

**BENEFITS SCHEDULE**

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# MyHEALTH

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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 to 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 US\$.

### HOSPITAL AND SURGERY PLANS

One of these Hospital and Surgery plans must be selected to form the basis of your cover.

ANNUAL LIMIT	ESSENTIAL	EXTENSIVE	ELITE
The overall limit per person per period of insurance	\$100,000 or \$500,000	\$1,000,000	\$2,000,000
<b>HOSPITAL BENEFITS</b> Pre-authorisation is required for the following services:			
Hospital room and board	Up to \$150 per day in the Philippines	Up to \$300 per day in the Philippines	Up to \$600 per day in the Philippines
	Standard private room outside of the Philippines		
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		Fully Covered	
Rental of mobility aids		Fully Covered	
Professional fees		Fully Covered	
Surgeon's fees		Fully Covered	
Anaesthetist's fees		Fully Covered	
Hospital treatment of mental and nervous conditions	Fully Covered Up to 10 days	Fully Covered Up to 20 days	Fully Covered Up to 30 days
<b>PRE-HOSPITALISATION BENEFITS</b>			
Pre-hospitalisation benefits before admission for a covered confinement	\$500 Up to 30 days before a covered confinement	\$1,000 Up to 60 days before a covered confinement	
<b>POST-HOSPITALISATION BENEFITS</b>			
Post-hospitalisation benefits after discharge from a covered confinement	\$500 Up to 30 days after a covered confinement	\$1,000 Up to 60 days after a covered confinement	
<b>ORGAN TRANSPLANTATION</b>			
Organ transplantation (including donor costs)	\$100,000	\$250,000	
<b>PRIVATE NURSING, HOME NURSING</b>			
Private nursing in hospital, certified necessary by attending physician	Fully Covered		
Home nursing prescribed by attending physician	No Cover		\$135 per day Up to 30 days

HOSPITAL AND SURGERY PLANS			
HOSPITAL CASH BENEFITS	ESSENTIAL	EXTENSIVE	ELITE
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.  (Subject to deductible)	No Cover	\$100 per night  Up to a maximum of 30 nights	\$200 per night  Up to a maximum of 30 nights
REHABILITATION TREATMENT Pre-authorization 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.  Pre-authorization is required for this benefit.	Up to 30 days	Up to 60 days	Up to 90 days
EXTERNAL PROSTHESIS			
External prosthesis and any services associated with selection, fitting or repair	\$500	\$1,000	\$2,000
SURGERY PERFORMED WHILE A DAY-PATIENT, IN A CLINIC, OR IN A PHYSICIAN'S OFFICE Pre-authorization is required for this benefit.			
Professional fees including one post-surgical follow up.  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 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; diagnostic scans and tests; medicines and drugs; chemotherapy and radiotherapy related to active cancer treatment	Fully Covered		
KIDNEY DIALYSIS			
Kidney dialysis received while admitted to hospital or out of hospital	\$5,000	\$50,000	Fully Covered
HIV/AIDS			
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.  Please refer to waiting period in terms and conditions	\$10,000 lifetime benefit	\$25,000 lifetime benefit	\$100,000 lifetime benefit
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 by ambulance to and from hospital prescribed by an attending physician	Fully Covered		
HOSPICE OR PALLIATIVE TREATMENT			
Hospice or palliative treatment physician	No Cover	\$25,000 lifetime benefit	\$50,000 lifetime benefit

## HOSPITAL AND SURGERY PLANS - CONTINUED

SPECIAL LIMITS 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.	ESSENTIAL	EXTENSIVE	ELITE
Complications of pregnancy	No Cover	\$25,000	Fully Covered
Neonatal disabilities lifetime per person	No Cover	\$25,000 lifetime benefit	\$100,000 lifetime benefit
Please refer to waiting period in terms and conditions			
Congenital conditions lifetime per person	No Cover	\$25,000 lifetime benefit	\$100,000 lifetime benefit

### AREA OF COVER

The plan provides the following areas of cover:

1. Worldwide
2. Worldwide excluding USA
3. ASEAN excluding Singapore

Services rendered outside of the area of cover are covered up to \$50,000 per period of insurance 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.

### ANNUAL DEDUCTIBLE

Only applies to the Hospital and Surgery Plan

Nil  
\$500  
\$1,000  
\$2,500  
\$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	\$5,000	Up to overall limit	

### GENERAL PRACTITIONER & SPECIALIST CONSULTATION FEES

General Practitioner consultation fees	Fully Covered		
Specialist consultation fees	Fully Covered		
Physiotherapy	Fully Covered		
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			

### OUTPATIENT PSYCHIATRIC

Physician consultation fees, diagnostic scans and tests, medicines and drugs prescribed by a physician for mental and nervous conditions	No Cover	\$3,500 lifetime benefit	\$5,000 lifetime benefit
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### MEDICINES AND DRUGS

Medicines and drugs	Fully Covered		
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### DIAGNOSTIC SCANS AND TESTS

Diagnostic scans and tests	Fully Covered		
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## OUTPATIENT PLANS - CONTINUED

MEDICAL APPLIANCES AND MOBILITY AIDS	ESSENTIAL	EXTENSIVE	ELITE
Purchase or rental of mobility aids Slings and bandages Purchase or rental of medical appliances	\$500  Up to two mobility aids per disability	\$2,000  Up to two mobility aids per disability	\$3,500  Up to two mobility aids per disability
COMPLEMENTARY MEDICINE AND TRADITIONAL CHINESE MEDICINE			
Combined limit for all benefits listed in the Complementary Medicine and Traditional Chinese Medicine section	\$500	\$1,000	\$2,000
Physiotherapy  No referral required.	\$50 per visit  Up to 3 visits	\$75 per visit  Up to 3 visits	\$100 per visit  Up to 3 visits
Consultation fees for the following complementary medicine practitioners, upon referral:  Chiropractor, dietician, homeopath, osteopath, podiatrist, speech therapist  A referral from your attending physician must be submitted at the same time as your claim.	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, bone setter, Chinese medicine practitioner  No referral required.	\$50 per visit  One consultation per day  Up to the combined limit	\$75 per visit  One consultation per day  Up to the combined limit	\$100 per visit  One consultation per day  Up to the combined limit
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		
MEDICAL CHECKUP AND VACCINATIONS			
Medical checkup  No referral required.	No Cover	\$400	\$600
Vaccinations  No referral required.	No Cover	\$100	\$100

## DENTAL AND OPTICAL BENEFIT

Available to anyone who has selected a Hospital and Surgery module

	ESSENTIAL	EXTENSIVE	ELITE
Minor dental treatment	\$700		
Major dental treatment, including orthodontic	No Cover	\$1,500	
Please refer to waiting period in terms and conditions			
Eye examinations, prescription contact lenses and prescription lenses	No Cover		\$300

## MATERNITY MODULE

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.

MATERNITY	ESSENTIAL	EXTENSIVE	ELITE
The following prenatal and post-natal services up to 45 days following birth: Physician consultation fees, diagnostic scans and tests, medicines and drugs, midwifery and doula services, vitamins and supplements, complementary therapies (without referral).			
Delivery, including elective and emergency caesarean sections and up to seven (7) days of nursery care.	\$5,000 per pregnancy	\$8,000 per pregnancy	\$15,000 per pregnancy
Complications of pregnancy following assisted conception.			
Therapeutic abortions.			
Please refer to waiting period in terms and conditions			

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

In the event of an emergency, the Member may call-collect 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\$ and cover is subject to our policy terms and conditions. For more details, please refer to the Emergency Assistance Program scope of services.

### IN THE EVENT OF ACCIDENT OR SUDDEN SEVERE ILLNESS OF THE MEMBER (To a combined limit of US\$1,000,000):

Included in every plan

Emergency medical evacuation and medically required repatriation	Fully Covered
Return of the member to the country of residence after recovery	Return economy class airline ticket
Compassionate visit (if the member is unaccompanied and hospitalisation is reasonably expected to be more than 7 days)	Economy round trip transportation & hotel accommodation Up to \$150 per night for a maximum of 7 nights
Supply and delivery of medication not available locally	Fully Covered
Return of member's family members	One-way economy class airline ticket
Return of dependants	One-way economy class airline ticket
Round the clock telephone access	Trained multilingual personnel including a medical team will be on-hand to assist

### IN THE EVENT OF THE DEATH OF THE MEMBER (To a combined limit of US\$30,000):

Repatriation of mortal remains	Fully Covered
Cost of a transport coffin for repatriation of the body by air	Up to \$5,000
Presence of a person to accompany the deceased	Economy round trip transportation & hotel accommodation Up to US\$150 per night for a maximum of 7 nights
Return of member's family members	One-way economy class airline ticket

### IF PERSONAL EFFECTS ARE LOST OR STOLEN ABROAD:

Cash advance outside <i>your</i> home country or country of residence	Up to \$2,500
Sending urgent messages	Included

### IN THE EVENT OF AN UNINTENTIONAL INFRACTION OF THE LAW ABROAD:

Advance of legal expenses occurred while abroad	Up to \$2,500 per event
Advance of cost of bail while abroad	Up to \$25,000 per event
Assistance with translation of legal or administrative documents	Up to \$500 per event
Referral to local legal advisors	Included

### IN THE EVENT OF THE DEATH OR CRITICAL ILLNESS OF A FAMILY MEMBER:

Compassionate Home Travel	Return economy class airline ticket up to \$1,000
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### OTHER TRAVEL ASSISTANCE SERVICES

APRIL Assistance will provide the following travel-related information:	Visa and inoculation requirements for foreign countries Lost luggage and passport assistance while the member is traveling outside his/her Home Country or Usual Country of Residence
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### MEDICAL ASSISTANCE

Medical Referral Service	Access to a global network of appointed and credentialed doctors, specialists and hospitals
Hospital Admission including Admission Deposits	In the event of an emergency admission, we will make arrangements to issue a hospital letter of guarantee
Tele-medicine Consultation and Evaluation of the Member's Condition	APRIL Assistance's duty doctors will provide help over the phone
Medical Monitoring	APRIL Assistance will monitor a Member's condition if hospitalised abroad





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