

**Benefits Schedule**

# MyHEALTH



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亞洲保險  
ASIA INSURANCE



# MyHEALTH

## BENEFITS SCHEDULE

The benefits schedule provides a summary of the cover provided per period of insurance, unless stated otherwise. It should be read in conjunction with the Terms and Conditions. The interpretation of any defined terms in the Terms and Conditions shall apply to this Benefits Schedule. All limits and monetary amounts shall in all instances be in US\$. All the claims must be reasonable and customary. Services rendered in the USA must be within our preferred network except for emergencies. Otherwise, 40% co-insurance will be applied.

ANNUAL LIMIT	ESSENTIAL	EXTENSIVE	ELITE		
The overall limit per person per period of insurance	\$1,500,000	\$2,500,000	\$4,500,000		
AREA OF COVER					
Area of Cover Options	Worldwide Excluding USA	Worldwide Worldwide Excluding USA			
Out of Area Cover	<p>Services rendered outside of the area of cover are covered up to \$100,000 per period of insurance and for up to 30 days of treatment only if they are directly caused by sudden illness or injury occurring during the first 30 travel days of any trip outside the area of cover.</p> <p>Sudden illness or injury does not include any disability of which symptoms existed prior to the start of the trip, and which would have caused a reasonable person to seek medical care.</p> <p>This benefit does not apply to any trip commenced or continued against the orders or advice of any physician or other medical practitioner; or undertaken in whole or in part for the purpose of obtaining medical care.</p>				
MEDICAL PROVIDER NETWORK					
The medical providers where you may receive treatment as per the benefits listed in your Hospital & Surgery Plan and Outpatient modules	<p><b>Standard:</b> Full coverage is available at all medical providers, except for selected providers in Singapore, Hong Kong, and mainland China. Treatment at these selected providers will be subject to a 40% co-insurance.</p>	<p>Select your network from the choices below:</p> <p><b>Standard:</b> Full coverage is available at all medical providers, except for selected providers in Singapore, Hong Kong, and mainland China. Treatment at these selected providers will be subject to a 40% co-insurance.</p> <p><b>Premium:</b> Full coverage is available at all medical providers</p>			

The Standard & Premium Medical Networks list is available at: <https://assets.april.fr/april-international/Resources/pdf-resources-standard-and-premium-medical-networks-en.pdf>.

HOSPITAL AND SURGERY PLANS																		
One of these plans must be selected to form the basis of your cover																		
ANNUAL DEDUCTIBLE																		
Only applies to the Hospital and Surgery Plan																		
<table border="1"> <thead> <tr> <th>ESSENTIAL</th> <th>EXTENSIVE</th> <th>ELITE</th> </tr> </thead> <tbody> <tr> <td>\$3,000</td> <td>Nil</td> <td></td> </tr> <tr> <td>\$5,000</td> <td>\$1,500</td> <td></td> </tr> <tr> <td>\$10,000</td> <td>\$3,000</td> <td></td> </tr> <tr> <td>\$20,000</td> <td>\$5,000</td> <td></td> </tr> <tr> <td>\$30,000</td> <td>\$10,000</td> <td></td> </tr> </tbody> </table>	ESSENTIAL	EXTENSIVE	ELITE	\$3,000	Nil		\$5,000	\$1,500		\$10,000	\$3,000		\$20,000	\$5,000		\$30,000	\$10,000	
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HOSPITAL AND SURGERY PLANS – CONTINUED	ESSENTIAL	EXTENSIVE	ELITE	
<b>HOSPITAL BENEFITS</b>				
Pre-authorisation is required for the following services.				
Hospital room and board	Double Occupancy Room (two beds in one Room)	Double Occupancy Room (two beds in one Room) / Single Occupancy Room	Double Occupancy Room option is only available to Hong Kong resident	
Intensive Care Unit		Fully Covered		
Parental accommodation		Fully Covered		
Theatre fees		Fully Covered		
Blood, dressings, medicines and drugs		Fully Covered		
Surgical implants		Fully Covered		
Diagnostic scans and tests, including invasive endoscopic examinations		Fully Covered		
Rental of mobility aids		Fully Covered		
Orthopaedic braces, supports and air boots		Fully Covered		
Professional fees		Fully Covered		
Hospital treatment of mental and nervous conditions	Fully covered up to 30 days		Fully covered up to 60 days	
<b>PRE-HOSPITALISATION BENEFITS</b>				
Pre-hospitalisation benefits before admission for a covered confinement	Covered under embedded routine Outpatient benefits or Outpatient module (if selected)	Fully covered up to 30 days before a covered confinement	Fully covered up to 180 days before a covered confinement	
<b>POST-HOSPITALISATION BENEFITS</b>				
Post-hospitalisation benefits following a covered confinement	\$2,000 up to 90 days after a covered confinement	Fully covered up to 90 days after a covered confinement	Fully covered up to 180 days after a covered confinement	
<b>ORGAN TRANSPLANTATION</b>				
Pre-authorisation is required for this benefit				
Organ transplantation	Hospital Benefits, Pre-hospitalisation Benefits, Post-hospitalisation Benefits sections apply			
Direct expenses of surgery to remove an organ for transplant from a donor	\$50,000			
<b>PRIVATE NURSING, HOME NURSING</b>				
Pre-authorisation is required for this benefit				
Private nursing in hospital when certified necessary by attending physician	No Cover	Fully Covered	Fully Covered	
Home nursing prescribed by attending physician	No Cover	\$135 per day up to 30 days	\$225 per day up to 90 days	
<b>HOSPITAL CASH BENEFIT</b>				
Where you are hospitalised for a covered confinement at no cost to us	\$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	
Where you are hospitalised in a ward for a covered confinement in a private or public hospital				

HOSPITAL AND SURGERY PLANS – CONTINUED	ESSENTIAL	EXTENSIVE	ELITE
<b>GLOBAL TREATMENT OPTIONS CASH BENEFIT</b>			
Deductibles do not apply to this benefit			
<p>Where you request to travel out of Hong Kong to receive medically necessary inpatient or day patient treatment, or where we recommend and you agree to receive such treatment at an alternative hospital in Hong Kong, nearby locations (e.g., Thailand, Shenzhen), or your home country, we will cover the cost of treatment, transportation (e.g. reasonable airfare, taxi, private car) and a few days of standard accommodation before your return to Hong Kong (should you be discharged from hospital but not fit to fly). In addition, you will receive a cash benefit of USD 1,000.</p> <p>Important notes:</p> <ul style="list-style-type: none"> <li>► The benefit is not payable in respect of any pre-existing conditions</li> <li>► Combined cost of treatment, travel and accommodation must be approved in advance by us and needs to be cost-effective compared to the original estimated cost of treatment.</li> </ul>			
<b>REHABILITATION TREATMENT</b>			
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 185 days
<b>EXTERNAL PROSTHESIS</b>			
Pre-authorisation is required for this benefit			
External prosthesis and any services associated with selection, fitting or repair	\$1,000	\$2,000	\$4,000
<b>SURGERY OR INVASIVE ENDOSCOPIC EXAMINATION PERFORMED WHILE A DAY-PATIENT IN A CLINIC OR IN A PHYSICIAN'S OFFICE</b>			
Pre-authorisation is required for this benefit			
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 invasive endoscopic examination: hospital room and board, theatre fees, dressings, medicines and drugs, pathology fees, and surgical implants. For endoscopic examinations only, coverage is limited to ward accommodation charges. This benefit does not cover the following laryngoscopy, nasopharyngoscopy, otoscopy; any surgery on the skin and subcutaneous tissue for illness other than surgery following a confirmed diagnosis of cancer.		Fully covered	
<b>CANCER TREATMENT</b>			
The following services, when directly related to cancer, shall be covered following a confirmed diagnosis of cancer. Pre-authorisation is required for this benefit			
Active Cancer treatment in hospital	Hospital Benefits section applies Deductible waived	Hospital Benefits section applies	
Specialist consultations, diagnostic scans and tests, medicines and drugs, chemotherapy, radiotherapy and target therapy related to active cancer treatment	Fully covered Deductible waived	Fully covered	
<b>KIDNEY DIALYSIS</b>			
Pre-authorisation is required for this benefit			
Kidney dialysis received while admitted to hospital or out of hospital	\$50,000	Fully Covered	

HOSPITAL AND SURGERY PLANS – CONTINUED	ESSENTIAL	EXTENSIVE	ELITE
<b>HIV/AIDS</b> Pre-authorisation is required for this benefit			
All-inclusive lifetime limit for services rendered in connection with HIV/AIDS including antiretroviral treatment, treatment of primary HIV, testing and monitoring, or treatment of AIDS A waiting period of 3 years applies (please refer to Waiting Periods Paragraph in the Policy Terms and Conditions)			
<b>EMERGENCY ROOM TREATMENT</b>			
<b>EMERGENCY ROOM TREATMENT</b> Treatment as a result of an injury within 48 hours of an accident; or acute exacerbation of a disability which requires urgent medical or surgical intervention to avoid permanent damage to your life or health			
<b>WALK-IN EMERGENCY ROOM TREATMENT</b> Walk-in Emergency Room Treatment which does not lead to confinement or is not related to an accident			
<b>EMERGENCY DENTAL TREATMENT</b>			
Emergency dental treatment to repair damage to sound natural teeth within 14 days of accident			
<b>LOCAL TRANSPORT BY AMBULANCE</b>			
Transport by ambulance to and from hospital prescribed by an attending physician			
<b>HOSPICE OR PALLIATIVE TREATMENT</b> Pre-authorisation is required for this benefit			
Hospice or palliative treatment			
<b>SPECIAL LIMITS APPLYING TO CERTAIN DISABILITIES AND TREATMENTS</b>			
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 and treatments is as stated below.			
Chronic Conditions	Covered		
Complications of pregnancy	No Cover	Fully Covered	
Congenital and hereditary conditions	No Cover	\$100,000 lifetime benefit	\$200,000 lifetime benefit
Neonatal disabilities lifetime per person Applicable only to Newborn Additions (please refer to the Terms and Conditions)	No Cover	\$100,000 lifetime benefit	\$200,000 lifetime benefit
Stem Cell Treatment, including harvesting immediately prior to a treatment	No Cover	\$75,000 lifetime benefit	\$150,000 lifetime benefit
Reconstructive Surgery	Fully Covered		
<b>EMBEDDED ROUTINE OUTPATIENT BENEFITS</b> Deductibles do not apply to this benefit.			
When prescribed or referred by APRIL's telehealth partner, Teladoc Health: General Practitioner and Specialist consultation fees Prescribed Medicines and drugs Prescribed Diagnostic scans and tests Prescribed physiotherapy sessions No Direct Billing Services For members who purchased an Outpatient module, cover for this benefit will be provided as per the sum stated in the Outpatient module.	\$500 Panel Network Providers Only	Not available	Not available

HOSPITAL AND SURGERY PLANS – CONTINUED	ESSENTIAL	EXTENSIVE	ELITE
<b>ADULT PREVENTIVE SCREENING</b>			
Adult preventive screening as follows: (We cover the screenings only. The associated consultation cost will not be covered.)			
► Mammography for women aged 40 years and above ► Pap smear for women aged 19 and above ► Prostate screening for men aged 40 years and above		\$250 Panel Network Providers Only	
For members who purchased an Outpatient module, cover for this benefit will be provided as per the sum stated in the Outpatient module.			
<b>EMBEDDED SERVICES</b>			
Teleconsultation service			
Second Medical Opinion			Included
24/7 Medical Assistance Repatriation, evacuation and assistance services provided by APRIL Assistance			

OUTPATIENT PLANS	ESSENTIAL	EXTENSIVE	ELITE
The following Outpatient module is 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: Upon overall limit with 20% co-insurance percentage Option 2: \$7,000 with nil co-insurance percentage		Up to overall limit per period of insurance
<b>CO-INSURANCE OPTION</b>			
Outpatient co-insurance percentage	Option 1: 20% Option 2: Nil		Choice of nil or 20%
Direct Billing	Direct Billing available at Panel Network providers only	Nil co-insurance: Full Network 20% co-insurance: Panel Network only	

Our Panel Network comprises GP, specialist and physiotherapy clinics in Hong Kong, Singapore, Thailand and Vietnam.  
Find the full listing at <https://assets.april.fr/april-international/Network/pdf-april-panel-network-list.pdf>

OUTPATIENT PLANS- CONTINUED	ESSENTIAL	EXTENSIVE	ELITE			
<b>ROUTNE OUTPATIENT</b>						
General Practitioner consultation fees	Fully Covered					
Specialist consultation fees	Fully Covered					
Physiotherapy A referral for physiotherapy must be submitted at the same time as your claim. Treatment is limited to 10 sessions per referral after which a new referral and medical report from your attending physician must be submitted.	\$1,000	\$2,500	Fully Covered			
Medicines and drugs	Fully Covered					
Diagnostic scans and tests	Fully Covered					
Hormone replacement therapy Medicines and drugs prescribed by a physician for hormone replacement therapy. Coverage is provided for Hormone Replacement Therapy (HRT) when deemed medically necessary to treat conditions such as premature ovarian insufficiency or failure. This benefit does not extend to HRT primarily intended to manage symptoms related to natural aging processes or gender reassignment. A physician's prescription and supporting medical documentation are required for coverage.	Fully Covered					
<b>OUTPATIENT MENTAL AND NERVOUS CONDITIONS</b>						
Physician, psychologist, psychotherapist and complementary medicine practitioners' consultation fees, diagnostic scans and tests, medicines and drugs prescribed by a physician for mental and nervous conditions. Counselling is excluded under this benefit.	No Cover	\$2,500	\$5,000			
<b>OUTPATIENT BEHAVIOURAL AND DEVELOPMENTAL DISORDERS</b>						
Physician, psychologist and psychotherapist consultation fees, diagnostic scans and tests, medicines and drugs prescribed by a physician for a behavioural or developmental disorder Counselling is excluded under this benefit.	No Cover	\$1,000	\$1,500			
<b>MEDICAL APPLIANCES AND MOBILITY AIDS</b>						
Purchase or rental of mobility aids Slings and bandages Purchase or rental of medical appliances	\$2,000	\$3,500	\$7,000			
	Maximum two mobility aids per disability					
<b>COMPLEMENTARY MEDICINE AND TRADITIONAL CHINESE MEDICINE</b>						
For the following benefits, the 20% co-insurance is waived if selected.						
Combined limit for all benefits listed in the Complementary Medicine and Traditional Chinese Medicine section	\$750	\$1,750	\$5,000			
Consultation fees for the following complementary medicine practitioners, upon referral: Dietician following illness or injury, occupational therapy No referral required: Chiropractor, osteopath, podiatrist, speech therapist following illness or injury	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, Ayurveda practitioner, bone setter, Chinese medicine practitioner, naturopath, homeopath, Ayurveda practitioner, hypnotherapist No referral required	Fully covered Up to the combined limit					
	Maximum one consultation per day					

OUTPATIENT PLANS- CONTINUED	ESSENTIAL	EXTENSIVE	ELITE
<b>FOLLOW UP CANCER CARE</b>			
These services shall be covered following the completion of active cancer treatment: Medicines and drugs prescribed to prevent a recurrence of cancer and related specialist consultations		Fully Covered	
<b>SCREENING, MEDICAL CHECKUP AND VACCINATIONS</b>			
For the following benefits, the 20% co-insurance is waived if selected.			
Adults preventive screening as follows: ► Mammography for women aged 40 years and above ► Pap smear for women aged 19 and above ► Prostate screening for men aged 40 years and above		\$400	Fully Covered
Child health screenings below 16 years old for evaluating medical history, physical and development assessment, school entry health check and or diabetic screening	\$250	One of each test per period of insurance Panel Providers Only	
Medical checkup packages or standalone tests or scans not listed above which are conducted in the absence of a diagnosis or suspected diagnosis No referral required		\$400	Fully Covered
Vaccinations (cost of vaccination only. Associated GP consult covered under consultation benefit) No referral required		Age 3 and below : Maximum two tests per period of insurance Age 4 to 16 : Maximum one test per period of insurance	
<b>ROUTINE OUTPATIENT MATERNITY</b>			
For the following benefits, the 20% co-insurance is waived if selected.			
Physician consultation fees, diagnostic scans and tests, medicines and drugs, vitamins and supplements, prescribed by a physician or licensed midwifery practice or clinic for routine pre-natal and post-natal services up to 45 days following birth  A waiting period of 366 days applies (please refer to Waiting Periods Paragraph in the Policy Terms and Conditions)	No Cover	\$750	\$2,000  \$5,000 per pregnancy

## DENTAL AND OPTICAL BENEFIT

The following Dental modules are optional and can be combined with any Hospital and Surgery Module.

	ESSENTIAL	EXTENSIVE	ELITE
Minor Dental treatment		\$1,250	
Major Dental treatment Including orthodontic treatment commenced below the age of 16. A waiting period of 300 days applies (please refer to Waiting Periods Paragraph in the Policy Terms and Conditions)	No Cover	\$2,500 All treatments excluding orthodontics: 20% co-insurance applies Orthodontics: 50% co-insurance applies	
Eye examinations, frames, prescription contact lenses and prescription lenses	No Cover		\$300

## MATERNITY MODULE

The following Maternity modules are optional and 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.

	ESSENTIAL	EXTENSIVE	ELITE
Maternity Benefit limit A waiting period of 366 days applies (please refer to Waiting Periods Paragraph in the Policy Terms and Conditions)	\$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: Physician consultation fees, diagnostic scans and tests, medicines and drugs, licensed midwifery and certified doula services, vitamins and supplements, complementary medicine, complementary maternity therapies (without referral)  Delivery, including elective and emergency caesarean sections and up to seven (7) days of nursery care.  Complications of pregnancy following major or minor assisted conception  Complications of childbirth  Therapeutic abortions		Fully Covered Up to the overall maternity limit	
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

## REPATRIATION, EVACUATION AND ASSISTANCE SERVICES PROVIDED BY APRIL ASSISTANCE

In the event of an emergency, the Member may call 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 Dollars (USD) and cover is subject to our policy Terms and Conditions. For more details, please refer to the Emergency Assistance Program scope of services.

ANNUAL LIMIT	INCLUDED IN EVERY PLAN
The overall limit per person per period of insurance	\$1,000,000
<b>In the event of accident or sudden severe illness of the member</b>	
Limited to one (1) emergency evacuation and/or repatriation attributable to any single medical condition by a <b>Member</b>	
Medical evacuation or medical transport to the <b>nearest adequate registered hospital</b>	100%
Compassionate Visit Limited to one (1) claim per <b>Member</b>	Round trip transportation (first class train, standard economy class flight or any other locally available means deemed appropriate by <b>APRIL Assistance</b> ) plus up to 7-night accommodation in a hotel limited to \$150 per night
Return to the place of residence after recovery	One-way transport ticket (first class train, standard economy flight or other locally available means deemed appropriate by <b>APRIL Assistance</b> ) for <b>You</b> to return to <b>Your Place of Residence</b>
Return of immediate family members (up to 3 persons)	One-way transportation ticket (first class train, standard economy class flight or any other locally available means deemed appropriate by <b>APRIL Assistance</b> ) for them to return to <b>Your place of residence</b>
Return of dependent children	One-way transportation ticket (first class train, standard economy class flight or any other locally available means deemed appropriate by <b>APRIL Assistance</b> ) for them to return to <b>Your Place of Residence</b> , or the place of residence of the nearest relative or designated guardian where appropriate.
<b>Assistance in the event of the death of the member</b> (To a combined limit of \$30,000)	
Repatriation of mortal remains	100%
Cost of one (1) transport coffin for repatriation of body by air	Up to \$5,000
Presence of one person to accompany the deceased	Round trip transportation (first class train, standard economy class flight or any other locally available means deemed appropriate by <b>APRIL Assistance</b> ) plus up to 7-night accommodation in a hotel limited to \$150 per night (if the visitor does not have any accommodation) for one (1) person designated by <b>your immediate family</b> .
Return of family members (up to 3 persons)	One-way transportation ticket (first class train, standard economy class flight or any other locally available means deemed appropriate by <b>APRIL Assistance</b> ) for them to return to <b>their Place of Residence</b>
<b>Legal assistance Abroad</b>	
Advance of cost of bail bond	Included
Assistance with translation of legal or administrative documents	Up to \$500
<b>Death or Critical illness of a family member</b>	
Compassionate Home Travel	Round trip transportation ticket by air in standard economy or by train in 1 <sup>st</sup> class for 1 member on the contract

Underwritten by:

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亞洲保險  
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