

BENEFITS SCHEDULE

MyHEALTH

www.april-international.com

Please print only if necessary



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 Hospital and Surgery plans must be selected to form the basis of your cover			
ANNUAL LIMIT	ESSENTIAL	EXTENSIVE	ELITE
The overall limit per person	\$100,000 or \$500,000	\$1,000,000	\$2,000,000
HOSPITAL BENEFITS			
<i>Pre-authorization</i> is required for the following services:			
<i>Hospital room and board</i>	<i>Standard private room</i> Fully Covered		
<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>Professional fees</i>	Fully Covered		
<i>Hospital treatment of mental and nervous conditions</i>	Fully Covered Up to 10 days	Fully Covered Up to 20 days	Fully Covered Up to 30 days
PRE-HOSPITALISATION BENEFITS			
<i>Pre-hospitalisation benefits</i> before admission for a covered <i>confinement</i>	\$500 Up to 30 days before a covered <i>confinement</i>	\$1,000 Up to 60 days before a covered <i>confinement</i>	Fully Covered Up to 60 days before a covered <i>confinement</i>
POST-HOSPITALISATION BENEFITS			
<i>Post-hospitalisation benefits</i> after discharge from a covered <i>confinement</i>	\$500 Up to 30 days after a covered <i>confinement</i>	\$1,000 Up to 60 days after a covered <i>confinement</i>	Fully Covered Up to 90 days after a covered <i>confinement</i>
ORGAN TRANSPLANTATION			
<i>Organ transplantation</i> (including donor costs)	\$50,000	\$150,000	\$250,000
	<i>Hospital Benefits, Pre-hospitalisation Benefits, Post-hospitalisation Benefits</i> sections apply		
PRIVATE NURSING, HOME NURSING			
Private nursing in <i>hospital</i> when certified necessary by attending <i>physician</i>	Fully Covered		
Home nursing prescribed by attending <i>physician</i>	No Cover		\$135 per day Up to 30 days

HOSPITAL AND SURGERY PLANS			
HOSPITAL CASH BENEFITS	ESSENTIAL	EXTENSIVE	ELITE
<p>Where <i>you</i> are hospitalised for a covered <i>confinement</i> at no cost to <i>us</i></p> <p><i>Hospital</i> cash benefit is not available if <i>you</i> claim for services rendered during the hospitalisation</p> <p>(Subject to <i>deductible</i>)</p>	No Cover	\$100 per night Up to a maximum of 30 nights	\$200 per night Up to a maximum of 30 nights
REHABILITATION TREATMENT			
<p><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></p> <p><i>Pre-authorization</i> is required for this benefit</p>	Up to 30 days	Up to 60 days	Up to 90 days
EXTERNAL PROSTHESIS			
<p><i>External prosthesis</i> and any services associated with selection, fitting or repair</p>	\$500	\$1,000	\$2,000
SURGERY PERFORMED WHILE A DAY-PATIENT, IN A CLINIC, OR IN A PHYSICIAN'S OFFICE			
<p><i>Pre-authorization</i> is required for this benefit</p> <p><i>Professional fees</i> including one post-surgical follow up</p> <p>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></p> <p>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 <i>illness</i> other than <i>surgery</i> following a confirmed diagnosis of cancer</p>			
		Fully Covered	
CANCER TREATMENT			
<p>The following services, when directly related to cancer, shall be covered following a confirmed diagnosis of cancer</p>			
<i>Hospital</i> treatment of cancer	<i>Hospital</i> 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			
<i>Kidney dialysis</i> received while admitted to <i>hospital</i> or out of <i>hospital</i>	\$5,000	\$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	\$10,000 lifetime benefit		
Please refer to waiting period in terms and conditions			
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>	No Cover	\$25,000 lifetime benefit	\$50,000 lifetime benefit

HOSPITAL AND SURGERY PLANS - CONTINUED

SPECIAL LIMITS APPLYING TO CERTAIN DISABILITIES 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>Complications of pregnancy</i>	No Cover	Fully Covered	
<i>Congenital conditions</i> lifetime per person	No Cover	\$50,000 lifetime benefit	\$100,000 lifetime benefit
<i>Neonatal disabilities</i> lifetime per person (applicable only to children added under Section 9.1)	No Cover	\$50,000 lifetime benefit	\$100,000 lifetime benefit

AREA OF COVER

Available options:	Worldwide; Worldwide excluding USA; ASEAN excluding Singapore
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	

ANNUAL DEDUCTIBLE

Only applies to the <i>Hospital and Surgery Plan</i>	Nil \$500 \$1,000 \$2,500 \$5,000 \$10,000
--	---

OUTPATIENT PLANS

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	\$5,000	Up to overall limit	

OUTPATIENT CO-INSURANCE

<i>Co-insurance</i> applies to all services under the outpatient module if rendered at a non- <i>panel network</i> provider	Choice of Nil or 20% (Nil <i>co-insurance</i> at <i>panel network</i> providers)
<i>Co-insurance</i> does not apply to <i>medical checkup</i> and vaccinations	

GENERAL PRACTITIONER & SPECIALIST CONSULTATION FEES

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

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	\$3,500 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
-----------------------------------	---------------

OUTPATIENT PLANS - CONTINUED

MEDICAL APPLIANCES AND MOBILITY AIDS	ESSENTIAL	EXTENSIVE	ELITE
Purchase or rental of <i>mobility aids</i> Slings and bandages Purchase or rental of <i>medical appliances</i>	\$500 Up to two <i>mobility aids</i> per <i>disability</i>	\$2,000 Up to two <i>mobility aids</i> per <i>disability</i>	\$3,500 Up to two <i>mobility aids</i> per <i>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	\$500	\$1,000	\$2,000
<i>Physiotherapy</i> No <i>referral</i> required	\$50 per visit 3 visits Up to the combined limit	\$75 per visit 3 visits Up to the combined limit	\$100 per visit 3 visits Up to the combined limit
Consultation fees for the following <i>complementary medicine</i> practitioners, upon <i>referral</i> : Chiropractor, dietician, homeopath, osteopath, podiatrist, speech therapist A <i>referral</i> from <i>your attending physician</i> must be submitted at the same time as <i>your claim</i>	Fully Covered Up to the combined limit		
Consultation fees and medicine/consumables dispensed or used by the following practitioners in the course of treatment: Acupuncturist, bone setter, Chinese medicine practitioner No <i>referral</i> required	\$50 per visit One consultation per day Up to the combined limit	\$75 per visit One consultation per day Up to the combined limit	\$100 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		
MEDICAL CHECKUP AND VACCINATIONS			
<i>Medical checkup</i> No <i>referral</i> required	No Cover	\$400	\$600
Vaccinations No <i>referral</i> required	No Cover	\$100	\$100

DENTAL AND OPTICAL BENEFIT

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

	ESSENTIAL	EXTENSIVE	ELITE
Minor dental treatment	\$700		
Major dental treatment, including orthodontic	No Cover	\$1,500	
Waiting period applies			
Eye tests, prescription lenses and contact lenses	No Cover		\$500

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

MATERNITY	ESSENTIAL	EXTENSIVE	ELITE
The following pre-natal and post-natal services up to 45 days following birth: <i>Physician</i> consultation fees, <i>diagnostic scans and tests, medicines and drugs</i> , midwifery and doula services, vitamins and supplements, complementary therapies (without <i>referral</i>)			
Delivery, including elective and emergency caesarean sections and up to seven (7) days of nursery care	\$5,000 per pregnancy	\$8,000 per pregnancy	\$15,000 per pregnancy
<i>Complications of pregnancy</i> following <i>assisted conception</i>			
Therapeutic abortions			
Please refer to waiting period in terms and conditions			

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 dependents	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
---------------------------	---

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:

Saigon Post & Telecommunication Insurance Company

Room 3-2, 3/F, Dali Tower
24C Phan Dang Luu Street, Ward 6, Binh Thanh District
Ho Chi Minh City, Vietnam
Tel: (+84) 28 3841 0576 | Fax: (+84) 283 841 0577

Arranged and administered by:

APRIL Vietnam Company Limited

Unit 201, 2nd Floor, Lafayette Building
8 Phung Khac Khoan Street, Da Kao Ward, District 1
Ho Chi Minh City, Vietnam
Tel: (+84) 28 7307 7984 | Fax: (+84) 28 7307 7987
Email: contact.vn@april.com