



Flexible Choices Asia

A flexible product to give you and your family cover



Global thinking, personal care

Available to Residents of: Bangladesh, Brunei, Cambodia, East Timor, India, Indonesia, Japan, Laos, Malaysia, Myanmar, Pakistan, Papua New Guinea, Philippines, Sri Lanka, Taiwan, Thailand and Vietnam.

Flexible Choices Asia Overview

The Flexible Choices Asia is designed to give you and your family a comprehensive health insurance plan, with the ability to pick and choose benefits that you want.

Maximum Sum Insured : \$250,000, \$500,000 or \$1,000,000

This is the maximum amount of money we will pay in respect of all benefits available under the selected levels to each insured person in each period of insurance.

The Core

In-patient treatment



Day-patient Treatment



Cancer



Chronic conditions



Out of Area Treatment



Medical Evacuation & Repatriation



The Core can be purchased alone

Optional modules to be added to The Core.

Optional modules can only be selected when The Core is selected

Out-patient Module 1

Covering everyday treatment with an annual limit of \$2,500.

Out-patient Module 2

Covering everyday treatment with an annual limit of \$6,000.

Dental Module

Covering Routine and Major Dental treatment.

Maternity Module

Covering Routine Pregnancy & Childbirth, Complications and Premature Baby costs.

Enhanced Network Module

Option to enhance your network to give free choice of medical providers.

Area of Coverage

Global Choices Asia has three regions of cover to choose from, **Area 1**, **Area 2** and **Area 3**.



Emergency Out of Area Treatment

The costs of short term treatment for emergency medical conditions covered by your policy that occur while you are travelling outside of your elected area of cover as shown on your certificate of insurance.

Please note there is no cover available:

- For non-emergency medical treatment outside of your geographical area.
- Emergency medical treatment when the total number of days travelling in each period of insurance exceeds 30 days.
- Treatment where you have specifically travelled with the purpose of obtaining treatment.

\$100,000 for 30 days

The Core

Maximum Sum Insured	\$250,000, \$500,000 or \$1,000,000
In-Patient & Day-Patient Benefits	
In-patient treatment*	
<ul style="list-style-type: none"> Cost of hospital accommodation in a standard single bedded room (where available), nursing, operating theatre fees, high dependency/intensive care/coronary care unit and special nursing fees. Surgeons', anaesthetists, consultants and physician fees. Physiotherapy. Internal prosthesis, medical aids/devices where used as an integral part of a surgical procedure. Prescribed drugs and dressings. Diagnostic tests including x-rays, pathology and MRI/CT/PET scans. 	Full Refund
Day-Patient Treatment*	Full Refund
Out-Patient Hospital Charges – pre and post operative consultations and diagnostic tests within 15 days (before or following) an in-patient admission.	Full Refund
Organ Implantation*	\$250,000
Rehabilitation*	30 days
Accommodation to Stay with Child*	Full Refund
Emergency Dental Treatment	Full Refund
Local Ambulance Services	Full Refund
Accident and Emergency Room Treatment	Full Refund
Chronic Conditions	
Acute Treatment of a Chronic Medical Condition*	\$100,000
Routine Management & Palliative Treatment for each Chronic Medical Condition*	\$25,000
Kidney Dialysis*	\$10,000
HIV & AIDS Treatment* – A 2 year waiting period applies to this benefit.	\$5,000 each insured period up to a \$37,500 lifetime limit
Cancer Care	
Cancer Treatment*	Full Refund
Emergency Evacuation & Repatriation	
Emergency Medical Transfer*	Full Refund
Overnight Accommodation*	\$200 Maximum 10 nights per event
Transportation of Children*	Full Refund
Transportation of Mortal Remains	
Transportations of Mortal Remains*	\$3,000
Out of Area Treatment Benefit	
Emergency Out of Area Treatment	\$100,000 up to 30 days travel only
Accidental Death Benefit	
Accidental Death - Accidental death benefit payable if an insured person dies as a direct result of an accident or injury (not sickness or illness) which occurs during the period of cover.	\$100,000
*Pre-authorisation required.	

Optional Modules

The following Optional Modules can be added to **The Core**.

All members must select the same Modules.

+ Out-patient Modules

	Out-patient Module 1	Out-patient Module 2
Annual limit per person	\$2,500	\$6,000
Out-patient Services The services of a physician and/or consultant including diagnostic tests, investigations including ECG, x-rays, pathology, histology, MRI/CT/PET scans and minor surgery in a doctors' clinic/consulting rooms.	Full Refund	Full Refund
Physiotherapy Amount available for the treatment of physiotherapy by a licensed physiotherapist.	10 sessions	10 sessions
Prescription Drugs Prescribed drugs, medicines, slings, supports and bandages	Full Refund	Full Refund
Mobility Aids The cost of hiring mobility aids including walking sticks or frames, wheelchairs and crutches.	\$1,800	\$1,800
Alternative Therapies Chiropractic, homeopathy, osteopathy, acupuncture, Ayurvedic, herbal and Chinese medicines, provided by a licensed practitioner, including prescribed drugs and medicines.	\$1,000	\$2,000
Child Vaccination Routine and preventative vaccinations for an insured child up to the age of 10.	\$75 after 6 month wait	\$75 after 6 month wait
Annual Wellness Check Cost towards a preventative health check-up	\$200 <i>6 month waiting period</i>	\$300 <i>6 month waiting period</i>
Cancer Screening Covers cervical smears, mammograms and prostate, colon, and testicular screening.	\$500 (1 screen per year)	Full Refund (1 screen per year)

Standard rates include a 10% co-insurance (excluding Annual Wellness Check and Cancer Screening)

+ Dental Module

Routine Dental Treatment 1 annual check-up, 1 annual visit to the hygienist, simple tooth extraction, x-rays, moulds, fillings using amalgams or composite materials and treatment for the relief of an infection including prescribed antibiotics, temporary fillings and oral prophylaxis restricted to scaling and polishing only.	\$500 <i>6 month waiting period</i>
Major Dental Treatment Root canal treatment, new or repairs to porcelain crowns, and new or repairs to bridgework. Extraction of buried, impacted or un-erupted wisdom teeth only on an in-patient, day-patient or out-patient basis. Orthodontic work for insured children under the age of 19.	\$500 <i>9 month waiting period</i>

Optional Modules continued

+ Maternity Module

Pre-authorisation require

Maternity Benefits have a 12 month waiting period

Routine Pregnancy & Childbirth

The costs of treatment for all pre-natal care; delivery costs; hospital accommodation for the new-born immediately following birth; and post-natal care for the mother.

\$5,000

Complications

The costs of treatment for all pre-natal care; delivery costs; hospital accommodation for the new-born immediately following birth; and post-natal care for the mother, where complications occur during the pregnancy or childbirth. For the purposes of this policy complications of pregnancy and childbirth will only be deemed to include the following: toxemia, gestational hypertension, pre-eclampsia, ectopic pregnancy, hydatidiform mole, ante and post-partum haemorrhage, retained placenta membrane, stillbirths, miscarriage, emergency caesarean sections (where a physician has certified that it is medically necessary) and abortions (where a physician has certified it is medically necessary).

\$10,000

Please note for **Routine Pregnancy & Childbirth** and **Complications** that no cover is available for:

- Terminations of pregnancy on non-medical grounds.
- Ante-natal classes and midwifery costs when not directly associated with the childbirth delivery.
- Treatment received by the new-born after the initial paediatric check-up unless the new-born is added to the insured persons policy within 14 days of birth.
- There is no cover for the pregnancy, delivery for new born where the pregnancy has been conceived using any form of assisted reproduction (including in vitro fertilisation).

Premature Baby Cover

The costs of medical treatment for a premature baby where received during the first 2 months following birth.

Included in the
Complications benefit

Please note for **Premature Baby Cover** that no cover is available:

- Where the baby has not been added to the insured persons policy within 14 days of birth.
- For continuing treatment after the expiry of the initial 2 month period other than for new and unrelated medical conditions.
- Treatment received by the new-born after the initial paediatric check-up unless the new-born is added to the insured persons policy within 14 days of birth.
- There is no cover for the pregnancy, delivery for new born where the pregnancy has been conceived using any form of assisted reproduction (including in vitro fertilisation).

Paediatric Benefit

Contribution towards the costs of an initial paediatric check-up for the new-born.

\$200

Optional Modules continued

+ Enhanced Network Module

The following hospitals will incur a 25% co-insurance for all treatment unless the **Enhanced Network Module** is selected.

Hong Kong:

The Gleneagles Hospital
The Sanatorium
The Matilda
The Adventist Hospital
The Cannossa

Thailand:

Bumrungrad International Hospital
First Western Hospital
Bangkok Pattaya Hospital
Wattanaapat Hospital Samui

Philippines:

Asian Hospital
St Luke's Medical Centre
Medical City
Makati Hospital

India:

Wockhardt Hospital

Indonesia:

BIMC Hospital Kata
BIMC Hospital Nasa Dua

Singapore:

Mount Elizabeth Hospital Novena



Frequently Asked Questions

Who can apply for Flexible Choices Asia?

Applicants must reside in Bangladesh, Brunei, Cambodia, East Timor, India, Indonesia, Japan, Laos, Malaysia, Myanmar, Pakistan, Papua New Guinea, Philippines, Sri Lanka, Taiwan, Thailand, Vietnam. The policy holder (+ eligible adult dependants) must be between 18 – 55 years of age.

Can I remove the 10% outpatient co-insurance?

Yes the out-patient co-insurance can be removed however this will mean the premium will increase.

In order to manage my premium, can I apply an annual excess?

Yes, we offer a variety of annual excess options to manage your premium, being : \$100, \$250, \$500, \$1000, \$2500 or \$5000. If you have chosen an excess, it will apply on a per person per policy year basis applicable to in-patient only treatment, which means it will be applied once a year to each insured on the policy.

Is there a maximum renewable age?

No.

Are dependants covered under this plan?

Yes, dependants may be added, subject to the following :

- Partner/Spouse : legal spouse or partner of the same or opposite sex;
- Dependent Child : child, step-child or legally adopted child provided that he/she is under age 19 and unmarried (or under age 25, unmarried and in full-time further education) on the date first included under this policy or at any subsequent annual renewal date.

How do I add a new-born to the plan?

A healthy new-born child may be added to this policy from their date of birth provided we received a completed application form from you within 14 days of their date of birth. If you notify us after this period, we will add the new-born child from the date we receive the completed application form and not their date of birth. If your new-born has known medical conditions, these will need to be declared on an FMU application form and we will advise what cover we can offer.

What is the currency of this policy?

The currency of the policy is in US Dollars (USD)

Can I visit any hospital for treatment?

If the Enhanced Network Module is not selected, you will incur a 25% surcharge on ALL treatment at the listed hospitals/medical facilities under this benefit.

When can coverage begin?

The start date of your policy can be on the day the application has been received or at future date (within 30 days of application being received), we cannot backdate cover. Insurance cover is subject to underwriting being completed and payment being received.

How do I pay my premium?

You can pay your premium by annual bank transfer. You can also pay by annually credit/debit card or choose installment options: Monthly (8%), Quarterly (5%), Semi-annual (4%) (credit/debit card only).

Can I make changes to my plan?

You may only apply to change your plan type, excess or coinsurance at the annual renewal date of the policy. We reserve the right to apply a variation in cover to any medical conditions which pre-existed the date of such change.

You may change your geographical area during the period of insurance if you relocate to a country of residence which is located outside of the geographical area chosen at the start date or subsequent annual renewal date.

We reserve the right to apply a variation in cover to any medical conditions which pre-existed the date of such change.

Will I be penalised if I have a big claim on my policy?

No. Our rates are calculated across our whole portfolio meaning you will not be penalised at renewal for claims made during the policy year.

How do I renew my policy?

Prior to your renewal date, we will issue a renewal notice. We must receive the premium on or before the renewal date to ensure a smooth renewal. If premium is not received prior to renewal date, there is a risk your policy will lapse.

How do I make claim?

In order to successfully claim, please follow our claims instruction on our 'how to claim' document or on our website at www.morgan-price.com. If you do need assistance, you can contact our claims team at +44 (0) 3300 581 668 or at asiaclaims@morgan-price.com.



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