

Benefits Schedule

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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 of 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 SGS. All the claims must be *reasonable and customary*. TeleHEALTH services are included. 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 <i>period of insurance</i>	\$2,000,000	\$4,000,000	\$6,000,000			
AREA OF COVER						
Area of Cover Options	Worldwide Worldwide Excluding USA					
Out of Area Cover	<p>Services rendered outside of the <i>area of cover</i> are covered up to</p> <table border="1"> <tr> <td>\$150,000 per <i>period of insurance</i></td> <td>\$200,000 per <i>period of insurance</i></td> <td>\$250,000 per <i>period of insurance</i></td> </tr> </table> <p>only if they are directly caused by <i>sudden illness or injury</i> occurring during the first 30 travel days of any trip outside the area of cover. <i>Sudden illness or injury</i> does not include any <i>disability</i> 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 for any trip commenced or continued against the orders or advice of any <i>physician</i> or other medical practitioner; or undertaken in whole or in part for the purpose of obtaining medical care.</p>			\$150,000 per <i>period of insurance</i>	\$200,000 per <i>period of insurance</i>	\$250,000 per <i>period of insurance</i>
\$150,000 per <i>period of insurance</i>	\$200,000 per <i>period of insurance</i>	\$250,000 per <i>period of insurance</i>				

HOSPITAL AND SURGERY PLANS

One of these plans must be selected to form the basis of your cover

NETWORK OPTIONS	ESSENTIAL	EXTENSIVE	ELITE
HOSPITAL NETWORK The hospitals where you may receive treatment as per the benefits listed in your Hospital and Surgery Plan	Standard: Free choice of provider Optional: For treatment in Singapore, Specified Providers only* (Available for Worldwide excluding USA only)		

*The Specified Inpatient Providers list is available at: <http://healthbyapril.com/specified-hospitals>.

HOSPITAL BENEFITS

Pre-authorization is required for the following services.

<i>Hospital room and board</i>	<i>Single Occupancy Room</i>		
<i>Intensive Care Unit</i>	Fully Covered		
<i>Parental accommodation</i>	Fully Covered		
Theatre fees	Fully Covered		
Blood, dressings, medicines and drugs	Fully Covered		
<i>Surgical implants</i>	Fully Covered		
Diagnostic scans and tests, including <i>invasive endoscopic examinations</i>	Fully Covered		
Rental of <i>mobility aids</i>	Fully Covered		
Orthopaedic braces, supports and air boots	Fully Covered		
Professional fees	Fully Covered		
<i>Hospital treatment of mental and nervous conditions</i>	Fully covered up to 30 days	Fully covered up to 45 days	Fully covered up to 60 days

HOSPITAL AND SURGERY PLANS – CONTINUED	ESSENTIAL	EXTENSIVE	ELITE
PRE-HOSPITALISATION BENEFITS			
<i>Pre-hospitalisation benefits</i> before admission for a covered confinement	Fully covered up to 30 days before a covered confinement	Fully covered up to 90 days before a covered confinement	Fully covered up to 180 days before a covered confinement
POST-HOSPITALISATION BENEFITS			
<i>Post-hospitalisation benefits</i> following a covered confinement	Fully covered up to 90 days after a covered confinement	Fully covered up to 120 days after a covered confinement	Fully covered up to 180 days after a covered confinement
ADULT PREVENTIVE SCREENING			
<p>Adult preventive screening as follows:</p> <ul style="list-style-type: none"> ▶ 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 <p>For members who buy an Outpatient module, cover for this benefit will be provided as per the sum stated on the Outpatient module</p>	\$300 Panel Network Providers Only		
ORGAN TRANSPLANTATION			
Organ transplantation	<i>Hospital Benefits, Pre-hospitalisation Benefits, Post-hospitalisation Benefits</i> sections apply		
Direct expenses of surgery to remove an organ for transplant from a donor	\$65,000		
PRIVATE NURSING, HOME NURSING			
Private nursing in hospital when certified necessary by attending physician	No Cover	Fully Covered	
Home nursing prescribed by attending physician	No Cover	\$180 per day up to 30 days	\$300 per day up to 90 days
HOSPITAL CASH BENEFIT			
Where you are hospitalised for a covered confinement at no cost to us	\$150 per night Up to a maximum of 30 nights	\$250 per night Up to a maximum of 30 nights	\$300 per night Up to a maximum of 30 nights
Where you are hospitalised in a ward for a covered confinement in a private or public hospital			
REHABILITATION TREATMENT			
Pre-authorisation is required for this benefit			
<p><i>Rehabilitation treatment</i> received while an inpatient at a rehabilitation centre</p> <p>Admission to the <i>rehabilitation centre</i> must take place within 2 weeks after discharge from hospital for a covered confinement.</p>	Up to 60 days	Up to 120 days	Up to 180 days
EXTERNAL PROSTHESIS			
External prosthesis and any services associated with selection, fitting or repair	\$1,400	\$2,800	\$5,000
SURGERY OR INVASIVE ENDOSCOPIC EXAMINATION PERFORMED WHILE A DAY-PATIENT IN A CLINIC OR A PHYSICIAN'S OFFICE			
<p>Professional fees, <i>diagnostic scans and tests, medicines and drugs</i> including two post-surgical follow ups. Also covers the following on the day of, and directly related to, the surgery or invasive endoscopic examination: <i>hospital room and board, theatre fees, dressings, medicines and drugs, pathology fees, and surgical implants.</i></p> <p>This benefit does not cover the following unless 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.</p>	Fully covered		

HOSPITAL AND SURGERY PLANS – CONTINUED	ESSENTIAL	EXTENSIVE	ELITE
CANCER TREATMENT			
The following services, when directly related to cancer, shall be covered following a confirmed diagnosis of cancer.			
Active Cancer treatment in Hospital	Hospital Benefits sections apply		
Specialist consultations, <i>diagnostic scans and tests, 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>	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 applies (please refer to the Terms and Conditions)	\$135,000 lifetime benefit	\$270,000 lifetime benefit	Fully Covered
EMERGENCY ROOM TREATMENT			
Treatment as a result of an <i>injury</i> within 48 hours of an <i>accident</i> ; or acute exacerbation of a <i>disability</i> which requires urgent medical or surgical intervention to avoid permanent damage to <i>your</i> life or health	Fully Covered		
WALK-IN EMERGENCY ROOM TREATMENT			
Walk-in <i>Emergency Room</i> Treatment which does not lead to <i>confinement</i> or is not related to an <i>accident</i>	\$300	\$400	\$800
EMERGENCY DENTAL TREATMENT			
Emergency <i>dental</i> treatment 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			
Hospice or palliative treatment	\$65,000 lifetime benefit	\$100,000 lifetime benefit	\$135,000 lifetime benefit
SPECIAL LIMITS APPLYING TO CERTAIN DISABILITIES AND TREATMENTS			
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> and treatments is as stated below.			
Chronic Conditions	Fully Covered		
Complications of pregnancy	No Cover	Fully Covered	
Congenital and hereditary conditions	No Cover	\$135,000 lifetime benefit	\$270,000 lifetime benefit
Neonatal <i>disabilities</i> Applicable only to Newborn Additions (please refer to the Terms and Conditions)	No Cover	\$135,000 lifetime benefit	\$270,000 lifetime benefit
Stem Cell Treatment, including harvesting immediately prior to a treatment	No Cover	\$100,000 lifetime benefit	\$200,000 lifetime benefit
ANNUAL DEDUCTIBLE			
Only applies to the Hospital and Surgery Plan	Nil \$2,000 \$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	\$7,000	Up to overall limit per <i>period of insurance</i>	
CO-INSURANCE OPTION			
	Choice of nil or 20%		
Outpatient <i>co-insurance percentage</i>	20% co-insurance will be waived at <i>Panel Network</i> 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	Nil co-insurance: Full Network 20% co-insurance: <i>Panel Network</i> only		

Our *Panel Network* comprises GP, specialist and physiotherapy clinics in Singapore, Hong Kong, Thailand and Vietnam.

Find the full listing at <https://assets.april.fr/april-international/Network/pdf-april-panel-network-list.pdf>

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 per <i>referral</i> after which a new <i>referral</i> and medical report from your attending <i>physician</i> must be submitted.	\$1,500	Fully Covered	

OUTPATIENT MENTAL AND NERVOUS CONDITIONS

<i>Physician, psychologist, psychotherapist and complementary medicine practitioners' consultation fees, diagnostic scans and tests, medicines and drugs</i> prescribed by a <i>physician</i> for <i>mental and nervous conditions</i>	No Cover	\$4,800	\$10,000
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OUTPATIENT BEHAVIOURAL OR DEVELOPMENTAL DISORDERS

<i>Physician, psychologist and psychotherapist consultation fees, diagnostic scans and tests, medicines and drugs</i> prescribed by a <i>physician</i> for a <i>behavioural or developmental disorder</i>	No Cover	\$1,400	\$3,000
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MEDICINES AND DRUGS

<i>Medicines and drugs</i>	Fully Covered		
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DIAGNOSTIC SCANS AND TESTS

<i>Diagnostic scans and tests</i>	Fully Covered		
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MEDICAL APPLIANCES AND MOBILITY AIDS

Purchase or rental of <i>mobility aids</i> Slings and bandages Purchase or rental of <i>medical appliances</i>	\$2,500 Maximum two mobility aids per <i>disability</i>	\$5,000 Maximum two mobility aids per <i>disability</i>	\$10,000 Maximum two mobility aids per <i>disability</i>
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OUTPATIENT PLANS – CONTINUED	ESSENTIAL	EXTENSIVE	ELITE
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 <i>Complementary Medicine and Traditional Chinese Medicine</i> section	\$300	\$2,000	\$8,000
Consultation fees for the following complementary medicine practitioners, upon <i>referral</i> : Dietician following <i>illness or injury</i> , occupational therapy No <i>referral</i> required: Chiropractor, osteopath, podiatrist, speech therapist following <i>illness or injury</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, Ayurveda practitioner, bone setter, Chinese medicine practitioner, naturopath, homeopath, <i>hypnotherapist</i> No <i>referral</i> required	Fully covered Up to the combined limit		
	Maximum one consultation per day		
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		
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	\$300 One of each test per <i>period of insurance</i> Panel Network Providers Only	\$500	Fully Covered
		One of each test per <i>period of insurance</i>	
Child health screenings below 16 years old for evaluating medical history, physical and development assessment, school entry health check and or diabetic screening	No Cover	\$500	Fully Covered
		Age 3 and below: Maximum two tests per <i>period of insurance</i> Age 4 to 16: Maximum one test per <i>period of insurance</i>	
Medical checkup packages or standalone tests or scans not listed above which are conducted in the absence of a diagnosis or suspected diagnosis No <i>referral</i> required	No Cover	\$1,000	\$2,500
Vaccinations (Cost of vaccination only. Associated GP consult covered under consultation benefit.) No <i>referral</i> required	No Cover		
ROUTINE OUTPATIENT MATERNITY			
For the following benefits, the 20% co-insurance is waived if selected.			
<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 A <i>waiting period</i> of 366 days applies (please refer to the Terms and Conditions).	No Cover		\$6,500 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	\$1,400		
Major dental treatment Including orthodontic treatment commenced below the age of 16 A waiting period of 300 days applies (please refer to the Terms and Conditions).	No Cover	\$3,400 All treatments excluding orthodontics: 20% co-insurance applies Orthodontics: 50% co-insurance applies	
Eye examinations, frames, prescription contact lenses and prescription lenses	No Cover		\$400

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 the Terms and Conditions).	\$7,000 per pregnancy	\$13,500 per pregnancy	\$20,000 per pregnancy
The following prenatal and post-natal services up to 45 days following birth: <i>Physician consultation fees, diagnostic scans and tests, medicines and drugs, complementary medicine, licensed midwifery and certified doula services, vitamins and supplements, complementary maternity therapies (without referral)</i> Delivery, including elective and emergency caesarean sections and up to seven (7) days of nursery care <i>Complications of childbirth</i> <i>Complications of pregnancy following assisted conception</i> <i>Therapeutic abortions</i>	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	\$1,400 per delivery	\$2,700 per delivery	\$4,000 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 <i>period of insurance</i>	\$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	One-way transport ticket (first class train, standard economy flight or other available means deemed appropriate by APRIL Assistance)
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	One-way transport ticket by air in standard economy or by train in 1 st class for 1 member on the contract

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for *your* policy is automatic and no further action is required from *you*. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact Liberty Insurance or visit the GIA or SDIC websites (www.gia.org.sg or www.sdic.org.sg). This policy is not a Medisave-approved policy and *you* may not use Medisave to pay the premium for this policy. This is a short-term accident and health policy and the insurer is not required to renew this policy. The insurer may terminate this policy by giving *you* 30 days' notice in writing.

MH SG 2024/12

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