



**Long-Term**

# **International Health Plan**

**BENEFIT SCHEDULE  
2024 – 2025**

## BENEFIT TABLE

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**.

PLAN BENEFITS	INTERNATIONAL	INTERNATIONAL PLUS	EXECUTIVE	EXECUTIVE PLUS
Overall Aggregate Limit each Certificate period	£1,000,000 \$2,000,000 €1,500,000	£1,000,000 \$2,000,000 €1,500,000	£1,000,000 \$2,000,000 €1,500,000	£1,000,000 \$2,000,000 €1,500,000

**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**

### H

#### INPATIENT TREATMENT BENEFITS

<b>Hospital Services*</b> > Accommodation and meal charges > All Inpatient Treatment ordered by a Physician > Physician, Surgeon and Anaesthetist Fees > Intensive Care Unit charges	Paid in Full	Paid in Full	Paid in Full	Paid in Full
<b>Hospital Cash Benefit*</b> Where inpatient treatment is provided free of charge	£250/\$500/€375 per night Max thirty (30) days	£250/\$500/€375 per night Max thirty (30) days	£250/\$500/€375 per night Max thirty (30) days	£250/\$500/€375 per night Max thirty (30) days
<b>Parental Accommodation</b> When an insured child aged seventeen (17) years and under is an inpatient	Paid in Full	Paid in Full	Paid in Full	Paid in Full
<b>Daycare Treatment</b> Where a period of recovery is required in a hospital bed	Paid in Full	Paid in Full	Paid in Full	Paid in Full
<b>Inpatient Psychiatric Treatment*</b> Treatment in a psychiatric unit of a hospital, available after one (1) year of cover	Paid in Full Max thirty (30) days	Paid in Full Max thirty (30) days	Paid in Full Max thirty (30) days	Paid in Full Max thirty (30) days
<b>Reconstructive Surgery</b> To restore appearance/function following an accident or illness that occurred whilst covered by your Plan	Paid in Full	Paid in Full	Paid in Full	Paid in Full
<b>Rehabilitation Care</b> Treatment received as an inpatient to restore health and mobility after injury or illness	£100,000/\$200,000/€150,000 lifetime limit	£100,000/\$200,000/€150,000 lifetime limit	£100,000/\$200,000/€150,000 lifetime limit	£200,000/\$400,000/€300,000 lifetime limit
<b>Accident and Emergency Room Treatment</b>	Paid in Full	Paid in Full	Paid in Full	Paid in Full
<b>Organ and Bone Marrow Transplant and Stem Cell Treatment*</b> For kidney, heart, heart-lung, liver, bone marrow and stem cell. Acquisition and donor costs are excluded	Paid in Full	Paid in Full	Paid in Full	Paid in Full
<b>Kidney Dialysis</b> Treatment received as an inpatient or as daycare treatment	Paid in Full	Paid in Full	Paid in Full	Paid in Full
<b>Internal Prostheses, Medical Aids and Devices</b> Which are required intra-operatively	Paid in Full	Paid in Full	Paid in Full	Paid in Full
<b>Hospice Care</b> Palliative care in a hospice	Paid in Full Max fifteen (15) days	Paid in Full Max fifteen (15) days	Paid in Full Max fifteen (15) days	Paid in Full Max fifteen (15) days
<b>Local Road Ambulance Services</b>	Paid in Full	Paid in Full	Paid in Full	Paid in Full

### H

#### PRE & POST HOSPITAL TREATMENT BENEFITS

<b>Pre-Hospital Treatment</b> Consultations and treatment received within fifteen (15) days prior to receiving Inpatient or daycare treatment	Up to £250/\$500/€375	Covered under Outpatient Services	Covered under Outpatient Services	Covered under Outpatient Services
<b>Post Hospital Treatment</b> Consultations and treatment received within ninety (90) days of receiving Inpatient Care	Up to £500/\$1,000/€750	Covered under Outpatient Services	Covered under Outpatient Services	Covered under Outpatient Services
<b>External Prostheses, Medical Aids and Devices</b> 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

### H

#### CANCER TREATMENT

<b>Oncology, Chemotherapy and Radiotherapy*</b> Consultations, diagnostics and treatment received under Inpatient Care, Day Care Treatment or Outpatient Services	Paid in Full	Paid in Full	Paid in Full	Paid in Full
<b>Cancer counselling</b> Following a cancer diagnosis with a registered psychologist/counsellor	Up to £1,000/\$2,000/€1,500	Up to £1,000/\$2,000/€1,500	Up to £1,000/\$2,000/€1,500	Up to £1,000/\$2,000/€1,500
<b>Artificial Hair Benefit</b> Wig costs, available following cancer treatment	Up to £1,000/\$2,000/€1,500	Up to £1,000/\$2,000/€1,500	Up to £1,000/\$2,000/€1,500	Up to £1,000/\$2,000/€1,500



## EMERGENCY MEDICAL EVACUATION BENEFITS

<b>Emergency Medical Evacuation*</b> Evacuation costs for acute medical conditions where local medical facilities are inadequate	Paid in Full	Paid in Full	Paid in Full	Paid in Full
<b>Emergency Medical Evacuation – Supplementary Expenses*</b> 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	Economy air ticket Up to twelve (12) nights Up to £500/\$1,000/€750 Up to seven (7) nights	Economy air ticket Up to twelve (12) nights Up to £500/\$1,000/€750 Up to seven (7) nights	Economy air ticket Up to twelve (12) nights Up to £500/\$1,000/€750 Up to seven (7) nights
<b>Emergency Non-Medical Evacuation*</b> Evacuation to a safe location in the event of life-threatening situations resulting from political or civil unrest Evacuation to a safe location in the event of a natural disaster	Paid in Full	Paid in Full	Paid in Full	Paid in Full
<b>Compassionate Home Travel*</b> In the event of the death of a close family member, available after one (1) year of cover	One (1) return economy air ticket	One (1) return economy air ticket	One (1) return economy air ticket	One (1) return economy air ticket
<b>Repatriation or Local Burial*</b> Where death occurs outside the Home Country	Up to £7,500/\$15,000/€11,250	Up to £7,500/\$15,000/€11,250	Up to £10,000/\$20,000/€15,000	Paid in Full



## TELEHEALTH

<b>Teleconsultation</b> 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	Included Full Refund up to £100/\$200/€150 for prescription drugs following consultation	Included Full Refund up to £100/\$200/€150 for prescription drugs following consultation
<b>Second Medical Opinion</b> Access to a network of 50,000 medical specialists	Included	Included	Included	Included



## OUTPATIENT TREATMENT BENEFITS

<b>MRI, CT and PET Scans</b> When referred by a Physician	Full Refund	Full Refund	Full Refund	Full Refund
<b>Hormone Replacement Therapy</b> When not related to the menopause	Full Refund	Full Refund	Full Refund	Full Refund
<b>Outpatient Services</b> > General Physician fees > Specialist and Consultant fees > Prescription Drugs and Dressings > X-Rays, diagnostic and pathology tests	Not Covered	Full Refund £50/\$100/€75 excess per claim #	Full Refund £50/\$100/€75 excess per claim #	Full Refund £50/\$100/€75 excess per claim #
<b>Physiotherapy</b> Up to twenty (20) sessions, when referred by a Physician				
<b>Complementary Therapies</b> Osteopathy, Chiropractic, Homeopathy and Acupuncture, when referred by a Physician				
<i>The Plans can be enhanced with a Nil Excess per Claim option by paying an additional premium.</i>				
<b>Chinese Medicine</b> Consultations and medications provided by a registered Chinese Medicine Practitioner	Not Covered	Not Covered	Up to £200/\$400/€300	Up to £400/\$800/€600
<b>Nursing at Home</b> 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

<b>Outpatient Psychiatric Services</b> > General Physician and Consultant fees > Prescription Drugs	Not Covered	Full Refund £50/\$100/€75 excess per claim #	Full Refund £50/\$100/€75 excess per claim #	Full Refund £50/\$100/€75 excess per claim #
<b>Outpatient Psychiatric Therapies</b> 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

<b>Dental Treatment following an Accident</b> To restore or repair sound natural teeth	Full Refund	Full Refund	Full Refund	Full Refund
<b>Routine Dental Treatment</b> 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



## MATERNITY CARE BENEFITS

<b>Normal Pregnancy and Childbirth</b> Available after eighteen (18) months of cover	Not Covered	Not Covered	Up to £6,000/\$12,000/€9,000	Up to £10,000/\$20,000/€15,000
<b>Complicated Pregnancy and Childbirth</b> Available after eighteen (18) months of cover	Not Covered	Not Covered	Up to £12,000/\$24,000/€18,000	Up to £20,000/\$40,000/€30,000
<b>Complications of Pregnancy</b> Available after eighteen (18) months of cover	Not Covered	Not Covered	Full Refund	Full Refund



## NEWBORN AND CHILD CARE BENEFITS

<b>Newborn Care</b> Available when a newborn baby is enrolled on the Plan	Up to £50,000/\$100,000/€75,000	Up to £50,000/\$100,000/€75,000	Up to £75,000/\$150,000/€112,500	Up to £100,000/\$200,000/€150,000
<b>Child Routine Health Screening</b> Preventative and developmental checks for an insured child aged five (5) years and under	Not Covered	Not Covered	Up to £200/\$400/€300	Up to £300/\$600/€450



## WELL BEING BENEFITS

<b>Routine Health Screening</b> 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
<b>Menopause Hormone Replacement Therapy</b> Relief of early menopause symptoms for forty (40) years and under	Not Covered	Not Covered	Not Covered	Up to £250/\$500/€350
<b>Vaccination Benefit</b> Childhood and travel-related vaccinations	Up to £200/\$400/€300	Up to £200/\$400/€300	Up to £200/\$400/€300	Up to £200/\$400/€300
<b>Optical Care</b> Eyesight examinations and a contribution towards the costs of lenses to correct vision, available after one (1) year of cover	Not Covered	Not Covered	Not Covered	Up to £300/\$600/€450
<b>Hearing Care</b> Hearing tests and a contribution towards the costs of a hearing aid, available after one (1) year of cover	Not Covered	Not Covered	Not Covered	Up to £300/\$600/€450



## ADDITIONAL BENEFITS

<b>Infertility and Miscarriage Investigations</b> Available after two (2) years of cover and when referred by a Physician	Not Covered	Not Covered	Not Covered	Up to £750/\$1,500/€1,125
<b>Congenital and Hereditary Conditions</b>	Not Covered	Not Covered	Up to £15,000/\$30,000/€22,500	Up to £30,000/\$60,000/€45,000
<b>HIV/AIDS Benefit</b> Available after two (2) years of cover	£10,000/\$20,000/ €15,000 Lifetime limit	£10,000/\$20,000/ €15,000 Lifetime limit	£10,000/\$20,000/ €15,000 Lifetime limit	£10,000/\$20,000/ €15,000 Lifetime limit
<b>Chronic Condition Treatment</b>	Covered within listed benefits	Covered within listed benefits	Covered within listed benefits	Covered within listed benefits
<b>Out of Area Cover</b> 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

<b>Crisis24</b> Security Assistance	Included	Included	Included	Included
<b>Bloodcare Foundation</b>	Included	Included	Included	Included
<b>Teladoc Health</b> Telehealth Services	Included	Included	Included	Included

# A claim is considered to be a course of treatment per diagnosed medical condition.



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Insurance intermediary - Registered with ORIAS under number 07 008 000 ([www.orias.fr](http://www.orias.fr))  
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