

BENEFITS SCHEDULE

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BENEFITS COMPARISON

The Benefits Comparison 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 per <i>period of insurance</i>	\$1,500,000	\$2,500,000	\$3,000,000
HOSPITAL BENEFITS			
Pre-authorisation 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>Single Occupancy Room or Double Occupancy Room</i>
	<i>Double Occupancy Room option only available to Hong Kong residents</i>		
<i>Intensive Care Unit</i>		Fully Covered	
<i>Parental accommodation</i>		Fully Covered	
<i>Theatre fees</i>		Fully Covered	
<i>Blood, dressings, medicines and drugs</i>		Fully Covered	
<i>Surgical implants</i>		Fully Covered	
<i>Diagnostic scans and tests</i>		Fully Covered	
<i>Rental of mobility aids</i>		Fully Covered	
<i>Orthopaedic braces, supports and air boots</i>		Fully Covered	
<i>Professional fees</i>		Fully Covered	
<i>Hospital treatment of mental and nervous conditions</i>		Fully covered for 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> following a covered <i>confinement</i>	No Cover	Fully covered for up to 90 days following discharge from 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 <i>confinement</i> at no cost to <i>us</i> . <i>Hospital</i> cash benefit is not available if <i>you</i> claim for services rendered during the hospitalisation.	\$100 per night to a maximum of 30 nights		\$200 per night to a maximum of 30 nights
REHABILITATION TREATMENT Pre-authorisation is required for this benefit.			
Rehabilitation treatment received while an inpatient at a rehabilitation centre. Admission to the rehabilitation centre must take place within 2 weeks after discharge from hospital for a covered confinement.	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 Pre-authorisation 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 <i>we</i> 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</i> and hereditary conditions 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) Newborn Addition waiting period of 366 days prior to the date of birth applies (Policy Terms and Conditions Section 8.1.2).	No Cover	\$100,000 lifetime benefit	\$200,000 lifetime benefit
Reconstructive Surgery (when required as a direct result of a disability covered under this policy)	Fully Covered		
AREA OF COVER			
The plan will either provide cover worldwide or worldwide excluding USA.	Services rendered outside of the area of cover are covered up to \$50,000 <i>per period of insurance</i> only if they are directly caused by <i>sudden illness</i> or <i>injury</i> occurring during the first 30 travel 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	Up to overall limit <i>per period of insurance</i>		
OUTPATIENT CO-INSURANCE PERCENTAGE			
Outpatient <i>co-insurance</i> percentage	20%	Choice of Nil or 20%	
	<i>Co-insurance</i> percentage waived at <i>panel 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 <i>per referral</i> after which a new <i>referral</i> and medical report from your attending <i>physician</i> must be submitted. The referral requirement is waived for the first 3 sessions <i>per period of insurance</i> .	\$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
MEDICINES AND DRUGS			
<i>Medicines and drugs</i>	Fully Covered		
DIAGNOSTIC SCANS AND TESTS			
<i>Diagnostic scans and tests</i>	Fully Covered		
MEDICAL APPLIANCES AND MOBILITY AIDS			
Purchase or rental of <i>mobility aids</i> Slings and bandages Purchase or rental of <i>medical appliances</i>	\$2,000 Maximum two <i>mobility aids</i> <i>per disability</i>	\$3,500 Maximum two <i>mobility aids</i> <i>per disability</i>	

COMPLEMENTARY MEDICINE AND TRADITIONAL CHINESE MEDICINE			
Combined limit for all benefits listed in the <i>Complementary Medicine</i> and Traditional Chinese Medicine section	\$200	\$1,500	\$3,000
<p>Consultation fees for the following <i>complementary medicine</i> practitioners, upon <i>referral</i>:</p> <p>Chiropractor, dietician, chiropodist, osteopath, podiatrist, speech therapist.</p> <p>A <i>referral</i> from your attending <i>physician</i> must be submitted at the same time as <i>your</i> claim. The referral requirement is waived for the first 3 sessions of chiropractic, osteopathy, chiropody and podiatry per <i>period of insurance</i>.</p>	No Cover	Fully covered, up to the combined limit	
<p>Consultation fees and medicine/consumables dispensed or used by the following practitioners in the course of treatment:</p> <p>Acupuncturist, bone setter, Chinese medicine practitioner, naturopath, homeopath</p> <p>No <i>referral</i> required.</p>	Up to \$80 per visit	Up to \$100 per visit	Up to \$150 per visit
	Maximum one consultation per day Up to the combined limit		
FOLLOW UP CANCER CARE			
<p>These services shall be covered following the completion of <i>active cancer treatment</i>:</p> <p><i>Medicines and drugs</i> prescribed to prevent a recurrence of cancer and related specialist consultations.</p>	Fully Covered		
MEDICAL CHECKUP AND VACCINATIONS			
<p><i>Medical checkup</i></p> <p>No <i>referral</i> required for <i>medical checkup</i>.</p>	No Cover	\$500	\$750
<p>Vaccinations</p> <p>No <i>referral</i> required for vaccinations.</p>	No Cover	\$200	\$300
ROUTINE OUTPATIENT MATERNITY			
<p><i>Physician</i> consultation fees, <i>diagnostic scans and tests</i>, <i>medicines and drugs</i> prescribed by a <i>physician</i> or licensed midwifery practice or clinic for routine pre-natal and post-natal services up to 45 days following birth.</p> <p>Waiting period 8.1.1 of the Policy Terms and Conditions.</p>	No Cover	No Cover	\$5,000 per pregnancy
HORMONE REPLACEMENT THERAPY			
<p>Physician consultation fees, <i>diagnostic scans and tests</i>, <i>medicines and drugs</i> prescribed by a <i>physician</i> for <i>hormone replacement therapy</i></p>	No Cover	No Cover	\$400 per <i>period of insurance</i> to a lifetime limit of \$1,200
DENTAL AND OPTICAL MODULE			
Available to anyone who has selected a Hospital and Surgery module.			
	ESSENTIAL	EXTENSIVE	ELITE
Minor Dental treatment	\$1,000		
<p>Major Dental treatment</p> <p>Major dental treatment waiting period of 300 days prior to the date of service applies (Policy Terms and Conditions Section 8.1.3)</p>	No Cover	\$2,500	
Eye tests, prescription contact lenses and prescription 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
<p>The following prenatal and post-natal services up to 45 days following birth: <i>Physician</i> consultation fees, <i>diagnostic scans and tests</i>, <i>medicines and drugs</i>, licensed midwifery and certified doula services, vitamins and supplements, complementary maternity therapies (without <i>referral</i>).</p> <p>Delivery, including elective and emergency caesarean sections and up to seven (7) days of nursery care.</p> <p>Complications of pregnancy following <i>assisted conception</i>.</p> <p>Therapeutic abortions.</p>	Fully covered up to the overall maternity limit		
Maternity Cash Benefit			
<p>Where <i>you</i> deliver <i>your</i> infant at no cost to <i>us</i> and the infant is added to <i>your</i> policy.</p> <p>In Hong Kong, the maternity cash benefit is payable for deliveries at a hospital of the Hong Kong Hospital Authority.</p>	\$1,000 per delivery	\$2,000 per delivery	\$3,000 per delivery

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 US\$150 per night for a max 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 US\$5,000
Presence of a person to accompany the deceased	Economy round trip transportation & hotel accommodation up to US\$150 per night for a max 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 your home country or country of residence	Up to US\$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 US\$2,500 per event
Advance of cost of bail while abroad	Up to US\$25,000 per event
Assistance with translation of legal or administrative documents	Up to US\$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
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.
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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