

Benefits Schedule

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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 SG\$. All the claims must be *reasonable and customary*. TeleHEALTH services are included. Services rendered in USA must be within our preferred network except for *emergency*. Otherwise, 40% co-insurance will be applied

HOSPITAL AND SURGERY PLANS			
One of these plans must be selected to form the basis of your cover			
ANNUAL LIMIT	ESSENTIAL	EXTENSIVE	ELITE
The overall limit per person per <i>period of insurance</i>	\$2,000,000	\$4,000,000	\$6,000,000
HOSPITAL NETWORK The hospitals where you may receive treatment as per the benefits listed in your Hospital and Surgery Plan	Standard: Free choice of provider Optional: For treatment in Singapore, Specified Providers only* (Available for Worldwide excluding U.S.A. only)		
HOSPITAL BENEFITS Pre-authorization is required for the following services			
<i>Hospital room and board</i>	Single Occupancy Room		
<i>Intensive Care Unit</i>	Fully Covered		
<i>Parental accommodation</i>	Fully Covered		
Theatre fees	Fully Covered		
Blood, dressings, medicines and drugs	Fully Covered		
<i>Surgical implants</i>	Fully Covered		
Diagnostic scans and tests, including <i>invasive endoscopic examinations</i>	Fully Covered		
Rental of <i>mobility aids</i>	Fully Covered		
Orthopaedic braces, supports and air boots	Fully Covered		
Professional fees	Fully Covered		
<i>Hospital</i> treatment of mental and nervous conditions	Fully covered up to 30 days	Fully covered up to 45 days	Fully covered up to 60 days
PRE-HOSPITALISATION BENEFITS			
<i>Pre-hospitalisation benefits</i> before admission for a covered <i>confinement</i>	Fully covered up to 30 days before a covered <i>confinement</i>	Fully covered up to 90 days before a covered <i>confinement</i>	Fully covered up to 180 days before a covered <i>confinement</i>
POST-HOSPITALISATION BENEFITS			
<i>Post-hospitalisation benefits</i> following a covered <i>confinement</i>	Fully covered up to 90 days after a covered <i>confinement</i>	Fully covered up to 120 days after a covered <i>confinement</i>	Fully covered up to 180 days after a covered <i>confinement</i>
ADULT PREVENTIVE SCREENING			
Adult preventive screening as follows: <ul style="list-style-type: none"> ▶ Mammography for women aged 40 years and above ▶ Pap smear for women aged 19 and above ▶ Prostate screening for men aged 40 years and above For members who buy an Outpatient module, cover for this benefit will be provided as per the sum stated on the Outpatient module	\$300 Panel Network Providers Only		

* The Specified Inpatient Providers list is available at <http://healthbyapril.com/specified-hospitals>

HOSPITAL AND SURGERY PLANS – CONTINUED			
ORGAN TRANSPLANTATION	ESSENTIAL	EXTENSIVE	ELITE
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	\$65,000		
PRIVATE NURSING, HOME NURSING			
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	\$180 per day up to 30 days	\$300 per day up to 90 days
HOSPITAL CASH BENEFIT			
Where <i>you</i> are hospitalised for a covered <i>confinement</i> at no cost to <i>us</i> .	\$150 per night	\$250 per night	\$300 per night
Where <i>you</i> are hospitalised in ward for a covered confinement in a private or public <i>hospital</i> .	Up to a maximum of 30 nights	Up to a maximum of 30 nights	Up to a maximum of 30 nights
REHABILITATION TREATMENT			
Pre- <i>authorisation</i> 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 60 days	Up to 120 days	Up to 180 days
EXTERNAL PROSTHESIS			
External prosthesis and any services associated with selection, fitting or repair	\$1,400	\$2,800	\$5,000
SURGERY OR INVASIVE ENDOSCOPIC EXAMINATION PERFORMED WHILE A DAY-PATIENT, IN A CLINIC, OR IN A PHYSICIAN'S OFFICE			
Professional fees, <i>diagnostic scans and tests, medicines and drugs</i> including two post-surgical follow ups. Also covers the following on the day of, and directly related to, the surgery or invasive endoscopic examination: <i>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		
CANCER TREATMENT			
The following services, when directly related to cancer, shall be covered following a confirmed diagnosis of cancer.			
<i>Active Cancer treatment in Hospital</i>	<i>Hospital Benefits</i> sections apply		
Specialist consultations; <i>diagnostic scans and tests; medicines and drugs</i> ; chemotherapy and radiotherapy related to <i>active cancer treatment</i>	Fully covered		
KIDNEY DIALYSIS			
<i>Kidney dialysis</i> received while admitted to <i>hospital</i> or out of <i>hospital</i>	Fully Covered		
HIV/AIDS			
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 (Policy Terms and Conditions Section 8.1.4)	\$135,000 lifetime benefit	\$270,000 lifetime benefit	Fully Covered

HOSPITAL AND SURGERY PLANS – CONTINUED

EMERGENCY ROOM TREATMENT	ESSENTIAL	EXTENSIVE	ELITE			
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				
WALK-IN EMERGENCY ROOM TREATMENT						
Walk-in <i>Emergency</i> Room Treatment which does not lead to <i>confinement</i> or not related to an <i>accident</i>	\$300	\$400	\$800			
EMERGENCY DENTAL TREATMENT						
Emergency <i>dental treatment</i> to repair damage to sound natural teeth within 14 days of <i>accident</i>		Fully Covered				
LOCAL TRANSPORT BY AMBULANCE						
Transport by ambulance to and from <i>hospital</i> prescribed by an attending <i>physician</i>		Fully Covered				
HOSPICE OR PALLIATIVE TREATMENT						
Hospice or palliative treatment	\$65,000 lifetime benefit	\$100,000 lifetime benefit	\$135,000 lifetime benefit			
SPECIAL LIMITS APPLYING TO CERTAIN DISABILITIES						
Subject to the benefits and sub-limits stated elsewhere in this <i>benefits schedule</i> , the maximum <i>we</i> 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	\$135,000 lifetime benefit	\$270,000 lifetime benefit			
Neonatal <i>disabilities</i> lifetime per person (applicable only to children added under Section 9.1) Newborn Addition waiting period of 366 days prior to the date of birth applies (Policy Terms and Conditions Section 8.1.2).	No Cover	\$135,000 lifetime benefit	\$270,000 lifetime benefit			
<i>Stem Cell Treatment</i> , including harvesting immediately prior to a treatment	No Cover	\$100,000 lifetime benefit	\$200,000 lifetime benefit			
AREA OF COVER						
Area of Cover Options	Worldwide; Worldwide Excluding USA					
Out of Area Cover	<p>Services rendered outside of the <i>area of cover</i> are covered up to</p> <table border="1"> <tr> <td>\$150,000 per <i>period of insurance</i></td> <td>\$200,000 per <i>period of insurance</i></td> <td>\$250,000 per <i>period of insurance</i></td> </tr> </table> <p>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 <i>area of cover</i>. <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. 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>			\$150,000 per <i>period of insurance</i>	\$200,000 per <i>period of insurance</i>	\$250,000 per <i>period of insurance</i>
\$150,000 per <i>period of insurance</i>	\$200,000 per <i>period of insurance</i>	\$250,000 per <i>period of insurance</i>				
ANNUAL DEDUCTIBLE						
Only applies to the Hospital and Surgery Plan		Nil \$2,000 \$5,000 \$10,000				

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	\$7,000	Up to overall limit per <i>period of insurance</i>	
CO-INSURANCE PERCENTAGE			
Outpatient <i>co-insurance percentage</i>	Choice of nil or 20% 20% co-insurance will be waived at <i>Panel Network</i> providers only for direct billing services upon e-card presentation		
Direct Billing	Nil co-insurance: Full Network 20% co-insurance: <i>Panel Network</i> only		
GENERAL PRACTITIONER & SPECIALIST CONSULTATION FEES			
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 your 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>	\$1,500	Fully Covered	
OUTPATIENT MENTAL AND NERVOUS CONDITIONS			
<i>Physician</i> , psychologist, psychotherapist and <i>complementary medicine practitioners'</i> consultation fees, <i>diagnostic scans and tests</i> , <i>medicines and drugs</i> prescribed by a <i>physician</i> for <i>mental and nervous conditions</i>	No Cover	\$4,800	\$10,000
OUTPATIENT BEHAVIOURAL OR DEVELOPMENTAL DISORDERS			
<i>Physician</i> , psychologist and psychotherapist consultation fees, <i>diagnostic scans and tests</i> , <i>medicines and drugs</i> prescribed by a <i>physician</i> for a <i>behavioural or developmental disorder</i>	No Cover	\$1,400	\$3,000
MEDICINES AND DRUGS			
<i>Medicines and drugs</i>	Fully Covered		
DIAGNOSTIC SCANS AND TESTS			
<i>Diagnostic scans and tests</i>	Fully Covered		
MEDICAL APPLIANCES AND MOBILITY AIDS			
Purchase or rental of <i>mobility aids</i>	\$2,500 Maximum two <i>mobility aids</i> per <i>disability</i>	\$5,000 Maximum two <i>mobility aids</i> per <i>disability</i>	\$10,000 Maximum two <i>mobility aids</i> per <i>disability</i>
Slings and bandages			
Purchase or rental of <i>medical appliances</i>			
COMPLEMENTARY MEDICINE AND TRADITIONAL CHINESE MEDICINE May use non-panel providers with no penalty			
Combined limit for all benefits listed in the <i>Complementary Medicine</i> and <i>Traditional Chinese Medicine</i> section	\$300	\$2,000	\$8,000
Consultation fees for the following complementary medicine practitioners, upon <i>referral</i> : Dietician following <i>illness</i> or <i>injury</i> , occupational therapy No <i>referral</i> required: Chiropractor, osteopath, podiatrist, speech therapist following <i>illness</i> or <i>injury</i>	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, <i>hypnotherapist</i> No <i>referral</i> required.	Fully covered Up to the combined limit		
	Maximum one consultation per day		

OUTPATIENT PLANS – CONTINUED

FOLLOW UP CANCER CARE	ESSENTIAL	EXTENSIVE	ELITE
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		
SCREENING, MEDICAL CHECKUP AND VACCINATIONS			
Adults preventive screening as follows: <ul style="list-style-type: none"> ▶ Mammography for women aged 40 years and above ▶ Pap smear for women aged 19 and above ▶ Prostate screening for men aged 40 years and above 	\$300 One of each test per <i>period of insurance</i> Panel Network Providers Only	\$500	Fully Covered
		One of each test per <i>period of insurance</i>	
Child health screenings below 16 years old for evaluating medical history, physical and development assessment, school entry health check and or diabetic screening.	No Cover	\$500	Fully Covered
		Age 3 and below : Maximum two tests per period of insurance Age 4 to 16 : Maximum one test per period of insurance	
Medical checkup packages or standalone tests or scans not listed above which are conducted in the absence of a diagnosis or suspected diagnosis. No <i>referral</i> required	No Cover	\$1,000	\$2,500
Vaccinations (cost of vaccination only. Associated GP consult covered under consultation benefit). No <i>referral</i> required	No Cover		
ROUTINE OUTPATIENT MATERNITY			
<i>Physician</i> consultation fees, <i>diagnostic scans and tests, medicines and drugs</i> prescribed by a <i>physician</i> or licensed midwifery practice or clinic for routine pre-natal and post-natal services up to 45 days following birth. Waiting period 8.1.1 of the Policy Terms and Conditions	No Cover		\$6,500
DENTAL AND OPTICAL BENEFIT	Available to anyone who has selected a <i>Hospital and Surgery</i> module		
	ESSENTIAL	EXTENSIVE	ELITE
<i>Minor dental treatment</i>	\$1,400		
<i>Major dental treatment</i> Including orthodontic treatment commenced below the age of 16 Waiting period applies	No Cover	\$3,400	
Eye examinations, frames, prescription contact lenses and prescription lenses	No Cover		\$400
MATERNITY MODULE	Available to women between 19 to 45 years of age who have selected an Extensive or Elite <i>Hospital and Surgery</i> on a nil deductible basis, plus an optional Outpatient module.		
	ESSENTIAL	EXTENSIVE	ELITE
Maternity Benefit limit	\$7,000 per pregnancy	\$13,500 per pregnancy	\$20,000 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, medicines and drugs, complementary medicine</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 <i>nursery care</i> . 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		
Maternity Cash Benefit Where <i>you</i> deliver <i>your</i> infant at no cost to <i>us</i> and the infant is added to <i>your</i> policy	\$1,400 per delivery	\$2,700 per delivery	\$4,000 per delivery

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 :

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for **your** policy is automatic and no further action is required from **you**. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact Liberty Insurance or visit the GIA or SDIC websites (www.gia.org.sg or www.sdic.org.sg).

This policy is not a Medisave-approved policy and **you** may not use Medisave to pay the premium for this policy.

This is a short-term accident and health policy and the insurer is not required to renew this policy. The insurer may terminate this policy by giving **you** 30 days' notice in writing.

Underwritten by:

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