

Benefits Schedule

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亞洲保險
ASIA INSURANCE



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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 LITE	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	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. 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. 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.			
MEDICAL PROVIDER NETWORK				
The medical providers where you may receive treatment as per the benefits listed in your Hospital & Surgery Plan and Outpatient modules	Standard: Full coverage is available at all medical providers, except for selected providers in Hong Kong, Singapore, and mainland China. Treatment at these selected providers will be subject to a 40% co-insurance.	Select your network from the choices below: Standard: Full coverage is available at all medical providers, except for selected providers in Hong Kong, Singapore, and mainland China. Treatment at these selected providers will be subject to a 40% co-insurance. Premium: Full coverage is available at all medical providers		
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	ESSENTIAL LITE	ESSENTIAL	EXTENSIVE	ELITE
Only applies to the Hospital and Surgery Plan	\$3,000 \$5,000 \$10,000 \$20,000 \$30,000		Nil \$1,500 \$3,000 \$5,000 \$10,000	

HOSPITAL AND SURGERY PLANS – CONTINUED	ESSENTIAL LITE	ESSENTIAL	EXTENSIVE	ELITE
HOSPITAL BENEFITS 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
PRE-HOSPITALISATION BENEFITS				
Pre-hospitalisation benefits before admission for a covered confinement	Covered under embedded routine Outpatient benefits or Outpatient module (if selected)	Covered under Outpatient module (if selected)	Fully covered up to 30 days before a covered confinement	Fully covered up to 180 days before a covered confinement
POST-HOSPITALISATION BENEFITS				
Post-hospitalisation benefits following a covered confinement	\$2,000 up to 90 days after a covered confinement	Covered under Outpatient module (if selected)	Fully covered up to 90 days after a covered confinement	Fully covered up to 180 days after a covered confinement
ORGAN TRANSPLANTATION 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			
PRIVATE NURSING, HOME NURSING 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
HOSPITAL CASH BENEFIT				
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 LITE	ESSENTIAL	EXTENSIVE	ELITE
GLOBAL TREATMENT OPTIONS CASH BENEFIT				
Deductibles do not apply to this benefit				
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. Important notes: ▶ The benefit is not payable in respect of any pre-existing conditions ▶ 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.	\$1,000			
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 185 days
EXTERNAL PROSTHESIS				
Pre-authorisation is required for this benefit				
External prosthesis and any services associated with selection, fitting or repair	\$1,000		\$2,000	\$4,000
SURGERY OR INVASIVE ENDOSCOPIC EXAMINATION PERFORMED WHILE A DAY-PATIENT IN A CLINIC OR IN A PHYSICIAN'S OFFICE				
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			
CANCER TREATMENT				
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		
KIDNEY DIALYSIS				
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 LITE	ESSENTIAL	EXTENSIVE	ELITE
HIV/AIDS 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)	\$50,000 lifetime benefit		\$100,000 lifetime benefit	Fully Covered
EMERGENCY ROOM TREATMENT				
EMERGENCY ROOM TREATMENT 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	Fully Covered			
WALK-IN EMERGENCY ROOM TREATMENT Walk-in Emergency Room Treatment which does not lead to confinement or is not related to an accident	\$250		\$300	\$600
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 by ambulance to and from hospital prescribed by an attending physician	Fully Covered			
HOSPICE OR PALLIATIVE TREATMENT Pre-authorisation is required for this benefit				
Hospice or palliative treatment	\$25,000 lifetime benefit		\$50,000 lifetime benefit	\$100,000 lifetime benefit
SPECIAL LIMITS APPLYING TO CERTAIN DISABILITIES AND TREATMENTS				
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			
EMBEDDED ROUTINE OUTPATIENT BENEFITS 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	

HOSPITAL AND SURGERY PLANS – CONTINUED		ESSENTIAL LITE	ESSENTIAL	EXTENSIVE	ELITE
ADULT PREVENTIVE SCREENING					
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 For members who purchased an Outpatient module, cover for this benefit will be provided as per the sum stated in the Outpatient module.		\$250 Panel Network Providers Only			
EMBEDDED SERVICES					
Teleconsultation service		Included			
Second Medical Opinion					
24/7 Medical Assistance Repatriation, evacuation and assistance services provided by APRIL Assistance					

OUTPATIENT PLANS			
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	
CO-INSURANCE OPTION			
Outpatient co-insurance percentage	Option 1: 20% Option 2: Nil	Choice of nil or 20%	
	20% co-insurance will be waived at Panel Network providers (through direct billing services and upon e-card presentation). Co-insurance does not apply to complementary medicine and traditional Chinese medicine, screening, medical checkup, vaccinations and routine outpatient maternity		
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
ROUTNE OUTPATIENT			
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		
OUTPATIENT MENTAL AND NERVOUS CONDITIONS			
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
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 Counselling is excluded under this benefit.	No Cover	\$1,000	\$1,500
MEDICAL APPLIANCES AND MOBILITY AIDS			
Purchase or rental of mobility aids Slings and bandages	\$2,000	\$3,500	\$7,000
Purchase or rental of medical appliances	Maximum two mobility aids per disability		
COMPLEMENTARY MEDICINE AND TRADITIONAL CHINESE MEDICINE 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
FOLLOW UP CANCER CARE			
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		
SCREENING, MEDICAL CHECKUP AND VACCINATIONS 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	\$250	\$400	Fully Covered
		One of each test per period of insurance Panel Providers Only	
Child health screenings below 16 years old for evaluating medical history, physical and development assessment, school entry health check and or diabetic screening		\$400	Fully Covered
		Age 3 and below : Maximum two tests per period of insurance Age 4 to 16 : Maximum one test per period of insurance	
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			
Vaccinations (cost of vaccination only. Associated GP consult covered under consultation benefit) No referral required		\$750	\$2,000
ROUTINE OUTPATIENT MATERNITY 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		\$5,000 per pregnancy

DENTAL AND OPTICAL BENEFIT The following Dental module is 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 module is 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
In the event of accident or sudden severe illness of the member Limited to one (1) emergency evacuation and/or repatriation attributable to any single medical condition by a Member	
Medical evacuation or medical transport to the nearest adequate registered hospital	100%
Compassionate Visit Limited to one (1) claim per Member	Round trip transportation (first class train, standard economy class flight or any other locally available means deemed appropriate by APRIL Assistance) 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 APRIL Assistance) for You to return to Your Place of Residence
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 APRIL Assistance) for them to return to Your place of residence
Return of dependent children	One-way transportation ticket (first class train, standard economy class flight or any other locally available means deemed appropriate by APRIL Assistance) for them to return to Your Place of Residence , or the place of residence of the nearest relative or designated guardian where appropriate.
Assistance in the event of the death of the member (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 APRIL Assistance) 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 your immediate family .
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 APRIL Assistance) for them to return to their Place of Residence
Legal assistance Abroad	
Advance of cost of bail bond	Included
Assistance with translation of legal or administrative documents	Up to \$500
Death or Critical illness of a family member	
Compassionate Home Travel	Round trip transportation ticket by air in standard economy or by train in 1 st class for 1 member on the contract

MH HK 2026/03

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