

**Benefits Schedule**

# MyHEALTH BUSINESS

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# MyHEALTH

## 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 S\$. 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	CORE	ESSENTIAL	EXTENSIVE	ELITE
The overall limit per person per <i>period of insurance</i>	\$400,000	\$2,000,000	\$4,000,000	\$6,000,000
AREA OF COVER				
Area of Cover Options	ASEAN and India	Worldwide Worldwide Excluding <i>USA</i>		
Out of Area Cover	Covered only for <i>Accident</i> up to \$50,000	Services rendered outside of the <i>area of cover</i> are covered up to		
		\$150,000 per <i>period of insurance</i>	\$200,000 per <i>period of insurance</i>	\$250,000 per <i>period of insurance</i>
		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. 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.		

### HOSPITAL AND SURGERY PLANS

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

NETWORK OPTIONS	CORE	ESSENTIAL	EXTENSIVE	ELITE
<b>HOSPITAL NETWORK</b> The hospitals where you may receive treatment as per the benefits listed in your Hospital and Surgery Plan	Specified Providers only*	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-authorisation is required for the following services.

Hospital room and board	Single Occupancy Room			
Intensive Care Unit	Fully Covered			
Parental accommodation	Fully Covered			
Theatre fees	Fully Covered			
Blood, dressings, medicines and drugs	Fully Covered			
Surgical implants	\$7,500	Fully Covered		
Diagnostic scans and tests, including invasive endoscopic examinations	Fully Covered			
Rental of mobility aids	No Cover	Fully Covered		
Orthopaedic braces, supports and air boots	See Surgical Implants sub-limit	Fully Covered		
Professional fees	Fully Covered			
Hospital treatment of mental and nervous conditions	\$1,000	Fully covered up to 30 days	Fully covered up to 45 days	Fully covered up to 60 days

HOSPITAL AND SURGERY PLANS – CONTINUED		CORE	ESSENTIAL	EXTENSIVE	ELITE
PRE-HOSPITALISATION BENEFITS					
Pre-hospitalisation benefits 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					
Post-hospitalisation benefits following a covered confinement		Fully covered up to 30 days before 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					
Adult 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  For members who buy an Outpatient module, cover for this benefit will be provided as per the sum stated on the Outpatient module		No Cover	\$300 Panel Network Providers Only		
ORGAN TRANSPLANTATION					
Organ transplantation	\$50,000	Hospital Benefits, Pre-hospitalisation Benefits, Post-hospitalisation Benefits 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	Different amount in different ward level: B1 ward – \$150 B2/B2+ ward – \$250 C ward – \$300  Outside of Singapore: \$150 Amount per night to a maximum of 30 nights	\$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					
Rehabilitation treatment received while an inpatient at a rehabilitation centre. Admission to the rehabilitation centre must take place within 2 weeks after dis-charge from hospital for a covered confinement	Up to 30 days	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	No Cover	\$1,400	\$2,800	\$5,000	

HOSPITAL AND SURGERY PLANS – CONTINUED	CORE	ESSENTIAL	EXTENSIVE	ELITE
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.</p> <p>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 <i>surgery</i> on the skin and subcutaneous tissue for illness other than <i>surgery</i> following a confirmed diagnosis of cancer.</p>	Fully Covered With \$750 cash benefit	Fully covered		
CANCER TREATMENT				
The following services, when directly related to cancer, shall be covered following a confirmed diagnosis of cancer.				
Active Cancer treatment in Hospital	Fully Covered at National Cancer Centre Singapore and or at Specified Providers \$35,000 for other providers	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 waiting period</i> of 3 years applies (please refer to the Terms and Conditions)	No Cover	\$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 Treatment</i> which does not lead to confinement or is not related to an accident	\$150	\$300	\$400	\$800
EMERGENCY DENTAL TREATMENT				
Emergency <i>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				
Hospice or palliative treatment	No Cover	\$65,000 lifetime benefit	\$100,000 lifetime benefit	\$135,000 lifetime benefit

HOSPITAL AND SURGERY PLANS – CONTINUED	CORE	ESSENTIAL	EXTENSIVE	ELITE
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 disabilities 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	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	CORE	ESSENTIAL	EXTENSIVE	ELITE
Annual cumulative limit for all benefits shown in the Outpatient Benefits section	\$3,500	\$7,000	Up to overall limit per <i>period of insurance</i>	
CO-INSURANCE OPTION				
Outpatient <i>co-insurance percentage</i>	Nil in <i>Panel Network</i> 40% co-insurance outside of <i>Panel Network</i>	Choice of nil or 20% 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	<i>Panel Network</i> only	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. The <i>referral</i> requirement is waived for the first 3 sessions per <i>period of insurance</i>	\$750	\$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>	No Cover	\$2,500	\$5,000	\$10,000
Slings and bandages		Maximum two mobility aids per disability		
Purchase or rental of <i>medical appliances</i>				

OUTPATIENT – CONTINUED	CORE	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</i> and Traditional Chinese Medicine section	\$150	\$300	\$2,000	\$8,000
Consultation fees for the following complementary medicine practitioners, upon <i>referral</i> : Dietician following <i>illness</i> or <i>injury</i> , occupational therapy No <i>referral</i> required: Chiropractor, osteopath, podiatrist, speech therapist following <i>illness</i> or <i>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 pre-vent 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	No Cover	\$300 One of each test per <i>period of insurance</i> <i>Panel Network Providers Only</i>	\$500  One of each test per <i>period of insurance</i>	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	No Cover		\$500  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>	Fully Covered
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, 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 <i>A 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	
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
<p>The following prenatal and post-natal services up to 45 days following birth:</p> <p><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></p> <p><i>Delivery, including elective and emergency caesarean sections and up to seven (7) days of nursery care</i></p> <p><i>Complications of pregnancy following assisted conception</i></p> <p><i>Complications of childbirth</i></p> <p><i>Therapeutic abortions</i></p>	<p>Fully Covered Up to the overall maternity limit</p>		
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
<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>	One-way transport ticket (first class train, standard economy flight or other available means deemed appropriate by <b>APRIL Assistance</b> )
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	One-way transport ticket by air in standard economy or by train in 1 <sup>st</sup> 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](http://www.gia.org.sg) or [www.sdic.org.sg](http://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.

MHB SG 2024/12

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