Benefits Schedule

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BENEFITS SCHEDULE

The benefits schedule provides a summary of the cover provided per period of insurance unless stated otherwise. 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.

ANNUAL LIMIT	ESSENTIAL	EXTENSIVE	ELITE
The overall limit per person per period of insurance	$100,000 or $500,000	$1,000,000	$2,000,000
AREA OF COVER			
Area of Cover Options	Worldwide, Worldwide excluding USA, Asean excluding Singapore		
Out of Area Cover	Services rendered outside of the area of cover are covered up to $50,000 per period of insurance only if they are directly caused by sudden illness or injury occurring during the first 30 travel days of any trip outside the area of cover		

HOSPITAL AND SURGERY PLANS One of these plans must be selected to form the basis of your cover			
	ESSENTIAL	**EXTENSIVE**	**ELITE**
ANNUAL DEDUCTIBLE			
Only applies to the Hospital and Surgery Plan		Nil $500 $1,000 $2,500 $5,000 $10,000	
HOSPITAL BENEFITS Pre-authorisation is required for the following services.			
Hospital room and board	Up to $350 per day in the Philippines	Up to $450 per day in the Philippines	Up to $750 per day in the Philippines
	Standard private room outside of the Philippines		
Intensive Care Unit	Fully covered		
Parental accommodation	Fully covered		
Theatre fees	Fully covered		
Blood, dressings, medicines and drugs/ General hospital costs	Fully covered		
Surgical implants	Fully covered		
Diagnostic scans and tests, including invasive endoscopic examinations	Fully covered		
Rental of mobility aids	Fully covered		
Professional fees	Fully covered		
Orthopaedic braces, supports and air boots	Fully covered		
Hospital treatment of mental and nervous conditions	Fully covered up to 10 days	Fully covered up to 20 days	Fully covered up to 30 days

HOSPITAL AND SURGERY PLANS - CONTINUED	ESSENTIAL	EXTENSIVE	ELITE
PRE-HOSPITALISATION BENEFITS			
Pre-hospitalisation benefits before admission for a covered confinement	$500 up to 30 days before a covered confinement	$1,000 up to 60 days before a covered confinement	$1,000 up to 60 days before a covered confinement
POST-HOSPITALISATION BENEFITS			
Post-hospitalisation benefits following a covered confinement	$500 up to 30 days after a covered confinement	$1,000 up to 60 days after a covered confinement	$1,000 up to 60 days after a covered confinement
ORGAN TRANSPLANTATION Pre-authorisation is required for this benefit			
Organ transplantation	$100,000	$250,000	$250,000
Direct expenses of surgery to remove an organ for transplant from a donor	$10,000		
PRIVATE NURSING, HOME NURSING Pre-authorisation is required for this benefit			
Private nursing in hospital when certified necessary by attending physician	Fully Covered		
Home nursing prescribed by attending physician	No Cover	$135 per day up to 30 days	
HOSPITAL CASH BENEFIT			
Where you are hospitalised for a covered confinement at no cost to us. Hospital cash benefit is not available if you claim for services rendered during the hospitalisation. Hospital cash benefit is not available if you claimed against another insurance	No Cover	$100 per night Up to a maximum of 30 nights	$200 per night Up to a maximum of 30 nights
REHABILITATION TREATMENT Pre-authorisation is required for this benefit			
Rehabilitation treatment received while an inpatient at a rehabilitation centre. Admission to the rehabilitation centre must take place within 2 weeks after discharge from hospital for a covered confinement.	Up to 30 days	Up to 60 days	Up to 90 days
EXTERNAL PROSTHESIS Pre-authorisation is required for this benefit			
External prosthesis and any services associated with selection, fitting or repair	$500	$1,000	$2,000
SURGERY OR INVASIVE ENDOSCOPIC EXAMINATION PERFORMED WHILE A DAY-PATIENT IN A CLINIC OR A PHYSICIAN'S OFFICE Pre-authorisation is required for this benefit			
Professional fees, diagnostic scans and tests, medicines and drugs including two post-surgical follow ups. Also covers the following on the day of, and directly related to, the surgery or invasive endoscopic examination: hospital room and board, theatre fees, dressings, medicines and drugs, pathology fees, and surgical implants. This benefit does not cover the following: laryngoscopy, nasopharyngoscopy, otoscopy; any surgery on the skin and subcutaneous tissue for illness other than surgery 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. Pre-authorisation is required for this benefit			
Hospital treatment of cancer	Fully covered		
Specialist consultations; diagnostic scans and tests; medicines and drugs; chemotherapy and radiotherapy related to active cancer treatment	Fully covered		

HOSPITAL AND SURGERY PLANS - CONTINUED	ESSENTIAL	EXTENSIVE	ELITE
KIDNEY DIALYSIS Pre-authorisation is required for this benefit			
Kidney dialysis received while admitted to hospital or out of hospital	$5,000	$50,000	Fully Covered
HIV/AIDS Pre-authorisation is required for this benefit			
All-inclusive lifetime limit for services rendered in connection with HIV/AIDS including antiretroviral treatment, treatment of primary HIV, testing and monitoring, or treatment of AIDS. HIV/AIDS waiting period of 3 years prior to your first positive HIV test result, or the date you received any treatment for HIV/AIDS (or following possible exposure to the virus), whichever is later (please refer to Waiting Periods Paragraph in the Policy Terms and Conditions)	$10,000 lifetime benefit	$25,000 lifetime benefit	$100,000 lifetime benefit
EMERGENCY ROOM TREATMENT			
EMERGENCY ROOM TREATMENT Treatment as a result of an injury within 48 hours of an accident; or acute exacerbation of a disability which requires urgent medical or surgical intervention to avoid permanent damage to your life or health	Fully Covered		
WALK-IN EMERGENCY ROOM TREATMENT Walk-in Emergency Room Treatment which does not lead to confinement or is not related to an accident	$100	$150	$200
EMERGENCY DENTAL TREATMENT			
Emergency dental treatment to repair damage to sound natural teeth within 14 days of accident	Fully Covered		
LOCAL TRANSPORT BY AMBULANCE			
Transport by ambulance to and from hospital prescribed by an attending physician	Fully Covered		
HOSPICE OR PALLIATIVE TREATMENT Pre-authorisation is required for this benefit			
Hospice or palliative treatment	No Cover	$25,000 lifetime benefit	$50,000 lifetime benefit
SPECIAL LIMITS APPLYING TO CERTAIN DISABILITIES AND TREATMENTS			
Subject to the benefits and sub-limits stated elsewhere in this benefits schedule, the maximum we will pay for losses directly or indirectly arising from the following disabilities and treatments is as stated below.			
Chronic Conditions	Fully Covered		
Complications of pregnancy	No Cover	$25,000	Fully Covered
Congenital and hereditary conditions	No Cover	$25,000 lifetime benefit	$100,000 lifetime benefit
Neonatal disabilities (applicable only to children added under Section 10.1) Newborn Additions waiting period of 365 days prior to the date of birth applies (please refer to Waiting Periods Paragraph in the Policy Terms and Conditions)	No Cover	$25,000 lifetime benefit	$100,000 lifetime benefit
Stem Cell Treatment, including harvesting immediately prior to a treatment	No Cover	$20,000 lifetime benefit	$40,000 lifetime benefit
EMBEDDED SERVICES			
Teleconsultation service	Included		
Second Medical Opinion	Included		
24/7 Medical Assistance Repatriation, evacuation and assistance services provided by APRIL Assistance	Included		

OUTPATIENT PLANS
The following Outpatient modules are optional and can be combined with any Hospital and Surgery Module

ANNUAL LIMIT FOR OUTPATIENT BENEFITS	ESSENTIAL	EXTENSIVE	ELITE
Annual cumulative limit for all benefits shown in the Outpatient Benefits section	$5,000	Up to overall limit per period of insurance	
CO-INSURANCE PERCENTAGE			
Outpatient co-insurance percentage	Nil		
ROUTINE OUTPATIENT BENEFITS			
General Practitioner consultation fees	Fully Covered		
Specialist consultation fees	Fully Covered		
Physiotherapy A referral for physiotherapy must be submitted at the same time as your claim. Treatment is limited to 10 sessions per referral after which a new referral and medical report from your attending physician must be submitted. The referral requirement is waived for the first 3 sessions per period of insurance	Fully Covered		
Medicines and drugs	Fully Covered		
Diagnostic scans and tests	Fully Covered		
OUTPATIENT MENTAL AND NERVOUS CONDITIONS			
Physician consultation fees, psychologist, diagnostic scans and tests, medicines and drugs prescribed by a physician for mental and nervous conditions. Counselling is excluded under this benefit.	No Cover	$3,500 lifetime benefit	$5,000 lifetime benefit
MEDICAL APPLIANCES AND MOBILITY AIDS			
Purchase or rental of mobility aids Slings and bandages Purchase or rental of medical appliances	$500 Maximum two mobility aids per disability	$2,000 Maximum two mobility aids per disability	$3,500 Maximum two mobility aids per disability
COMPLEMENTARY MEDICINE AND TRADITIONAL CHINESE MEDICINE			
Combined limit for all benefits listed in the Complementary Medicine and Traditional Chinese Medicine section	$1,000	$2,000	$3,000
Consultation fees for the following complementary medicine practitioners, upon referral: Dietician following illness or injury No referral required: Chiropractor, osteopath, podiatrist, speech therapist following illness or injury	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, bone setter, Chinese medicine practitioner, naturopath, homeopath No referral required.	Up to $50 per visit	Up to $75 per visit	Up to $100 per visit
	Maximum one consultation per day Up to the combined limit		
FOLLOW UP CANCER CARE			
These services shall be covered following the completion of active cancer treatment: Medicines and drugs prescribed to prevent a recurrence of cancer and related specialist consultations.	Fully Covered		

OUTPATIENT PLANS – CONTINUED	ESSENTIAL	EXTENSIVE	ELITE
MEDICAL CHECKUP AND VACCINATIONS			
Medical checkup including standalone screenings, e.g. mammography, prostate cancer screening No referral required	$200 combined limit	$500	$600
Vaccinations No referral required		$150	$200

DENTAL AND OPTICAL BENEFIT Available to anyone who has selected a Hospital and Surgery module			
	ESSENTIAL	**EXTENSIVE**	**ELITE**
Minor dental treatment	$700		
Major Dental treatment Including orthodontic treatment commenced below the age of 16. Waiting period of 300 days to the data of service applies (please refer to Waiting Periods Paragraph in the Policy Terms and Conditions)	No Cover	$1,600	
Eye examinations, frames, prescription contact lenses and prescription lenses	No Cover		$500

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 A waiting period of 365 days applies (please refer to Waiting Periods Paragraph in the Policy Terms and Conditions)	$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: Physician consultation fees, diagnostic scans and tests, medicines and drugs, licensed midwifery and certified doula services, vitamins and supplements, complementary maternity therapies (without referral). Delivery, including elective and emergency caesarean sections and up to seven (7) days of nursery care. Complications of pregnancy following major or minor assisted conception Complications of childbirth. 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 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 Dollars (USD) and cover is subject to our policy terms and conditions. For more details, please refer to the Emergency Assistance Program scope of services.

ANNUAL LIMIT	**INCLUDED IN EVERY PLAN**
The overall limit per person per period of insurance	$1,000,000
In the event of accident or sudden severe illness of the member Limited to one (1) emergency evacuation and/or repatriation attributable to any single medical condition by a **Member**	
Medical evacuation or medical transport to the **nearest adequate registered hospital**	100%
Compassionate Visit Limited to one (1) claim per **Member**	Round trip transportation (first class train, standard economy class flight or any other locally available means deemed appropriate by **APRIL Assistance**) plus up to 7-night accommodation in a hotel limited to $150 per night
Return to the place of residence after recovery	One-way transport ticket (first class train, standard economy flight or other locally available means deemed appropriate by **APRIL Assistance**) for **You** to return to **Your Place of Residence**
Return of immediate family members (up to 3 persons)	One-way transportation ticket (first class train, standard economy class flight or any other locally available means deemed appropriate by **APRIL Assistance**) for them to return to **Your place of residence**
Return of dependent children	One-way transportation ticket (first class train, standard economy class flight or any other locally available means deemed appropriate by **APRIL Assistance**) for them to return to **Your Place of Residence**, or the place of residence of the nearest relative or designated guardian where appropriate.
Assistance in the event of the death of the member (To a combined limit of $30,000)	
Repatriation of mortal remains	100%
Cost of one (1) transport coffin for repatriation of body by air	Up to $5,000
Presence of one person to accompany the deceased	Round trip transportation (first class train, standard economy class flight or any other locally available means deemed appropriate by **APRIL Assistance**) plus up to 7-night accommodation in a hotel limited to $150 per night (if the visitor does not have any accommodation) for one (1) person designated by **your immediate family**.
Return of family members (up to 3 persons)	One-way transportation ticket (first class train, standard economy class flight or any other locally available means deemed appropriate by **APRIL Assistance**) for them to return to **their Place of Residence**
Legal assistance Abroad	
Advance of cost of bail bond	Included
Assistance with translation of legal or administrative documents	Up to $500
Death or Critical illness of a family member	
Compassionate Home Travel	Round trip transportation ticket by air in standard economy or by train in 1st class for 1 member on the contract

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