



澳門大學
UNIVERSIDADE DE MACAU
UNIVERSITY OF MACAU

Student Medical Insurance Scheme

Insured Period: New Students: From student's registration date at UM to 31 July 2024
Current Students: From 1 August 2023 to 31 July 2024

Insured by: Asia Insurance Company Limited

Eligibility: All UM registered students who have not been granted for UM medical insurance waiver.

Insurance Company Enquiry Hotline:

(853) 2856 3166 (Include claim status, claim amount and insurance coverage)

Hotline Service Hours: Mondays to Fridays, 09:00-13:00, 14:00-17:30

DESIGNATED MEDICAL SERVICE PROVIDERS:

	Medical Service Providers	Telephone Number
1.	Hospital Kiang Wu	(Macao) 2892 2822; (Taipa) 8295 4001
2.	Hospital Conde de São Januário (CHCSJ)	2831 3731
3.	Centro Medico – Diagnostico Popular	2857 7790; 2852 4468
4.	Grupo Medico Hope	(Macao) 2858 9000; (Taipa) 2883 699 2
5.	Policlinica Chan's de Macau	2853 0556
6.	Centro de Radiologia de Macau Lda.	2837 2283; 28526190
7.	Medical Center of University of Macau	8822 4123

MEDICAL COVERAGE DETAILS:

Benefit	Maximum Limit of Reimbursement	
	Remarks	(MOP)
A. Hospitalization Benefit (100% Reimbursement)		
1. Daily Room & Board	Limit per day (Max. day per disability: 30)	200
2. Hospital Special Services	Limit per disability	4,000
3. Anesthetists' Fees	Limit per disability (up to 30% of the reimbursable surgical fees)	3,000
4. Operation Theatre Fees		3,000
5. Surgical Fees	Limit per disability According to the Surgical Schedule of Asia Insurance Co., Ltd., 1. Complex – 10,000 2. Major – 5,000 3. Intermediate – 2,500 4. Minor – 1,250	10,000
6. In-hospital Physician's Visit	Limit per day (Max. day per disability: 30)	100
7. In-hospital Specialist Consultation (*)	Limit Per disability	1,000

※Note: (*)Written referral from the attending physician is required. The relative referral letter and prescription for medicines should be submitted with claim document.

Ref: S-042/G/SRS

B. Out-patient Expenses (100% reimbursement)		(MOP)
1. Out-Patient Physician's Visit	Per visit ([1.] + [2.] + [3.] + [4.]: Max. 5 visits per academic year) ※Note: Max. 1 visit per day	200
2. Chinese Medicine / Bonesetter		
3. Physiotherapist's / Chiropractor's Visit (*)		
4. Specialist's Consultation (*)		
5. Prescription Medicine (Outside Clinic) (*)	Max. limit per academic year	500
6. X-ray and Laboratory Test (*)	Max. limit per academic year	1,000

※Note: (*)Written referral from the attending physician is required. The relative referral letter and prescription for medicines should be submitted with claim document. For Specialist's consultation, referral letter for Gynaecology, Orthopaedics & Traumatology, Otorhinolaryngology(ENT), Ophthalmology and Dermatology is waived.

EXCLUSIONS:

1. Congenital abnormalities or defects existing at the time of birth or wherever to be diagnosed.
2. Directly or indirectly as a result of disease or natural causes or from war (whether declared or not), strikes, riots, civil war, revolution or any warlike operations or join the military.
3. Disabilities arising from the Insured Person's offences or participation in any illegal acts (except traffic offences and pedestrian offences).
4. Investigation and treatment of psychosis, psychological, emotional, mental or behavioral conditions or disorders; treatment of chronic alcoholism or drug abuse or any other complications arising therefrom; rest cures or convalescence; Suicide, attempted suicide or intentionally self-inflicted injury whether sane or insane.
5. Eye refraction, fitting of glasses or surgical procedure for correction of eye refraction (except necessitated by accidental injuries or as a result of disease), examination for fitting of hearing aids, procurement or use of special braces, prosthetic appliances or equipment such as artificial limbs and cosmetic surgery or treatment for beautification purposes.
6. Dental care and treatment including amalgam or composite fillings, orthodontics, etc. (except necessitated by accidental injuries to sound natural teeth).
7. Pregnancy, resulting childbirth, abortion, miscarriage or conditions resulting therefrom, genetic testing or counseling, artificial fertilization treatment or treatment related to birth control or infertility.
8. Cost or expense of whatsoever nature arising out of daily room and board, accompany fee, SRN nursing care, meal fee, extra bed fee which are not medically necessary.
9. Special nursing care, routine physical examinations, health checks or tests not incidental to treatment or diagnosis of a disability or any elective treatments or services which are not medically necessary

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※This leaflet is for reference only. The exact terms and conditions shall be in accordance with the Group Policy issued by Asia Insurance Co., Ltd.

for any preventive treatments, medicines or examinations (incl. CT, MRI, X-ray, Lab. Test etc.), vaccinations, immunizations or vaccinations.

10. Conditions related to sexually transmitted diseases, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC).
11. Disabilities arising from racing of any kind (except on foot racing), skydiving, mountain or rock climbing, professional sports, aviation or aeronautics (other than travelling as a fare-paying passenger in commercial airplanes).
12. Treatment not by a registered doctor or legal operation hospital.
13. Care or treatment for which payment is not required or is waived or is recoverable from a third party or under any other insurance including (without limitation) Employees' Compensation Insurance.
14. Experimental medical treatment which, at the time it is provided, is not considered safe, effective and appropriate for the injury or sickness, and is not accepted as standard treatment for the injury or sickness.
15. Disabilities arising from nuclear weapons material, ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel. For the purpose of this Exclusion, combustion shall include any self-sustaining process of nuclear fission.
16. Other as per Policy.

CLAIM PROCEDURES

1. The necessary medical claim forms required for filling the claims are readily available at the website of/and Student Resources Section (Student Activity Centre E31, Room 2007).
2. Claim payment will be subjected to the terms and conditions set out in the corresponding master Policy.
3. Incomplete form or omission of required information may cause delay in processing.
4. The reimbursement of the claim takes around 2 months and it will be settled by **account payee cheque**. Students should have a bank account in any of the banks in Macau with the currency of "MOP".

Hospitalization & Surgical Claim

1. A "**Medical Insurance – Hospitalization & Surgical**" claim form should be completed and signed by both claimant and attending doctor.
2. **The form and original official hospital invoice/ statement** (with hospital or registered medical practitioner's signature and chop) must be submitted to Student Resources Section **within 70 days** from the date of discharge from hospital. Otherwise, the claim shall be declined for reimbursement.

Outpatient Claim

1. Request for the **original official receipt and medical report** after each consultation. It must include the following information and complete the claim form, Medical Report should include,
 - (i) Date of consultation
 - (ii) Diagnosis
 - (iii) Treatment
 - (iv) Patient's name
 - (v) Hospital or registered medical practitioner's signature and chop
2. For Laboratory & X-Ray Tests/ Physiotherapist's visit/ Chiropractor's visit/ Specialist Consultation/ Prescription Medicine, **a referral letter from attending Physician is required**. The referral letter is valid for 6 months for same diagnosis. Should there be more than one claim for the same diagnosis; copy of the same referral letter should be attached together with each claim.
3. Claim form, original official receipts and medical report must be submitted to Student Resources Section **within 70 days** from the date of consultation. Otherwise, the claim shall be declined for reimbursement. No copy shall be entertained.

ENQUIRY:

Student Resources Section

Address: Student Activity Centre E31, Room 2007

Tel: 8822 9902

Fax: 8822 2368

E-mail: sao.services@um.edu.mo

Webpage: <https://srs.sao.um.edu.mo/medical-insurance/>