



Your belief, our responsibility

# Asia Care Plus Cambodia

International health insurance  
for individuals and families



 **Luma**

The health care benefits of Asia Care Plus Cambodia are insured by  
Cambodia Vietnam Insurance Plc.



Your belief, our responsibility

This brochure is for informational purposes only and is not an insurance contract.  
"Asia Care Plus Cambodia" is the marketing name for the health insurance policy.  
Full details of coverage and exclusions are specified in the insurance policy wording.

# Asia Care Plus Overview

## Essential international health insurance plans

**Essential coverage** for costly unexpected future events such as accidents and treatment of medical conditions, acute or chronic.

**Lifetime renewal guarantee** regardless of age or health condition.

**Worldwide coverage** for accidents and medical emergencies.

**Free choice of medical provider**

**Direct billing** - no cash advance required for both inpatient or outpatient treatments in our preferred medical network.

**1st day coverage** - immediately get covered on the first day your plan starts.

## Our plans at a glance

|               | Plan 1<br>Essential care | Plan 2<br>Balance care | Plan 3<br>Superior care | Plan 4<br>Premium care | Plan 5<br>Platinum care |
|---------------|--------------------------|------------------------|-------------------------|------------------------|-------------------------|
| Inpatient     | ●                        | ●                      | ●                       | ●                      | ●                       |
| Cancer        | ●                        | ●                      | ●                       | ●                      | ●                       |
| Outpatient    |                          | ●                      | ●                       | ●                      | ●                       |
| Healthcheckup |                          | ●                      | ●                       | ●                      | ●                       |
| Maternity     |                          |                        | ●                       | ●                      | ●                       |
| Dental        |                          |                        | ●                       | ●                      | ●                       |

● Paid in full    ● Limited cover

# Area Of Coverage

## Area of coverage for elective treatments

Asia Care Plus plans offer a choice of 3 zones: **Zone A**, **Zone B** or **Zone C**.

You may choose to have your planned treatments in any of the countries listed in your chosen zone.

**ZONE  
C**

### Worldwide

excluding :

USA, China,  
Bahamas, Canada,  
Hong-Kong, Israel,  
Japan, Switzerland,  
Russia, Singapore,  
Brazil, Taiwan  
and United Kingdom

**ZONE  
B**

### Worldwide

excluding:

USA, China,  
Bahamas, Canada,  
Hong-Kong, Israel,  
Japan and Switzerland

**ZONE  
A**

### Worldwide

excluding:

USA



To be eligible for Asia Care Plus plans, you must reside in Cambodia for at least 185 days per year.

## Worldwide Emergency Cover

### OUTSIDE YOUR ZONE OF COVERAGE

Whichever zone you select, you will be covered worldwide for accidents and unforeseen medical emergencies for trips up to 60 days (not more than 180 days per year and in the limit of \$250,000 per year).



# Asia Care Plus Benefits

| Benefits   | Plan 1                                 | Plan 2                                 | Plan 3                                 | Plan 4                                 | Plan 5                                 |
|--|--|--|--|--|--|
| Annual limit per person  | \$1,000,000                            | \$1,000,000                            | \$1,000,000                            | \$1,600,000                            | \$1,600,000                            |
| <b>Inpatient Benefits</b>  |  |  |  |  |  |
| Staying in hospital overnight or as a day case                       | Private room up to \$170 per day       | Private room up to \$170 per day       | Private room up to \$170 per day       | Paid in full (standard private room)   | Paid in full (standard private room)   |
| Parent accommodation with an insured child under 18 years old        | \$40 per day max. 30 days              | \$40 per day max. 30 days              | \$40 per day max. 30 days              | \$40 per day max. 30 days              | \$40 per day max. 30 days              |
| Day care treatment*  | ●                                      | ●                                      | ●                                      | ●                                      | ●                                      |
| Nursing Care   | ●                                      | ●                                      | ●                                      | ●                                      | ●                                      |
| Operating room, medicine & surgical dressing                         | ●                                      | ●                                      | ●                                      | ●                                      | ●                                      |
| Prescription drugs and materials                                     | ●                                      | ●                                      | ●                                      | ●                                      | ●                                      |
| MRI, PET & CT-PET Scans  | ●                                      | ●                                      | ●                                      | ●                                      | ●                                      |
| Intensive care, coronary care, dependency unit                       | ●                                      | ●                                      | ●                                      | ●                                      | ●                                      |
| Surgical fees including anaesthesia                                  | ●                                      | ●                                      | ●                                      | ●                                      | ●                                      |
| Reconstructive surgery following accident/eligible medical condition | ●                                      | ●                                      | ●                                      | ●                                      | ●                                      |
| Specialist's consultations fees                                      | ●                                      | ●                                      | ●                                      | ●                                      | ●                                      |
| Diagnostic Test - Pathology Xrays                                    | ●                                      | ●                                      | ●                                      | ●                                      | ●                                      |
| Organ and bone marrow transplant services                            | ●                                      | ●                                      | ●                                      | ●                                      | ●                                      |
| Hospice and palliative care  | \$50,000                               | \$50,000                               | \$50,000                               | \$50,000                               | \$50,000                               |
| Psychiatric treatment (Waiting period 10 months)                     | ●<br>for 20 days                       | ●<br>for 20 days                       | ●<br>for 20 days                       | ●<br>for 20 days                       | ●<br>for 20 days                       |
| Prosthetic implants & appliances                                     | ●                                      | ●                                      | ●                                      | ●                                      | ●                                      |
| Rehabilitation   | ●<br>for 30 days per medical condition | ●<br>for 30 days per medical condition | ●<br>for 30 days per medical condition | ●<br>for 30 days per medical condition | ●<br>for 30 days per medical condition |
| Nursing at home or in a convalescent home                            | \$1,000                                | \$1,000                                | \$1,000                                | \$1,000                                | \$1,000                                |
| Emergency dental treatment following an accident                     | ●                                      | ●                                      | ●                                      | ●                                      | ●                                      |

\* Day care treatment or Outpatient surgery: treatment cost for a surgical procedure performed in a surgery, hospital, day care facility or outpatient department, as part of an hospitalisation of less than 24 hours

**WP** WAITING PERIODS APPLIES.

The benefits will be available after the end of the waiting period.

● Paid in full    ■ Not covered

| Benefits  | Plan 1   | Plan 2   | Plan 3   | Plan 4  | Plan 5  |
|---|--|--|--|---|---|
| Local road ambulance service                        | ●  | ●  | ●  | ●   | ●   |
| Pre-operative consultation & diagnostic procedure** | \$2,000 per year, within 30 days from the admission & post hospitalization | \$2,000 per year, within 30 days from the admission & post hospitalization | \$2,000 per year, within 30 days from the admission & post hospitalization | Paid in full within 60 days from the admission & post hospitalization | Paid in full within 60 days from the admission & post hospitalization |

### Cancer treatment

|                               |   |   |   |   |   |
|-------------------------------|---|---|---|---|---|
| Both inpatient and outpatient | ● | ● | ● | ● | ● |
|-------------------------------|---|---|---|---|---|

### Treatment for HIV and Aids

|  |          |          |          |          |          |
|--|----------|----------|----------|----------|----------|
| <sup>WP</sup> Both inpatient and outpatient. Maximum coverage: 5 years. (Waiting period 24 months) | \$15,000 | \$15,000 | \$15,000 | \$15,000 | \$15,000 |
|--|----------|----------|----------|----------|----------|

### Congenital anomalies

|  |          |          |          |          |          |
|--|----------|----------|----------|----------|----------|
| <sup>WP</sup> Treatment for congenital anomalies which manifests themselves after the day of entry (Waiting period 45 days for children aged 0 to 6 years old) | \$10,000 | \$10,000 | \$10,000 | \$20,000 | \$20,000 |
|--|----------|----------|----------|----------|----------|

### Personal Accident

|   |          |          |          |          |          |
|---|----------|----------|----------|----------|----------|
| Loss of Life, Dismemberment, Loss of Sight, Hearing, Speech or Permanent Disability including driving or riding as a passenger on motorcycles | \$20,000 | \$20,000 | \$20,000 | \$50,000 | \$50,000 |
|---|----------|----------|----------|----------|----------|

### Outpatient Benefits

|  |   |                              |                              |                              |                                    |
|--|---|------------------------------|------------------------------|------------------------------|------------------------------------|
| Annual limit per person  | ■ | \$6,000                      | \$6,000                      | \$6,000                      | ●                                  |
| General Practitioner fees  | ■ | ●                            | ●                            | ●                            | ●                                  |
| Specialist fees  | ■ | \$250 per visit              | \$250 per visit              | \$250 per visit              | \$250 per visit                    |
| Prescribed Medicine***   | ■ | ●                            | ●                            | ●                            | ●                                  |
| Minor surgery  | ■ | ●                            | ●                            | ●                            | ●                                  |
| Lab test, Xrays, Diagnostic & Pathology test   | ■ | ●                            | ●                            | ●                            | ●                                  |
| Vaccinations   | ■ | \$200                        | \$200                        | \$200                        | Up to \$800                        |
| Chiropractic, osteopathy, homeopathy, acupuncture treatment, traditional Chinese medicine*** | ■ | \$250 (15 sessions per year) | \$250 (15 sessions per year) | \$250 (15 sessions per year) | Up to \$300 (20 sessions per year) |
| Prescribed physiotherapy***  | ■ | 10 visits \$50 per session   | 10 visits \$50 per session   | 10 visits \$50 per session   | Up to \$1,000 per year             |

\*\* and \*\*\* Day care treatment or Outpatient surgery: treatment cost for a surgical procedure performed in a surgery, hospital, day care facility or outpatient department, as part of an hospitalisation of less than 24 hours

<sup>WP</sup> WAITING PERIODS APPLIES.

The benefits will be available after the end of the waiting period.

● Paid in full    ■ Not covered



## Benefits

|   | Plan 1 | Plan 2         | Plan 3         | Plan 4         | Plan 5         |
|---|--------|----------------|----------------|----------------|----------------|
| Prescribed medical aids (hearing aids & orthopedic appliances)  | ■      | \$250 per year | \$250 per year | \$250 per year | \$250 per year |
| Routine health checkup including screening for early detection (Full health screen, Mammogram, Papanicolaou (PAP) test, Prostate Cancer Screen) | ■      | \$200 per year | \$200 per year | \$200 per year | \$500 per year |

## Dental Benefits

|  |   |   |                  |                  |                  |
|--|---|---|------------------|------------------|------------------|
| Routine treatments (check up, basic)   |   |   |                  |                  |                  |
| <sup>WP</sup> Major restorative treatments including orthodontic, prostheses bridges, implants (Waiting period 9 months) | ■ | ■ | \$1,000 per year | \$2,500 per year | \$2,500 per year |
| <sup>WP</sup> Orthodontic for children less than 18 years old (Waiting period 24 months)                                 |   |   |                  |                  |                  |

## Maternity and Childbirth Benefits

|  |   |   |         |         |         |
|--|---|---|---------|---------|---------|
| <sup>WP</sup> Normal pregnancy and delivery costs (Waiting period 10 months)     |   |   |         |         |         |
| <sup>WP</sup> Complications of pregnancy and delivery (Waiting period 10 months) | ■ | ■ | \$2,500 | \$4,000 | \$8,000 |
| <sup>WP</sup> Newborn care within 25 days after birth (Waiting period 10 months) |   |   |         |         |         |

## Vision Care

|  |                              |          |                |                |                |
|--|------------------------------|----------|----------------|----------------|----------------|
| <sup>WP</sup> Including glasses, frames, contact lenses, laser treatment (Waiting period 9 months) | ■                            | ■        | \$200 per year | \$500 per year | \$500 per year |
| <b>Medical Evacuation</b>  | Included                     | Included | Included       | Included       | Included       |
| <b>Deductibles (Optional)</b>  | nil, \$500, \$1,000, \$6,000 |          |                |                |                |

<sup>WP</sup> **WAITING PERIODS APPLIES.**  
The benefits will be available after the end of the waiting period.

● Paid in full    ■ Not covered



# Medical Evacuation

24/7 services for LUMA members.

With just one phone call, we will be right by your side in the shortest time.

## In case of accident or illness in the country of residence

Evacuation to the nearest place where appropriate services are available in case of accident / illness requiring immediate inpatient treatment, if there is no suitable / adequate medical facility nearby



Transportation to return to country of residence after treatment



Transportation and accommodation for a family member to accompany a member < 18 years old, or > 18 years old if the medical condition makes it appropriate



## In case of accident or illness outside of the country of residence

Evacuation to the nearest place where appropriate services are available in case of accident / illness requiring immediate inpatient treatment, if no suitable / adequate medical facility nearby



Transportation to return to country of residence after treatment



Transportation and accommodation for a family member to accompany a member < 18 years old, or > 18 years old if the medical condition makes it appropriate



## In case of death outside the country of residence

Transportation of mortal remains to country of nationality / country of residence



 Paid in full





# FAQ?

## Who can apply?

Individuals between 18 and 70 years of age.  
Children age 0 – 17 must apply with at least one parent.

All applicants must fill out a medical questionnaire. In some cases, we may request additional medical information.

## What is the condition of residence?

Applicants must reside in Cambodia for at least 185 days per year.

## Can I visit a hospital of my choosing?

Yes, you are free to choose any medical provider. However, the establishment must be licensed as a medical or surgical hospital under the laws of the country where it operates.

## Do I need to pay upfront for my medical expenses?

No, in most cases if you visit a hospital in our vast direct billing network, we will settle the bill with the hospital directly. In the event that you visit a hospital outside our network, you will need to submit us your claims, which are typically processed within 5 working days.

## Are people with pre-existing conditions covered?

Those who are aware of pre-existing medical conditions may apply - but pre-existing conditions may be excluded from coverage.

## Can I renew my policy?

Yes, all our plans guarantee renewability regardless of your age or state of health.

## What are the payment options & can I pay in installments?

You may pay for your insurance premiums by bank transfer annually, semi-annually or quarterly. A payment installment fee applies for semi-annual (4%) and quarterly (8%) payment installments.

## When does my coverage begin?

Your coverage begins on the date you are accepted into our insurance. This means your benefits can apply immediately after we have approved your application and received your payment.  
After membership acceptance, waiting periods, as listed in the table of benefits, may be applied if you do not previously hold a similar insurance. This means that, for a period of time, there will be no coverage for particular benefits.

## What is the currency of the policy?

The currency of this policy is the US Dollar (USD).

## Can I add more people to the policy?

Yes. You may add:

- 1. Spouse** - must be legally married, in civil partnership or permanently living in a similar relationship with the eligible member.
- 2. Dependent children** - including the eligible member's own children, legally adopted children, step-children, foster-children and any other child who depends on the sole support of the eligible member. Eligible dependent children must also live with the eligible member in a customary parent-child relationship.

### Conditions of age for all dependent children:

- Children under the age of 18 must be unmarried.
- Children between the age of 18 and 24 must be unmarried, in full time education, and depend solely upon the eligible member's expatriate's support.
- Newborn children must be enrolled within 25 days after the date of birth.

## What we don't cover

There are some medical events that we do not cover. We believe they do not diminish the benefits of our plans and by excluding them we can make the plans more affordable for everyone.

\*By excluding unnecessary risks (e.g. consequences of alcohol consumption) or expenses which are incurred due to personal preferences (e.g. cosmetic treatment) – medical costs can be minimized; thus ensuring the long term stability and affordability of our plan for all our members.

### Excluded profession:

Some professions may be excluded such as medical professionals, high risk professions, professional athletes, politicians, soldiers, police, etc.

If you have questions about your professions, please contact us.

**For more information, please contact your insurance consultant**



# CLAIMS PROCEDURE

## Proof of claims

Proof of claims are:

- Original receipts
- Original medical certificate, Claims Form (please attach your bank account details for reimbursement)
- Detailed breakdown of charges

They also include doctor's prescription for prescription drugs, laboratory tests, physical therapy, eyeglasses and contact lenses, and any other medical service or product which is not delivered by a doctor.

You must also answer any questions concerning the illness or accident and, in particular, provide a complete description of the illness or accident and indicate, when requested, the date when it was first identified or treated by a medical practitioner.

### Option 1: By e-mail (for claims amount less than USD 500)

Send us your signed and completed Claim Form with the original copy of your "proof of claims" via our e-mail address: [claims-kh@lumahealth.com](mailto:claims-kh@lumahealth.com) or contact to (+855) 89 766 111.

You also can send the proof of claims by email to your sell agency or broker company.

### Option 2: By post (for claims amount from USD 500)

Send us your signed & completed Claim Form with the original copy of your "proof of claims" via registered mail/courier

CAMBODIA-VIETNAM INSURANCE PLC.

Claims Department 8th Floor,

No. 398, Monivong Blvd., Boeug Keng Kang 1, Chamkarmon,

Phnom Penh, Cambodia

## Duration of claims settlement

The Company will pay the Eligible Benefits to the Covered Person within 15 days of receipt of the completed documents. If the claim requires further investigation the Company has the right to extend the payment date.

# GENERAL EXCLUSIONS

## Pre-existing conditions or related conditions

Our Policy are designed primarily to cover for treatment of new Medical Conditions that occur after applicant has joined as a Covered Person. Related conditions refer to any disease, illness or injury that is caused by a pre-existing medical condition or results from the same underlying cause as a pre-existing condition. However, the Company cover Pre-existing conditions upon medical acceptance. If the Covered Person has completed a medical questionnaire when joining and such pre-existing conditions has been declared and accepted by the Company. The Policy will show the Medical Conditions that the Company will cover in the Extended clause: Pre-existing Conditions.

## List of exclusions

The following risks are excluded from coverage

1. Expenses incurred prior to the effective date of coverage or after termination of coverage.
2. Travel and accommodation expenses in relation with medical care.
3. Any medical and surgical cost that is not prescribed by a competent medical authority in the country of care.
4. Regarding prescription drugs, any product that is not considered as a medicinal: such as sun cream, make-up, parapharmaceutical items, etc.
5. Costs for esthetic treatment, thalassotherapy, treatment for rejuvenation, weight loss or gaining treatment.
6. Costs of non-direct medical nature i.e. personal expense, telephone expenses, television rental in case of Hospitalization.
7. Transport costs, excluding ambulance, to the nearest adequate treatment facility.
8. Costs for medical hospitalization or stay in a sanatorium or preventorium if the facilities where the Covered Person was treated are not approved by competent public authorities.
9. Treatment at a health hydro, spa, nature cure clinic or other similar facility, even if it is registered as a hospital.
10. Services in connection with infertility, pregnancy, childbirth, abortion or miscarriage, or any causes related to pregnancy, sterilization or investigation of sterilization.
11. Injury while the Covered Person is committing a felony, illegal or unlawful act or while the Covered Person is being arrested, under arrest, or escaping the arrest.
12. Costs for psychomotility.
13. Care provided in a retirement home, or expenses incurred for assistance to a person in their daily activities, even if said person has been declared temporarily or permanently disabled.
14. Congenital abnormalities, growth development abnormalities, and genetic disorders.
15. Eye examination and eyesight corrective surgery including lasik and other expenses associated with eyesight correction.

16. Treatment or surgery relating to dental or gum e.g. denture, crowns and bridges, root treatment, filling, orthodontic, scaling, extraction, except the necessary dental treatment after an accident. The coverage does not include the costs for crowns and bridges, root treatment, orthodontic services.
17. As well as consequences of:
  - a. Intentional action by the Covered Person.
  - b. War, Invasion, Act, of Foreign enemy, hostilities (whether war be declared or not), Act of Terrorism, Civil War, Rebellion, Revolution, Insurrection, military or usurped power or taking part in civil commotion or riot of any kind.
  - c. Terrorism.
  - d. Covered Person's suicide or attempted suicide or use of non-medically prescribed narcotics.
  - e. Covered Person's being in a state of inebriety or under the influence of alcohol.  
The term "under the influence of alcohol" in case of having a blood test refers to a blood/alcohol level of 150mg percent and over.
  - f. Alcohol abuse, drug abuse, substance abuse, drug addiction or alcoholism.
  - g. Medicines not prescribed to the insured person by a physician or taken in excess of prescribed quantities;
  - h. Direct or indirect effects of disintegration of the atomic nucleus. Any claim in any way caused or contributed to by the use or release or the threat thereof of any nuclear weapon or device or chemical or biological agent.
  - i. Participating in any official sporting competition and training for these competitions
18. Practicing any sport as a professional. However, an initiation into sports (excluding dangerous sports), such as "first-time sessions", are covered if they are supervised by a professional instructor with state-required certificates and skills.
19. Medical expenses incurred outside of the geographical area of coverage, as specified in General terms and condition item 12.2 (Geographical Coverage), except for an emergency case.
20. Treatment of sexually transmitted diseases.
21. Sex change including treatment which arises from or is directly or indirectly made necessary by a sex change.
22. Treatment relating to neurological development, cognitive development, learning disorders, speech delay, educational problems, behavioural problems, developmental milestones, physical development or psychological development, including assessment or grading of such problems. This includes but not limited to problems such as dyslexia, dyspraxia, autism spectrum disorder, attention deficit hyperactivity disorder (ADHD) and speech and language problems.
23. Any charges which are incurred for social or domestic reasons or for reasons which are not directly connected with treatment.
24. Cryopreservation, or harvesting or storage of stem cells as a preventative measure against possible future disease/illness/ injury or implantation or re-implantation of living cells or living tissues whether autologous or provided by a donor.
25. Treatment for all types of sleep disorder including sleep apnoea, sleep study test, snoring.
26. Treatment whilst staying in a hospital for more than ninety (90) continuous days for permanent neurological damage or if member is in a persistent vegetative state. We define persistent vegetative state as condition of profound no responsiveness, with no sign of awareness or consciousness or a functioning mind, even if the person can open their eyes and breathe unaided, and the person does not respond to stimuli such as calling their name, or touching. This state must have remained for at least four (4) weeks with no sign of improvement or there could be no recovery.
27. Use of any drug which has not been established as being effective or which is experimental or within clinical trials. This means it must be licensed by the European Medicines Agency if a person covered under the policy is receiving treatment in Europe, or the US Food and Drug Administration (FDA) if the person covered under the policy is receiving treatment anywhere else in the world, and be used within the terms of that license. However, we will pay if, before the treatment begins, it is established that the treatment is recognized as appropriate by an authoritative medical body and we have agreed on the associated costs in writing with the doctor and/or specialist.
28. Artificial life maintenance for more than 60 (sixty) continuous days if the Covered Person is only being kept alive by medical intervention such as mechanical intervention.
29. Robotic surgery except for Prostatectomy, Partial Nephrectomy and Pyeloplasty using the Da Vinci Robot.
30. Sexual Dysfunction.
31. Natural Ageing such as puberty and menopause which are not caused by another disease, illness or injury.
32. Treatment that begins, or for which the need had arisen during the first 90 (ninety) days after birth for any newborn child conceived by artificial means or any for of assisted conception/assisted pregnancy.



Partners with leading insurers worldwide.

The health care benefits of **Asia Care Plus** are insured  
by **CAMBODIA VIETNAM INSURANCE PLC.**



Your belief, our responsibility

# Brighter Health.



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