

Benefits Schedule

PallasHEALTH Individual Medical Plans

Download our Easy Claim mobile app
for quicker claims reimbursement!



 [april-international.com](https://www.april-international.com)

Please print only if necessary



PallasHEALTH

BENEFITS SCHEDULE

Listed below are the full benefits available. All limits and monetary amounts shall in all instances be in US\$. Benefits payable in respect of any one *insured person* are subject to an all inclusive limit per *period of insurance* of \$5,000,000. Cover is subject to *our* policy terms and conditions and all claims must be *reasonable and customary*. In the event of any discrepancy, the policy terms and conditions, endorsements and *benefit schedules* shall prevail. You can select deductible options ranking from \$500 to \$10,000. The deductible applies across the Module I and Module II.

MODULE I – HOSPITAL AND SURGERY PLANS

Limit per <i>period of insurance</i>	\$5,000,000
--------------------------------------	-------------

HOSPITAL BENEFITS

The benefits listed in this section are applicable when rendered while an *insured person* is inpatient at a hospital.

<i>Hospital room and board</i>	Standard Private Room Fully Covered
<i>Parental accommodation</i>	Fully Covered
<i>Other Medical Expenses</i>	Fully Covered
<i>Intensive Care Unit</i>	Fully Covered
<i>Professional fees</i>	Fully Covered
Psychiatrist's fees	Fully Covered

SURGERY PERFORMED WHILE A DAY-PATIENT, IN A CLINIC, OR IN A PHYSICIAN'S OFFICE

Professional fees, diagnostic scans and tests, medicines and drugs including five post-surgical follow ups.

Also covers the following on the day of, and directly related to, the *surgery* or endoscopic examination: *hospital room and board*, theatre fees, dressings, *medicines and drugs*, pathology fees, and *surgical implants*.

This benefit does not cover the following unless Module II Outpatient Benefits are purchased: laryngoscopy, nasopharyngoscopy, otoscopy; any *surgery* on the skin and subcutaneous tissue for *illness* other than *surgery* 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.

Hospital treatment of cancer	Hospital Benefits section applies
Specialist consultations; <i>diagnostic scans and tests; medicines and drugs;</i> chemotherapy, radiotherapy and target therapy related to <i>active cancer treatment</i>	Fully Covered
<i>Follow up cancer care</i> following the completion of <i>active cancer treatment</i>	Fully Covered

KIDNEY DIALYSIS

<i>Kidney dialysis</i> received while admitted to hospital or out of hospital	Fully Covered
---	---------------

PRE-HOSPITALISATION BENEFITS

<i>Pre-hospitalisation benefits</i> before admission for up to 30 days before a covered <i>confinement</i>	Fully Covered
--	---------------

POST-HOSPITALISATION BENEFITS

<i>Post-hospitalisation benefits</i> for up to 90 days following a covered <i>confinement</i>	Fully Covered
---	---------------

HOSPITAL AND SURGERY PLANS – CONTINUED

MEDICAL EVACUATION & REPATRIATION

All members insured under this policy are enrolled into the Emergency Medical Assistance (EMA) Program provided by APRIL Assistance. Benefits and applicable terms and conditions are shown in the "Emergency Medical Assistance (EMA) Program" leaflet.

Included

EMERGENCY ROOM TREATMENT

Emergency room treatment

Fully Covered

EMERGENCY DENTAL TREATMENT

Emergency dental treatment to repair damage to sound natural teeth within 14 days of accident

Fully Covered

LOCAL TRANSPORT BY AMBULANCE

Transport to and from *hospital* prescribed by an attending *physician*

Fully Covered

PRIVATE NURSING, HOME NURSING

Private nursing in *hospital* when certified necessary by an attending *physician*

Fully Covered

Home nursing prescribed by attending *physician*

\$135 per day up to a maximum of \$5,400 per *period of insurance*

HOSPITAL CASH BENEFIT

Where *you* are hospitalised for a covered *confinement* at no cost to *us*.

Hospital cash benefit is not available if *you* claim for services rendered during the hospitalisation or claimed against other insurance.

Where *you* are hospitalised in *ward* for a covered *confinement* in a private or public *hospital*

\$300 per day up to a maximum of 60 days per *period of insurance*

REHABILITATION TREATMENT

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*. Pre-authorization is required for this benefit.

\$355 per day up to a maximum of \$31,950 per *period of insurance*
Maximum of 90 days per *disability*

HOSPICE OR PALLIATIVE TREATMENT

Hospice or Palliative Treatment

\$100,000 lifetime benefit

EXTERNAL PROSTHESIS

External Prosthesis and any services associated with selection, fitting or repair

\$5,000 per *period of insurance*

SECOND MEDICAL OPINION AND TELECONSULTATION SERVICE

Second Medical Opinion and Teleconsultation service provided by Teladoc Health

Included

SPECIAL TERMS APPLYING TO CERTAIN DISABILITIES

Subject to the benefits and sub-limits stated elsewhere in this *benefits schedule*, the maximum *we* will pay for losses directly or indirectly arising from the following *disabilities* is as stated below.

Complications of pregnancy

Fully Covered

Organ transplantation - transplantation costs

Fully Covered

Organ transplantation - direct cost of *surgery* to remove an organ for transplant from a donor

30% of the total transplantation cost

MODULE II – OUTPATIENT BENEFITS

GENERAL PRACTITIONER AND SPECIALIST CONSULTATION FEES

General Practitioner consultation fees	Fully Covered
Specialists consultation fees	Fully Covered
Psychiatrists, <i>physician</i> consultations, <i>diagnostic scans and tests, medicines and drugs</i> prescribed by a psychiatrist/ <i>physician for mental and nervous conditions and behavioural or developmental disorder.</i>	\$10,000 per <i>period of insurance</i>
<p>Physiotherapy</p> <p>A <i>referral</i> for <i>physiotherapy</i> must be submitted at the same time as <i>your</i> claim. Treatment is limited to 10 sessions per <i>referral</i> after which a new <i>referral</i> and medical report from <i>your</i> attending <i>physician</i> must be submitted.</p> <p>The <i>referral</i> requirement is waived for the first 3 sessions per <i>disability</i>.</p>	Fully Covered

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	\$2,000 per <i>period of insurance</i>
<p>Consultation fees and medicine/consumables dispensed or used by the following practitioners in the course of treatment:</p> <p>Chinese medicine practitioner, naturopath, homeopath, Ayurveda practitioner, acupuncturist and bone setter</p> <p>No <i>referral</i> required.</p>	Maximum 1 visit per day Up to the combined limit
<p>Consultation fees for the following <i>complementary medicine</i> practitioners without <i>referral</i>: Chiropractor, osteopath, psychologist and podiatrist</p> <p>Consultation fees for the following <i>complementary medicine</i> practitioners, upon <i>referral</i>: Dietician, and speech therapist. A <i>referral</i> from <i>your</i> attending <i>physician</i> must be submitted at the same time as <i>your</i> claim.</p>	Fully Covered Up to the combined limit

DIAGNOSTIC SCANS AND TESTS PRESCRIBED BY AN ATTENDING PHYSICIAN

Lab tests, analysis	Fully Covered
X-Ray	Fully Covered
ECG	Fully Covered
Scans and endoscopic exams	Fully Covered

HEARING AIDS

Hearing aids prescribed by an attending <i>physician</i>	\$500 per appliance per <i>period of insurance</i>
--	---

MEDICAL APPLIANCES AND MOBILITY AIDS

Slings and bandages	Fully Covered
Purchase or rental of <i>mobility aids</i>	Fully Covered Maximum two <i>mobility aids</i> per <i>disability</i>
Rental of <i>medical appliances</i>	Fully Covered
Purchase of <i>medical appliances</i>	\$1,000 per <i>period of insurance</i>

MEDICINES AND DRUGS

<i>Medicines and drugs</i>	Fully Covered
----------------------------	---------------

MEDICAL CHECK UP & VACCINATIONS

Medical check up	\$1,000 per <i>period of insurance</i>
Vaccinations	Fully Covered

MODULE III – MATERNITY BENEFITS

MATERNITY

The following prenatal and post-natal services are covered: *Physician* consultation fees, *diagnostic scans and tests, medicines and drugs*, vitamins and supplements. Delivery, including elective and *emergency* caesarean sections and up to seven (7) days of nursery care.

Complications of pregnancy following assisted conception. Therapeutic abortions.

Please refer to waiting period 8.1.1 of the Policy Terms and Conditions.

\$15,000 per pregnancy

MODULE IV – DENTAL AND OPTICAL BENEFITS

DENTAL – TREATMENT PERFORMED BY A DENTIST OR UNDER A DENTIST'S SUPERVISION

Minor dental treatment

\$1,000 per *period of insurance*

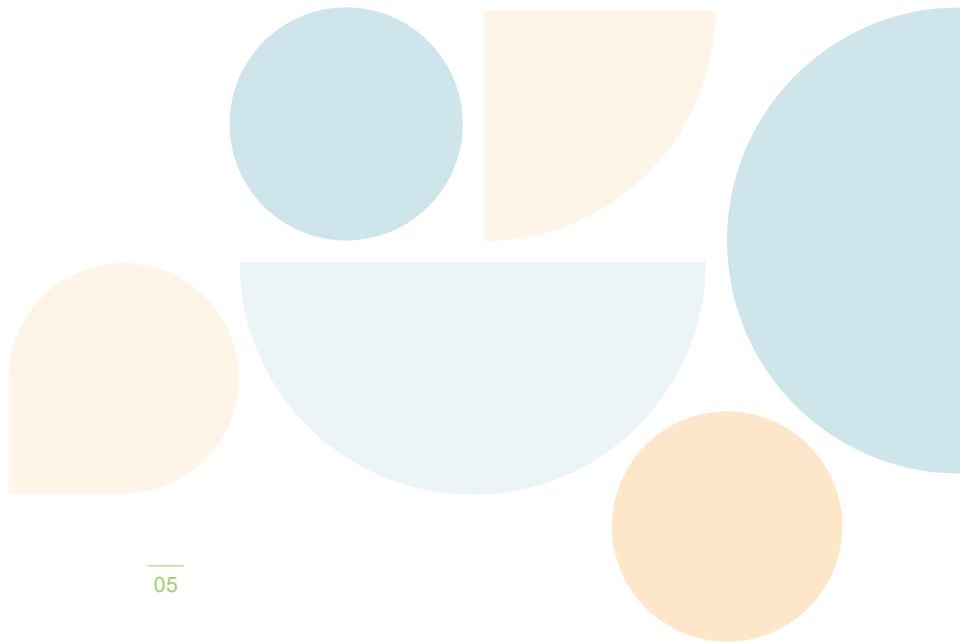
Major dental treatment

80% up to \$2,500
per *period of insurance*

OPTICAL

Eye examinations, frames, prescription contact lenses & prescription lenses

\$300 per *period of insurance*



For more information, contact your insurance consultant :

Underwritten by:

Liberty Insurance Pte Ltd
Registration No. 199002791D
GST Registration No. M2-0093571-3
51 Club Street #03-00 Liberty House
Singapore 069428
Tel: 1800-LIBERTY(5423 789)

Arranged by:

APRIL Singapore Pte Ltd
Co. Reg. No. 200613924G
2A McCallum Street
Singapore 069043
Tel: (+65) 6736 0057
Email: contact.sg@april.com

