b>day-patient</b> <b>treatment</b> for which <b>you</b> are covered by <b>your plan</b>, and where it is <b>medically necessary</b> for <b>you</b> to travel to the <b>hospital</b> by local road ambulance.</p>	100% up to <b>annual benefit limit</b> (For <b>accidents</b> only)	100% up to <b>annual benefit limit</b>	100% up to <b>annual benefit limit</b>
<p><b>Out of geographic area cover for emergency treatment</b> <b>You</b> have a limited <b>benefit</b> outside <b>your</b> geographical <b>area of cover</b> for unforeseen events that are an emergency. Days of cover for this <b>benefit</b> are calculated from the day <b>you</b> arrive outside of <b>your</b> geographical area. The trip(s) must not be made specifically for the purpose of, or with the intention of, obtaining surgery or medical help.</p>	Limited to a total of 4 weeks Up to US\$15,000 (For <b>accidents</b> only)	Limited to a total of 4 weeks Up to US\$15,000	Limited to a total of 5 weeks Up to US\$20,000
<p><b>Rehabilitation as an alternative to post acute care</b> To qualify for this <b>benefit</b>, <b>your</b> treating <b>doctor</b> must agree a <b>treatment plan</b> with the <b>Claims Team</b> in advance of care being provided, and <b>your</b> stay in any <b>rehabilitation facility</b> must be required as part of <b>your</b> recovery, after which <b>you</b> should be independent again and be able to return home.</p>	Up to 14 days per <b>policy period</b> (For <b>accidents</b> only)	Up to 14 days per <b>policy period</b>	Up to 14 days per <b>policy period</b>
<p><b>Repatriation or burial of mortal remains</b> If <b>you</b> die outside <b>your home country</b>, <b>your policy</b> covers reasonable cost incurred in preparing <b>your</b> body for burial or cremation in <b>your country of residence</b>. Alternatively, <b>your policy</b> will pay reasonable costs incurred for preparing <b>your</b> body and transporting <b>your</b> body to <b>your home country</b>. To qualify for <b>benefit</b>, a <b>responsible person</b> must contact the <b>Claims Team</b> before making any arrangements. Determination of reasonable costs will be solely at the discretion of the <b>Claims Team</b>.</p>	Up to US\$12,750 per <b>policy period</b> including the cost of any coffin, limited to US\$1,700. (For <b>accidents</b> only)	Up to US\$12,750 per <b>policy period</b> including the cost of any coffin, limited to US\$1,700.	Up to US\$12,750 per <b>policy period</b> including the cost of any coffin, limited to US\$1,700.
<b>EMERGENCY MEDICAL EVACUATION</b>			
<b>You or a responsible person must obtain pre-authorization from the Claims Team in advance of the transport occurring</b>			
<p><b>We</b> will pay for costs relating to emergency, private, non-road ambulance transport (and care during that transport), provided in relation to a critical, life threatening medical condition requiring <b>inpatient</b> care, to transport <b>you</b> to the place of nearest suitable care. In all cases the assistance company responsible for <b>your</b> evacuation will retain the right to determine if transport is <b>medically necessary</b>, what kind of transport is medically suitable and to which medical facility <b>you</b> will be moved. <b>We</b> will only cover emergency medical evacuation from a landmass.</p>	100% up to <b>annual benefit limit</b> (For <b>accidents</b> only)	100% up to <b>annual benefit limit</b>	100% up to <b>annual benefit limit</b>

## Important Notes

This **benefits** table must be read in conjunction with this Membership Guide and applies to medical expenses and charges that are considered **customary and reasonable**.

### Pre-authorization of in-patient and out-patient claims

Being in the **expatriate** world, **we** understand **your** needs and requirements when living in a new country. To help **you** obtain appropriate **treatments**, **our Claims Team** will require **you** to obtain written **pre-authorization** from them if **you** wish to be considered for usual **benefits** in respect of the following:

- **In-patient hospital treatment** of any kind
- **Out-patient psychiatric treatment** (if you have this **benefit**)

If **you** do not obtain written **pre-authorization** then **we** will reimburse only up to 80% of eligible **benefits** otherwise due to **you**.

**You** must contact **our Claims Team** at least 5 days before admission or start of **treatment**, to obtain written **pre-authorization**.

In an emergency situation **we** understand **you** cannot always obtain **pre-authorization**, so instead **we** ask that **you** (or a **responsible person**) notify **our Claims Team** within 24 hours of **hospital** admission or **we** may only pay up to 80% of the eligible **benefits**.

### Pre-authorization of emergency medical evacuations

For emergency medical evacuation, **you** or a **responsible person** acting on **your** behalf, should contact AXA Assistance immediately who will then work with **our Claims Team** to confirm coverage.

**You** must note that neither AXA Assistance or **our Claims Team** will not be able to **pre-authorize** an emergency evacuation if **your** coverage is unclear, if premium payment has not been received, if the cause of any **accident** that has occurred is unclear, or if the eligibility of any medical condition involved is unclear.

In such circumstances **you** would need to arrange and pay for **your** own evacuation and apply for reimbursement from **our Claims Team** at a later date. This allows them time to confirm **your** eligibility, to understand what occurred and then to pay **benefits** where appropriate.

If **you** do need to arrange and pay for **your** own evacuation and intend to seek reimbursement from **us** later, **you** must use AXA Assistance which is the assistance company **we** have contracted to support this **policy**. If **you** use any other assistance company, **we** retain the right to decline **your claim** completely or to pay up to the costs that would have been incurred had AXA Assistance been used, and in line with **your plan benefits**.

**You** should note that AXA Assistance will only evacuate to the nearest place of suitable care and when, in their opinion, a medical need exists justifying an evacuation.

In any emergency situation the responsibility for the primary emergency remains with the local emergency services, which AXA Assistance cannot substitute.

## Provider networks, pre-authorization and co-insurance

By choosing an AsiaNet **plan**, **you** have agreed to have a **co-insurance** applied to **benefits** otherwise payable, if **you claim** for **treatment** from a **healthcare provider** that is not appearing in **our network list** at the time of **your treatment**:

- **Accident plan** – 30% **co-insurance** on out-of-**network claims**
- **Bronze plan** – 30% **co-insurance** on out-of-**network claims**
- **Silver plan** – 20% **co-insurance** on out-of-**network claims**

As an AsiaNet **plan** policyholder **you** are accepting the **list** of **healthcare providers** offered at the time **you** applied for a **policy** knowing it may be modified by **us** from time to time, and **you** are accepting the **co-insurance** on out-of-**network claims**.

If **you claim** for **treatment** from a **healthcare provider** that is not on the **network list** and **you** do not **pre-authorize your treatment** with **us** **you** will be subject to the following:

- **Accident plan** – **We** will only pay up to 50% of eligible **benefits** for **treatment** that is out-of-**network** and not **pre-authorized**
- **Bronze plan** – **We** will only pay up to 50% of eligible **benefits** for **treatment** that is out-of-**network** and not **pre-authorized**
- **Silver plan** – **We** will only pay up to 60% of eligible **benefits** for **treatment** that is out-of-**network** and not **pre-authorized**

**You** should be aware higher **co-insurances** may apply to certain **healthcare providers**. Please refer to the **network list** for details.

**We** retain the right to modify the **network list** at any time.

**We** will consider adding quality, cost effective **healthcare providers** to **our network** in certain locations where facilities are not provided but **you** should understand arrangements may not be possible prior to **your seeking treatment**.

For countries in **South East Asia**, where there is no **network hospital**, **we** will pay up to the level we would have paid in a **network hospital** in the nearest centre of medical excellence. The determination of **benefits** will be at the sole discretion of Vivilate.

For instance, that would mean if **you** were travelling in Vietnam **you** would be covered up to what would be paid if **you** were in a **network hospital** in Thailand.

## Pre-existing conditions

Before joining this **policy**, if **you** did not have similar **benefit** cover, with any **moratorium** or **benefit** waiting period fully served, then **benefits** payable in respect of any **pre-existing condition** (i.e. a condition existing before **you** joined this **policy**) are subject to a 2 year **moratorium** (delay period) from the date of **your last treatment** of that condition, its symptoms or its related conditions.

### Co-insurance for room upgrades when in hospital

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As difficult as it may be to accept, **we** know that many **hospitals** increase the costs of **treatment** for people choosing a higher level of accommodation when being admitted.

To protect everyone from these unnecessary costs and to be fair, if **you** chose to upgrade **your** room from the one that **we** noted as standard at the time **you pre-authorized your** admission with **us**, **we** will not pay the higher accommodation costs and **we** will apply a 20% **co-insurance** to all other **benefits** otherwise payable on a **hospital claim**.

If the standard room type was not available, **we** will cover the next highest level of accommodation up to usual **benefit** limits for a maximum period of 48 hours.

### Referrals

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**You** are only entitled to **benefits** in respect of some medical costs, if they were for services prescribed or referred by a **doctor**. Pharmacy, radiology and laboratory for instance must be prescribed by a **treatment doctor** while physiotherapy is only eligible for **benefits**, to the limit on the **benefits** table, when **you** have a prior written referral from a **doctor**. When claiming, remember to include these referrals with **your claim** form or **your claim** will be declined.

## Making a claim

**We** have made claiming as easy as **we** can, and the process is explained on **your claim** form. Assuming **your** condition and **treatment** is clear and **your claim** was properly submitted **we** aim to pay **your claim** within 5 working days.

Please submit **your claim** to **our Claims Team** as quickly as **you** can, but no later than six months after **you** start **treatment**. **We** will not be able to pay **claims** received after 6 months that no matter what the reason for the delay might be.

The purpose of this **policy** is to provide **you** with **benefit** when **you** need medical **treatment**. It covers **medically necessary** and **medically appropriate treatment** that occurs within **your policy period**, up to the **benefit** limits described.

### Access to your medical information

By accepting coverage under this **policy**, which **you** do by accepting **your** membership card, by lodging a **claim** or by requesting a service of any kind, **you** are agreeing to allow **our Claims Team**, the companies that may support them and **ourselves** to discuss **your** medical information (which includes **your** healthcare records, **treatments**, conditions and **claims**), past or present, and to discuss the same with any of **your doctors** or **healthcare facilities** past or present. This is necessary so **our Claims Team** can fulfill their responsibility to determine **benefit** entitlements under **your plan**.

If **you** do not accept that **your** medical information can be shared or discussed as **we** have explained above, **you** should not purchase this **policy** or seek to apply for any **benefit** it provides.

### What information you need to supply

It is important for **you** to know that **we** are only able to reimburse eligible medical expenses when **we** have received a properly completed **claim** form signed by both the patient and the **doctor** within 6 months of the **treatment** date, together with original and itemized invoices, prescriptions, referral letters where necessary and any additional information **we** might request.

If **you** have paid any **claims**, **we** will also require proof of payment. These invoices and documents become **our** property and **we** reserve the right to store them in any durable medium.

**Your** documents and invoices should be sent to the address shown on **your claim** form. **We** strongly recommend that **you** keep copies of these documents in case the originals are lost in transit. If postal services in **your** area are unreliable, **we** recommend **you** send **your claims** by certified mail or courier. **We** cannot take responsibility for any **claim** sent to **us** that does not arrive. If **your** course of **treatment** exceeds 6 months, please ensure **you** obtain and submit an interim invoice as **we** will not pay **claims** for medical **treatments** that **we** were not advised of and which occurred more than 6 months previously.

If **you** are claiming for more than one medical condition, a separate **claim** form must be completed for each condition. Please note **your policy** does not cover the cost of any medical reports **our Claims Team** might require from **your** treating **doctor**.

Claims submitted to **our Claims Team** should specify the following:

- First name and surname, date of birth and policynumber of the person receiving **treatment**.
- Fully completed medical section with a diagnosis of the illness requiring **treatment** or a description of the symptoms when the diagnosis is not certain and showing the signature and stamp of the treating **doctor**.
- Copies of any radiology or imaging reports, blood test results and other reports for special or **diagnostic** procedures.
- Pharmacy prescriptions (including repeat prescriptions) must specify the full name and date of birth of the claimant, the drugs that have been prescribed, their price, the quantity and the receipt of payment.
- A discharge summary or medical report.
- Prescriptions for services (or a copy) must be submitted together with the invoices for any therapies or therapeutic aids or appliances they relate to.

**You** must use the **claim** form provided in order to apply for reimbursement of expenses. This form must be signed by the person providing the service and by the claimant (or a **responsible person** if the claimant is a child).

## Claim Payments

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**Our Claims Team** will normally reimburse invoices in the invoice currency, however, if this is not possible then the payment will be made in US Dollars.

Where banks permit, **our Claims Team** can alternatively reimburse invoices in the currency of **your** choice, which **you** should specify on **your claim** form.

To minimize bank fees and charges our **Claims Team** hold **benefits** lower than EUR 40 until further **benefits** are due.

Should **we** be requested to pay **benefits** in a currency where the bank is unable to assist or where the bank charges relating to the currency conversion and transfer amount to more than 10% of the **benefit** amount due, **we** will not be able to assist, and payment will instead be made, at **our** discretion, in the local currency or currency of **your policy**.

If the currency of payment is different from the currency in which expenses have been incurred, the exchange rate applicable for **your claims** will be determined using the date of **treatment/admission**. **We** will not be responsible for any loss in exchange or bank fees.

Normally reimbursement will be made to **you**. However, **our Claims Team** can make reimbursement directly to the party issuing the invoice. This may be useful in emergencies or if particularly high sums are involved. If payment is to be made to the party issuing the invoice, it should be indicated on the **claim** form.

With regard to high cost **treatments** or surgeries, **our Claims Team** retains the right to organize an independent second opinion at their expense, to ensure that planned **treatments** are appropriate and of **customary and reasonable cost**. Should there ever be a difference of opinion between their requested **doctor** and **your doctor**, **our** decisions will be based on the opinion of **our Claim Team's doctor**. **You** do have the ability to formally challenge this assessment. Please see – “Disagreements with **your claims** payments”.

In the event **you** receive a **benefit** payment from **us** and believe it to be incorrect, **you** have 30 days from the date of payment to **your** account to advise **us** in writing that **you** are disputing the payment. **We** will always be happy to review and justify any payment.

### **Incorrect Benefit Payments**

---

Any **claim** paid incorrectly must be reimbursed back to **our Claims Team**.

In the event of any **Guarantee of Payment** being issued to a **hospital** incorrectly on **your** behalf, **our Claims Team** will terminate the guarantee and direct the **hospital** to charge **you** directly for costs already incurred or that arise and are not covered by **your policy**. Should this not be possible, **our Claims Team** has the right to pursue **you** to pay back any monies they have paid to the **healthcare facility** in error.

At their discretion they may deduct amounts due from future **claims** or pursue **you** directly to return the funds involved.

With regard to **claims** paid to **you** in error, they may do the same.

Should the amount outstanding exceed US\$1,000 for more than 60 days, **your policy** will be suspended with all services terminated, including direct settlement arrangements and medical assistance/evacuation services where provided.

### **Direct settlement arrangements**

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This **policy** offers direct settlement arrangements (for covered costs only) with a number of **healthcare facilities** that have been contracted by **our Claims Team** to provide services. Please note that **you** will only be able to request a **guarantee of payment** in respect of the **network hospitals**.

When **our Claims Team** does issue a **Guarantee of Payment (GOP)** to a **healthcare provider** on **your** behalf, **you** will still need to pay any costs that are not covered by **your policy** (e.g. telephone calls, **co-insurances**, **co-payments**, amounts in excess of limits etc.) directly to **your healthcare provider**. If **you** fail to make the payment **we** will not issue any **GOP** in future and **your policy** may be cancelled at **our** discretion.

**You** need to understand that this is a financial arrangement offered to assist **you** and does not in any way indicate that **we** are recommending a provider's medical quality or services. **We** do **our** best to monitor these but the final decision about which **doctor** and facility is best suited to treat **you** is one that remains with **you**.

While **we** offer to provide direct settlement services with medical facilities in relation to covered costs, at no time will **we** accept that **you** delay urgent **treatment** or admission until approval for direct settlement is obtained. **You** are expected to follow **your doctor's** advice in relation to medical matters. Should **you** delay **treatment** and **your** condition worsens, **we** will not be liable for any additional **treatment** costs involved.

Direct settlement arrangements sometimes need time to confirm and arrange. **We** may need to speak to **your** treating **doctors** or obtain information on **your** past medical conditions. For this reason **we** offer direct settlement arrangements where possible but **we** do not guarantee they can be provided on each and every occasion.

To request a direct settlement arrangement, **you** must contact **our Claims Team** at least 5 days before **your** admission date to and provide the name of **hospital**, the name of the **doctor**, the reason for admission and answers to any questions they might have. In an emergency **you** (or a **responsible person**) should notify **our Claims Team** within 24 hours of the **hospital** admission.

**GOPs** can only be placed where **treatment** is due to take place within 30 days. **GOPs** will not be placed where **treatment** is due to take place after the expiry of the **policy**. **GOPs** are placed in good faith and if it is later found that the medical condition involved is not covered by **your policy**, **you** will be required to fully reimburse **our Claims Team** whatever amount has been paid or is due to be paid to the **healthcare provider**. This can occur at times when **your doctor** did not correctly diagnose **your** condition on admission.

If **you** have any questions or concerns and would like help to understand **your** medical condition and proposed **treatments**, **you** can call **our Claims Team** who will be happy to assist **you**.

If **you** have any complaints about **your treatment**, **doctor** or **healthcare provider** and it is one of those with whom **we** offer direct settlement services, **you** should email **us** at [complaints@vivilate.com](mailto:complaints@vivilate.com) so that **we** can investigate.

### If your claim is covered by more than one insurance plan

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If at the time of any **treatment you** have another insurance **policy** in force (from another insurance company), **your policy** will only cover **you** for eligible expenses not paid by that other insurance company.

This rule helps to keep down the cost of **your** insurance whilst still insuring **you** are appropriately covered. Where original invoices have been submitted to another **insurer**, it will be sufficient to send **our Claims Team** certified copies of the invoices and documents together with contact details of **your** other **insurer** and an explanation of what part of **your claim** they did not pay.

### If your illness or injury was caused by someone else

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If **you** are claiming for an injury or illness caused by another person, or other people, or by the actions of a company or organization, **you** must advise **our Claims Team** as part of **your claim**. Our **Claims Team** has the right to ask **you** to help them include the amount of **benefit you** are claiming from **us** in **your claim** against the other person. **We** retain the right to take legal action in **your** name in such cases to recoup the cost of any **benefits** paid.

### Disagreements with your claims payments

---

In the event **you** receive a **benefit** payment from **us** and believe it to be incorrect, **you** have 30 days from the date of payment to **your** account to advise **us** in writing that **you** are disputing the payment. **We** want to be fair and reasonable, so **we** will be happy to review payment and to explain how **your claim** was assessed.

Should any difference of medical opinion, in relation to a **claim**, arise between **your** treating **doctor** and **our Claims Team** that impacts on **benefit** entitlements due to **you**, **you** can request (in writing) that two medical professionals, of suitable specialty and experience, discuss and decide the matter.

**Our Claims Team** will appoint one at their cost and **you** appoint the other at **your** cost. Should they be unable to agree, they will then agree on the appointment of a third medical professional (whose costs will be shared between **you** and **our Claims Team**) who shall make the final decision.

## Exclusions: what we don't cover

**We** do not cover the following services, medical conditions, activities and their related expenses under this **policy**.

Please read this section, the **benefits** table and the definitions section to make sure **you** understand what is not covered.

**You** are not covered for **claims** arising from any of the following:

### Alcohol and drug abuse

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**You** are not covered for **treatment** costs or conditions, or for any medical evacuation requirement, related to or exacerbated by a dependency on or abuse of alcohol, drugs, or other addictive substances.

### Birth defects and congenital conditions

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**We** do not pay for diagnostics and/or **treatment** for birth defects and congenital conditions or illnesses. Birth defects and congenital conditions are any abnormality, deformity, disease, illness or injury present at birth (whether diagnosed or not), hereditary conditions, problems caused by things that happened before the baby was born (for example, the effects of a drug) or problems due to an early or abnormal birth.

### Chronic Conditions and Chronic Illnesses

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**You** are not covered for costs relating to any **chronic condition** or **chronic illness** or relating to any symptom or condition caused by a **chronic condition** or **chronic illness**.

### Complications from excluded conditions

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**We** do not pay for any increased medical costs **you** incur because of complications or conditions caused by a condition that is excluded from coverage under this **policy**.

### Convalescence

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**You** are not covered for the cost of convalescence and **you** are not covered for extended nursing care if the reason for the extended nursing care is due to age related infirmity and/or if the **hospital** has effectively become **your** home.

### Co-payment, co-insurance

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**You** are not covered for any amount of **co-payment** or **co-insurance** described in this document. **We** will treat any attempt to avoid payment as fraud and will take legal action.

### Cosmetic surgery

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**You** are not covered for costs relating to cosmetic or aesthetic **treatment** (whether or not for psychological purposes) except if **you** need this as a direct result of any covered **accident** or injury.

### Cost of shipping medication

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**You** are not covered for the cost of shipping related to any medication or medical items.

### Death from unclear cause

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If a **claim** is made to **us** for **treatment** immediately preceding the death of an **insured person**, or for repatriation of mortal remains of an **insured person**, and the cause of death is not known or advised to **us** in writing by a medical **doctor** or in dispute, **we** retain the right to request an autopsy at the expense of **your** estate, before any **benefit** payment will be considered. In most western countries this is the norm but in some countries where **expatriates** may be sent to work, autopsies are not automatically required by the authorities when cause of death is unclear.

### Developmental disorders

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**You** are not covered for **treatment** of developmental, behavioral or learning problems such as attention deficit hyperactivity syndrome, speech disorders, dyslexia and physical developmental problems.

### Diving accidents and related treatments

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This **policy** will only cover eligible **treatment** costs incurred that are in excess of **benefits** provided under **your** PADI or similar association insurance, and then up to usual **benefit** limits. If **you** are involved in a diving **accident** **you** may be requested to provide proof of membership and insurance with PADI or a similar association.

### Doctor home visits

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**We** will not pay for home visits by **doctors** unless **you** have a medical condition that prevents travel for medical **treatment**.

### Eating disorders

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**You** are not covered for costs relating to eating disorders such as, but not limited to, anorexia nervosa and bulimia.

### Emergency medical evacuation and burial or repatriation of remains, within home country or when outside of your area of cover

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Within **your home country** **you** are not eligible for the emergency medical evacuation **benefit** nor the burial or repatriation of mortal remains **benefit**. Similarly, **you** will not be eligible for these **benefits** when **you** are outside **your area of cover**.

### Emergency medical evacuations arising because of failure to follow medical advice

---

**We** do not pay for repeat emergency medical evacuations for the same medical condition within a single **policy period**, if **you** failed to take appropriate steps and to follow medical advice to avoid such a need arising in the opinion of our contracted assistance company.

## Experimental treatment and drugs including any stem cell treatments

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**You** are not covered for **treatment** that in **our** reasonable opinion is experimental, not scientifically recognized or not proven to be effective, based on established medical practice.

## Eyes and ears

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**You** are not covered for routine eyesight or hearing tests or the cost of eyeglasses, contact lenses, hearing aids or cochlear implants. **We** do not pay for eye surgery to correct eyesight.

## Failure to follow medical advice

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If **you** fail to follow the medical advice of **your** treating **doctor** or **hospital** and complications of any kind arise, including **hospital** stays longer than would otherwise have been required, this **policy** will not cover those additional costs. Should **you** ever have concerns with **your doctor's** recommendations, **you** should contact **our Claims Team** and ask for assistance. If **our Claims Team** agrees with **your** concerns they will assist **you** to find a suitable second opinion which this **policy** will cover up to usual **benefit** limits.

## Family planning

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**You** are not covered for costs relating to testing or **treatment** of infertility or fertility. **You** are also not covered for the costs of contraception.

## Fees for filling in claim forms

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**You** are not covered for any charges made by **doctors** or **dentists** for filling in **claim** forms or providing medical reports.

## Fees for police report

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**You** are not covered for any charges made by **doctors** or **hospitals** for filling in **claim** forms or providing medical reports.

## Fees for police report

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**You** are not covered for any charges where a police report is required.

## Hair loss

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**We** do not pay for **treatment** for hair loss. **We** will, however, pay for an initial consultation to assess the underlying cause.

## HIV or AIDS

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**You** are not covered for **treatment** for Acquired Immune Deficiency Syndrome (AIDS), AIDS-related Complex Syndrome (ARCS) or for any disease caused by or related to Human Immunodeficiency Virus (HIV) (or both).

## Kidney dialysis

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**You** are not covered for regular or long-term kidney dialysis.

## Morbid obesity

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**You** are not covered for the costs of **treatment** for, or related to, **morbid obesity**.

## Nursing homes, convalescence homes, health hydros, and nature cure clinics

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**You** are not covered for **treatment** received in nursing homes, convalescence homes, health hydros, nature cure clinics or similar establishments.

## Pregnancy

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**You** are not covered for any costs relating to pregnancy or child birth or for the costs of any **treatment** relating to conditions caused by these or for the **treatment** needs of a fetus. **We** do not pay for medical evacuations for the purpose of giving birth.

## Professional sports and dangerous activities or circumstances

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**You** are not covered for any costs resulting from injuries or illness arising from **you** taking part in any form of racing, except on foot, or any kind of professional sport. By professional sport, **we** mean **you** are being paid to take part. In addition:

- **You** are not covered for off-piste or closed piste skiing.
- **You** are not covered for costs arising from weapons of mass destruction, including chemical, biological or nuclear contamination.
- **We** do not pay for **treatment** of any condition directly or indirectly arising from or as a consequence of war; acts of foreign hostilities (whether or not war is declared); civil war; rebellion; revolution; insurrection or military or usurped power; mutiny; riot; strike; martial law or state of siege or attempted overthrow of government; or any acts of terrorism or violence, unless **you** are an innocent bystander.
- **We** do not pay for **treatment** of any condition directly or indirectly arising from **you** choosing to enter into a known war zone or area of regular reported conflict
- **You** are not covered for costs arising from taking part in any illegal act.
- **You** are not covered for costs arising from taking part in any illegal act or occupation.
- **We** will not pay for any costs relating to any search, rescue or recovery.
- **We** do not pay **benefits**, including the cost of any medical evacuation, relating to injury or conditions sustained or arising while riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting, from any type of aircraft; or while riding as a passenger in any aircraft not having a current and valid Airworthy Certificate or which is not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft; or while flying in an aircraft being used for or in connection with acrobatic or stunt flying, racing, endurance tests, rocket-propelled aircraft, crop dusting or seeding or spraying, firefighting, exploration, pipe or power line inspection, any form of hunting or herding, aerial photography, banner towing or any experimental purpose.
- **We** do not pay **benefits**, including the cost of any medical evacuation, for any injury or condition arising while in the service of the military, naval or air service of any country.
- **We** do not pay **benefits**, including the cost of any medical evacuation, for any injury or condition arising from riding or driving in any kind of competition.

## Prosthesis

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**You** are not covered for the cost of any prosthesis item **you** may be prescribed or require, including, but not limited to, heart valves, stents, artificial joints, shunts, lenses or hearing aids.

## Removal of healthy tissue

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**You** are not covered for costs arising from or relating to removing fat or surplus healthy tissue from any part of the body.

## Return to your home country

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If **you** move back to **your home country**, **your policy** may stay in force at **our** discretion. **You** must make application to **us** for continuation of cover and **we** must provide written confirmation or the same or **your policy** will be deemed to have terminated from the date **you** moved back to **your home country**.

## Routine examinations, health screening

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**You** are not covered for routine medical examinations including issuing medical certificates, health screening examinations or tests to rule out the existence of a condition for which **you** do not have any symptoms.

## Second opinions

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Where doubt exists, or a medical condition is unusual, or where planned **treatment** is high cost and/or long term, **we** will cover the cost of a second opinion. **We** will not pay for any subsequent medical opinions.

## Self-inflicted injuries or attempted suicide

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**You** are not covered for any costs resulting from self-inflicted injury, suicide or attempted suicide.

## Sexual problems and sex change

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**You** are not covered for costs relating to sexual problems including impotence, and neither are **you** covered for the costs of a sex change. **You** are not covered for the costs of treating sexually transmitted infections.

## Sleep disorders

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**You** are not covered for costs related to snoring or sleep apnoea, including sleep studies or corrective surgery.

## Surgical or medical appliances or equipment

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**You** are not covered for the costs of supplying, fitting or hiring of physical aids or corrective devices (for example, hearing aids, wheelchair or walking sticks). However, **we** will pay for a knee brace if needed after an operation to repair a knee ligament and spinal support after spinal surgery.

### Telephone consultations

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**You** are not covered for the costs of consultations with **doctors** by telephone.

### Temporomandibular Joint Syndrome/Disorder

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**You** are not covered for the cost of **treatment** or diagnosis of Temporomandibular Joint Syndrome or related disorders.

### Travel and accommodation costs

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**You** are not covered for transport or accommodation costs **you** incur during trips made specifically to get medical **treatment**, unless these costs are for an emergency medical evacuation that **we pre-authorized**. **You** are not covered for any costs of emergency medical evacuation or repatriating **your** body that **we** did not **pre-authorize** and arrange.

### Travelling against medical advice

---

**You** are not covered for medical or other costs **you** incur if **you** travel against the advice given by **your** treating **doctor** or **our** medical advisor. **We** will also not cover **treatment** at a **healthcare facility**, which in the opinion of **our** medical advisor is not considered suitable.

### Treatment by a family member

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**You** are not covered for the costs of **treatment** by a family member or for self-therapy.

### Treatment not related to accidents

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**You** are not covered for any **treatment** costs that are not related to an **accident**, if **you** have purchased the AsiaNet Accident **plan**

### Unauthorized claims

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**We** require **pre-authorization** for **in-patient claims**, for psychiatric **treatments** (where covered) and for emergency medical evacuations and repatriations. **We** will decline part or all of **your claim** costs if these **claims** are not **pre-authorized**. Please note this applies regardless of whether **you** are using a **network** or out-of-network **healthcare provider**.

### Vaccinations or Immunizations

---

**You** are not covered for the cost of any **vaccination** or **immunization** or for any **doctor** costs relating to the provision of these.

## Definitions

This section explains what **we** mean by certain words or phrases in **your policy** documents. Words written in bold are important and have a specific meaning. If **you** have any questions on these or any aspects of **your policy**, please contact **us**.

### Accident, accidental, accidentally

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A sudden, unexpected, unintentional event that happens at an identifiable time and place, and is outside **your** control and causes injury or illness.

### Annual benefit limit

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This is the overall maximum limit that **you** can **claim** during any one **policy period**.

### Area of cover

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The specified area of the world in which **your benefits** apply, and for which the appropriate premium has been paid and as shown on **your Certificate of Insurance**

### Benefit

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The payment **we** make under **your policy** for expenses **you** incur, when as a result of a coverable event, **you** need **treatment** or emergency medical evacuation. To receive **benefit**, **your doctor** or **our Claims Team** must order services or items, and **our** medical advisor must consider them to be **medically necessary**. **You** must also send **our Claims Team** a completed **claim** form with the relevant and itemized bills and receipts attached.

### Certificate of Insurance

---

The **Certificate of Insurance** is issued by **us** and describes **your plan** and **policy period**. **Your Certificate of Insurance** must be read in conjunction with this Membership Guide. In the event of any confusion of cover, the **plan** for which **you** have paid the correct premium will be the **plan** under which **you** are eligible to **claim benefits**.

### Chronic Conditions or Chronic Illness

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By **chronic we** mean a disease, illness or injury which has no known cure and / or which is likely to continue or to keep recurring and / or which needs prolonged supervision, monitoring or **treatment** and / or which requires **you** to be specially trained or rehabilitated and for which the **treatment** has become palliative.

## Claim

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A request that **we** provide **benefit** for **treatment** costs incurred.

## Claims Team

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**Our Claims Team** is the team **we** create to provide **you** with **claims** and direct settlement services under this **policy**. **We** may at times delegate this function at **our** discretion but **we** will always retain responsibility for their effectiveness and quality.

## Co-payment, co-insurance

---

The specified amount or percentage of the covered charges **you** have incurred that **you** have to pay **yourself**. The **benefits** subject to **co-payments** or **co-insurances** are shown on the **benefits** table.

## Country of residence

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The country **you** normally live in outside **your home country** as declared on **your** application form. Should this change **you** need to advise **us** immediately or **your policy** can be terminated retrospectively.

## Critical Illness

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Means any of the following: Cancer, Cardiac Conditions, Renal Failure, Multiple Sclerosis, Permanent Paralysis

## Customary and reasonable costs

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**We** will only pay **customary and reasonable costs**. These are defined as the usual costs of **treatment** observed for a given medical condition, for a patient of given age and for the geographic area in which **treatment** is being provided. **We** will also consider the nature of the facility and the experience and reputation of their medical staff but only in terms of what is relevant and **medically necessary** for the **treatment** of the condition.

## Day-patient, daycare and day-case surgery

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Surgical **treatment**, involving a period of recovery from anesthetic of less than eight hours, but where medical observation and anesthetic recovery in a **hospital** bed is **medically necessary**.

## Dependant

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**Your** husband or wife or partner **you** live with, and any unmarried children, stepchildren, foster children and legally adopted children aged 18 and under (or up to and including the age of 24 if they are in full-time education). Any child **dependant** over the age of 18 (or 24 if in full time education) will be required to make separate application to join in their own right at the next **renewal date**.

**Your dependants** must be named on **your Certificate of Insurance** to qualify for **benefits**. If **you** would like **your** child to be added to **your policy** from the date of birth, **you** must give **us** the details within 30 days of the date of birth. **We** do not add newborn babies unless requested to do so.

## Diagnostic services

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Tests to identify the cause of **your** symptoms or illness or the extent of **your** injuries. To be eligible for **benefits** they must have been ordered by **your** treating **doctor** and they must be **medically necessary** and appropriate for **your** condition.

## Doctor, general practitioner (GP) or physician

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A person who is registered and licensed to practice in the country where **you** receive **treatment**. **We** have the right to withhold **benefit** for **treatment** by **doctors** who do not hold internationally recognized qualifications or training for example, a school listed in the World Health Organization's World Directory of Medical Schools.

## Emergency treatment

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A medical or physical condition that requires immediate medical care in order to save life or limb or which if not provided, would likely result in permanent injury or incapacity.

## Expatriate

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An individual who is living and/or working outside their **home country** for more than 6 months of the year.

## Guarantee of Payment (GOP)

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If **you** require **in-patient treatment**, which must be **pre-authorized**, our **Claims Team** may be able to arrange to settle the costs directly with the **hospital**. They would do this by issuing a **Guarantee of Payment** to the **healthcare facility**.

## Healthcare provider or facility

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A facility or individual who is suitably licensed and recognized within the country in which care is being provided and for the services and **treatments** involved.

## Home country

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**Home country** means **your** country of origin for which **you** hold a passport. If **you** hold more than one passport, **your home country** will be the one declared on the application form to join.

## Hospital

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A **healthcare facility** licensed as a **hospital** in the country where it operates, and providing acute medical, surgical or psychiatric care (or all three). The facility must provide constant supervision by a **doctor** and a **qualified nurse** licensed in the country where the **hospital** operates.

## Hospital services

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Medical and surgical services provided under the direction of a **physician** to an **insured person** who has been registered as a **hospital in-patient** or **day-patient**.

## In-patient

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**Treatment** for which it is **medically necessary** for **you** to stay in **hospital** overnight or for more than eight hours.

## Insured person

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A person whose name appears on the **Certificate of Insurance** and for whom correct premium has been paid.

## Insurer

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The **insurer** is named on **your Certificate of Insurance**.

## Lifetime limits

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There are **lifetime limits** on the amount **you** can **claim** in respect of certain **benefits**. This means that the **benefit** amount **you** are entitled to is fixed regardless of how many times **you** might choose to renew or repurchase a **policy** from **us** in the course of **your** lifetime. **Benefits** with **lifetime limits** can also only be paid when eligible circumstances arise during a **policy period**. **Claims you** make from any **lifetime limit** are subject to **your** overall annual **plan** limit for the **policy period** in which they become payable.

## Moratorium

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If **you** did not have similar **benefit** cover, with any **moratorium** or **benefit** waiting period fully served, before joining this **policy**, **benefits** in respect of any **pre-existing condition** will be paid subject to a 2 year **moratorium** (delay period) with this **policy**. Refer also to **our** definition of **pre-existing conditions** below.

A **moratorium** is a period **you** must wait before being entitled to usual **benefits**, in respect of any **pre-existing condition you** might suffer from at the time **you** join the **policy**. The **moratorium** period is 2 years from the date of **your** last **treatment** for the **pre-existing condition** or its symptoms or its related conditions.

If **you** do seek **treatment** or suffer from symptoms for a **pre-existing condition** before **your moratorium** ends, **you** need to be aware the **moratorium** will start again from the date of any new **treatment** or reoccurrence of symptoms.

## Medically appropriate treatment

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**Treatment** that is accepted as the usual **treatment** for a given condition and as provided by a suitably licensed medical professional.

Generally speaking, **treatments** provided by nurses that are outside of their usual ability scope, and done without a **doctor's** referral, will not be accepted as being **medically appropriate**. Neither will any **treatment** obtained from a **doctor** because of personal demand or any **treatment** obtained from a **specialist** where the specialty has no relationship to the medical condition involved.

## Medical necessity

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Sometimes referred to as **medically necessary**. **Treatment** for bodily injury, sickness or disease that, in the opinion of **our** medical advisor, is necessary to maintain or restore the health of the patient. Generally speaking **treatments** provided by nurses that is outside of their usual ability scope and done without a **doctor's** referral for the same, will not be accepted as being **medically necessary**.

## Morbid obesity

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Obesity that is sufficient to prevent normal activity or to cause the onset of a pathological condition, or where the body mass index (BMI) is greater than 39.

## Network or network list

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By choosing an AsiaNet **plan you** have agreed to have a **co-insurance** applied to any **claim** where **treatment** is from a **healthcare provider** that is not showing on the Vivilate **Network B** list of providers at the time of **your treatment**. **You** would have been provided with a **network list** when joining the **plan**.

**We** select **network healthcare providers** carefully and welcome any feedback regarding the quality of services **you** experience when using them. **We** are not, however, able to guarantee the quality of their services for each and every **treatment** on each and every day so it is important **you** understand that **your** choice of **healthcare provider** and indeed choice of **doctor**, remains with **you** at all times. If **you** are concerned with the medical advice **you** have been provided, **you** can contact **us** and in many situations **we** will be happy to help **you** obtain a second opinion at **our** expense. **We** retain the right to change the **network list** from time to time and the list applicable at the time of **your treatment** will be the list used to determine if the **co-insurance** is applied. Current lists are available on request at any time.

## Out-patient

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**You** are an **out-patient** when **you** are not an **in-patient** but instead **you** are cared for in a **doctor's** clinic and **you** receive **treatment** at a **hospital** consulting room, emergency room, or **out-patient** clinic where **you** do not go for **day-patient** or **in-patient treatment**.

## Plan

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**Plan** means the AsiaNet Bronze **plan** or the AsiaNet Silver **plan**.

## Policy

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**Your policy** is made up of this document (**your** Membership Guide), **your Certificate of Insurance**, **your network list** and any notices **we** may send **you** from time to time relating to the application of definition of **benefits** and terms.

## Policy period

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**You** are covered from the **start date** shown on **your Certificate of Insurance** to the end date noted on **your Certificate of Insurance**, where premiums have been paid for the same period.

## Physician

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See '**Doctor**'.

## Physiotherapist

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Therapist or practitioner who is suitably trained and who is licensed by a regulatory organization in the country in which **you** receive **treatment**, to provide physiotherapy **treatments**.

## Pre-authorization, pre-authorized, pre-authorize

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The process by which an **insured person** contacts our **Claims Team** before receiving specific types of medical care as noted in the **benefits** table.

## Pre-existing condition

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If **you** did not have similar **benefit** cover, with any **moratorium** or waiting period fully served, before joining this **policy, benefits** in respect of any condition that existed before **you** joined this **policy** will be paid subject to a 2 year **moratorium** (delay period). Refer also to **our** definition of **moratorium** above.

A **pre-existing condition** is any known medical condition (or related condition) that has, in the 2 years immediately before the **treatment** for which **you** are claiming **benefits**, one or more of the following characteristics:

- It had been diagnosed.
- It had needed medical **treatment** (including drugs, special diets and injections).
- Medical advice had been asked for, including check-ups.
- Medical advice should have been asked for given the nature or persistence of symptoms.
- Symptoms existed, whether diagnosed or not.

In the event of any disagreement as to a condition being **pre-existing**, the opinion of **our** medical **doctor** will prevail, having consulted with **your** own treating **doctor**.

## Psychiatrist

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A medical **doctor** with **specialist** training in treating mental illness. That training must be recognized by a licensing authority and professional organizations in the country where the **psychiatrist** practices.

## Psychologist

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A mental-health professional who has a graduate degree in clinical psychology from an accredited university and who has met the licensing requirement in the country in which they practice.

### Qualified nurse

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A **qualified nurse** has graduated from a recognized training program and is registered with the statutory nursing organization of the country in which he or she practices.

### Rehabilitation facility

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A licensed / accredited facility that provides **treatments** designed to facilitate the process of recovery from injury, illness, or disease to as normal a condition as possible.

### Renewal date

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The **renewal date** is shown on **your Certificate of Insurance** and is the date from which **your** cover no longer applies.

### Responsible person

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An immediate family member (husband, wife, child of appropriate age, or parent) or legal representative who has power of attorney to act for the **insured person** if they are too ill or have died.

### South East Asia

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**South East Asia** is defined as being the following countries - Australia, Brunei, Cambodia, East Timor, Indonesia, Laos, Malaysia, Myanmar (Burma), New Zealand, Papua New Guinea (PNG), Philippines, Singapore, Thailand & Vietnam.

### Specialist

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A medical **doctor** with **specialist** training in one or more medical fields. The **specialist** training must be recognized by a licensing authority and professional organizations in the country where the **doctor** practices.

### Start date

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The start is the commencement date of cover stated on **your Certificate of Insurance**.

## Treatment

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The method a **doctor** or other licensed health practitioner uses to relieve or cure a disease, illness or injury. The **treatment** must be provided in line with the generally accepted standards of medical practice of **our** medical advisors. This means that even if **your doctor** prescribes, orders or recommends a course of **treatment**, prescriptions, or supplies, they will not be covered under this **policy** unless **our** medical advisors consider they are **medically necessary** and appropriate, and the rules of **your policy** say that the **treatment** is a covered **benefit**.

## Treatment plan

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A written report from an appropriate **specialist** outlining the intended and recommended course of **treatment** to address **your** medical condition.

## Us, we, our

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These mean Asuransi Dayin Mitra in conjunction with Vivilate.

## You, your, yours, yourself, insured person

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**You** and any **dependants** named on the **Certificate of Insurance**.



# THIRD MILLENNIA

Evolution of health and well-being in Asia

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