

Long-Term

International Health Plan

BENEFIT SCHEDULE 2024 – 2025



Long-Term International Health Plan Benefit Schedule

This table gives a summary of the benefits covered by each Plan. Please refer to each Benefit Definition for a full explanation of the cover provided under each benefit.

Pre-authorisation is required for all claims where the costs are likely to exceed £2,500/\$4,250/€3,500 and for all claims under benefits marked *. If pre-authorisation is not obtained, a penalty of £1,000/\$1,700/€1,400 will be deducted from your claim settlement.

	INTERNATIONAL	INTERNATIONAL PLUS	EXECUTIVE	EXECUTIVE PLUS	
Overall Aggregate Limit each Certificate period	INTERNATIONAL			EXECUTIVE PLUS	
INPATIENT TREATMENT BENEFITS	£1,000,000/\$2,000,000/€1,500,000				
Hospital Services* > Accommodation and meal charges > All Inpatient Treatment ordered by a Physician > Physician, Surgeon and Anaesthetist Fees > Intensive Care Unit charges	Paid in Full				
Hospital Cash Benefit* Where inpatient treatment is provided free of charge	£250/\$500/€375 per night. Max thirty (30) days.				
Parental Accommodation When an insured child aged seventeen (17) years and under is an inpatient	Paid in Full				
Daycare Treatment Where a period of recovery is required in a hospital bed	Paid in Full				
Inpatient Psychiatric Treatment* Treatment in a psychiatric unit of a hospital, available after one (1) year of cover	Paid in Full. Max thirty (30) days.				
Reconstructive Surgery To restore appearance/function following an accident or illness that occurred whilst covered by your Plan	Paid in Full				
Rehabilitation Care Treatment received as an inpatient to restore health and mobility after injury or illness	lifetime limit			£200,000/ \$400,000/€300,000 lifetime limit	
Accident and Emergency Room Treatment	Paid in Full				
Organ and Bone Marrow Transplant and Stem Cell Treatment* For kidney, heart, heart-lung, liver, bone marrow and stem cell. Acquisition and donor costs are excluded.	Paid in Full				
Kidney Dialysis Treatment received as an inpatient or as daycare treatment	Paid in Full				
Internal Prostheses, Medical Aids and Devices Which are required intra-operatively	Paid in Full				
Hospice Care Palliative care in a hospice	Paid in Full. Max fifteen (15) days.				
Local Road Ambulance Services	Paid in Full				
PRE & POST HOSPITAL TREATMENT BENEFITS					
Pre-Hospital Treatment Consultations and treatment received within fifteen (15) days prior to receiving Inpatient or daycare treatment	Up to £250/\$500/€375	Covered under Outpatient Services			
Post Hospital Treatment Consultations and treatment received within ninety (90) days of receiving Inpatient Care	Up to £500/\$1,000/€750	Covered under Outpatient Services			
External Prostheses, Medical Aids and Devices Which are medically required following Inpatient Care, Daycare Treatment or Accident and Emergency Room Treatment	Up to £250/\$500/€375	Up to £500/\$1,000/€750	Up to £750/\$1,500/€1,125	Up to £1,000/\$2,000/€1,500	
CANCER TREATMENT					
Oncology, Chemotherapy and Radiotherapy* Consultations, diagnostics and treatment received under Inpatient Care, Day Care Treatment or Outpatient Services	Paid in Full				
Cancer counselling Following a cancer diagnosis with a registered psychologist/counsellor	Up to £1,000/\$2,000/€1,500				
Artificial Hair Benefit Wig costs, available following cancer treatment	Up to £1,000/\$2,000/€1,500				

EMERGENCY MEDICAL EVACUATION BENEFITS	INTERNATIONAL	INTERNATIONAL PLUS	EXECUTIVE	EXECUTIVE PLUS	
Emergency Medical Evacuation* Evacuation costs for acute medical conditions where local medical facilities are inadequate	Paid in Full				
Emergency Medical Evacuation – Supplementary Expenses* > Cost of travel to place of origin > Hotel accommodation costs for companion > Taxi costs for companion > Accommodation costs following Inpatient Care	Economy air ticket Up to twelve (12) nights Up to £500/\$1,000/€750 Up to seven (7) nights				
Emergency Non-Medical Evacuation* > Evacuation to a safe location in the event of lifethreatening situations resulting from political or civil unrest > Evacuation to a safe location in the event of a natural disaster	Paid in Full				
Compassionate Home Travel* In the event of the death of a close family member, available after one (1) year of cover	One (1) return economy air ticket				
Repatriation or Local Burial* Where death occurs outside the Home Country		o to 000/€11,250	Up to £10,000/\$20,000/€15,000	Paid in Full	
TELEHEALTH					
Teleconsultation Access to licensed doctors around the world via phone for non-emergency conditions	Included	Included Full Refund up to £100/\$200/€150 for prescription drugs following consultation			
Second Medical Opinion Access to a network of 50,000 medical specialists	Included				
OUTPATIENT TREATMENT BENEFITS					
MRI, CT and PET Scans When referred by a Physician	Full Refund				
Hormone Replacement Therapy When not related to the menopause		Full R	efund		
Outpatient Services > General Physician fees > Specialist and Consultant fees > Prescription Drugs and Dressings > X-Rays, diagnostic and pathology tests Physiotherapy Up to twenty (20) sessions, when referred	Not Covered	Full Refund £50/\$100/€75 excess per claim A claim is considered to be a course of treatment per diagnosed medical condition. The Plans can be enhanced with a Nil Excess per Claim option by paying an additional premium.			
by a Physician Complementary Therapies Osteopathy, Chiropractic, Homeopathy and Acupuncture, when referred by a Physician					
Chinese Medicine Consultations and medications provided by a registered Chinese Medicine Practitioner	Not Co	pvered	Up to £200/\$400/€300	Up to £400/\$800/€600	
Nursing at Home When medically necessary and prescribed by a Physician	£250/\$500/€375 per day Up to six (6) weeks	£250/\$500/€375 per day Up to twelve (12) weeks	£250/\$500/€375 per day Up to eighteen (18) weeks	Full Refund Up to twenty-four (24) weeks	
MENTAL HEALTH BENEFITS					
	Full Refund £50/\$100/€75 excess per claim				
Outpatient Psychiatric Services > General Physician and Consultant fees > Prescription Drugs	Not Covered	A claim is considered to be a course of treatment per diagnosed medical condition.			
		The Plans can be enhanced with a Nil Excess per Claim option by paying an additional premium.			
Outpatient Psychiatric Therapies > Counselling, Cognitive Behavioural Therapy and Psychotherapy > When referred by a Physician	Not Covered	Up to £1,000/\$2,000/€1,500	Up to £2,000/\$4,000/€3,000	Up to £3,000/\$6,000/€4,500	
DENTAL CARE BENEFITS					
Dental Treatment following an Accident To restore or repair sound natural teeth	Full Refund				
Routine Dental Treatment Available after six (6) months of cover	Not Covered	Up to £300/\$600/€450	Up to £750/\$1,500/€1,125	Up to £1,250/\$2,500/€1,875	

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MATERNITY CARE BENEFITS	INTERNATIONAL	INTERNATIONAL PLUS	EXECUTIVE	EXECUTIVE PLUS	
Normal Pregnancy and Childbirth Available after eighteen (18) months of cover	Not Covered		Up to £6,000/\$12,000/€9,000	Up to £10,000/\$20,000/€15,000	
Complicated Pregnancy and Childbirth Available after eighteen (18) months of cover	Not Covered		Up to £12,000/\$24,000/€18,000	Up to £20,000/\$40,000/€30,000	
Complications of Pregnancy Available after eighteen (18) months of cover	Not Covered		Full Refund		
NEWBORN AND CHILD CARE BENEFITS					
Newborn Care Available when a newborn baby is enrolled on the Plan	Up to £50,000/\$100,000/€75,000		Up to £75,000/\$150,000/€112,500	Up to £100,000/\$200,000/€150,000	
Child Routine Health Screening Preventative and developmental checks for an insured child aged five (5) years and under	Not Covered		Up to £200/\$400/€300	Up to £300/\$600/€450	
WELL BEING BENEFITS					
Routine Health Screening Preventative health checks available after one (1) year of cover	Not Covered	Up to £300/\$600/€450	Up to £500/\$1,000/€750	Up to £750/\$1,500/€1,125	
Menopause Hormone Replacement Therapy Relief of early menopause symptoms for forty (40) years and under	Not Covered			Up to £250/\$500/€350	
Vaccination Benefit Childhood and travel-related vaccinations	Up to £200/\$400/€300				
Optical Care Eyesight examinations and a contribution towards the costs of lenses to correct vision, available after one (1) year of cover	Not Covered			Up to £300/\$600/€450	
Hearing Care Hearing tests and a contribution towards the costs of a hearing aid, available after one (1) year of cover	Not Covered			Up to £300/\$600/€450	
ADDITIONAL BENEFITS					
Infertility and Miscarriage Investigations Available after two (2) years of cover and when referred by a Physician	Not Covered			Up to £750/\$1,500/€1,125	
Congenital and Hereditary Conditions	Not Covered		Up to £15,000/\$30,000/€22,500	Up to £30,000/\$60,000/€45,000	
HIV/AIDS Benefit Available after two (2) years of cover	£10,000/\$20,000/€15,000 lifetime limit				
Chronic Condition Treatment	Covered within listed benefits				
Out of Area Cover For emergencies and acute episodes of existing covered medical conditions	Up to £20,000/\$40,000/€30,000 Max sixty (60) days	Up to £30,000/\$60,000/€45,000 Max sixty (60) days	Up to £40,000/\$80,000/€60,000 Max sixty (60) days	Up to £50,000/\$100,000/€75,000 Max sixty (60) days	
ADDITIONAL SERVICE PARTNERS					
Crisis24 Security Assistance	Included				
Bloodcare Foundation	Included				
Teladoc Health Telehealth Services	Included				



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