

Benefits Schedule

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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 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\$.

All the claims must be reasonable and customary. TeleHEALTH services are included. Services rendered in USA must be within our preferred network except for emergency. Otherwise, 40% co-insurance will be applied.

| HOSPITAL AND SURGERY PLANS | | | | |
|---|--|---|---|---|
| One of these plans must be selected to form the basis of your cover | | | | |
| ANNUAL LIMIT | CORE | ESSENTIAL | EXTENSIVE | ELITE |
| The overall limit per person per <i>period of insurance</i> | \$400,000 | \$2,000,000 | \$3,000,000 | \$4,000,000 |
| HOSPITAL BENEFITS | | | | |
| Pre-authorization is required for the following services | | | | |
| <i>Hospital room and board</i> | Single Occupancy Room | | | |
| <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</i> treatment of mental and nervous conditions | Fully covered for up to 10 days | | Fully covered for up to 20 days | Fully covered for up to 30 days |
| PRE-HOSPITALISATION BENEFITS | | | | |
| <i>Pre-hospitalisation benefits</i> before admission for a covered <i>confinement</i> | Fully covered up to 15 days before a covered <i>confinement</i> | Fully covered up to 30 days before a covered <i>confinement</i> | Fully covered up to 60 days before a covered <i>confinement</i> | Fully covered up to 90 days before a covered <i>confinement</i> |
| POST-HOSPITALISATION BENEFITS | | | | |
| <i>Post-hospitalisation benefits</i> following a covered <i>confinement</i> | Fully covered up to 15 days after a covered <i>confinement</i> | Fully covered up to 30 days after a covered <i>confinement</i> | Fully covered up to 60 days after a covered <i>confinement</i> | Fully covered up to 90 days after a covered <i>confinement</i> |
| ORGAN TRANSPLANTATION | | | | |
| Organ transplantation | <i>Hospital Benefits, Pre-hospitalisation Benefits, Post-hospitalisation Benefits</i> sections apply | | | |
| Direct <i>expenses</i> of <i>surgery</i> to remove an organ for transplant from a donor | \$50,000 | | | |

HOSPITAL AND SURGERY PLANS – CONTINUED

| PRIVATE NURSING, HOME NURSING | CORE | ESSENTIAL | EXTENSIVE | ELITE |
|--|---|--|---|---|
| Private nursing in <i>hospital</i> when certified necessary by attending <i>physician</i> | No Cover | Fully Covered | | |
| Home nursing prescribed by attending <i>physician</i> | No Cover | | | \$135 per day up to 30 days |
| HOSPITAL CASH BENEFIT | | | | |
| Where <i>you</i> are hospitalised for a covered <i>confinement</i> at no cost to <i>us</i> . <i>Hospital</i> cash benefit is not available if <i>you</i> claim for services rendered during the hospitalisation. | \$100 per night | \$150 per night | \$200 per night | \$250 per night |
| | Up to a maximum of 30 nights per <i>period of insurance</i> | | | |
| REHABILITATION TREATMENT Pre- <i>authorisation</i> is required for this benefit | | | | |
| <i>Rehabilitation treatment</i> received while an inpatient at a <i>rehabilitation centre</i> . Admission to the <i>rehabilitation centre</i> must take place within 2 weeks after discharge from hospital for a covered <i>confinement</i> . | Up to 15 days | 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 | No Cover | \$1,000 | \$2,000 | \$3,000 |
| SURGERY OR INVASIVE ENDOSCOPIC EXAMINATION PERFORMED WHILE A DAY-PATIENT, IN A CLINIC, OR IN A PHYSICIAN'S OFFICE | | | | |
| 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 <i>surgery or invasive endoscopic examination: hospital room and board, theatre fees, dressings, medicines and drugs, pathology fees, and surgical implants</i> . 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. | Fully covered | | | |
| CANCER TREATMENT The following services, when directly related to cancer, shall be covered following a confirmed diagnosis of cancer. | | | | |
| <i>Active Cancer treatment in Hospital</i> | <i>Hospital</i> Benefits sections apply | | | |
| Specialist consultations; <i>diagnostic scans and tests;</i> <i>medicines and drugs;</i> chemotherapy and radiotherapy related to <i>active cancer treatment</i> | Fully covered | | | |
| KIDNEY DIALYSIS | | | | |
| <i>Kidney dialysis</i> received while admitted to <i>hospital</i> or out of <i>hospital</i> | \$50,000 | 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 prior to <i>your</i> first positive HIV test result, or the date <i>you</i> received any treatment for <i>HIV/AIDS</i> (or following possible exposure to the virus), whichever is later (Please refer to Waiting Periods Section of the Policy Terms and Conditions) | No Cover | \$5,000 per <i>period of insurance</i> | \$20,000 per <i>period of insurance</i> | \$30,000 per <i>period of insurance</i> |

HOSPITAL AND SURGERY PLANS – CONTINUED

| EMERGENCY ROOM TREATMENT | CORE | ESSENTIAL | EXTENSIVE | ELITE |
|--|--|---|----------------------------|----------------------------|
| 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 | | | |
| 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 | | | | |
| <i>Hospice or palliative treatment</i> | \$10,000 lifetime benefit | \$25,000 lifetime benefit | \$50,000 lifetime benefit | \$100,000 lifetime benefit |
| SPECIAL LIMITS APPLYING TO CERTAIN DISABILITIES | | | | |
| 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> is as stated below. | | | | |
| <i>Chronic Conditions</i> | Fully Covered | | | |
| <i>Complications of pregnancy</i> | No Cover | | Fully Covered | |
| <i>Congenital and hereditary conditions</i> | No Cover | | \$100,000 lifetime benefit | \$200,000 lifetime benefit |
| Neonatal <i>disabilities</i> lifetime per person (applicable only to children added under Newborn Additions Section in Policy Terms and Conditions) Please refer to Waiting Periods Section of the Policy Terms and Conditions | No Cover | | \$100,000 lifetime benefit | \$200,000 lifetime benefit |
| AREA OF COVER | | | | |
| Area of Cover Options | ASEAN Excluding Singapore | Worldwide Worldwide Excluding USA ASEAN Excluding Singapore | | |
| Out of Area Cover | Covered only for <i>Accident</i> up to \$100,000 | Services rendered outside of the area of cover are covered up to \$100,000 per <i>period of insurance</i> only if they are directly caused by <i>sudden illness</i> or <i>injury</i> occurring during the first 30 travel days of any trip outside the area of cover. <i>Sudden illness</i> or <i>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. | | |
| | Nil | For members under ASEAN Excluding Singapore: We cover inpatient treatment in <i>your home country</i> for Australian or European nationals, subject to a 20% co-insurance. 40% co-insurance for treatments non pre-authorized by us No co-insurance for <i>sudden illnesses</i> | | |
| ANNUAL DEDUCTIBLE | | | | |
| Only applies to the Hospital and Surgery Plan | Nil | Nil \$500 \$1,000 \$2,500 \$5,000 \$10,000 | | |

OUTPATIENT PLANS

The following Outpatient modules are optional. Core outpatient may be purchased with core *Hospital and Surgery* Module only. All other modules may be bought in all combinations.

| ANNUAL LIMIT FOR OUTPATIENT BENEFITS | CORE | ESSENTIAL | EXTENSIVE | ELITE |
|--|--|----------------------|--|---------|
| Annual cumulative limit for all benefits shown in the Outpatient Benefits section | \$2,500 | \$5,000 | Up to overall limit per <i>period of insurance</i> | |
| CO-INSURANCE PERCENTAGE | | | | |
| Outpatient <i>co-insurance percentage</i> | Choice of nil or 20% | | | |
| GENERAL PRACTITIONER & SPECIALIST CONSULTATION FEES | | | | |
| General Practitioner consultation fees | Fully Covered | | | |
| Specialist consultation fees | Fully Covered | | | |
| <p><i>Physiotherapy</i> A <i>referral</i> for <i>physiotherapy</i> must be submitted at the same time as <i>your</i> 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></p> | Fully Covered | | | |
| OUTPATIENT MENTAL AND NERVOUS CONDITIONS | | | | |
| <i>Physician</i> or psychologist consultation fees, <i>diagnostic scans and tests, medicines and drugs</i> prescribed by a <i>physician</i> for <i>mental and nervous conditions</i> | No Cover | \$2,000 | \$3,500 | \$5,000 |
| MEDICINES AND DRUGS | | | | |
| <i>Medicines and drugs</i> | Fully Covered | | | |
| Prescribed Vitamins and Minerals | No Cover | | \$150 | |
| DIAGNOSTIC SCANS AND TESTS | | | | |
| <i>Diagnostic scans and tests</i> | Fully Covered | | | |
| MEDICAL APPLIANCES AND MOBILITY AIDS | | | | |
| Purchase or rental of <i>mobility aids</i> Slings and bandages | \$250 | \$500 | \$2,000 | \$3,500 |
| Purchase or rental of <i>medical appliances</i> | Maximum two <i>mobility aids</i> per <i>disability</i> | | | |
| COMPLEMENTARY MEDICINE AND TRADITIONAL CHINESE MEDICINE | | | | |
| Combined limit for all benefits listed in the <i>Complementary Medicine</i> and Traditional Chinese Medicine section | \$250 | \$500 | \$1,500 | \$3,000 |
| <p>Consultation fees for the following <i>complementary medicine</i> practitioners, upon <i>referral</i>: Chiropractor, dietitian, osteopath, podiatrist, speech therapist following <i>illness or injury</i> A <i>referral</i> from <i>your</i> attending <i>physician</i> must be submitted at the same time as <i>your</i> claim.</p> | Fully covered Up to the combined limit | | | |
| <p>Consultation fees and medicine/consumables dispensed or used by the following practitioners in the course of treatment: Acupuncturist, Ayurveda practitioner, homeopath, bone setter, Chinese medicine practitioner, No <i>referral</i> required.</p> | Up to \$50 per visit | Up to \$75 per visit | Up to \$150 per visit | |
| | Maximum one consultation per day Up to the combined limit | | | |

OUTPATIENT PLANS – CONTINUED

The following Outpatient modules are optional. Core outpatient may be purchased with core *Hospital and Surgery* Module only. All other modules may be bought in all combinations.

| FOLLOW UP CANCER CARE | CORE | ESSENTIAL | EXTENSIVE | ELITE |
|---|---------------|-----------|-----------|-------|
| <p>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.</p> | Fully Covered | | | |
| MEDICAL CHECKUP AND VACCINATIONS | | | | |
| <p><i>Medical checkup</i> including standalone screenings, e.g. mammography, prostate screening No <i>referral</i> required</p> | No Cover | | \$400 | \$800 |
| <p>Vaccinations No <i>referral</i> required</p> | No Cover | | \$100 | \$500 |

DENTAL AND OPTICAL BENEFIT

Available to anyone who has selected a *Hospital and Surgery* module

| | CORE | ESSENTIAL | EXTENSIVE | ELITE |
|--|----------|-----------|-----------|-------|
| <i>Minor dental treatment</i> | \$300 | | \$1,000 | |
| <p><i>Major dental treatment</i>, including orthodontic Waiting period applies (Please refer to Waiting Periods Section if the Policy Terms and Conditions)</p> | No Cover | | \$2,500 | |
| <p>Eye examinations, prescription contact lenses and prescription lenses</p> | 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.

| | ESSENTIAL | EXTENSIVE | ELITE |
|---|--|--------------------------|---------------------------|
| Maternity Benefit limit | \$5,000 per pregnancy | \$8,000 per pregnancy | \$15,000 per pregnancy |
| <p>The following prenatal and post-natal services up to 45 days following birth: <i>Physician</i> consultation fees, <i>diagnostic scans and tests</i>, <i>medicines and drugs</i>, licensed midwifery and certified doula services, vitamins and supplements, complementary maternity therapies (without <i>referral</i>).</p> <p>Delivery, including elective and emergency caesarean sections and up to seven (7) days of nursery care.</p> <p>Complications of pregnancy following assisted conception.</p> <p>Therapeutic abortions.</p> <p>Please refer to waiting period in terms and conditions</p> | Fully Covered Up to the overall maternity limit | | |

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 <i>country of residence</i> 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 \$150 per night for a maximum of 7 nights |
| Return of insured family members | One-way economy class airline ticket |
| IF PERSONAL EFFECTS ARE LOST OR STOLEN ABROAD | |
| Cash advance outside <i>your home country</i> or <i>country of residence</i> | 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 |
| <i>Referral</i> 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 |
| 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 <i>Home Country</i> or Usual <i>Country of Residence</i> |
| MEDICAL ASSISTANCE | |
| Medical Referral Service | Access to a global network of appointed and credentialed doctors, specialists and <i>hospitals</i> |
| Hospital Admission including Admission Deposits | In the event of an <i>emergency</i> admission, we will make arrangements to issue a <i>hospital</i> 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 |

For more information, contact your insurance consultant :

Underwritten by:

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