

BENEFITS SCHEDULE

# MyHEALTH

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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\$.

<b>HOSPITAL AND SURGERY PLANS</b>				
One of these plans must be selected to form the basis of your cover				
<b>ANNUAL LIMIT</b>	<b>CORE</b>	<b>ESSENTIAL</b>	<b>EXTENSIVE</b>	<b>ELITE</b>
The overall limit per person per <i>period of insurance</i>	\$300,000	\$1,000,000	\$2,500,000	\$3,000,000
<b>HOSPITAL BENEFITS</b>				
Pre-authorisation is required for the following services				
<i>Hospital room and board</i>	Single Occupancy Room	Single Occupancy Room		
<i>Intensive Care Unit</i>	Fully Covered	Fully Covered		
<i>Parental accommodation</i>				
Theatre fees				
Blood, dressings, medicines and drugs				
<i>Surgical implants</i>				
Diagnostic scans and tests, including <i>invasive endoscopic examinations</i>				
Rental of <i>mobility aids</i>				
Orthopaedic braces, supports and air boots				
Professional fees				
<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
<b>PRE-HOSPITALISATION BENEFITS</b>				
<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>
<b>POST-HOSPITALISATION BENEFITS</b>				
<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>
<b>ORGAN TRANSPLANTATION</b>				
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			
<b>PRIVATE NURSING, HOME NURSING</b>				
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 AND SURGERY PLANS – CONTINUED

HOSPITAL CASH BENEFIT	CORE	ESSENTIAL	EXTENSIVE	ELITE
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>			
<b>REHABILITATION TREATMENT</b> Pre-authorization 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
<b>EXTERNAL PROSTHESIS</b>				
External prosthesis and any services associated with selection, fitting or repair	No Cover	\$1,000	\$2,000	\$3,000
<b>SURGERY OR INVASIVE ENDOSCOPIC EXAMINATION PERFORMED WHILE A DAY-PATIENT, IN A CLINIC, OR IN A PHYSICIAN'S OFFICE</b>				
Professional fees, <i>diagnostic scans and tests</i> , <i>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</i> or <i>invasive endoscopic examination: hospital room and board</i> , theatre fees, dressings, <i>medicines and drugs</i> , pathology fees, and <i>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	Fully covered		
<b>CANCER TREATMENT</b> The following services, when directly related to cancer, shall be covered following a confirmed diagnosis of cancer.				
<i>Active Cancer treatment</i> in <i>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			
<b>KIDNEY DIALYSIS</b>				
<i>Kidney dialysis</i> received while admitted to <i>hospital</i> or out of <i>hospital</i>	\$50,000	Fully covered		
<b>HIV/AIDS</b>				
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
<b>EMERGENCY ROOM TREATMENT</b> 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			
<b>EMERGENCY DENTAL TREATMENT</b>				
Emergency <i>dental treatment</i> to repair damage to sound natural teeth within 14 days of <i>accident</i>	Fully Covered			
<b>LOCAL TRANSPORT BY AMBULANCE</b>				
Transport by ambulance to and from <i>hospital</i> prescribed by an attending <i>physician</i>	Fully Covered			
<b>HOSPICE OR PALLIATIVE TREATMENT</b>				
<i>Hospice or palliative treatment</i>	\$10,000 lifetime benefit	\$25,000 lifetime benefit	\$50,000 lifetime benefit	\$100,000 lifetime benefit
<b>SPECIAL LIMITS APPLYING TO CERTAIN DISABILITIES</b> 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
<b>AREA OF COVER</b>				
Area of Cover Options	ASEAN Excluding Singapore	Worldwide; Worldwide Excluding <i>USA</i> , ASEAN Excluding Singapore		
Out of Area Cover	Covered only for <i>Accident</i> up to \$100,000	<p>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.</p> <p><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.</p> <p>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.</p>		
<b>ANNUAL DEDUCTIBLE</b>				
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>	
<b>CO-INSURANCE PERCENTAGE</b>				
Outpatient <i>co-insurance percentage</i>	Choice of nil or 20%			
<b>GENERAL PRACTITIONER &amp; SPECIALIST CONSULTATION FEES</b>				
General Practitioner consultation fees	Fully Covered			
Specialist consultation fees	Fully Covered			
<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>	Fully Covered			
<b>OUTPATIENT MENTAL AND NERVOUS CONDITIONS</b>				
<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
<b>MEDICINES AND DRUGS</b>				
<i>Medicines and drugs</i>	Fully Covered			
<b>DIAGNOSTIC SCANS AND TESTS</b>				
<i>Diagnostic scans and tests</i>	Fully Covered			
<b>MEDICAL APPLIANCES AND MOBILITY AIDS</b>				
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>			
<b>COMPLEMENTARY MEDICINE AND TRADITIONAL CHINESE MEDICINE</b>				
Combined limit for all benefits listed in the <i>Complementary Medicine</i> and <i>Traditional Chinese Medicine</i> section	\$250	\$500	\$1,500	\$3,000
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.	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, Ayurveda practitioner, homeopath, bone setter, Chinese medicine practitioner, No <i>referral</i> required.	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			
<b>FOLLOW UP CANCER CARE</b>				
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.	Fully Covered			
<b>MEDICAL CHECKUP AND VACCINATIONS</b>				
<i>Medical checkup</i> including standalone screenings, e.g. mammography, prostate screening No <i>referral</i> required	No Cover		\$400	\$800
Vaccinations No <i>referral</i> required	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	
<i>Major dental treatment</i> , including orthodontic Waiting period applies (Please refer to Waiting Periods Section if the Policy Terms and Conditions)		No Cover		\$2,500
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.

	ESSENTIAL	EXTENSIVE	ELITE
Maternity Benefit limit	\$5,000 per pregnancy	\$8,000 per pregnancy	\$15,000 per pregnancy
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> ). Delivery, including elective and emergency caesarean sections and up to seven (7) days of nursery care. Complications of pregnancy following assisted conception. Therapeutic abortions. Please refer to waiting period in terms and conditions	Fully Covered Up to the overall maternity limit		

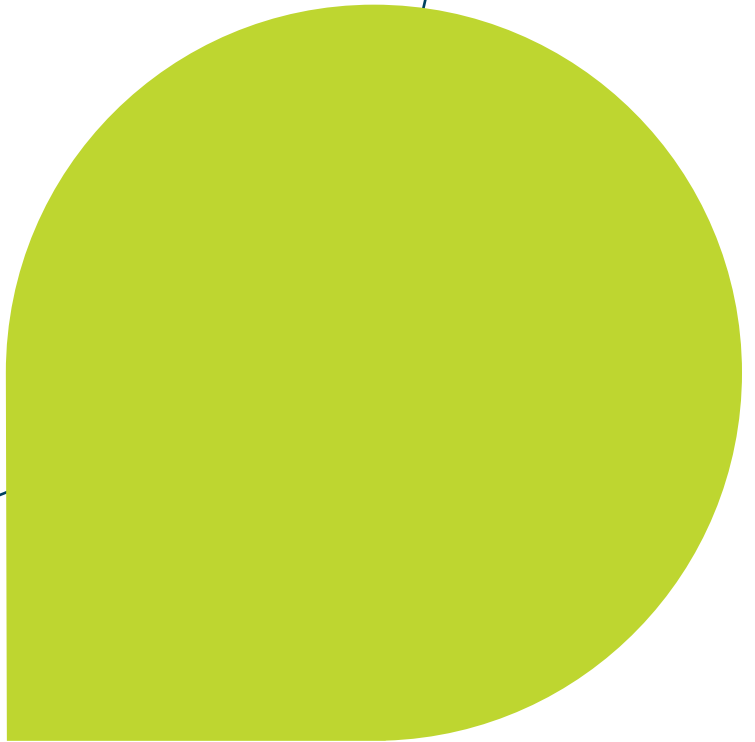


## REPATRIATION, EVACUATION AND ASSISTANCE SERVICES PROVIDED BY APRIL ASSISTANCE

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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diawasi oleh**

