

BENEFITS SCHEDULE

MyHEALTH

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BENEFITS SCHEDULE

The Benefits Schedule provides a summary of the cover provided per *period of insurance* unless stated otherwise. Terms in italics refer to defined terms. The meaning to these defined terms can be found in the definitions section of the policy terms and conditions. All limits and monetary amounts shall in all instances be in US\$.

HOSPITAL AND SURGERY PLANS			
One of these plans must be selected to form the basis of your cover			
ANNUAL LIMIT	ESSENTIAL	EXTENSIVE	ELITE
The overall limit per person	\$1,500,000	\$2,500,000	\$3,000,000
HOSPITAL BENEFITS			
<i>Pre-authorisation</i> is required for the following services			
<i>Hospital room and board</i>	<i>Double Occupancy Room</i>	<i>Single Occupancy Room or Double Occupancy Room</i>	
	<i>Double Occupancy Room</i> option only available to Hong Kong residents		
<i>Intensive Care Unit</i>		Fully Covered	
<i>Parental accommodation</i>		Fully Covered	
Theatre fees		Fully Covered	
Blood, dressings, <i>medicines and drugs</i>		Fully Covered	
<i>Surgical implants</i>		Fully Covered	
<i>Diagnostic scans and tests</i>		Fully Covered	
Rental of <i>mobility aids</i>		Fully Covered	
<i>Professional fees</i>		Fully Covered	
<i>Orthopaedic braces, supports and air boots</i>		Fully Covered	
<i>Hospital treatment of mental and nervous conditions</i>		Fully Covered Up to 30 days	
PRE-HOSPITALISATION BENEFITS			
<i>Pre-hospitalisation benefits</i> before admission for a covered <i>confinement</i>	No Cover	Fully Covered Up to 30 days before a covered <i>confinement</i>	Fully Covered Up to 90 days before a covered <i>confinement</i>
POST-HOSPITALISATION BENEFITS			
<i>Post-hospitalisation benefits</i> after discharge from a covered <i>confinement</i>	No Cover	Fully Covered Up to 90 days after a covered <i>confinement</i>	
ORGAN TRANSPLANTATION			
<i>Organ transplantation</i>	<i>Hospital Benefits, Pre-hospitalisation Benefits, Post-hospitalisation Benefits</i> sections apply		
Direct <i>expenses</i> of <i>surgery</i> to remove an organ for transplant from a donor		\$50,000	
PRIVATE NURSING, HOME NURSING			
Private nursing in <i>hospital</i> when certified necessary by attending <i>physician</i>	No Cover	Fully Covered	
Home nursing prescribed by attending <i>physician</i>	No Cover	\$135 per day Up to 30 days	

HOSPITAL AND SURGERY PLANS - CONTINUED

HOSPITAL CASH BENEFIT	ESSENTIAL	EXTENSIVE	ELITE
Where <i>you</i> are hospitalised for a covered confinement at no cost to <i>you</i> . <i>Hospital</i> cash benefit is not available if <i>your</i> claim for services rendered during the hospitalisation.	\$100 per night Up to a maximum of 45 nights	\$200 per night Up to a maximum of 45 nights	\$400 per night Up to a maximum of 45 nights
REHABILITATION TREATMENT <i>Pre-authorization</i> is required for this benefit.			
<i>Rehabilitation treatment</i> received while an inpatient at a <i>rehabilitation centre</i> . Admission to the <i>rehabilitation centre</i> must take place within 2 weeks after discharge from <i>hospital</i> for a covered <i>confinement</i>	Up to 60 days	Up to 80 days	Up to 100 days
EXTERNAL PROSTHESIS			
<i>External prosthesis</i> and any services associated with selection, fitting or repair	\$1,000	\$2,000	\$3,000
SURGERY PERFORMED WHILE A DAY-PATIENT, IN A CLINIC, OR IN A PHYSICIAN'S OFFICE <i>Pre-authorization</i> is required for this benefit.			
<i>Professional fees</i> including one post-surgical follow up Also covers the following on the day of, and directly related to, the <i>surgery</i> or endoscopic examination: <i>hospital room and board</i> , theatre fees, dressings, <i>medicines and drugs</i> , pathology fees, and <i>surgical implants</i> This benefit does not cover the following unless Outpatient Benefits are purchased: laryngoscopy, nasopharyngoscopy, otoscopy; any <i>surgery</i> on the skin and subcutaneous tissue for illness other than <i>surgery</i> following a confirmed diagnosis of cancer	Fully Covered		
CANCER TREATMENT The following services, when directly related to cancer, shall be covered following a confirmed diagnosis of cancer.			
<i>Hospital</i> treatment of cancer	Hospital Benefits section applies		
Specialist consultations; <i>diagnostic scans and tests</i> ; <i>medicines and drugs</i> ; chemotherapy and radiotherapy related to <i>active cancer treatment</i>	Fully Covered		
KIDNEY DIALYSIS			
Kidney dialysis received while admitted to <i>hospital</i> or out of <i>hospital</i>	\$50,000	Fully Covered	
HIV/AIDS			
All-inclusive lifetime limit for services rendered in connection with <i>HIV/AIDS</i> including antiretroviral treatment, treatment of primary HIV, testing and monitoring, or treatment of AIDS. <i>HIV/AIDS</i> waiting period of 3 years prior to <i>your</i> first positive HIV test result, or the date <i>you</i> received any treatment for <i>HIV/AIDS</i> (or following possible exposure to the virus), whichever is later (Policy Terms and Conditions Section 8.1.4)	\$50,000 lifetime benefit	\$100,000 lifetime benefit	\$200,000 lifetime benefit
EMERGENCY ROOM TREATMENT			
Emergency Room Treatment	Fully Covered		
EMERGENCY DENTAL TREATMENT			
<i>Emergency dental treatment</i> to repair damage to sound natural teeth within 14 days of <i>accident</i>	Fully Covered		
LOCAL TRANSPORT BY AMBULANCE			
Transport by ambulance to and from <i>hospital</i> prescribed by an attending <i>physician</i>	Fully Covered		
HOSPICE OR PALLIATIVE TREATMENT			
<i>Hospice or palliative treatment</i>	\$25,000 lifetime benefit	\$50,000 lifetime benefit	\$100,000 lifetime benefit

HOSPITAL AND SURGERY PLANS - CONTINUED

SPECIAL LIMITS APPLYING TO CERTAIN <i>DISABILITIES</i> Subject to the benefits and sub-limits stated elsewhere in this <i>benefits schedule</i> , the maximum we will pay for losses directly or indirectly arising from the following <i>disabilities</i> is as stated below.	ESSENTIAL	EXTENSIVE	ELITE
<i>Chronic Conditions</i>	Fully Covered		
<i>Complications of pregnancy</i>	No Cover	Fully Covered	
<i>Congenital and hereditary conditions</i> lifetime per person	No Cover	\$100,000 lifetime benefit	\$200,000 lifetime benefit
<i>Neonatal disabilities</i> lifetime per person (Applicable only to children added under Section 9.1)	No Cover	\$100,000 lifetime benefit	\$200,000 lifetime benefit
Newborn Addition waiting period of 366 days prior to the date of birth applies (Policy Terms and Conditions Section 8.1.2)			
Reconstructive Surgery (when required as a direct result of a disability covered under this policy)	Fully Covered		
AREA OF COVER			
Available options:	Worldwide; Worldwide excluding USA		
Out of Area Cover	\$50,000		
Applicable only for services rendered due <i>Sudden illness or injury</i> occurring within the first 30 days of any trip outside the area of cover			

OUTPATIENT MODULE

The following Outpatient modules are optional and can be combined with any *Hospital and Surgery* Module

ANNUAL LIMIT FOR OUTPATIENT BENEFITS	ESSENTIAL	EXTENSIVE	ELITE
Annual cumulative limit for all benefits shown in the Outpatient Benefits section	Option 1: Up to overall limit – with 20% <i>co-insurance percentage</i> OR Option 2: \$5,000 with nil <i>co-insurance percentage</i>	Up to overall limit	

OUTPATIENT CO-INSURANCE PERCENTAGE AND DIRECT BILLING

Outpatient <i>co-insurance percentage</i>	Option 1: 20% Option 2: Nil	Choice of Nil or 20%	
	If <i>Co-insurance selected</i> , it will be waived at <i>panel network</i> providers		
Direct Billing	Direct Billing available at <i>panel network</i> providers only	If 20% <i>co-insurance</i> selected, Direct Billing available at <i>panel network</i> providers only Otherwise, Direct Billing available at all <i>general network</i> providers	

GENERAL PRACTITIONER & SPECIALIST CONSULTATION FEES

General Practitioner consultation fees	Fully Covered		
Specialist consultation fees	Fully Covered		
<i>Physiotherapy</i> A <i>referral</i> for <i>physiotherapy</i> must be submitted at the same time as your claim. Treatment is limited to 10 sessions per <i>referral</i> after which a new <i>referral</i> and medical report from your attending <i>physician</i> must be submitted. The <i>referral</i> requirement is waived for the first 3 sessions	\$1,000	Fully Covered	

OUTPATIENT PSYCHIATRIC

<i>Physician</i> consultation fees, <i>diagnostic scans and tests</i> , <i>medicines and drugs</i> prescribed by a <i>physician</i> for <i>mental and nervous conditions</i>	No Cover	\$2,500 lifetime benefit	\$5,000 lifetime benefit
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MEDICINES AND DRUGS

<i>Medicines and drugs</i>	Fully Covered		
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OUTPATIENT MODULE CONTINUED

The following Outpatient modules are optional and can be combined with any *Hospital* and *Surgery* Module

OUTPATIENT BEHAVIOURAL AND DEVELOPMENTAL DISORDERS

Physician, psychologist and psychotherapist consultation fees, diagnostic scans and tests, medicines and drugs prescribed by a physician for a behavioural or developmental disorder	No Cover	\$1,000 lifetime benefit
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DIAGNOSTIC SCANS AND TESTS

Diagnostic scans and tests	Fully Covered
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MEDICAL APPLIANCES AND MOBILITY AIDS

Purchase or rental of mobility aids	\$2,000	\$3,500
Slings and bandages	Up to two mobility aids per disability	Up to two mobility aids per disability
Purchase or rental of medical appliances		

COMPLEMENTARY MEDICINE AND TRADITIONAL CHINESE MEDICINE

Combined limit for all benefits listed in the <i>Complementary Medicine</i> and <i>Traditional Chinese Medicine</i> section	\$200	\$1,500	\$3,000
Consultation fees for the following complementary medicine practitioners: Upon referral: Dietician No referral required: Chiropractor, osteopath, podiatrist, speech therapist	No Cover	Fully Covered Up to the combined limit	
Consultation fees and medicine/consumables dispensed or by the following practitioners in the course of treatment: Acupuncturist, bone setter, Chinese medicine practitioner, naturopath, homeopath No referral required	Up to \$80 per visit	Up to \$100 per visit	Up to \$150 per visit
		One consultation per day Up to the combined limit	

FOLLOW UP CANCER CARE

These services shall be covered following the completion of <i>active cancer treatment</i> : <i>Medicines and drugs</i> prescribed to prevent a recurrence of cancer and related specialist consultations.	Fully Covered
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MEDICAL CHECKUP AND VACCINATIONS

Medical checkup No referral required Out-patient co-insurance percentage does not apply	No Cover	\$500	\$750
Vaccinations No referral required Out-patient co-insurance percentage does not apply	No Cover	\$250	\$400

ROUTINE OUTPATIENT MATERNITY

Physician consultation fees, diagnostic scans and tests, medicines and drugs prescribed by a physician or licensed midwifery practice or clinic for routine pre-natal and post-natal services up to 45 days following birth Waiting period applies (Policy Terms and Conditions Section 8.1.1)	No Cover	\$5,000 per pregnancy
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HORMONE REPLACEMENT THERAPY

Physician consultation fees, diagnostic scans and tests, medicines and drugs prescribed by a physician for hormone replacement therapy	No Cover	\$400 Up to \$1,200 lifetime limit
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DENTAL AND OPTICAL MODULE

Available to anyone who has selected a *Hospital* and *Surgery* module

	ESSENTIAL	EXTENSIVE	ELITE
Minor Dental treatment	\$1,000		
Major Dental treatment	No Cover	\$2,500	
Waiting period of 300 days prior to the date of service applies (Policy Terms and Conditions Section 8.1.3)			
Eye tests, prescription lenses and contact lenses	No Cover		\$300

MATERNITY MODULE

Available to women between 19 to 45 years of age who have selected an Extensive or Elite *Hospital* and *Surgery* on a nil deductible basis, plus an optional Outpatient module. Please refer to waiting period 8.1.1 of the Policy Terms and Conditions.

	ESSENTIAL	EXTENSIVE	ELITE
Maternity Benefit limit	\$5,000 per pregnancy	\$10,000 per pregnancy	\$15,000 per pregnancy
The following prenatal and post-natal services up to 45 days following birth: <i>Physician</i> consultation fees, <i>diagnostic scans and tests, medicines and drugs</i> , licensed midwifery and certified doula services, vitamins and supplements, complementary maternity therapies (without <i>referral</i>)	Fully Covered		
Delivery, including elective and emergency caesarean sections and up to seven (7) days of nursery care	Up to the overall maternity limit		
Complications of pregnancy following <i>assisted conception</i>			
Therapeutic abortions			
Maternity Cash Benefit			
Where you deliver your infant at no cost to us and the infant is added to your policy	\$1,000 per delivery	\$2,000 per delivery	\$3,000 per delivery
In Hong Kong, the maternity cash benefit is payable for deliveries at a <i>hospital</i> of the Hong Kong Hospital Authority			

REPATRIATION, EVACUATION AND ASSISTANCE SERVICES PROVIDED BY APRIL ASSISTANCE.

In the event of an emergency, the Member may call-collect our dedicated assistance hotline 24 hours a day, 365 days a year to request the following services. All limits and monetary amounts are stated in US\$ and cover is subject to our policy terms and conditions. For more details, please refer to the Emergency Assistance Program scope of services.

IN THE EVENT OF ACCIDENT OR SUDDEN SEVERE ILLNESS OF THE MEMBER (To a combined limit of US\$1,000,000):

Included in every plan

Emergency medical evacuation and medically required repatriation	Fully Covered
Return of the member to the country of residence after recovery	Return economy class airline ticket
Compassionate visit (if the member is unaccompanied and hospitalisation is reasonably expected to be more than 7 days)	Economy round trip transportation & hotel accommodation Up to \$150 per night for a maximum of 7 nights
Supply and delivery of medication not available locally	Fully Covered
Return of member's family members	One-way economy class airline ticket
Return of dependants	One-way economy class airline ticket
Round the clock telephone access	Trained multilingual personnel including a medical team will be on-hand to assist

IN THE EVENT OF THE DEATH OF THE MEMBER (To a combined limit of US\$30,000):

Repatriation of mortal remains	Fully Covered
Cost of a transport coffin for repatriation of the body by air	Up to \$5,000
Presence of a person to accompany the deceased	Economy round trip transportation & hotel accommodation Up to US\$150 per night for a maximum of 7 nights
Return of member's family members	One-way economy class airline ticket

IF PERSONAL EFFECTS ARE LOST OR STOLEN ABROAD:

Cash advance outside <i>your</i> home country or country of residence	Up to \$2,500
Sending urgent messages	Included

IN THE EVENT OF AN UNINTENTIONAL INFRACTION OF THE LAW ABROAD:

Advance of legal expenses occurred while abroad	Up to \$2,500 per event
Advance of cost of bail while abroad	Up to \$25,000 per event
Assistance with translation of legal or administrative documents	Up to \$500 per event
Referral to local legal advisors	Included

IN THE EVENT OF THE DEATH OR CRITICAL ILLNESS OF A FAMILY MEMBER:

Compassionate Home Travel	Return economy class airline ticket up to US\$1,000
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OTHER TRAVEL ASSISTANCE SERVICES

APRIL Assistance will provide the following travel-related information:	Visa and inoculation requirements for foreign countries Lost luggage and passport assistance while the member is traveling outside his/her Home Country or Usual Country of Residence
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MEDICAL ASSISTANCE

Medical Referral Service	Access to a global network of appointed and credentialed doctors, specialists and hospitals
Hospital Admission including Admission Deposits	In the event of an emergency admission, we will make arrangements to issue a hospital letter of guarantee
Tele-medicine Consultation and Evaluation of the Member's Condition	APRIL Assistance's duty doctors will provide help over the phone
Medical Monitoring	APRIL Assistance will monitor a Member's condition if hospitalised abroad

Underwritten by:

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