

## Short-Term

## International Health Plan

**BENEFIT SCHEDULE 2024 – 2025** 



## **Short-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 £1,000/\$1,700/€1,400 and for all claims under benefits marked \*.

Overall Aggregate Limit each Certificate period	£250,000/\$500,000/€375,000
MEDICAL EXPENSES	
Hospital Services* Accommodation and meal charges All Inpatient Treatment Physician fees Surgeon and Anaesthetist Fees	Paid in Full
Intensive Care Unit charges	
Accident and Emergency Room Treatment	Paid in Full
npatient Psychiatric Treatment* ireatment in a hospital psychiatric unit	Paid in Full Max fifteen (15) days
Daycare Treatment Where a period of recovery is required in a hospital bed	Paid in Full
nternal Prostheses, Medical Aids and Devices Vhich are required intra-operatively	Paid in Full
Outpatient Services GP, Specialist & Consultant Fees Prescription Drugs and Dressings X-rays, diagnostic & pathology tests, including MRI, CT and PET scans Physiotherapy – up to five (5) sessions	Up to £5,000/\$10,000/€7,500 £50/\$100/€75 excess per claim  A claim is considered to be a course
Complementary Therapies Osteopathy, Chiropractic, Homeopathy, Acupuncture	of treatment per diagnosed medico condition
xternal Prostheses, Medical Aids and Devices Which are medically required following Inpatient Treatment, Daycare Treatment or Accident and Emergency Room Treatment	£200/\$400/€300
Dental Treatment Following an Accident To restore or repair sound natural teeth	£500/\$1,000/€750
imergency Dental Treatment For the immediate relief of dental pain	£200/\$400/€300
Home Country Cover Treatment of emergency medical conditions or acute episodes of existing covered medical conditions whilst on a temporary visit o the Home Country	Up to benefit limits shown above Max thirty (30) days
ELEHEALTH	
econd Medical Opinion ccess to a network of 50,000 medical specialists	Included
VACUATION AND REPATRIATION	
mergency Medical Evacuation* vacuation costs for acute medical conditions where local medical facilities are inadequate	Paid in Full
Emergency Medical Evacuation – Supplementary Expenses* Costs of travel to return to Home Country or Country of Residence Hotel accommodation costs for companion if not returned to Home Country Policy will automatically cancel thirty (30) days after return to Home Country following emergency medical evacuation	Single Economy air ticket up to twelve (12) nights
imergency Medical Reunion* Costs of travel and Hotel accommodation of a close family member if you are in a hospital for five (5) consecutive days	Single Economy air ticket up to twelve (12) nights
Compassionate Home Travel* Costs of travel in the event of the death of a close family member	One (1) return economy air ticket
epatriation/Local Burial* Where death occurs outside the Home Country	£10,000/\$20,000/€15,000
ocal Road Ambulance Services	Paid in Full
mergency Non-Medical Evacuation* vacuation to a safe location in the event of life-threatening situations resulting from political or civil unrest	Paid in Full

ADDITIONAL SERVICE PARTNERS		
Crisis24 Security Assistance	Included	
Bloodcare Foundation	Included	
Teladoc Health Telehealth Services	Included	
OPTIONAL ADD-ON - ADDITIONAL PREMIUM REQUIRED		
Out of Area Extension For accidents and emergency conditions only.	£20,000/\$40,000/€30,000 Max thirty (30) days	
Pre-Existing Condition Cover For emergency treatment of existing conditions, excluding congenital and hereditary conditions (available to applicants purchasing a Plan of at least three (3) months and less than fifty (50) years)	£20,000/\$40,000/€30,000	



APRIL International UK Limited
Walsingham House, 35 Seething Lane
London EC3N 4AH, United Kingdom
Tel: +44 (0) 20 3418 0470
info@april-international.co.uk – www.april-international.co.uk



