



HEALTHIER, LONGER,
BETTER LIVES

Extensive healthcare solution

for your valuable
workforce



AIA MedCare Rider

is a group medical rider that supports organizations to offer comprehensive medical coverage for their employees with a variety of healthcare benefits such as expense reimbursement on hospitalization and surgeries, illness and accident events, emergency events, as well as out-patient care, hospital companion, preventive care, dental care, maternity delivery and so on. It is a flexible solution since you can choose a package according to your workforce's protection needs and budgets.



Why choose AIA MedCare Rider?

Key features:

- Comprehensive medical protection
- Quality healthcare network
- 8 comprehensive plans to cater to the different needs and budgets of your organization
- Providing the right medical package to help motivate, attract, and retain employees by ensuring that their health and welfare are well taken care of.



How AIA MedCare Rider benefits your organization and your employees?

Core benefits	Optional benefits
<ul style="list-style-type: none"> • Daily Hospital Room & Board • In-patient Treatment • Out-patient Cancer Treatment • Out-patient Dialysis • Out-patient Surgical Procedure • Pre and Post Hospitalisation • Out-patient Treatment • Emergency Ground Ambulance Transport • Accidental Emergency Care 	<ul style="list-style-type: none"> • Out-patient care • Hospital companion • Durable Medical Equipment • Preventive care • Dental care • Vision care • Hospice care • Mental care • Maternity delivery benefit



Area of Coverage

There is a choice of 4 zones: Zone 1, Zone 2, Zone 3 and Zone 4. You can have your planned treatments in any of the countries listed in your chosen zone.

	Zone 1	Zone 2	Zone 3	Zone 4
Non-emergency	Cambodia, Thailand, Vietnam, Myanmar, Laos, and Malaysia	Asia	Worldwide exclude USA	Worldwide
Emergency	Worldwide			

Core Benefits of AIA MedCare Rider at a Glance:

Plan	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8
Overall Annual Limit	US\$10,000	US\$20,000	US\$30,000	US\$40,000	US\$50,000	US\$60,000	US\$90,000	US\$120,000
Illness Annual Limit	US\$10,000	US\$20,000	US\$30,000	US\$40,000	US\$50,000	US\$60,000	US\$90,000	US\$120,000
In-Patient Benefits								
1. Daily Hospital Room & Board - per day (Accommodation, including meals and basic medical care)	US\$25	US\$35	US\$50	US\$80	US\$120	US\$160	US\$240	US\$320
2. In-patient Treatment- per year: <ul style="list-style-type: none"> - Surgeon, anesthetist fees and operating theatre room charge - Intensive care unit - Drugs, Dressings, and other consumables charges - Physician and Specialists visit fees - Implants and internal prosthetics - Diagnostic, investigation charges and scans including MRI, CT Scan, PET Scan - Spinal supports, knee braces, or air cast in case of surgery - Physiotherapy sessions given by a licensed specialist - Dialysis - Cancer treatment - Treatment provided to relieving symptoms of terminal illness -Up to 7 days take home medications prescribed. 	US\$10,000	US\$20,000	US\$30,000	US\$40,000	US\$50,000	US\$60,000	US\$90,000	US\$120,000

Out-Patient Benefits								
3. Out-patient Cancer Treatment - per year (Covers chemotherapy, and radiotherapy)	US\$10,000	US\$20,000	US\$30,000	US\$40,000	US\$50,000	US\$60,000	US\$90,000	US\$120,000
4. Out-patient Dialysis - per year (Covers dialysis and consultation)	US\$10,000	US\$20,000	US\$30,000	US\$40,000	US\$50,000	US\$60,000	US\$90,000	US\$120,000
5. Out-patient Surgical Procedure - per year (Covers pre- and post-surgery consultation charges and procedure charges)	US\$10,000	US\$20,000	US\$30,000	US\$40,000	US\$50,000	US\$60,000	US\$90,000	US\$120,000
6. Pre and Post Hospitalization Out-patient Treatment - Per hospitalization (Cover within 90 days prior to and after the hospitalization) <ul style="list-style-type: none"> • Consultation charges • Diagnostic tests and investigations • Prescribed medications and treatment (inclusive of Physiotherapy, Osteopathy, and Chiropractic) 	US\$50	US\$200	US\$400	US\$600	US\$700	US\$800	US\$1,000	US\$1,200
7. Emergency Ground Ambulance Transport - per hospitalization	US\$300	US\$400	US\$450	US\$500	US\$550	US\$600	US\$700	US\$800
8. Accidental Emergency Care - per hospitalization	US\$100	US\$300	US\$400	US\$600	US\$700	US\$800	US\$1,000	US\$1,200
9. Secondary Claim (Cash payment if daily Hospital Room & Board, or Out-patient Cancer Treatment is covered by another insurance scheme. Payable up to 15 days per year)	US\$15	US\$20	US\$35	US\$60	US\$70	US\$80	US\$90	US\$100
In-network Co-payment cap	US\$75	US\$200	US\$400	US\$600	US\$700	US\$800	US\$1,000	US\$1,200

Optional benefits plan should follow core benefit:

Plan	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8
Optional Benefits								
1. Hospital Companion- per year	US\$10,000	US\$20,000	US\$30,000	US\$40,000	US\$50,000	US\$60,000	US\$90,000	US\$120,000
2. Durable Medical Equipment - per year	US\$250	US\$500	US\$750	US\$1,000	US\$1,100	US\$1,200	US\$1,300	US\$1,500
3. Preventive Care - per year (Consultations, investigations, and vaccinations for preventive purpose)	US\$30	US\$60	US\$75	US\$90	US\$120	US\$150	US\$180	US\$240
4. Out-patient Care - per year / per visit (Consultations, prescribed drugs, dressings and investigations as an out-patient)	US\$300 /US\$30	US\$600 /US\$40	US\$750 /US\$50	US\$900 /US\$60	US\$1,200 /US\$80	US\$1,500 /US\$100	US\$1,800 / US\$120	US\$2,400 /US\$160
5. Dental Care* - per year	US\$150	US\$300	US\$400	US\$500	US\$600	US\$700	US\$800	US\$1,000
6. Vision Care*- per year	US\$50	US\$100	US\$150	US\$200	US\$225	US\$250	US\$275	US\$300
7. Hospice Care - per year	-	-	-	-	-	US\$10,000	US\$10,000	US\$10,000
8. Mental Care - per year	-	-	US\$3,000	US\$3,000	US\$3,000	US\$5,000	US\$5,000	US\$5,000
9. Maternity Delivery - per year	US\$120	US\$450	US\$850	US\$1,250	US\$1,800	US\$2,500	US\$3,200	US\$3,800

*This benefit is only available if the Out-patient Care Benefit is chosen.

Remark: The above illustration table is the prepackaged plans designed for more convenience, the company can have flexibility on the request to tailor-made plan upon workforce needs and budgets.

CLAIM PROCEDURE

If the claimant wishes to make a claim, they must send **AIA** the appropriate form and evidence within **90** days from the occurrence of the covered event. The appropriate claim form can be downloaded from our website: aia.com.kh or obtained from **AIA Life Planners**.

Proof of evidence is mandatory document to be submitted together with the claim form to **AIA**, for example: original receipt, medical certificate, medical discharge letter, and any medical document. All medical documents are obtained from medical facility which is legally licensed to supply medical treatment in the country.

The claimant could apply for the claim if the claim event and medical treatment happen during the policy effective period.

OBTAIN AN INSURANCE PROPOSAL

To find out more on how **AIA MedCare Rider** can help you care your employees, please contact an **AIA Life Planner** or **AIA Client Care** at **(855) 86 999 242/(855) 23 999 242** or KH.Care@aia.com or visit aia.com.kh

EXCLUSIONS

This Rider shall not cover:

1. Cosmetic surgery or Treatment, or Treatment of their complications, Treatment to remove hair or grow hair, change skin or eye color with the exception of reconstructive surgery after an accident or an Eligible Treatment; or
2. 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 Member 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
3. Treatment resulting from engaging in military activity or professional sport activities; or
4. 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 Member is receiving Treatment in Europe, or the US Food and Drug Administration (FDA) if the Insured Member is receiving Treatment anywhere else in the world, and be used within the terms of that license; or
5. Treatment which has not been established as being effective or which is experimental. 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
6. Fertility Treatment, sterility and contraception Treatment, sex change, impotence; or
7. Treatment provided by a non-medical or non-licensed medical professional; or
8. Foetal surgery; or
9. Medical expenses that arise from, or are in any way related to, 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, within the first year from the Policy Effective Date; or
10. Expenses that are not for medical Treatment such as telephone, TV rent, newspaper, moisturizer, creams, toiletries, dietary supplements and vitamins, toothpaste or soap; or
11. Costs that are not usual, 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 issue and fat; or
13. Treatment that is not Medical Necessary; or

14. Treatment that is customarily done as an out-patient including drugs and dressings, consultations and investigations, including pre- and post-natal visits except those out-patient Treatments allowed as stated in the Benefits Schedule; however, the Company will pay for out-patient Treatment up to the limit shown under Optional Out-patient Care Benefit, including medications, dressings, consultations and investigations if the Optional Out-patient Care Benefit has been purchased; or
15. Preventative health screening, health check-up, vaccination, diagnostic procedures and investigations for the early detection of non-symptomatic disease; however, the Company will pay for preventive health screening up to the limit shown in the Benefits Schedule if the Optional Preventative Care Benefit has been purchased; or
16. Vaccination other than initial vaccination for new-borns covered under the maternity delivery benefit if Optional Maternity Care Benefit has been purchased; or
17. Mental illness even if it requires Hospital admission; however, the Company will pay for mental illness expenses up to the limit shown in the Benefits Schedule if the Optional Mental Care Benefit has been purchased; or
18. Dental and gingival (or equivalent) care; however, the Company will pay for dental care up to the limit shown in the Benefits Schedule if the Optional Dental Care Benefit has been purchased; or
19. Vision correction: however, the Company will pay for vision care up to the limit shown in the Benefits Schedule if the Optional Vision Care Benefit has been purchased; or
20. Medical 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
21. External prosthetics and durable medical appliances and support appliances other than those that are part of the surgical procedure and integral to the Treatment; however, the Company will pay for durable medical equipment up to the limit shown in the Benefits Schedule if the Optional Durable Medical Equipment Benefit has been purchased; or
22. The cost of collecting donor organs or issue or for any related administration costs (such as, but not limited to, the cost of a donor search); or
23. Additional charges for obtaining medical reports or filling in claim forms or other administrative charges; or
24. 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.



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